



**NAMIBIA**

**2013/2014  
National Profile on  
Occupational  
Safety and Health**





# **NAMIBIA**

**Ministry of Labour, Industrial Relations and Employment Creation**

## **NATIONAL PROFILE ON OCCUPATIONAL SAFETY & HEALTH**

**2013/2014**



# Preface

In 2014, Namibia compiled its first Occupational Safety and Health (OSH) profile. The profile is an inventory of all the tools and resources available in the country to manage OSH, the level of performance of these resources; and the description of the magnitude of the current situation and trends in terms of occupational accidents and diseases. It provides basic data on the key parameters that affect the sound management of OSH at both national and enterprise levels. Therefore, it presents the identified gaps and needs for further development of existing legal, institutional, administrative and technical infrastructure related to the management of OSH.

The Profile also took into account the national Decent Work Country Programme (DWCP) 2010-2014, ILO Promotional Framework for Occupational Safety and Health Convention, 2006 No. 187 and other ILO instruments. The Profile is thus, instrumental for the policy and strategy formulation.

This Profile is the outcome of extensive consultations among numerous partners in the private and public sectors, particularly; the Government Ministries responsible for the administration of OSH, employers' and workers' organizations, individual professionals and non-governmental organizations. The content of the Profile was actively discussed and collectively adopted by representatives of the Government, employers' and workers' organizations and other stakeholders at a Validation Workshop held in Windhoek in July 2018.

I wish to express my sincere appreciation to the Division of Occupational Safety and Health of the Ministry of Labour, Industrial Relations and Employment Creation (MLIREC), the Ministry of Health and Social Services (MoHSS), the Ministry of Mines and Energy (MME), our social partners and other stakeholders for their support in preparation of the Profile. My special thanks go to the Consultant, Safety Risk Solution, for assisting with the compiling the Profile. I also wish to express my sincere gratitude to ILO for financial and special technical support provided in the course of developing the Profile.

This Profile therefore serves as a national OSH data baseline. I trust it will be further reviewed and updated after addressing issues of concern. It should, at all times, remain relevant and useful for all those who deal with workers' safety and health in Namibia, if we have to create safe and healthy workplaces for all workers in the country and enhance social and economic growth.



Erkki Nghimtina (MP)  
Minister of Labour, Industrial Relations and Employment Creation

# Table of Contents

|                                                                            |           |
|----------------------------------------------------------------------------|-----------|
| <b>List of Acronyms and Abbreviations</b>                                  | <b>5</b>  |
| <b>Introduction</b>                                                        | <b>7</b>  |
| <hr/>                                                                      |           |
| <b>1.0 Namibian Legislative Framework</b>                                  | <b>8</b>  |
| 1.1 Laws and Regulations                                                   | 8         |
| 1.2 OSH Technical Standards, Guidelines and Management Systems             | 11        |
| <hr/>                                                                      |           |
| <b>2.0 National Competent Authorities</b>                                  | <b>14</b> |
| <hr/>                                                                      |           |
| <b>3.0 Inspection and Enforcement Systems</b>                              | <b>14</b> |
| <hr/>                                                                      |           |
| <b>4.0 Consultation, Coordination and Collaboration Mechanisms</b>         | <b>15</b> |
| 4.1 Coordination and Collaboration Mechanism at National Level             | 15        |
| 4.2 Coordination and Collaboration Mechanism at Enterprise Level           | 15        |
| <hr/>                                                                      |           |
| <b>5.0 National Review Mechanism</b>                                       | <b>15</b> |
| <hr/>                                                                      |           |
| <b>6.0 Training, Information and Advisory Services and Mechanisms</b>      | <b>16</b> |
| 6.1 Designated OSH Training and Educational Institution                    | 16        |
| 6.2 Information Centers                                                    | 16        |
| <hr/>                                                                      |           |
| <b>7.0 Occupational Health Services</b>                                    | <b>16</b> |
| <hr/>                                                                      |           |
| <b>8.0 OSH Laboratories</b>                                                | <b>16</b> |
| <hr/>                                                                      |           |
| <b>9.0 Social Security, Insurance Schemes and Compensation Services</b>    | <b>17</b> |
| <hr/>                                                                      |           |
| <b>10.0 Education, Training and Awareness Raising Structures</b>           | <b>18</b> |
| 10.1 Training Structures run by Employers' or Workers' Organizations       | 18        |
| 10.2 Institutions Conducting Legally Required Training for OSH Specialists | 18        |
| 10.3 National Safety Councils and Associations                             | 18        |
| <hr/>                                                                      |           |
| <b>11.0 Specialized Technical, Medical and Scientific Institutions</b>     | <b>19</b> |
| 11.1 Existing Poison Control Centers                                       | 19        |
| 11.2 Standardizing Bodies                                                  | 19        |
| 11.3 Institutions and Laboratories                                         | 19        |
| 11.4 Emergency Preparedness                                                | 19        |

# Table of Contents

|                                                                                                                                                    |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 11.5 Non-governmental Bodies Involved in OSH Activities                                                                                            | 19        |
| <hr/>                                                                                                                                              |           |
| <b>12.0 Overall National Level of Human Resources Active in the area of OSH</b>                                                                    | <b>20</b> |
| 12.1 Professions, Legal and Educational Requirements at the National Level                                                                         | 20        |
| 12.2 Numbers of Occupational Physician, Occupational Health Nurses,<br>Hygiene Specialists and Environmental Protection Specialists in The Country | 20        |
| <hr/>                                                                                                                                              |           |
| <b>13.0 Statistics on Occupational Accidents and Diseases</b>                                                                                      | <b>21</b> |
| 13.1 Mechanisms of Recording and Notification of Occupational Accidents<br>and Diseases                                                            | 21        |
| 13.2 National List of Occupational Diseases and Review Mechanisms                                                                                  | 21        |
| 13.3 Number of Occupational Injuries                                                                                                               | 24        |
| <hr/>                                                                                                                                              |           |
| <b>14.0 Policies and Programmes of Employers' and Workers' Organization</b>                                                                        | <b>28</b> |
| 14.1 Employers' Organizations                                                                                                                      | 28        |
| 14.2 Workers' Organizations                                                                                                                        | 29        |
| <hr/>                                                                                                                                              |           |
| <b>15.0 Regular and Ongoing Activities related to OSH</b>                                                                                          | <b>30</b> |
| <hr/>                                                                                                                                              |           |
| <b>16.0 International Cooperation</b>                                                                                                              | <b>30</b> |
| <hr/>                                                                                                                                              |           |
| <b>17.0 Promotion and Elimination Programmes</b>                                                                                                   | <b>31</b> |
| <hr/>                                                                                                                                              |           |
| <b>18.0 General Information about Namibia</b>                                                                                                      | <b>34</b> |
| 18.1 Key Socio-Economic Data                                                                                                                       | 34        |
| 18.2 Literacy Levels                                                                                                                               | 35        |
| 18.3 Economic Data                                                                                                                                 | 36        |
| <hr/>                                                                                                                                              |           |
| <b>19.0 Other Relevant Information</b>                                                                                                             | <b>41</b> |
| <hr/>                                                                                                                                              |           |
| <b>20.0 Other Related Issues</b>                                                                                                                   | <b>41</b> |
| 20.1 Policies that may Impact on OSH Development and Delivery                                                                                      | 41        |
| 20.2 OSH issues relating to International Trade and that may impact on the Country                                                                 | 41        |
| 20.3 Other details and initiatives relevant to OSH                                                                                                 | 41        |
| <hr/>                                                                                                                                              |           |
| <b>21.0 Elements for input in the Situational Analysis</b>                                                                                         | <b>42</b> |
| <hr/>                                                                                                                                              |           |
| <b>22.0 Conclusion and Recommendations</b>                                                                                                         | <b>44</b> |
| <hr/>                                                                                                                                              |           |
| <b>References</b>                                                                                                                                  | <b>45</b> |

# Acronyms and Abbreviations

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| <b>AIA</b>      | Approved Inspection Authorities                       |
| <b>AIDS</b>     | Acquired Immunodeficiency Syndrome                    |
| <b>AU</b>       | African Union                                         |
| <b>CDC</b>      | Centres for Disease Control and Prevention            |
| <b>CBS</b>      | Central Bureau of Statistics                          |
| <b>CIF</b>      | Construction Institution Federation                   |
| <b>DWCP</b>     | Decent Work Country Programme                         |
| <b>DWSC</b>     | Decent Work Steering Committee                        |
| <b>GDP</b>      | Gross Domestic Product                                |
| <b>HCW</b>      | Health Care Worker                                    |
| <b>HIV</b>      | Human Immunodeficiency Virus                          |
| <b>IAEA</b>     | International Atomic Energy Agency                    |
| <b>ILO</b>      | International Labour Organization                     |
| <b>ISO</b>      | International Organization for Standardization        |
| <b>LAC</b>      | Labour Advisory Council                               |
| <b>MLSW</b>     | Ministry of Labour and Social Welfare                 |
| <b>MME</b>      | Ministry of Mines and Energy                          |
| <b>MHSS</b>     | Ministry of Health and Social Services                |
| <b>NABCOA</b>   | Namibia Business Coalition on Aids                    |
| <b>NASOM</b>    | Namibian Society for Occupational Medicine            |
| <b>NDP</b>      | National Development Plan                             |
| <b>NEF</b>      | Namibian Employers Federation                         |
| <b>NGO</b>      | Non-governmental organization                         |
| <b>NHA</b>      | National Health Assessment                            |
| <b>NIMT</b>     | Namibia Institute for Mining Technology               |
| <b>NLFS</b>     | Namibia Labour Force Survey                           |
| <b>NOISH</b>    | National Occupational Institute for Safety and Health |
| <b>NRSC</b>     | National Road Safety Council                          |
| <b>NQA</b>      | Namibia Qualifications Authority                      |
| <b>NQF</b>      | National Qualifications Framework                     |
| <b>NRPA</b>     | National Radiation Protection Authority               |
| <b>NSA</b>      | Namibia Statistics Agency                             |
| <b>NTA</b>      | Namibia Training Authority                            |
| <b>NUNW</b>     | National Union of Namibian Workers                    |
| <b>MVA</b>      | Motor Vehicle Accident Fund                           |
| <b>OHS</b>      | Occupational Health Services                          |
| <b>OH&amp;S</b> | Occupational Health and Safety                        |
| <b>OHSAS</b>    | Occupational Health and Safety Assessment Series      |
| <b>OSH</b>      | Occupational Safety and Health                        |
| <b>OSHE</b>     | Occupational Safety, Health and Environment           |

# Acronyms and Abbreviations

|               |                                                |
|---------------|------------------------------------------------|
| <b>PEP</b>    | Post-Exposure Prophylaxis                      |
| <b>POLY</b>   | Polytechnic                                    |
| <b>PHC</b>    | Primary Health Care                            |
| <b>PS</b>     | Permanent Secretary                            |
| <b>RISDIP</b> | Regional Indicative Strategic Development Plan |
| <b>SADC</b>   | Southern Africa Development Community          |
| <b>SIDA</b>   | Swedish International Development Agency       |
| <b>SME</b>    | Small- or Medium-Scale enterprise              |
| <b>SMP</b>    | Safety Management Plan                         |
| <b>SMS</b>    | Safety Management Systems                      |
| <b>SSC</b>    | Social Security Commission                     |
| <b>TUCNA</b>  | Trade Union Congress of Namibia                |
| <b>UI</b>     | Uranium Institute                              |
| <b>UNAIDS</b> | Joint United Nations Programme on HIV/AIDS     |
| <b>UNAM</b>   | University of Namibia                          |
| <b>UNEP</b>   | United Nations Environment Programme           |
| <b>VTC</b>    | Vocational Training Centre                     |
| <b>WCC</b>    | Workmen's Compensation Commission              |
| <b>WHO</b>    | World Health Organization                      |
| <b>WAHSA</b>  | Work and Health in Southern Africa             |

# Introduction

The first Namibia Decent Work Country Program (DWCP) came in effect in 2010, through the support of International Labour Organization (ILO). The DWCP provides the framework for ILO in the country. This programme highlighted the need to improve and strengthen occupational safety and health for the benefit of workers and enterprises. It therefore prioritised the implementation of key areas and emphasised on the establishment of a Tripartite National coordinating Taskforce on OSH, compilation of the National OSH Profile (situational analysis), establishment of National Tripartite OSH programme, and establishment of National OSH centre for information system (CIS) of reporting, recording and notification of occupational accidents and diseases. These activities are in line with ILO Convention concerning the promotional framework for occupational safety and health-C187 - Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

The Tripartite National Coordinating Taskforce on OSH, consisting of the representatives of the MLIERC, MHSS, MME, Employers' Federation and Workers' Union was established in 2011 and is actively involved in the implementation of the OSH component in the Decent Work Country Programme. The preparation of this Profile is a major step towards the realistic and efficient national programme of safety and health in Namibia. A situational analysis was conducted to identify gaps and needs within the OSH delivery system, prioritize common areas for time-bound action through institutions that promote and provide OSH services taking into account ILO instruments.

This Profile is prepared using ILO guiding principles for the preparation of national OSH profiles:

**Part 1** deals with the legal 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 enactment of legislation to ensure that the health and strength of the workers, men and women, and that children are not abused; and that citizens are not forced by economic necessity to enter vocations unsuited to their age and strength. Chapter 4 of the Labour Act 2007 (Act No: 11 of 2007) is the primary law of OSH in Namibia. Regulations relating to the Health and Safety of Employees at Work are under the Labour Act, 1992 (Act 6 of 1992). Namibia has not yet promulgated a primary (stand-alone) OSH statute. The current OSH legislation is a chapter in the Labour Act, 2007 (Act 11 of 2007).

**Part 2** describes Namibia OSH Competent Authorities. 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 provided for synergies with the administration and enforcement of these Regulations by the MLIREC, MME and MHSS. However, the absence of a legal regulatory framework to serve as a guiding tool in the execution of the proclamation led to uncoordinated OSH activities and inconsistency in the administration of these regulations.

**Part 3** covers the inspection and enforcement system. Proclamation No 10 by the President of the Republic of Namibia (Assignment of the Provisions of the Regulations Relating to the Health and Safety of Employees at Work) delegates specific sectoral coverage to three different Ministries for inspection and enforcement, covering mainly the factories, construction, electrical, technical plants and equipment, mining as well as dangerous machinery. The inspection and enforcement functions are fulfilled through routine and follow up inspections, complaint investigations, dangerous machinery inspections, inspections for factory and machinery registration, as well as the accident investigations.

**Part 4** describes the consultation, coordination and collaboration mechanism in place. Currently, there is no advisory council focusing on occupational health and safety issues at the national level. The matters requiring the national tripartite consultation on occupational health and safety are channeled through the Labour Advisory Council (LAC).



**Part 5** deals with the national review mechanisms. There is no statutory body for OSH legislation and policy review. However, the Tripartite National Coordinating Taskforce on OSH is involved in the formulation of the national OSH policy.

**Part 6** deals with training, information and advisory services and mechanism. There is no designated OSH qualification at tertiary level in the country. OSH is currently being offered as a core module of a 4 year Bachelor of Science in Environmental Health. Namibia does not have a centralised OSH information system.

**Part 7** covers occupational health services. Occupational health services are designated under the Ministry of Health and Social Services. The subdivision responsible for the occupational health is under the supervision of the Chief Medical Officer of Occupational Health, the Chief Environmental Health Practitioner and the Senior Health Program Administrator.

**Part 8** deals with OSH laboratories. There are no designated laboratories for occupational safety and health to analyze work environmental stressors. As a result, samples collected by Approved Inspection Authorities are sent to South Africa for analysis.

**Part 9** describes Social Security, Insurance Scheme and Compensation services. The Social Security Act, 1 1994 (Act 34 of 1994) was promulgated to provide for maternity leave benefits, sick leave benefits and death benefits (MSD) to employees registered with the Fund. Employee Compensation Act, 1941 (Act No. 34 of 1941) was promulgated to provide for compensation of disablement caused by injuries and diseases contracted by employees in the course of employment.

**Part 10** describes education, training and awareness raising structures at Employers and Workers Organizations. OSH training initiative is more visible at the employer's organization than the worker's organization.

**Part 11** deals with specialised technical, medical and scientific institutions, while **part 12** covers the overall national level human resources active in the area of OSH. **Part 13** describes mechanisms of recording and notification of occupational accidents and diseases.

**Part 14** covers policies and programmes of employers and workers' organization, while **part 15** deals with regular and ongoing activities related to OSH. **Part 16** describes international cooperation, while **part 17** deals with promotion and elimination programmes. **Part 18** covers general information about Namibia, which include demographic data, literacy levels and economic data. **Part 20** covers policies that may impact on OSH development and deliverance, while **part 21** covers elements for input in the situational analysis.

## 1.0 Namibian legislative framework

In order to determine the Namibian Occupational Safety and Health Profile, the drafting thereof required the analysis of the primary Namibian occupational safety and health related statutes and applicable regulations. The historic context of the South African legislation pre- independence Namibia, the current industry specific legislation and international standards were included as co-determinants of the occupational safety and health landscape of Namibia.

### 1.1 Laws and Regulations

#### 1.1.1 Reference to OSH requirements in the Constitution

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".

The Namibian Constitution is the legal basis for subordinate statutes e.g. Labour Act which makes provision for the health, safety and welfare of employees.

### 1.1.2 Laws, Acts, Regulations and collective bargaining agreements governing OSH

Namibia has not yet promulgated a primary (stand-alone) OSH statute. The OSH legislative framework in place is Chapter 4 of the Labour Act 2007 (Act No: 11 of 2007) and Regulation Relating to the Health and Safety of Employees at Work, made under the Labour Act, 1992 (Act 6 of 1992). These pieces of legislation place legal duty upon employers to provide a healthy and safe working environment to the workers and any other person who might be affected by their operations.

The following are the primary references to safety and health in the **Labour Act 2007 (No. 11 of 2007)**:

| Reference                                          | Provision                                                                                                                                                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chapter 4                                          | Health, safety and welfare of employees by placing obligations on both employer and employee respectively. Further by setting out the election of and duties of health and safety representatives in the workplace. |
| Section 53 (2) (i)                                 | Section setting out the involvement of a registered Trade Union to be involved in the election of workplace safety and health representatives.                                                                      |
| Section 135                                        | The Minister may, after consulting the Labour Council, make regulations. This includes Health and Safety related regulations                                                                                        |
| Section 136                                        | Provides for the President to assign the administration of any regulation by means of proclamation.                                                                                                                 |
| Schedule 1<br>Transitional<br>Provisions Section 7 | Provides for all regulations that were enacted in terms of previous Act (Labour Act 1992, No 6 of 1992) to be enforceable under the new Labour Act 2007 (No. 11 of 2007).                                           |

**Government Notice No. 156 Labour Act, 6 of 1992: Regulations Relating to the Health and Safety of Employees at Work" 1997** provides for specific arrangements to control and manage hazards at workplace. The scope of specific regulations regulating high risk classified sectors, services and that are dangerous are very limited, which makes it difficult for enforcement.

**Presidential Proclamation No. 10 (1997) Labour Act, 6 of 1992**, assigned the administration of the Regulations relating to the Health and Safety of Employees at Work as per Government notice 156 to the Ministry of Labour, Industrial Relations and Employment Creation (MLIREC) Ministry of Mines and Energy (MME) and the Ministry of Health and Social Services (MHSS). Refer to Annexure A for the proclamation schedule.

The **Labour General Regulations No. 261 of 2007** provides for the procedures to be followed during election of health and safety representatives.

**Collective bargaining:** The Labour Act 2007 (No. 11 of 2007) provides for collective bargaining on matters of mutual interest between employers and employees through their representatives. In the available



collective agreements OSH is not comprehensively covered compared to wages, accommodation and living conditions. The following sectors have collective agreements in place:

- Construction
- Agriculture
- Security

### **1.1.3 Laws and Regulations covering aspects related to OSH but issued under other Ministries (OMAs)**

***Employee Compensation Amendment Act (No. 5 of 1995)***, provides for the compensation for disablement caused by occupational accidents and diseases. This Act is administered by the Social Security Commission.

***Public Health Act, 36 of 1919***, provides for the prevention and control of infectious diseases, venereal diseases and epidemics. It also regulates sanitation, food and public water supplies.

***Road Traffic and Transport Act, 22 of 1999***, 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; and for matters incidental thereto. In most Sectors the safety and health of employees are affected by the vast transportation system.

***Mines and Works Ordinance 20 of 1968***. Under this statute the Ministry of Mines and Energy regulates occupational safety and health in mines.

***Atomic Energy and Radiation Protection Act, 5 of 2005***, provides for adequate protection of the environment and of people in current and future generations against the harmful effects of radiation by controlling and regulating the production, processing, handling, use, holding, storage, transport and disposal of radiation sources and radioactive materials, and controlling and regulating prescribed non-ionizing radiation sources.

***Environmental Management Act, 2007 (No. 7 of 2007)***. The purpose of this Act is to promote 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. The Act focuses on environmental safety management which should prevent illnesses and diseases arising from deterioration of environmental conditions.

***Namibian Electricity Safety Code, GN 200, GG4821 October 2011***. This Code governs the minimum safety standards for the operating, maintenance, construction and installation of power systems in Namibia. The purpose of this Code is threefold, namely, to ensure the safety of all persons, to safeguard apparatus and to provide continuity of supply. This Code is an extension of, and must be read in conjunction with, the provisions of the Electricity Act, 2007, and the Labour Act, 2007 (with particular emphasis on Health and Safety Regulations made thereunder), and all other applicable laws, and does not supersede, overrule or negate any provisions contained in the Electricity Act, the Labour Act or such other laws.

***Merchant Shipping Act (Act no 57 of 1951)***. The purpose of this Act is to provide for the control of merchant shipping and any matters incidental thereto. The Directorate Maritime Affairs under the Ministry of Works and Transport is the custodian of this Act. The objectives of the Directorate is to ensure safety of life and property at sea; prevent and combat pollution of the marine environment by ships and to promote Namibia's maritime interests. One of the key responsibilities of Directorate is to ensure safety of vessels by carrying out surveys, inspections and certify Namibian vessels; execute port state and flag state control; conduct registration and certification of Namibian Seafarers; register Namibian vessels, etc.

### 1.1.4 Ratified ILO OSH and related Conventions

The government of the Republic of Namibia has not yet ratified any ILO OSH conventions. It has however, selected Convention 187 for future ratification.

### 1.1.5 Legal and administrative gaps in the national OSH related legislation and regulations as compared to ILO–OSH Conventions

The analysis identified the following legal and administrative gaps in the national OSH legislation in comparison to ILO OSH Conventions in particular Convention No. 155 and Convention No. 187.

## 1.2 OSH Technical standards, guidelines and management systems

### 1.2.1 Implementation of OSH management system

There is no national OSH management system in place. Some corporate organizations have adopted international OSH management system especially OHSAS 18001 series or industry-specific management systems. The ILO guidelines on occupational safety and health management system, ILO OSH 2001 is not applied at the national level, nor at enterprise level.

The Southern African Development Community (SADC), the regional body to which Namibia is a member State, has developed codes of practice addressing various issues in the workplace. These include Code of Practice on the Safe Use of Chemicals.

### 1.2.2 OSH technical standards

All industries are currently using Regulation No.156 of 1997 under the auspices of Labour Act, Act 11 of 2007 as the implementation tool for OSH at their respective workplaces. 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. However, no Namibian OSH standards have been incorporated into the regulations.

The Namibian Standards Institution (NSI) was established in terms of the Standards Act 18, of 2005 to serve as National Standard 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 WTO/TBT Annexure 3, for use and application by the stakeholders in various industries. NSI has a Technical Committee on Occupational Health and Safety 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.

On a voluntary basis, industries apply OSHAS 18001, ISO 14001 and ISO 9001 in order to be certified and internationally recognised to attract investors. In 2013 NSI adopted the following OSH-related standards:

- NAM/BS OHSAS 18001 is for requirements on Occupational Health and Safety Management Systems
- NAMS/ISO 14001:2013 refers to the Environmental Management Systems-Requirements.
- NAMS/ISO 22 000:2013 is for Food Safety Management Systems, outlining requirements for any organization in the food chain industry.
- NAMS/ISO 9001:2013 refers to Quality Management Systems-Requirements.
- NAMS/ISO 9000:2013 handles Quality Management Systems-Fundamentals and Vocabulary.

### 1.2.3. The use of ILO Codes of Practice by national competent authorities, business and trade unions

Although the explicit domestication of the ILO Codes of Practice is minimal, their use by being incorporated into some policies and guidelines was noted and analyzed as follows:

| ILO Code of Practice                                                     | Purpose and requirements of the Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The use of Code by National Competent Authorities                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Safety & Health in the use of Machinery - 2013                           | This Code of practice sets out principles concerning safety and health in the use of machinery and defines safety and health requirements and precautions applicable to governments, workers and employers, and also to designers, manufacturers and suppliers of machinery.                                                                                                                                                                                                                                                                                                                                                                                                                                   | The existing regulations came into effect long before the Code. It, however, it encompasses a significant degree of the Code's requirements such as hierarchy of control, control systems and machinery guarding.                                                                                                                                                 |
| Managing disability in the workplace - 2002                              | This Code has been drawn up to guide employers to adopt a positive strategy in managing disability related issues in the workplace. It is intended to be read in the context of national conditions and to be applied in accordance with national law and practice.                                                                                                                                                                                                                                                                                                                                                                                                                                            | Although the Labour Act prohibits the discrimination of workers on grounds of disability, it does not provide guidance in managing disability related issues in the workplace.                                                                                                                                                                                    |
| HIV/AIDS in the world of work – 2001                                     | The Code provides invaluable practical guidance to policy-makers, employers' and workers' organizations and other social partners for formulating and implementing appropriate workplace policy, prevention and care programmes, and for establishing strategies to address workers in the informal sector. It is the product of collaboration between the ILO and its tripartite constituents, as well as cooperation with its international partners.                                                                                                                                                                                                                                                        | <p>The Code has been domesticated and implementation guidelines have been devised to provide for uniformity in the management of HIV/AIDS in workplaces and the formulation of related policies.</p> <p>The Code is being reviewed to incorporate the principles of the ILO's (R200) Recommendations concerning HIV and AIDS and the World of Work, 2010.</p>     |
| Ambient factors in the workplace – 2001                                  | This Code of practice was prepared with the intention to update the ILO's codes of practice on the <i>protection of workers against noise and vibration in the working environment</i> and <i>occupational exposure to airborne substances harmful to health</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                             | The existing regulations that include the ambient factors such as noise, temperature, vibration and radiation came into effect long before the Code. There is a need to improve the Regulations to include approaches as provided for by the Code.                                                                                                                |
| Recording and Notification of occupational accidents and diseases - 1996 | This Code requires, among others, that each government should nominate a competent authority or authorities, as appropriate, which should, in the light of national conditions and practice and in consultation with the most representative organizations of employers and workers, formulate, implement and periodically review a coherent national policy and principles on:<br>(a) the recording, notification and investigation of occupational accidents and diseases;<br>(b) the recording, notification and investigation of commuting accidents, dangerous occurrences and incidents; and<br>(c) the compilation, analysis and publication of statistics on such accidents, diseases and occurrences. | The existing law as promulgated in 1997, regulates the notification and reporting of dangerous occurrences and accidents, however, it does not mention or address the commuting accident. The competent bodies are identified with regards to notification, investigation and statistic keeping, with no policy to guide such functions.                          |
| Safety in the use of chemicals at work - 1993                            | The objective of this Code is to protect workers from the hazards of chemicals, to prevent or reduce the incidence of chemically induced illnesses and injuries resulting from the use of chemicals at work, and consequently to enhance the protection of the general public and the environment.                                                                                                                                                                                                                                                                                                                                                                                                             | The existing regulations came into effect in 1997, a few years after the Code, and it encompasses a significant degree of the Code's requirements such as measures to be taken by those involved in the production, labeling, storage, transportation of hazardous chemicals, and the disposal and treatment of hazardous chemicals and hazardous waste products. |

| ILO Code of Practice                                       | Purpose and requirements of the Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The use of Code by National Competent Authorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Safety and health in construction – 1992                   | The objective of this code is to provide practical guidance on a legal, administrative, technical and educational framework for safety and health in the construction sector.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The existing law has been in force since 1997. Although it has incorporated a number of requirements of the Code, it is missing the most crucial part which is the general duties of clients, designers, engineers and architects to take into consideration the safety and health aspects in the designing of buildings, structures or construction projects.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Radiation protection of Workers (ionizing radiation) -1987 | This Code requires that the responsibilities of the competent authority (or authorities) concerned with radiation protection, their terms of reference and their functions be clearly defined and promulgated; the competent authority should formulate the necessary criteria, standards and regulations for radiation protection in consultation with the representative organizations of employers and workers concerned; the competent authority should establish a system for notification, registration or licensing; the competent authority should provide a scheme for the recognition of approved medical practitioners; the competent authority should establish a system of inspection to ensure that the measures taken are in compliance with the relevant requirements; the competent authority should prescribe the content of periodic reports from employers, in which occupational doses are reported for the purpose of determining compliance with requirements, including the requirement that all doses be kept as low as reasonably achievable; the competent authority should prescribe the manner in which accidental exposures, particularly those which have resulted or are expected to result in doses in excess of the limits, should be reported. | There is a gap in enforcement efforts by authorities under the MLIREC (under which the primary occupational safety and health legislation fall) and those under other authorities. An extensive prescription and guidance is provided by the Atomic Energy and Radiation Protection Act, rather than by the regulations under the Labour Act.<br>The Atomic Energy and Radiation Protection Act No 5 of 2005, was enacted to provide for adequate protection of the environment and of people in current and future generations against the harmful effects of radiation by controlling and regulating the production, processing, handling, use, holding, storage, transportation and disposal of radiation sources and radioactive materials, and controlling and regulating prescribed non-ionising radiation sources; to establish an Atomic Energy Board and to provide for its composition and functions; to establish a National Radiation Protection Authority; to amend the Hazardous Substances Ordinance, 1974 (Ordinance No. 14 of 1974); and to provide for related matters.<br>It is under this Act that the compliance monitoring, accident reporting, licensing and appointing of Radiation Safety Officers are provided for. |



## 2.0 National Competent Authorities

In order to enforce, implement, monitor and control the “Regulations Relating to the Health and Safety of Employees at Work”, the President of Namibia assigned the administration of these regulations to be exercised and performed by the MLIREC, MME and MHSS, as set out in the Presidential Proclamation No.10, Labour Act, 1992.

**MLIREC:** This Ministry is the custodian of Occupational Safety and Health concerns in Namibia. The Directorate of Labour Services in the MLIREC 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, in which the occupational health and safety provisions are encompassed. 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 it's Regulations relating to the Health and Safety at Work, through compliance, inspection 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. The budget levels from 2012-2014 were:

2011/12: N\$ 9 740 000

2012/13: N\$ 9 936 000

2013/14: N\$ 11 022 000

**MHSS:** This Ministry is responsible for statutory control of the implementation and monitoring of the pertinent legislation relating to health issues at workplace in all sectors. Occupational Health Services is a subdivision under Public and Environmental Health Services Division, which falls under Primary Healthcare Service Directorate. The staff structure makes provision for the Chief Medical Officer, Occupational Hygienist and Occupational Health Nurse; however, the subdivision is understaffed, with only the Chief Medical Officer position being currently occupied. Budgetary provisions are made up to the directorate level, with no subdivision allocations specified.

**MME:** The Ministry of Mines and Energy, in collaboration with the MLIREC as well as the MHSS is responsible for implementation and enforcing the requirements of the regulations related to the health and safety of employees at work to ensure safety and health in the mining sector.

The Division of Mine Safety Inspectorate, which falls under the Directorate of Mines Safety and Services, is responsible for this function. The Division structure includes the Chief Inspector of Mines and 6 Inspectors of Mines.

## 3.0 Inspection and Enforcement Systems

The Occupational Health and Safety Division in the MLIREC is responsible to administer 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 inspection 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.

The specific functions of Occupational Health Services Section include: workplace compliance inspections, registration of Approved Inspection Authorities (First Aid Training & Emergency Services), coordinating medical surveillance, coordination of occupational diseases notifications, coordination of the provision of first aid training and emergency care arrangements at the workplace and advice the MLIREC in regard to occupational health matter.

The MME is responsible for inspection and enforcement Regulations Related to the Health and Safety of employees at Work in the Mining Sector. In the event of health-related matter, this Ministry collaborate with the MHSS. The core functions of 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 mine.

## **4.0 Consultation, Coordination and Collaboration Mechanisms**

### **4.1 Consultation, Coordination and Collaboration mechanism at national level**

The matters requiring the national tripartite consultation on occupational health and safety are channeled through the Labour Advisory Council (LAC) as there is no dedicated body that deals with occupational health and safety issues at the national level.

The National Coordinating Taskforce on occupational health and safety, comprising of the representatives of the MLIERC, MHSS, MME, Employers' Federation and Workers' Union was established in 2011 and is actively involved in the implementation of the OHS component in the Decent Work Country Programme.

The Labour Advisory Council (LAC) serves as a forum for dialogue on broader social and economic development issues affecting the labour market in general. Its functions include advising the Minister responsible for labour, on labour-related matters that may be referred to it by Government, Social Partners or the ILO.

The Labour Advisory Council consists of a chairperson, four individuals that represents the interests of the State, four individuals that represents the interests of registered Trade Unions, and four individuals that represents the interests of registered Employers' Organisations. The LAC is established as a national entity and has no regional structures.

### **4.2 Consultation, Coordination and Collaboration mechanism at enterprise level**

The Labour Act provides for the collective bargaining on both basic conditions of employment and occupational health and safety matters. However, from the available collective agreements, occupational health and safety is not comprehensively covered. Chapter 4 of the Labour Act, 2007 (Act No. 11 of 2007) provides for the establishment of the health and safety committees at the request of health and safety representatives, at the enterprise employing more than one hundred workers at a request of a health and safety representative. Although inspections are being conducted at some enterprises, the law does not provide for a feedback mechanism on the work of the health and safety committees to the Competent Authorities.

## **5.0 National Review Mechanism**

Currently, there is no statutory body for OSH legislation and policy review. However, there is a Tripartite National Coordinating Taskforce on occupational health and safety, comprising the representatives of Government (MLIREC, MoHSS and MME), Employers' Federation and Workers' Union established in 2011.



This Taskforce is actively involved in the implementation of the OSH component in the Decent Work Country Programme which includes the formulation of the national OSH policy and programme. The National Occupational Health Policy under the MoHSS is a guiding framework for the planning, organization, implementation, monitoring and evaluation of occupational health services in Namibia. Although this Policy has been in place, there is no review mechanism nor a committee overseeing its implementation.

## 6.0 Training, Information and Advisory Services and Mechanisms

### 6.1 Designated OSH Training and Educational Institution

There is no designated OSH qualification at tertiary level in the country. The Polytechnic of Namibia offers a four (4) year Bachelor of Science in Environmental Health of which Occupational Safety and Health is a core module. 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.

Technical Vocational Training Institutions in the country offer occupational safety and health training as a basic introductory module in all vocational trades e.g. mechanical, engineering and electrical et al.

### 6.2 Information Centers

Currently, Namibia has no OSH Centralised Information System (CIS) centre. However, the various Competent Authorities develop and provide some promotional materials such as newsletters, brochures, pamphlets, and other advocacy materials to the public.

## 7.0 Occupational Health Services

Occupational health services are designated under the Ministry of Health and Social Services. The subdivision responsible for occupational health is manned by the Chief Medical Officer of Occupational Health, the Chief Environmental Health Practitioner and the Senior Health Program Administrator. The function of environmental exposure monitoring is currently coordinated by the Occupational Hygienist through the use of the Approved Inspection Authorities.

As stated by the Regulations Relating to the Health and Safety of Employees at Work, the Chief Medical Officer of Occupational Health may conduct or arrange for conducting any medical examination, by a registered occupational health practitioner, of an employee at a specific workplace that the officer considers necessary. Currently, medical examination and surveillance of workers' health are provided by Occupational Health Practitioners and some General Practitioners at enterprise levels.

As required by the Regulations Relating to the Health and Safety of Employees at Work, the Occupational Health Practitioners shall notify the Chief Medical Officer of Occupational Health of all diseases suspected to be caused by person's current or past employment. Occupational Health Services is a subdivision under Primary Health Care Directorate.

## 8.0 OSH Laboratories

There are no designated laboratories for occupational health and safety services to analyze work environmental stressors. As a result, samples collected by Approved Inspection Authorities are sent to South Africa for analysis.

## 9.0 Social Security, Insurance Schemes and Compensation Services

The Social Security Act, 1994 (Act 34 of 1994) was promulgated to provide for, among others, maternity leave benefits, sick leave benefits and death benefits (MSD) to employees registered with the Fund. Although the Act makes provision for a National Pension Fund, this benefit is not yet activated.

The Employees' Compensation Act, 1941 (Act No 30 of 1941) was promulgated to provide for compensation of disablement caused by injuries and diseases contracted by employees in the course of their employment, or for death resulting from work-related accidents and diseases. The Employees Compensation Fund (ECF) which was established under this Act, provides for the payment of compensation, medical expenses and other pecuniary benefits.

The MSD and ECF are both administered by the Social Security Commission. Employees' Compensation Act, 1941 (Act No 30 of 1941) makes provision for the Commission to promote, establish or subsidise or assist in the promotion, establishment, maintenance of any body, organisation or scheme whose objects consist of or include one or more of the following:

- i. The prevention of accident or of any disease which is due to the nature of any occupation;
- ii. The promotion of health or safety of employees;
- iii. The provision of facilities designed to assist injured employees to return to work or to reduce or remove any handicap resulting from their injuries; or
- iv. The carrying out of any activity conducive to the attainment of any of the objects referred to in the above paragraphs.

The implementation tools and guidelines for the above-mentioned provision are yet to be introduced.

**Table 1: Difference between the MSD and ECF Fund**

|                          | MSD                                                                                                             | ECF                                                                                                                                                                                                                                                                                                  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What it stands for       | Maternity leave, Sick leave and Death benefits Fund                                                             | Employees' Compensation Fund (Accident Fund)                                                                                                                                                                                                                                                         |
| What it caters for       | Payment of maternity leave benefits, sick leave benefits and death benefits to employees                        | Compensation for temporary disablement, permanent disablement and death; and payment of reasonable medical expenses (resulting from occupational accidents or diseases)                                                                                                                              |
| Who to be a member       | Everyone who works and receives a basic wage, including domestic employees. Self-employed persons --voluntarily | Any employee, who has entered into work under a contract of service or of apprenticeship with an employer, who is earning not more than the set annual earning ceiling. Employees earning above the ceiling are only catered for when the special arrangement has been entered into by the employer. |
| Who to register          | The employers are liable to register all such employees.                                                        | Every employer carrying on business in the Republic of Namibia must register within fourteen days of the date of commencement of business.                                                                                                                                                           |
| Contribution to the Fund | Certain percentage of the employee's basic wage shared on a 50/50 basis by the employer and the employee.       | Certain percentage of the annual wages to be paid by the employer to the ECF via Social Security Commission.                                                                                                                                                                                         |

In terms of the Employee Compensation Act, employees earning above a certain threshold are not covered by the fund (ECF). However, the Act makes provision for Employers to make special arrangements in order for those employees to be covered, voluntarily. Some private insurance schemes provide for the occupational injury and diseases benefit, which is utilized by some Employers.

## **10.0 Education, Training and Awareness Raising Structures**

### **10.1 Training structures run by employers' or workers' organizations**

The OSH training initiatives are more visible from the employers' organizations than from the workers' organizations. Among the known initiatives are those by the Employers' Federation, the Construction Industry Federation, and the Chamber of Mines. These are usually limited to awareness sessions and certificate level courses.

### **10.2 Institutions conducting legally required training for OSH specialists**

Regulation 18 of the Regulations Relating to the Health and Safety of Employees at Work provides for the Chief Inspector to permit the individual with necessary expertise and competence to carry out the specialized functions including the OSH training. These are referred to as Approved Inspection Authorities (AIAs) - whose certificates are renewable annually.

These include the competent persons in machinery, hazards identification and risk assessments, first aid, fire safety, and all OSH related services. Some of the skills currently requiring training in terms of the Regulations Relating to the Health and Safety of Employees at Work are those of the:

- i. Supervisors
- ii. Safety Officer
- iii. Safety Representatives
- iv. Responsible Persons (in-charge of Machinery)
- v. First Aid Attendants

Any person who applies to be an inspection authority and whose application is approved is issued with a certificate signed by the Chief Inspector clearly stating his or her competencies and the period of time for which such approval has been granted. The Regulation further states that the Chief Inspector shall develop criteria for the Approval of Inspection Authorities after consultation with the Labour Advisory Council. The current criteria used for the approval of Approved Inspection Authorities by the Chief Inspector are obsolete as they do not comprehensively cover all specialist functions (inspection, investigation, testing, sampling, analysis or training). The majority of these specialized functions have evolved due to technological transformation in the world of work. The need for its review has been expressed by the Ministry and interested stakeholders.

### **10.3 National Safety Councils and Associations**

There is a National Road Safety Councils (NRSC) under the Ministry of Works and Transport. The NRSC is a statutory body that was created in 1996 by section 2 of the National Road Safety Act, Act 9 of 1972, to promote road safety in the Republic. To this end the NRSC is empowered to:

- Carryout research in relation to road safety
- Collect and disseminate road safety information
- Provide road safety guidance through seminars, congresses or any other means deemed fit by Council
- Assist the Minister in coordinating accident and injury prevention measures
- At the request of the Minister, enquire into any matters falling within the ambit of the Act, and report there-on.

- Perform any other task falling within the objectives of the Act
- Make recommendations to the Minister on road safety.

However, there is no medical protocol for long distance drivers to guide medical practitioners when performing occupational medical examination on drivers.

## **11.0 Specialized Technical, Medical and Scientific Institutions**

### **11.1 Existing poison control centers**

Currently, there is neither a poison control center nor organized activities in relation to the INTOX of the International Programme on Chemical Safety (IPCS), in Namibia.

### **11.2 Standardizing bodies**

The Namibian Standards Institution (NSI) established in terms of the Standards Act 2005 (No.18 of 2005) serves as the National Standard Body (NSB) for Namibia. Its 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 for provided by the WTO/TBT Annexure 3, for use and application by the stakeholders in various industries.

Regulation 16 of the Regulations Relating to the Health and Safety of Employees at Work makes provision for incorporation of OSH technical standards into OSH regulations, however, so far there is no Namibian OSH standards incorporated into the regulations. The Approved Inspection Authorities are guided by the Regulations Relating to the Health and Safety at Work and existing best practices in testing and certifying of dangerous machineries e.g elevators, escalators, boilers, pressure equipment etc.

### **11.3 Institutions and laboratories**

There are no specialized institutions and laboratories designated for occupational hazards and risk assessment related to chemical safety, toxicology, epidemiology, product safety, and others, in Namibia.

### **11.4 Emergency preparedness**

Many local authorities are equipped with emergency response and preparedness facilities in the form of ambulances, fire brigades and chemical spill clean-ups. The Ministry of Defence responds to other emergencies and any other natural disaster. At enterprise level, some companies in high risk sectors like mining have emergency preparedness systems in place.

### **11.5 Non-governmental bodies involved in OSH activities**

Namibian Society of Occupational Medicine is a professional body affiliated to the South African Society of Occupational Medicine, established to promote, protect and enhance the health of the working population of Namibia and to be the guardian for ethical and medical standards of Occupational Medicine in the country.

## 12.0 Overall national level of human resources active in the area of OSH

### 12.1 Professions, legal and educational requirements at the national level

**Table 2: Professions, legal and educational requirements at the national level**

| Authority | Profession                                   | No. of professionals | Legal requirement                              | Educational requirement                                      |
|-----------|----------------------------------------------|----------------------|------------------------------------------------|--------------------------------------------------------------|
| MLIREC    | Industry Inspectors                          | 20                   | None                                           | Diploma in Occupational Health and Safety                    |
|           | Machinery Inspectors                         | 4                    | Registration with Namibian Engineering Council | Bachelour of Engeneering (Mechanical or Electrical)          |
| MHSS      | Chief Medical Officer of Occupational Health | 1                    | Register with Health Profession Council        | Post Graduate Diploma in Occupational Medicine               |
|           | Chief Environmental Health Practitioner      | 1                    | -                                              | Bsc in Environmental Health                                  |
|           | Senior Health Program Administrator          | 1                    | Register with Health Profession Council        | Post Graduate Diploma in Occupational Health Nursing         |
| MME       | Inspector of Mines                           | 6                    | Registration with Namibian Engineering Council | Bachelour of Engeneering (Mining, Mechanical Electrical etc) |

### 12.2 Numbers of Occupational Physician, Occupational Health Nurses, Hygiene Specialists and Environmental Protection Specialists in the country

**Table 3: Occupational Physician, Occupational Health Nurses, Hygiene Specialists and Environmental Protection Specialists**

| Profession                                                                   | Number | Comment                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupational Health Physicians                                               | 36     | There are a sizeable number of Occupational Health Practitioners with different qualifications, varying from Diploma in Occupational Health to MMed in Occupational Medicine.                                                                          |
| Occupational Health Nurses                                                   | 23     | There are also a good number of occupational nurses in Namibia with very few employed in the private sector.                                                                                                                                           |
| Occupational Hygiene Specialists, including safety engineers and technicians |        | There are no reliable statistics on the number of hygiene specialists, safety engineers and technicians but there are quite a few of them employed or working in partnership with occupational doctors in the areas of hygiene and health surveillance |
| Environmental Health Practitioners                                           | 228    | These are numbers of Environmental Health Practitioners registered with the Professional Body.                                                                                                                                                         |
| Environmental Protection Specialists                                         |        | The responsible Ministry could not confirm the number of Environmental Protection Specialists in their employment.                                                                                                                                     |



## 13.0 Statistics of Occupational Accidents and Diseases

### 13.1 Mechanisms of recording and notification of occupational accidents and diseases

There are four institutions responsible for the collection and compilation of data on occupational accidents and diseases; namely: MLIREC, MME, MHSS and SSC.

Reportable accidents are those that either that cause loss of life to a person employed in a workplace or any injury likely to endanger the life of, or cause permanent impairment to a person. Other incidents that may not necessarily lead to death or disablement, but cause damage to plant and/or property as outlined in the OSH Regulations, are considered reportable.

In terms of Regulation 22 of the Regulations Relating the Health and Safety of Employees at Work, in the event of an accident or dangerous occurrence in or in connection with a workplace, including a mine, or if an employee dies, or suffers a serious injury as result of such an accident or dangerous occurrence the Employer shall:

- immediately notify the Chief Inspector through the quickest means available, including by telephone or by fax; and
- report the death, injury, accident or dangerous occurrence, as case may be, to the Chief Inspector in the prescribed form within a period of seven (7) days of such an accident occurrence, or within such shorter period of time as the Chief Inspector may, in writing, notify the employer.

Regulation 23 of the Regulations Relating to the Health and Safety of Employees at Work requires any Medical Officer diagnosing or suspecting a case of occupational disease or any other diseases that he/she believe was caused by that person's current or past employment, he/she shall immediately notify the Chief Medical Officer of Occupational Health, using the prescribed form.

The Employees' Compensation Act, 1941 (Act No 30 of 1941) provides for all occupational accidents or alleged occupational accidents that entail medical expenses or absence from work for more than three (3) days to be reported without any delay in the prescribed form (employer's report of accident).

### 13.2 National list of occupational diseases and review mechanisms

The Employees Compensation Act provides the list of “Scheduled Industrial Diseases”, also titled as **Schedule 2**. The list however differs from the list of “Notifiable Occupational Diseases” titled **Annexure A 2 (1)**, as provided by the Regulations related to Health and Safety of Employees at Work.

Although the reporting tool for occupational diseases by the Medical Practitioners is done in the prescribed form “*FORM OD.1: Notification of Occupational Disease*” as provided by the Regulations Relating to the Health and Safety of Employees at Work (1997), any compensation for contracting an occupational disease is done in accordance with Schedule 2 of the Employees' Compensation Act (1941). None of the two lists has been reviewed since its inception and no review mechanism has been put in place as yet.

**Table 4: The List of Scheduled Diseases (Schedule 2) as per the Employees Compensation Act**

| DESCRIPTION OF DISEASE                                                                        | DESCRIPTION OF OCCUPATION                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ankylostomiasis (hookworm) in workmen other than Asiatics or Blacks                           | Mining carried on underground.                                                                                                                                                                   |
| Anthrax.                                                                                      | The handling of wool, hair, bristles, hides and skins. Work in connection with animals infected with anthrax. Loading, unloading or transport of goods.                                          |
| Arsenical poisoning.                                                                          | Any work involving the use of arsenic or its preparations or compounds.                                                                                                                          |
| Poisoning by benzene or its homologues and their nitro and amino derivatives and its sequelae | Any work involving the production or use of or contact with benzene or its homologues or their nitro and amino derivatives.                                                                      |
| Cyanide rash.                                                                                 | The handling of cyanide or any work involving the use of cyanide.                                                                                                                                |
| Dermatitis due to dust, liquids or other external agents                                      | present in the specific process or processes of the workman's occupation                                                                                                                         |
| Halogen derivatives of hydro -carbons, poisoning by the                                       | Any work involving the manufacture or use of or contact with the halogen derivatives of hydro-carbons.                                                                                           |
| Lead poisoning or its sequelae                                                                | The handling of lead or its preparations or compounds or any work involving the use of lead or its preparations or compounds.                                                                    |
| Mercury poisoning or its sequelae.                                                            | Any work involving the use of mercury or its preparations or compounds.                                                                                                                          |
| Pathological manifestations due to radium and other radioactive substances or X-rays          | Any work involving the use or exposure to the action of radium or other radioactive substances or X-rays.                                                                                        |
| Phosphorus poisoning.                                                                         | Any work involving the use of phosphorus or its preparations or compounds.                                                                                                                       |
| Silicosis, asbestos or other fibrosis of the lungs caused by mineral dust                     | Any occupation (other than a "dusty atmosphere" as defined in the Pneumoconiosis Act, 1956), in which workmen are exposed to the inhalation of silica dust, asbestos dust or other mineral dust. |
| Primary epitheliomatous cancer of the skin                                                    | Any work involving the handling or use of tarpitch, bitumen, mineral oil or paraffin.                                                                                                            |
| Manganese poisoning                                                                           | Any work involving the use or handling of, or exposure to the fumes, dust or vapour of, manganese or a compound of or substance containing manganese.                                            |
| Byssinosis                                                                                    | Any occupation in which a workman is exposed to the inhalation of cotton or linen dust.                                                                                                          |
| Mesothelioma.                                                                                 | Any work which involves the handling or use of asbestos or exposing the workman to asbestos dust caused by the use of asbestos in connection with the employer's business.                       |

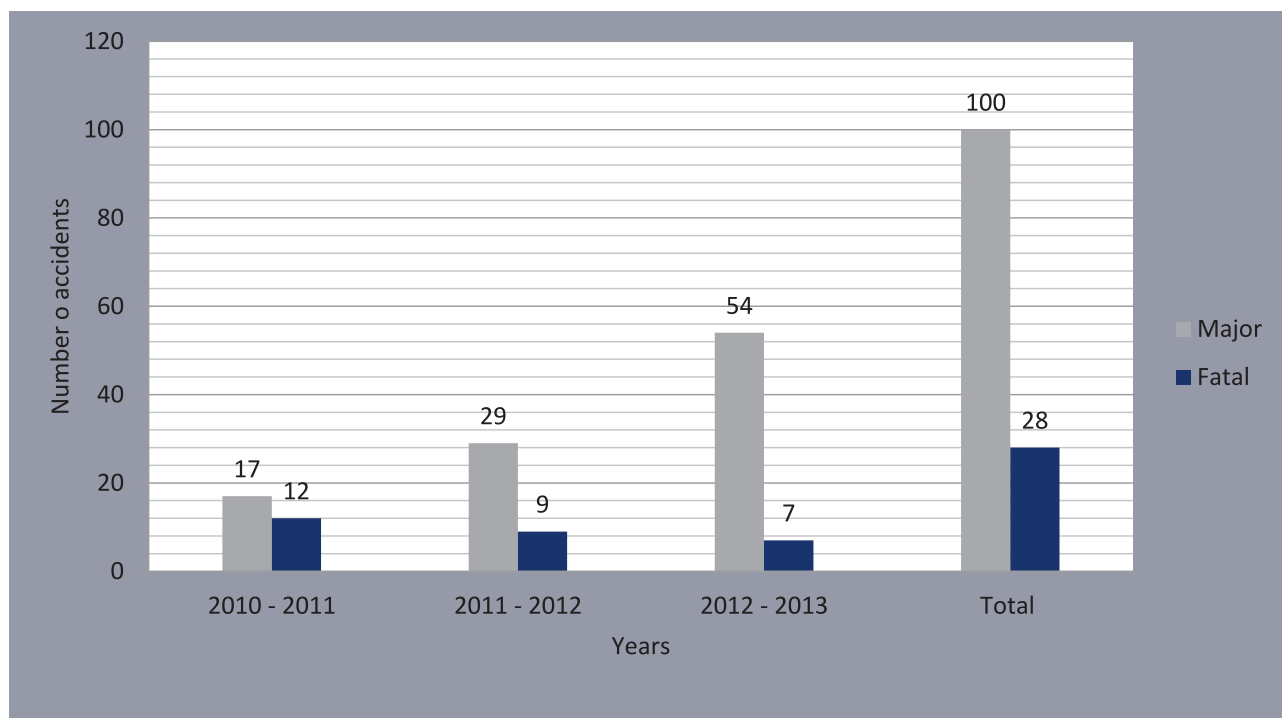
**NOT NOTIFIABLE OCCUPATIONAL DISEASES and work involving exposure to risk (regulation 23)**

1. Pneumoconiosis caused by sclerogenic mineral dust (silicosis, asbestosis) and silico tuberculosis provided that silicosis is an essential factor in causing the resultant incapacity or death or any other form of tuberculosis, and all work involving exposure to the risk concerned.
2. Bronchopulmonary diseases caused by hard-metal dust, and all work involving exposure to the risk concerned.
3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust, and all work involving exposure to the risk concerned.
4. Occupational asthma caused by sensitising agents or irritants both recognised in this regard and inherent in the work process, and all work involving exposure to the risk concerned.
5. Extrinsic allergic alveolitis and its sequelae caused by the inhalation of organic dusts, recognised in this regard and inherent in the work process, and all work involving exposure to the risk concerned.
6. Diseases caused by beryllium or its toxic compounds, and all work involving exposure to the risk concerned.
7. Diseases caused by cadmium or its toxic compounds, and all work involving exposure to the risk concerned.
8. Diseases caused by phosphorus or its toxic compounds, and all work involving exposure to the risk concerned.
9. Diseases caused by chromium or its toxic compounds, and all work involving exposure to the risk concerned.
10. Diseases caused by manganese or its toxic compounds, all work involving exposure to the risk concerned.
11. Diseases caused by arsenic or its toxic compounds, and all work involving exposure to the risk concerned.
12. Diseases caused by mercury or its toxic compounds, and all work involving exposure to the risk concerned.
13. Diseases caused by lead or its toxic compounds, and all work involving exposure to the risk concerned.
14. Diseases caused by fluorine or its toxic compounds, and all work involving exposure to the risk concerned.
15. Diseases caused by carbon disulphide, and all work involving exposure to the risk concerned.
16. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons, and all work involving exposure to the risk concerned.
17. Diseases caused by benzene or its toxic homologues, and all work involving exposure to the risk concerned.
18. Diseases caused by toxic nitro- and amino-derivatives of benzene or its homologues. All work involving exposure to the risk concerned.
19. Diseases caused by nitroglycerin or other nitric acid esters, and all work involving exposure to the risk concerned.
20. Diseases caused by alcohol, glycols or ketones, and all work involving exposure to the risk concerned.
21. Diseases caused by asphyxiants: Carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide, and all work involving exposure to the risk concerned.
22. Hearing impairment caused by noise, and all work involving exposure to the risk concerned.
23. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves), and all work involving exposure to the risk concerned.
24. Diseases caused by work in compressed air, and all work involving exposure to the risk concerned.
25. Diseases caused by ionising radiation, and all work involving exposure to the action of ionising radiation.
26. Skin diseases caused by physical, chemical or biological agents not included under other items, and all work involving exposure to the risk concerned.
27. Primary epitheliomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances, and all work involving exposure to the risk concerned.
28. Lung cancer or mesotheliomas caused by asbestos, and all work involving exposure to the risk concerned.
29. Transmissible, infectious or parasitic diseases contracted in an occupation if there is a particular risk of contamination (
  - a) health work or laboratory work;
  - (b) veterinary work;
  - (c) work involving the handling of animals, of animal carcasses, of parts of such carcasses, or other merchandise which may have been contaminated by animals, animal carcasses, or parts of such carcasses; or
  - (d) other work carrying a particular risk of contamination.
30. Poisoning caused by any type of pesticide or chemical agent including their mixtures or toxic derivatives, and all work involving exposure to pesticides or chemical agents.
31. Diseases caused by hot or cold work environments, and all work involving exposure to the risk concerned.
32. Cancer caused by physical, chemical or biological agents, and all work involving exposure to the risk concerned.
33. Any other disease certified by a medical practitioner as caused by exposure to the risk concerned at work, and all work involving exposure to such risk.
34. Repetitive work, and all work involving exposure to the risk concerned.

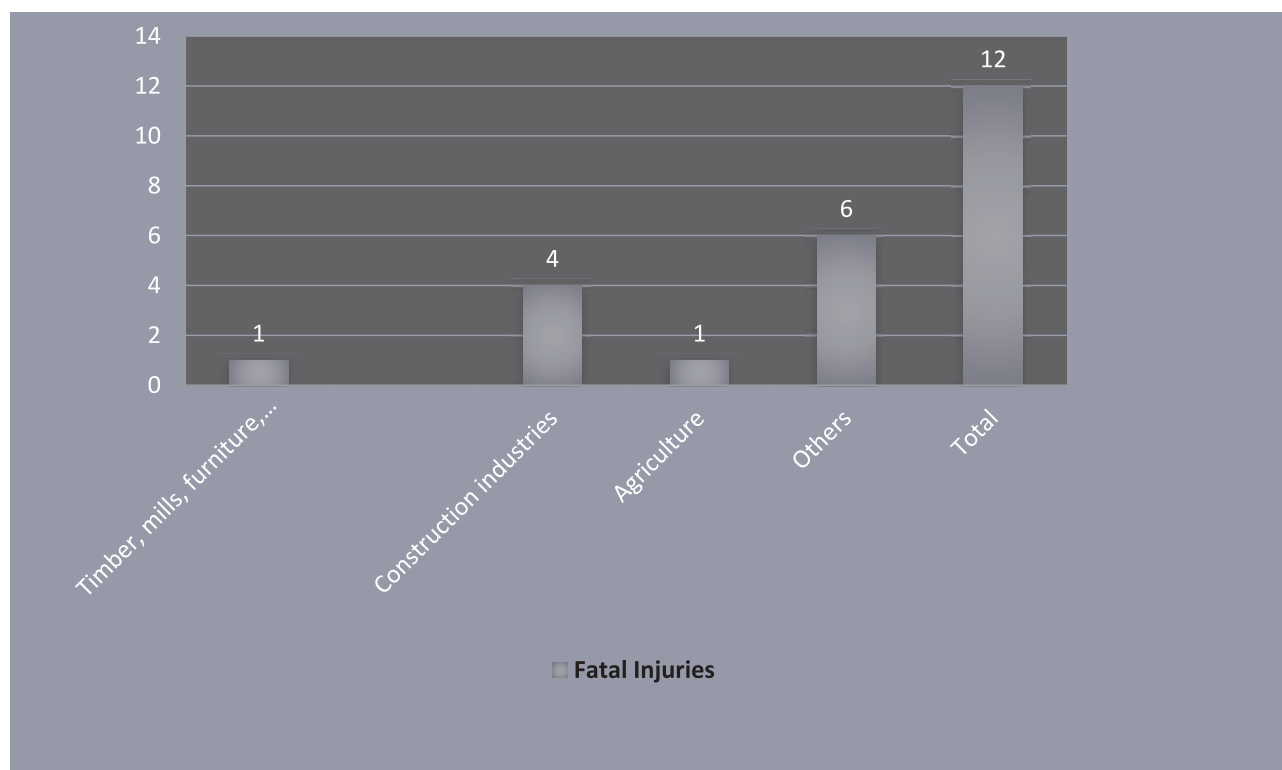
### 13.3 Number of Occupational injuries

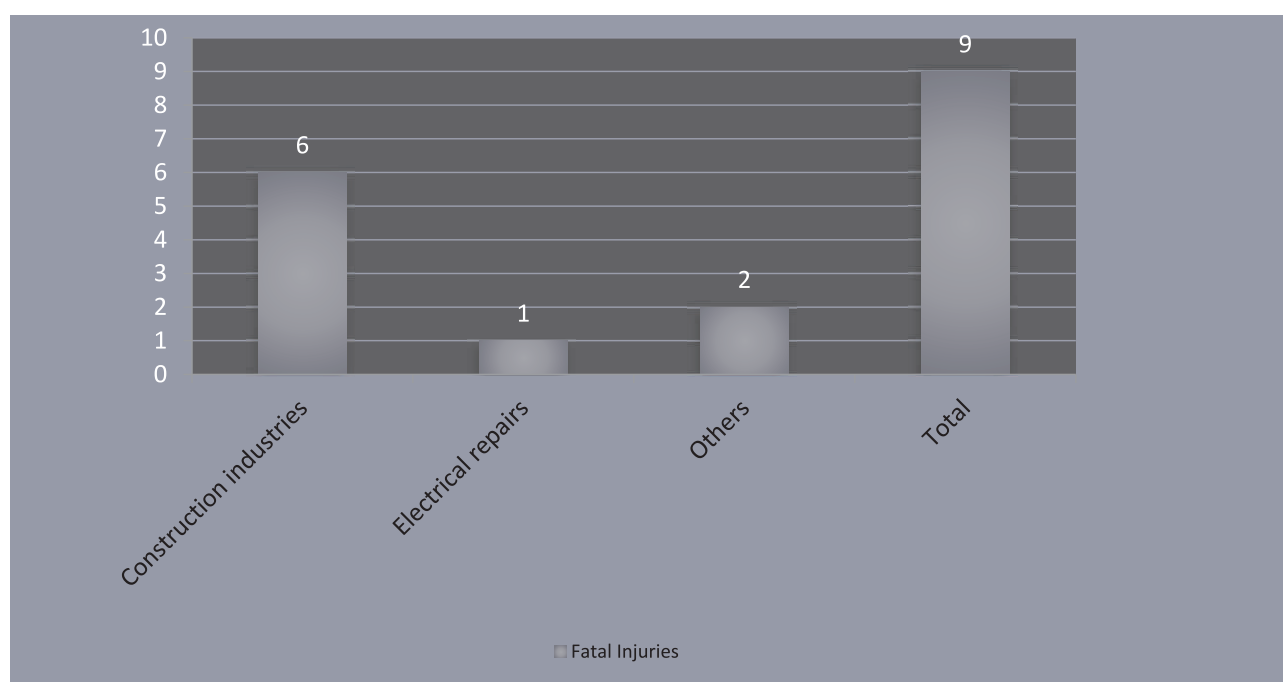
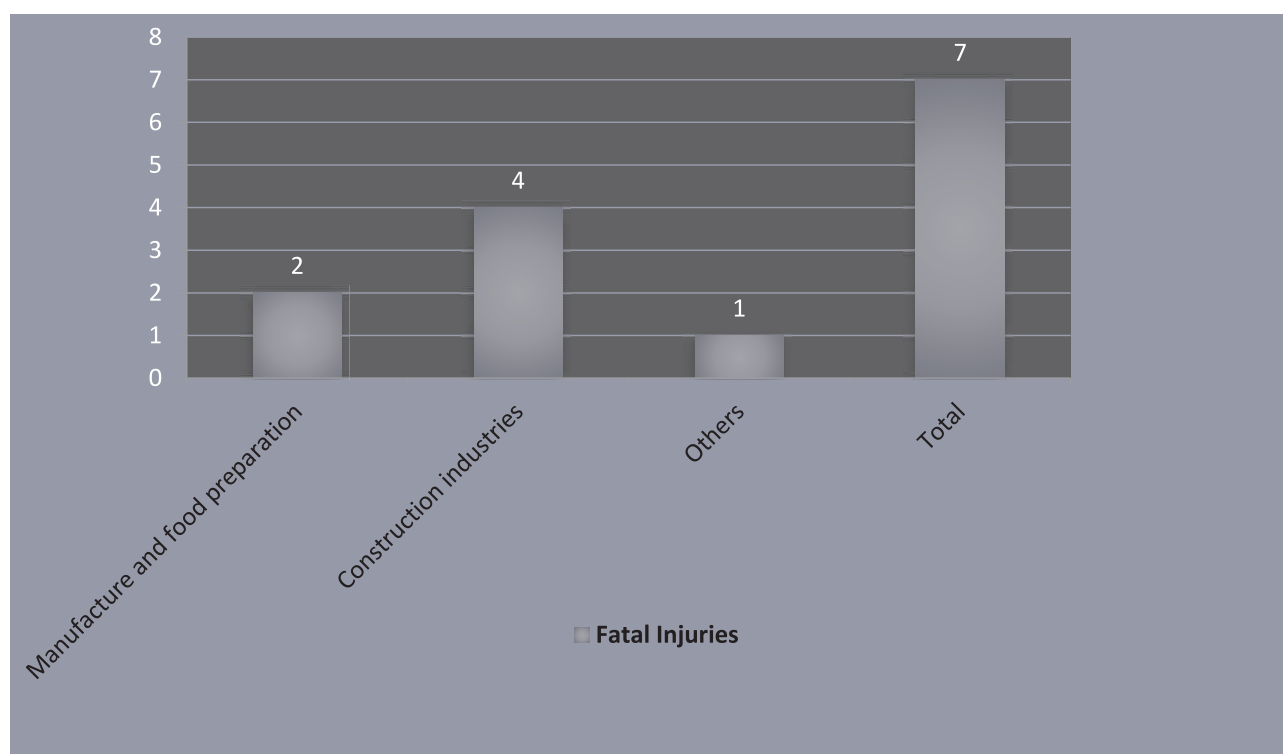
#### 13.3.1 Statistics as recorded at the MLIREC

**Table 5: Statistics for fatal and major accidents from 2010 – 2013**

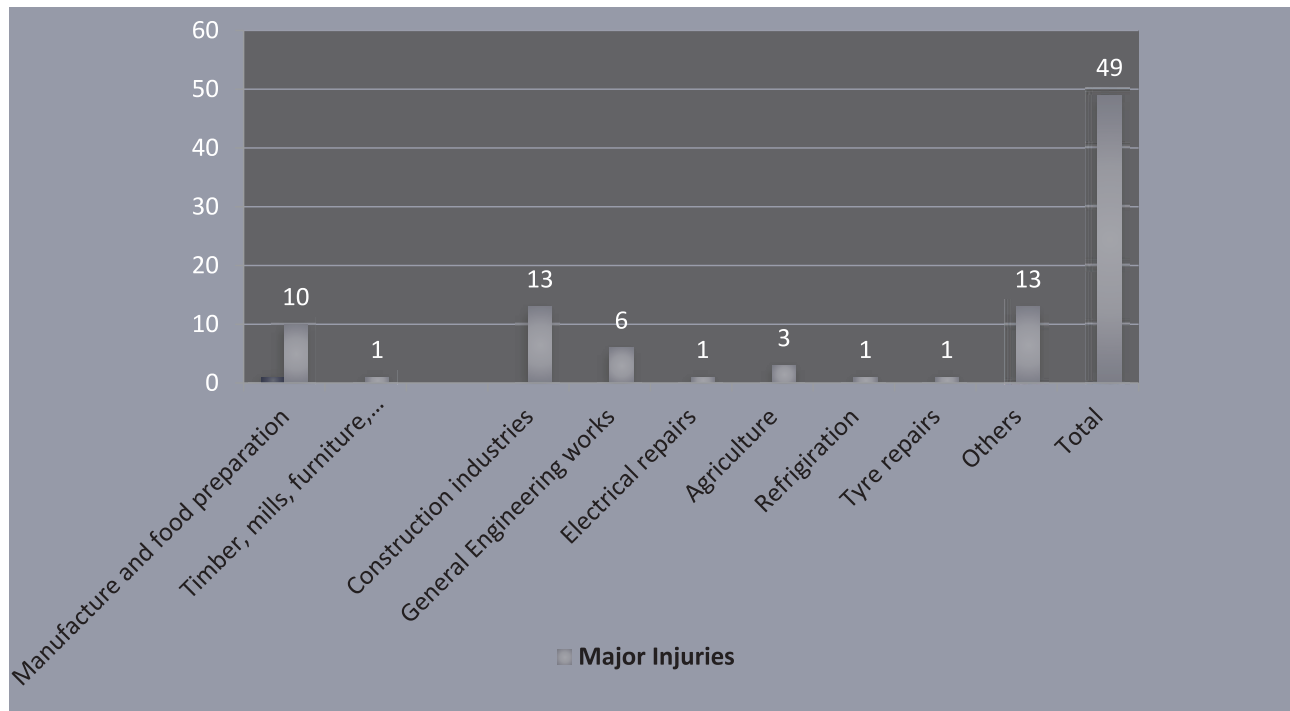
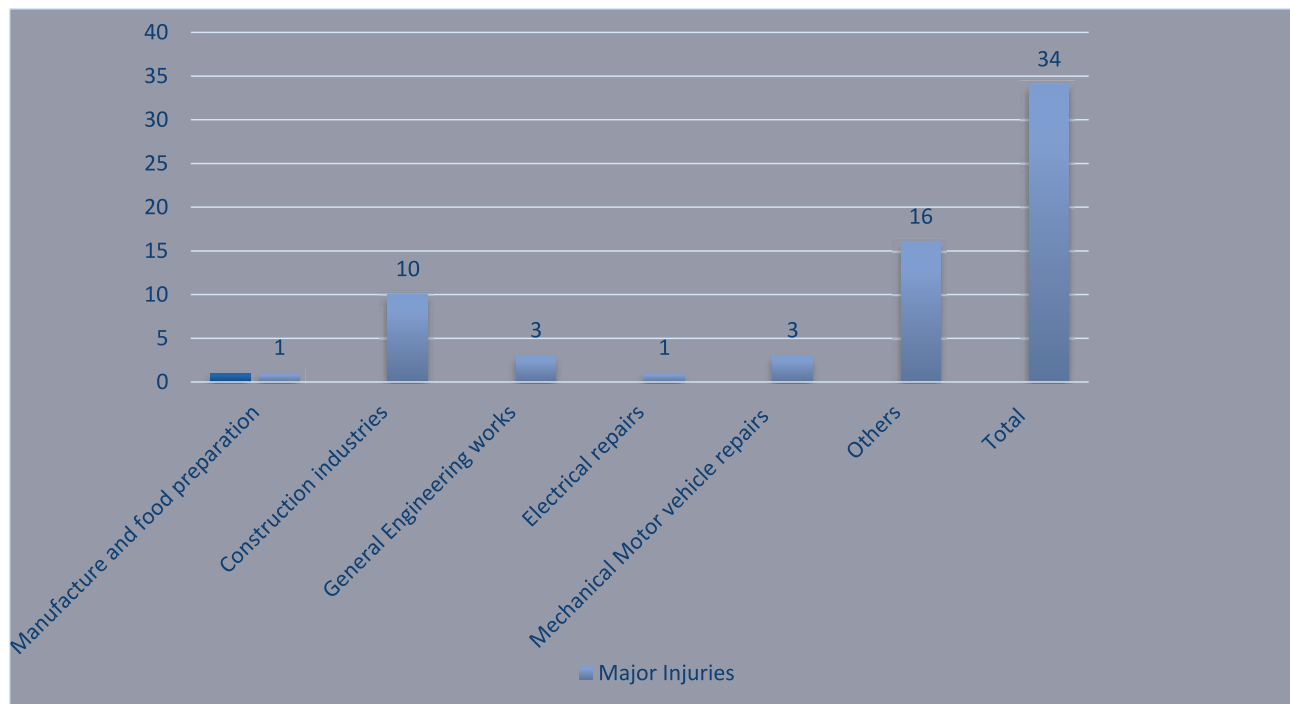


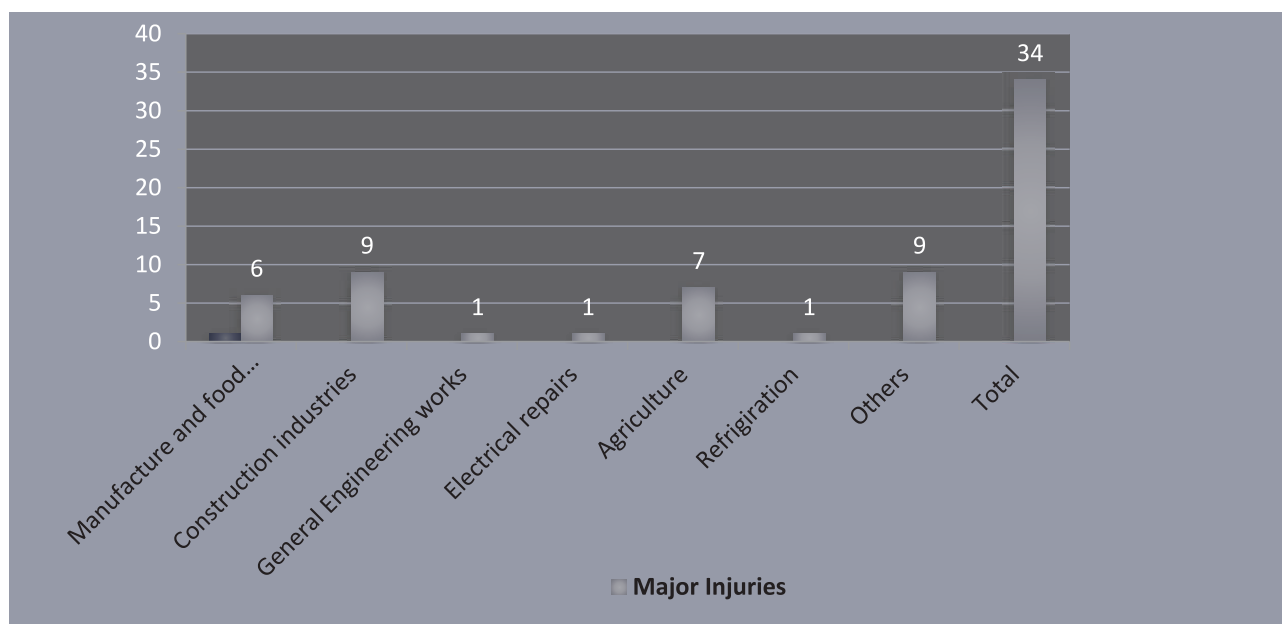
**Table 6: Fatal accidents per sector for the period 2010 – 2011**



**Table 7: Fatal accidents per sector for the period 2011 – 2012****Table 8: Fatal accidents per sector for the period 2012 – 2013**

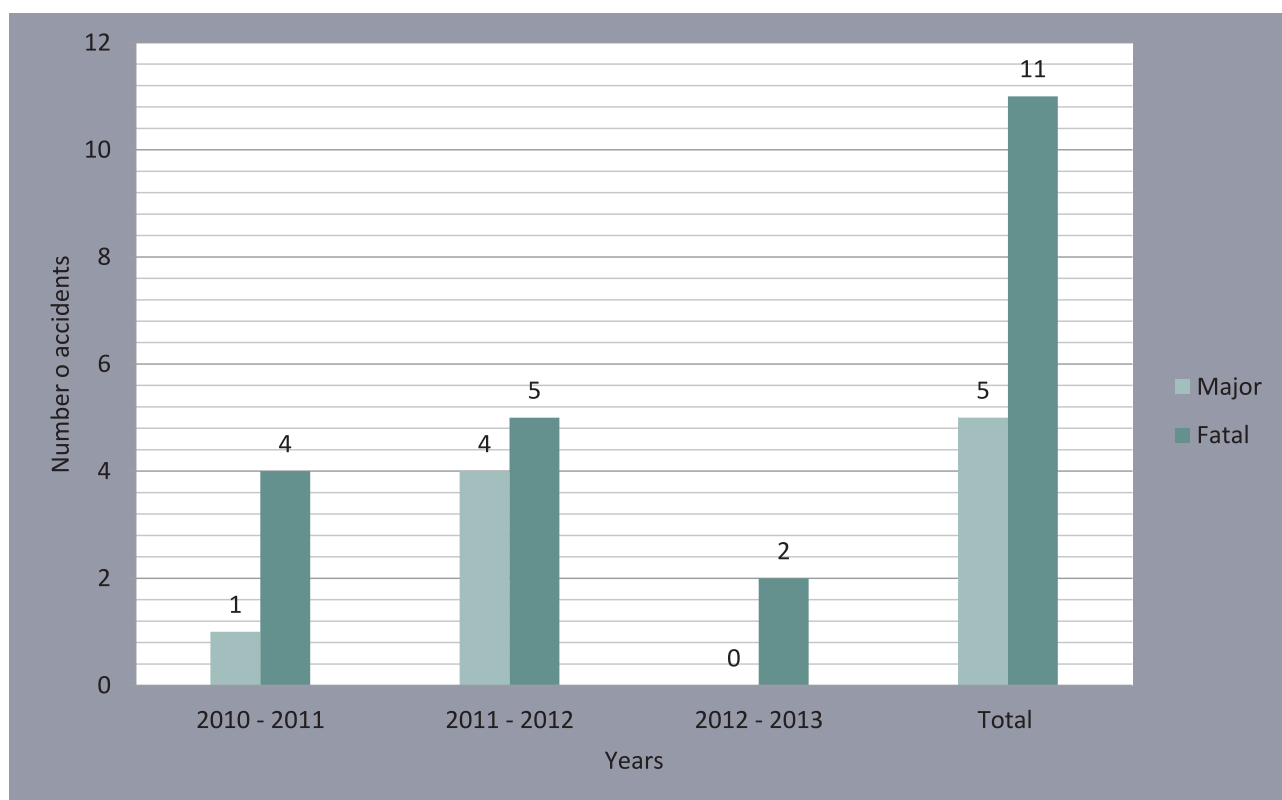


**Table 9: Major accidents per sector for the period 2010–2011****Table 10: Major accidents per sector for the period 2011–2012**

**Table 11: Major accidents per sector for the period 2012–2013**

The above figures indicate the higher rate of major accidents and fatalities in Construction industries, and a gradual decrease in a country's total accident rate.

### 13.3.2 Statistics as recorded at the MME

**Table 12: Major accidents and fatalities recorded in Mining industries:**

### 13.3.3 Statistics as recorded at the MHSS

The reporting of occupational diseases by Medical Practitioners to the Chief Medical Officer of Occupational Health became visible recently. A total of 15 occupational diseases notifications were recorded between April 2013 and March 2014, of which nine (9) were noise-induced hearing loss. The sectors from which the cases originated could not be established.

### 13.3.4 Statistics as recorded at the Social Security Commission

**Table 13: Annual statistics recorded by the Social Security Commission from 2008 to 2012**

| Year | Total number of fatal accident pay-outs* |               | Total number* of temporary disablements |               | Total number* of permanent disablements (30% or less) |               | Total number* of permanent disablements (above 30%) |               |
|------|------------------------------------------|---------------|-----------------------------------------|---------------|-------------------------------------------------------|---------------|-----------------------------------------------------|---------------|
|      | Private sector                           | Public sector | Private sector                          | Public sector | Private sector                                        | Public sector | Private sector                                      | Public sector |
| 2008 | 204                                      | 151           | 985                                     | 1             | 207                                                   | 33            | 185                                                 | 61            |
| 2009 | 209                                      | 152           | 1024                                    | No data       | 190                                                   | 33            | 193                                                 | 60            |
| 2010 | 208                                      | 145           | 994                                     | No data       | 190                                                   | 19            | 198                                                 | 55            |
| 2011 | 211                                      | 149           | 863                                     | No data       | 195                                                   | 36            | 212                                                 | 64            |
| 2012 | 211                                      | 168           | 828                                     | No data       | 167                                                   | 34            | 223                                                 | 76            |

*Note: The number of fatal accidents payouts represents the total dependants receiving payouts 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.*

### 13.3.5 Estimate of under-reporting of accidents

Under-reporting of accidents is being experienced. Some employers fail to report accidents to Enforcement Authorities due to fear of possible punitive measures. Even though there is a high trend of reporting with the Authority dealing with compensation, which could be linked with compensation benefits, employers who are not registered with SSC fail to report work-related accidents.

## 14.0 Policies and Programmes of Employers' and Workers' Organizations

### 14.1 Employers' organizations

The Namibia Employers Federation (NEF) is an organisation for employers, who have join voluntarily. NEF was established in 1994 for the purpose of promoting and protecting the interests of employers as provided for by the Labour Act. As an employers' representative, NEF is a member of the Tripartite Labour Advisory Council.

#### 14.1.1. OSH policy statement

The employers' organization does not have an OSH policy statement. However, various individual members of Namibia Employers' Federation (NEF) have their own OSH policies at enterprise level. There is no data on other employers' organizations.

#### 14.1.2 Structure for policy implementation (OSH Unit, OSH Committee)

Employer's Federation does not have a specific unit responsible for OSH neither an OSH Committee. However

there is a dedicated employee providing OSH training. There is no data on structure for policy implementation for any other employers' organizations.

#### **14.1.3 Programmes, Training and information for members**

The NEF has designated official responsible for the implementation of occupational health and safety program which include awareness-raising and training of its members and interested non-members. It offers a range of services and training to employers to comply and help them with the implementation of Health & Safety Management System. Their training courses include good housekeeping, storage and staking, forklift safety, slips and falls, working at heights, chemical safety, ergonomics, electrical safety, correct use of PPE, office safety, incident and accident investigation, First Aid, hazard identification and risk assessment, SHE inspection, SHE representative course and others.

#### **14.1.4 OSH elements in the collective bargaining**

The incorporation of OSH elements in the collective agreements is minimal.

#### **14.1.5 Participation in the National Tripartite Dialogue**

NEF as an employers' organisation participates in National Tripartite Dialogue for the formulation of labour and employment policies and programs including OSH. It is a member of the Labour Advisory Council (LAC), which is a body that is responsible for advising the Minister of Labour on labour matters.

### **14.2 Workers' organizations**

There are two umbrella bodies of workers' organization in Namibia, namely, National Union of Namibian Workers (NUNW) and Trade Union Congress of Namibia (TUCNA). They both regard the health and safety of workers as one of their operational objectives that are mainstreamed to their members.

#### **14.2.1 OSH Policy Statement of the Workers' Organizations**

None of the umbrella Workers' Organizations has an OSH Policy Statement.

#### **14.2.2 Structure for Policy Implementation (OSH Unit, OSH Committee)**

There is no OSH unit nor an OSH committee at both umbrella workers' organizations as well as their members.

#### **14.2.3 Programmes, Training and information for members**

There are no formal programmes devised by umbrella workers' organizations aimed at promoting OSH, however, some member unions like Metal and Allied Namibian Worker's Union (MANWU) has OSH training program for its members.

#### **14.2.4 OSH elements in the collective bargaining process**

The OSH element is minimal in collective agreements.

#### **14.2.5 Participation in the National Tripartite Dialogue**

Namibia is known for involvement of different parties in decision making systems and the involvement of trade unions and employer organizations is documented in the Labour Act of 2007. Both umbrella workers' organisations are represented in the **Labour Advisory Council** and participates in the national tripartite dialogue for the formulation of labour and employment policies and programs including OSH.

## 15.0 Regular and ongoing activities related to OSH

### 15.1.1 Regular activities at the national level designed to improve level of prevention and protection

OSH activities on the national calendar are listed but campaigns that create awareness are not visible. One of the main programmes at national level that covers OSH is the Decent Work Country Programme (DWCP). The DWCP adopted in 2010 highlighted the need to improve and strengthen occupational safety and health for the benefit of workers and enterprises. It prioritised the implementation of key areas and emphasised for the establishment of National coordinating Taskforce on OSH (Tripartite), compilation of the National OSH Profile (situational analysis), establishment of National Tripartite OSH programme, and establishment of National OSH centre for information system (CIS) of reporting, recording and notification of occupational accidents and diseases. Some of these proposed activities have been undertaken while others are still to be carried out.

### 15.1.2 National initiatives

The World Day for Safety and Health at Work is a global event commemorated on 28 April annually. This event is observed in Namibia, organised by MLIREC and supported by the ILO, whereby social partners and other stakeholders fully participate in the commemoration. The activities organized to commemorate the day include: show on different radio station and at national broadcasting television, newspapers advertisement, pamphlets and posters distribution, exhibition and workers march/walk.

Other ongoing activities are general OSH awareness on selected OSH key priority areas, through advertisement on digital board and newspapers. Awareness session among projects stakeholders is also an ongoing initiative.

Other annual event commemorated at the national level is the World Day for HIV/AIDS because HIV is regarded as a pandemic with potential impact on national development.

### 15.1.3 Industry initiatives

On a voluntary basis, most industries have adopted OSHAS 18001, ISO 14001 and ISO 9001 in order to be certified and get international recognition to attract investors.

### 15.1.4 Other activities and initiatives

National Union of Namibian Workers (NUNW) has been carrying out awareness-raising activities on safety and health at work among its members. It has also been advocating for government to improve the capacity of enforcement agencies such as the Occupational Health and Safety Services at the MLIREC and at MME.

Some corporates commemorate the World Day for Safety and Health internally, where different activities like workers walks, role plays, and information dissemination, among others take place. Most corporate have adopted the national health calendar and commemorate events like World Health Day, Diabetic Day, Cancer Day, to name a few.

## 16.0 International cooperation

The support that Namibia has received from international cooperating partners in the area of OSH has predominantly come from the International Labour Organization. The ILO is currently working with the MLIREC in many aspects including that of OSH and other general labour inspectorates. The ILO is also assisting employer's organizations and has successfully assisted to set up an OSH desk at the local NEF offices. Some international organisations currently active in Namibia are Gesellschaft fuer Technische Zusammenarbeit GTZ (GIS) assisting employers' organizations like CIF in capacity building which also includes the area of OSH.

The World Health Organisation (WHO) has partnered with the Ministry of Health and Social Services and has

coordinated the compilation of the National Occupational Health Policy which has been published.

In 2004 the Southern African Development Community (SADC) began the implementation of a 12-year “Programme on Work and Health in Southern Africa” (WAHSA). The programme was developed in accordance with the ILO's principal Conventions on OSH, the SADC Regional Indicative Strategic Development Plan (RISDIP) and the SADC Charter of Fundamental Social Rights. Funding for the implementation of the programme came from the Swedish International Development Agency (SIDA). The main purpose of the programme was to contribute to the protection of workers from hazards in both formal and informal economies and to deal with the reduction and ultimate elimination of work-related injuries, illness, diseases, incidents and deaths and improving the work environment for high productivity.

## 17. Promotion and Elimination Programmes

### 17.1 Elimination of hazardous child labour

The project “Towards the Elimination of the Worst Forms of Child Labour” or TECL II Namibia was launched in 2008 but commenced its work in 2009. It builds on the achievements of TECL I which laid the basis for concerted actions against child labour. The National Action Plans (NAPs also known as APEC) were created under TECL I. All activities in TECL II are based on the APEC developed in TECL I and on the legislation frameworks of the country. The project's objectives are to:

- i. Contribute to the elimination of all worst forms of child labour,
- ii. Strengthen the capacity of key partners to more effectively mainstream child labour issues into legislative and policy framework and take action against the worst forms of child labour (WFCL) and to raise awareness among the general public and key stakeholders, and
- iii. Develop, test and implement direct action programmes using models of intervention for addressing selected WFCL.

The Programme Advisory Committee on Child Labour (PACC), which is an inter-Ministerial and the MLIREC is the secretariat, was established in 2004 to oversee and coordinate work in the area of child labour. The Legal Assistance Centre was identified as the implementing agency.

Successful activities of the project include public awareness creation campaigns and awareness session with social partners, commissioning of rapid assessments and baseline surveys. The findings of the survey were presented to the national committee reviewing the legislation.

### 17.2 Elimination of silicosis and asbestosis

Silica and Asbestos are classified as hazardous substances under the Regulations Relating to the Health and Safety of Employees at Work, with specific regulations on how to handle them. The regulations require every employer using or processing asbestos in raw mineral form or processing material containing asbestos as a regular activity to notify the Chief Medical Officer of Occupational Health in writing prior to commencement of such use or processing. The regulations prohibit anybody from permitting a person under the age of 18 years to work in any place where asbestos is likely to be released into the atmosphere.

The medical examination of any employee involved in silica process is required by the regulation to include the comprehensive physical examination with special attention to the lungs (chest x-ray to be evaluated according to the International Labour Organisation V/C classification), and lung function tests including forced vital capacity and forced expiratory volume at one second.

### 17.3 Elimination of violence and sexual harassment

The Labour Act defines “sexual harassment” as any unwanted conduct of a sexual nature towards an employee which constitutes a barrier to equality in employment, where

- i. the victim has made it known to the perpetrator that he or she finds the conduct offensive; or
- ii. the perpetrator should have reasonably realized that the conduct is regarded as unacceptable, taking into



account the respective positions of the parties in the place of employment, the nature of their employment relationships and the nature of the place of employment.

Section 5 (8) of the Labour Act prohibit a person in any employment decision or in the course of an employee's employment, directly or indirectly sexually harass an employee. Where sexual harassment is perpetrated by an employer against an employee, and that employee resigns as a result of the sexual harassment, that resignation constitutes a constructive dismissal.

Visible programmes on elimination of violence are mostly those aimed at combating gender-based violence (GBV). The prevention of GBV falls under the auspices of the Ministry of Gender Equality and Child Welfare under which the Capacity Building for Gender Mainstreaming Programme is hosted.

#### **17.4. Elimination of persistent organic pollutants (POPs)**

Namibia is signatory to the Stockholm Convention on Persistent Organic Pollutants, a global treaty to protect human health and the environment from chemicals that remain intact in the environment for long periods, become widely distributed geographically, accumulate in the fatty tissue of humans and wildlife, and have adverse effects to human health or to the environment.

The Ministry of Environment and Tourism is spearheading the programme of elimination of the Persistent Organic Pollutants (POPs), and is currently busy with the development of the implementation plan.

#### **17.5 Elimination of drug abuse**

The Ministry of Health and Social Welfare coordinates activities aimed at managing drug and alcohol abuse and rehabilitation. The services are rendered through individual, group and family counseling as well as the detoxification at the rehabilitation and after-care centers across the country. These centers are mainly managed by qualified social workers.

The Ministry of Safety and Security promotes the elimination of drug abuse through its Drug Law Enforcement Division.

#### **17.6 Promotion of work-related welfare facilities**

The welfare and facilities at workplaces are promoted through the enforcement of the Regulations Relating to the Health and Safety of Employees at Work under the Labour Act. The enforcement of these regulations is a core function of the Industries' Inspectors under the Occupational Health and Safety Division in the MLIREC.

#### **17.7. Promotion of well-being programmes**

Namibia Business Coalition on AIDS (NABCOA) was established on 9 June 2003 to engage the private sector in the national response to HIV and AIDS and was mandated by MTP III as the lead agency with the responsibility of "mobilising the private sector community and coordinating the private sector efforts in the national response to HIV/AIDS and impacts in Namibia".

Under the National Strategic Framework for HIV and AIDS Response in Namibia 2010/11 – 2015/16, NABCOA continues its role as the umbrella organisation of the private sector institutions and trade unions involved in the HIV and AIDS response.

NABCOA recently changed the focus of its programmes from targeting only HIV and AIDS to the general health and wellness of employees which encompasses HIV and AIDS, STIs, Malaria, TB as well as non-communicable or lifestyle related health issues such as cancer, high blood pressure, cholesterol, diabetes and anaemia that affect the Namibian workforce.

One example of such a programme is the Bophelo! Wellness Screening Services offered by NABCOA since 2009. NABCOA, in collaboration with the Ministry of Health and Social Services, is also rolling out a TB/HIV prevention programme within the private sector.

The Office of the Prime Minister coordinates the Wellness programmes within the public sectors.

## 17.8 Application of programmes to combat HIV/AIDS at the workplaces

Namibia, like other ILO member States, domesticated the ILO's Code of Practice of HIV/AIDS in Employment in 2002 and devised implementation guidelines based on the Constitution of Namibia. The Code is currently under review to incorporate the principles of the ILO's (R200) Recommendations concerning HIV and AIDS and the World of Work, 2010. The MLIREC spearheads the reviewing and enforcement of the Code.

Other applications of combating HIV/AIDS in the workplaces are found in implementation instruments such as the National Guidelines on Post-Exposure Prophylaxis for HIV, HBV and tetanus. In the event of occupational exposure to body fluids/materials especially through the needle prick, prophylaxis is prescribed for exposed worker as a measure of prevention of contracting HIV. Like any other occupational incidents, the employer is required to submit an "Employer's Report of Accident" to Social Security Commission for Employees Compensation Fund.

## 17.9 Promotion of programmes on gender equality and maternity protection

The promotion of gender equality was addressed at the national level with the creation of the department of Women Affairs in the President's office in the early nineties, just shortly after independence. The National Gender Policy was developed and translated into local languages in 1998. Furthermore, the Ministry for Women Affairs and Child Welfare was created to further enhance gender development in the country. This Ministry was renamed to Ministry of Gender and Child Welfare in 2005.

The Namibian labour market and nature of work have experienced change due to the current global restructuring happening in the world. There is a high number of female participation in the labour force, with few being employed in higher positions previously occupied by male counterparts, as a result of the Affirmative Action Policy.

The application of the Affirmative Action Act, 1998 (No.29 of 1998) enhanced the advancement of educated women in the formal economy; however this is not yet been translated to the informal economy and for uneducated women.

One of the programme under the Ministry of Gender Equality and Child Welfare is the Capacity Building for Gender Mainstreaming Programme. The programme whose beneficiaries are women, girls, men and boys; will review and finalize the National Gender Policy; prepare the National Gender Plan of Action; engender the national and sub-sector development policies and laws; establish gender management systems and gender-based violence (GBV) database system; develop comprehensive gender data management system; simplify and translate into local languages the gender related laws and policy; sensitize the community and traditional leaders on gender and legal issues; publish and disseminate materials for advocacy on gender issues; and establish and strengthen GBV safe havens for GBV victims.

The Labour Act, 2007 (No. 11 of 2007) prescribes that a female employee who has completed six months' continuous service in the employment of an employer is, with a view to her confinement, entitled to not less than 12 weeks' maternity leave, calculated as follows:

### a. Before her actual date of confinement

- i. She is entitled to commence maternity leave four weeks before her expected date of confinement, as certified by her medical practitioner; and
- ii. She is entitled to maternity leave for the entire time from the commencement of her maternity leave until her actual date of confinement;

### b. After her date of confinement, she is entitled to:

- i. Eight weeks maternity leave in every case; and
- ii. In the case of an employee whose date of confinement occurred less than four weeks after the commencement of her maternity leave, the amount of additional time required to bring her total maternity leave to 12 weeks.

### 17.10 Programmes for application of Globally Harmonized System (GHS) for classification and labeling of Chemical Safety Data Sheets (CSDS)

There is currently no designated programme for the application of Globally Harmonized System (GHS) for classification and Labeling of Chemical Safety Data Sheets.

The tool currently guiding the chemical safety in Namibia is contained in the Regulations Relating to the health and Safety of Employees at Work, passed in 1997 which has not yet been reviewed following the Globally Harmonized System (GHS).

This tool prescribes that any chemical safety data sheets be prepared in accordance with the International Programme on Chemical Safety (WHO/IPCS), the International Labour Organization or the International Occupational Safety and Health Information Centre to be considered as acceptable.

### 17.11 Support mechanisms for a progressive improvement of occupational safety and health conditions

The Regulations Relating to the Health and Safety of Employees at Work, under the Labour Act, make provision for progressive improvements of occupational safety and health conditions in the construction sector, chemical and mining. However, there is much still to be done to attain the coverage of agriculture, SMEs, and the informal sector.

## 18.0 General information about Namibia

Since independence in 1990, Namibia has adhered to international requirements by conducting Population and Housing Censuses every 10 years. The Namibia Statistics Agency (NSA), which took over the function of the former Central Bureau of Statistics (CBS), has provided timely and high quality statistics to support the Government's need to make results-based decisions, for policy formulation and for monitoring development programmes.

In addition, the statistics generated by the NSA have been useful to the public and private sectors, training and research institutions, non-governmental organizations, the media and the general public. Among others, the statistical products include results from Population and Housing Censuses, demographic and health surveys, labour force surveys, and household income and expenditure surveys.

### 18.1 Key Socio-Economic Data

**Table 14: Demographic Data**

|                                                               |      |
|---------------------------------------------------------------|------|
| Population (thousands) 2011, total                            | 2324 |
| Population (thousands) 2011, under 18                         | 994  |
| Population (thousands) 2011, under 5                          | 288  |
| Population annual growth rate (%), 1990-2011                  | 2    |
| Population annual growth rate (%), 2011-2030                  | 1    |
| Crude death rate, 1970                                        | 15   |
| Crude death rate, 1990                                        | 9    |
| Crude death rate, 2011                                        | 8    |
| Crude birth rate, 1970                                        | 43   |
| Crude birth rate, 1990                                        | 38   |
| Crude birth rate, 2011                                        | 26   |
| Life expectancy, 1970                                         | 53   |
| Life expectancy, 1990                                         | 61   |
| Life expectancy, 2011                                         | 62   |
| Total fertility rate, 2011                                    | 3    |
| Urbanized population (%), 2011                                | 38   |
| Average annual growth rate of urban population (%), 1990-2011 | 4    |

### 18.1.1 Total population

At the end of 2012, the total population of Namibia was 2.16 million (World Bank) made up of 42% Males and 58% females. The statistics research shows that population median range is 21 years with a population growth of 1.8% (2011). Life expectancy is 63 and 62.1 years for females and males.

### 18.1.2 Total economically active population (employed persons in all sectors)

Estimates of labour force by 2012 was at 818,600. This figures might be influenced with 2013 turn over.

#### 18.1.2.1 Men workers (in millions or % of number in 18.1.2).

No reliable statistics have been identified with regards to statistical data in this area of assessment.

#### 18.1.2.2 Young men workers (14 to 18 year old).

No reliable statistics have been identified with regards to statistical data in this area of assessment.

#### 18.1.2.3 Women workers (in millions or % of number in 18.1.2).

No reliable statistics have been identified with regards to statistical data in this area of assessment.

#### 18.1.2.4 Young women workers (14 to 18 year old).

No reliable statistics have been identified with regards to statistical data in this area of assessment.

### 18.1.3 Percentage estimate of men, women and young workers employed in each sector of economic activity

The labour force participation is divided between Males 69, 8 % and females of 58.4% of the total population group in the age group 15-69 (2010).

### 18.1.4 Percentage of the labour force considered to be active in the informal economy and therefore not or marginally covered by any OSH, social protection measures or schemes (social security, accident insurance, workmen's compensation, etc.)

No reliable data could be obtained in this area.

## 18.2 Literacy levels

The adult literacy level in Namibia is above 88.8 % where males are at 89% and females are at 88.5% (2010-mundi index)

### 18.2.1 Percentage of whole population with at least elementary school level of ability to read and write in a national language

During the assessment, no specific statistics were identified, but from the literacy level statistics, it was argued to be well above 60% - as judged from literacy programmes undertaken at national level since early 1990.

### 18.2.2 Percentage of labour force with at least elementary school level and ability to read and write in a national language

The assessment did not trace any reliable statistics in this regard but from enquiries made, it was argued to be quite high especially in agricultural industry, construction and other service industries like security.

## 18.3 Economic data

### 18.3.1 Gross Domestic Product (GDP)

The GDP for Namibia was US \$ 12 510 721 240 with a growth of 4.8% (2011)

### 18.3.2 Annual per Capita Income

\$7,800 (2012 est.)

### 18.3.3 Estimated overall level of resources (in USD or as % of GDP) devoted to OSH preventive and protective measures and enforcement of legislation

There is no reliable statistics available, but legal indications that these mechanisms existed especially under certain funds like the Employees Compensation Fund (ECF) under the SSC Commission were traced. It was further determined that these funds were not used and, as a result, no specific budget was allocated to this area.

**Table 15: Summarized employment statistics by industrial sector from NSA**

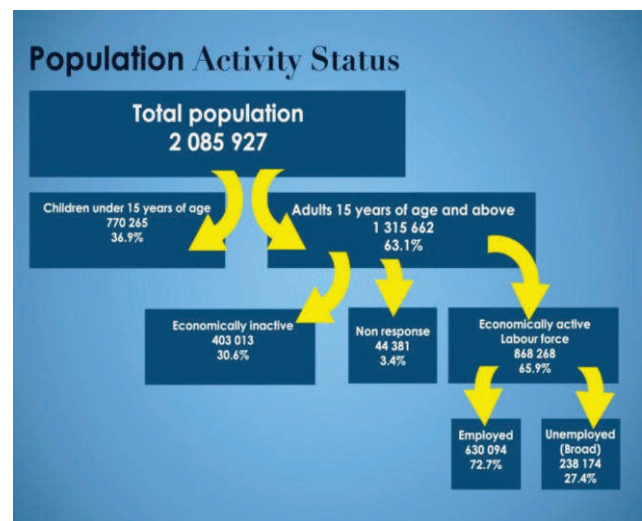
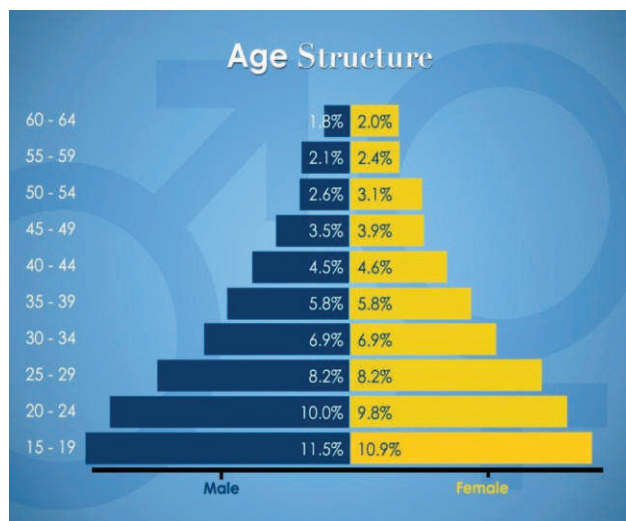
| Industrial sector    | Employment elasticity | Estimated NDP3 outcome | NDP4 projection | Jobs expected between 2012 and 2017 |
|----------------------|-----------------------|------------------------|-----------------|-------------------------------------|
| Primary industries   | –                     | 110,067                | 112,590         | 2,523                               |
| Secondary industries | –                     | 59,458                 | 96,750          | 37,291                              |
| Tertiary sector      | –                     | 239,828                | 290,628         | 50,800                              |
| <b>Total:</b>        | –                     | <b>409,353</b>         | <b>499,968</b>  | <b>90,615</b>                       |

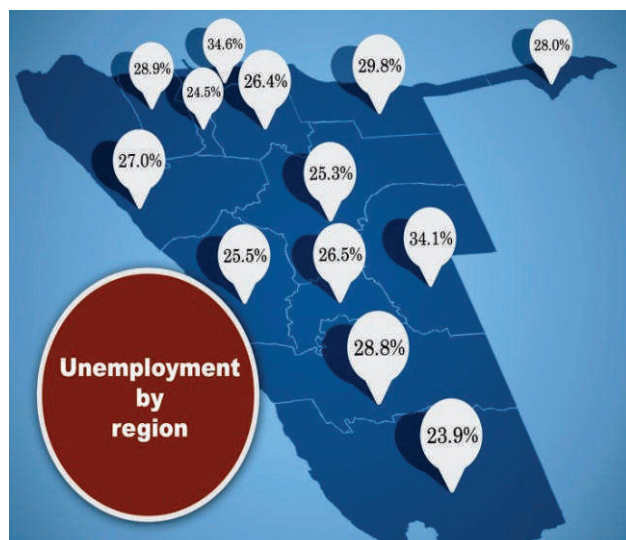
**Table 16: Detailed employment statistics by industrial sector from NSA**

| Industrial sector                                  | Employment elasticity | Estimated NDP3 outcome | NDP4 projection | Jobs expected between 2012 and 2017 |
|----------------------------------------------------|-----------------------|------------------------|-----------------|-------------------------------------|
| Agriculture                                        | 0.1                   | 90,548                 | 92,348          | 1,800                               |
| Fishing                                            | 0.4                   | 13,254                 | 13,725          | 470                                 |
| Mining and quarrying                               | 0.8                   | 6,265                  | 6,517           | 253                                 |
| <b>Primary industries</b>                          | –                     | <b>110,067</b>         | <b>112,590</b>  | <b>2,523</b>                        |
| Manufacturing                                      | 1.3                   | 26,418                 | 42,124          | 15,707                              |
| Electricity, gas and water supply                  | 0.2                   | 5,470                  | 5,697           | 227                                 |
| Construction                                       | 0.8                   | 27,571                 | 48,928          | 21,357                              |
| <b>Secondary industries</b>                        | –                     | <b>59,458</b>          | <b>96,750</b>   | <b>37,291</b>                       |
| Wholesale and retail trade and repairs             | 0.9                   | 57,116                 | 71,723          | 14,607                              |
| Hotels and restaurants                             | 1.4                   | 10,212                 | 14,568          | 4,356                               |
| Transport, storage and communication               | 0.8                   | 17,759                 | 21,706          | 3,948                               |
| Financial intermediation                           | 0.6                   | 10,547                 | 13,324          | 2,777                               |
| Real estate and business services                  | 1.5                   | 18,246                 | 25,605          | 7,358                               |
| Public administration, defense and social security | 0.2                   | 28,932                 | 31,043          | 2,111                               |
| Education                                          | 0.2                   | 29,168                 | 30,704          | 1,536                               |
| Health and social work                             | 0.2                   | 14,361                 | 15,343          | 982                                 |
| Other community, social and personal services      | 0.5                   | 12,062                 | 13,252          | 1,190                               |
| Private households with employed persons           | 0.9                   | 41,425                 | 53,360          | 11,935                              |
| Extra-territorial organisations                    | –                     | –                      | –               | –                                   |
| <b>Tertiary sector</b>                             | –                     | <b>239,828</b>         | <b>290,628</b>  | <b>50,800</b>                       |
| <b>Total</b>                                       | –                     | <b>409,353</b>         | <b>499,968</b>  | <b>90,615</b>                       |



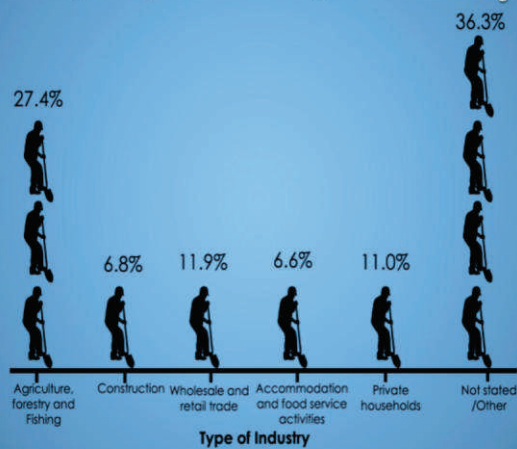
Table 17: General employment statistics from NSA



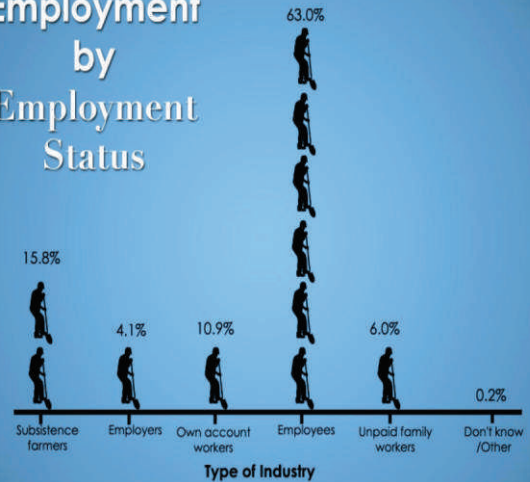




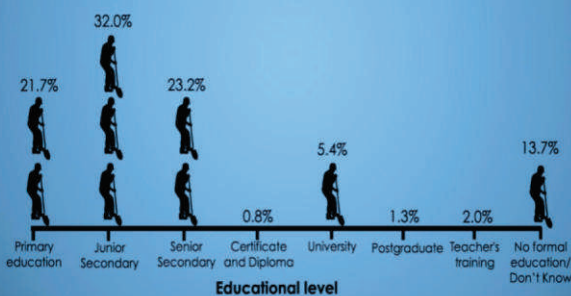
## Employment by Industry



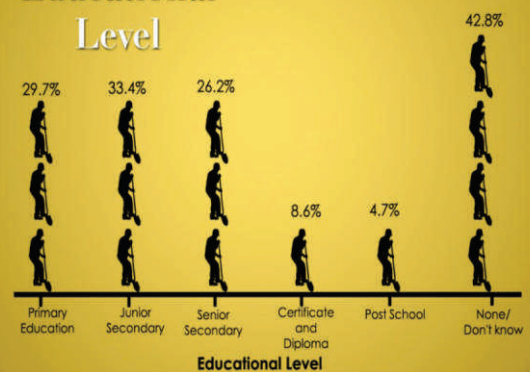
## Employment by Employment Status



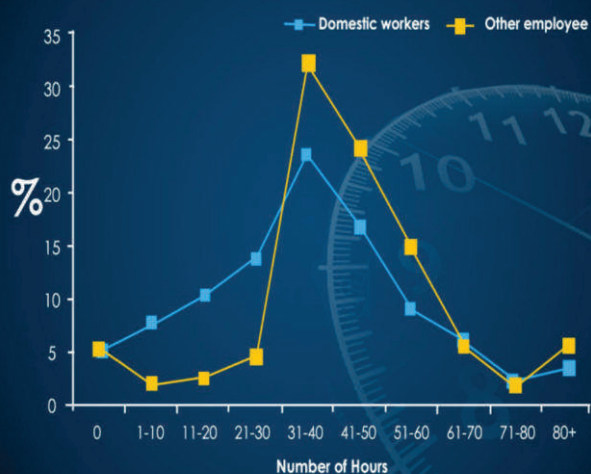
## Employment by Educational Level



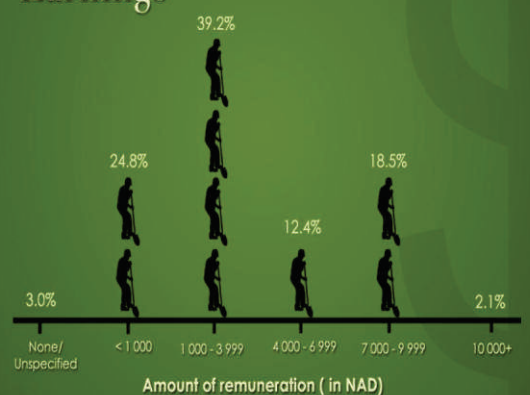
## Unemployment by Educational Level



## Actual Hours Worked Per Week



## Employed Population Earnings



## 19.0 Other Relevant Information

There are several public institutions with good records of OSH programmes in Namibia which produce annual reports, covering some OSH aspects. One of these institutions is the Namibia Chamber of Mines.

The Chamber of Mines in collaboration with the Uranium Institute is known to produce an annual report which covers many OSH related aspects in the area of Health, Environment and Radiation Safety (HERSS). One of the covered areas is Occupational Medicine, as Occupational medical programmes are in place in all mine sites to ensure employee fitness to work.

The Chamber has established a Health, Environment and Radiation Safety (HERSS) Committee to assist the uranium sector in safeguarding its reputation as a safe and responsible industry.

The HERSS committee provides advisory services, strategic direction in the development and review of the legislative and policy framework and identifies research needs in environmental health management, mine closure and sustainable development for the uranium mining sector of Namibia.

## 20.0 Other Related Issues

### 20.1 Policies that may Impact on OSH Development and Delivery

There are very few national policies in existence that may impact positively on OSH development and delivery systems in Namibia. With the introduction of Millennium Challenge Account (MCA) which is currently reaching its tenure in Namibia, it has been observed that the MCA by the very nature of its origin, has been encouraging OSH related matters and has made OSH a deliverable item in all its undertakings with the local enterprises.

The National Tender Board is revising the Procurement Act and it is intended to include the OSH component in the tendering process.

### 20.2 OSH Issues Relating to International Trade and that may Impact on the Country

Similarly with other countries, globalization contributes to employment enhancement and brings people to the world of work in Namibia. Corporates whose mother-bodies apply certain OSH standards in their countries, they also follow that best practice. However, the Ministry is being challenged by investors from countries where workers' rights are not respected, as they do not comply with OSH regulations.

As the SADC protocol on Trade promotes an open cross-border investment, there is a high demand of products and goods across Southern African countries. Long distance truck drivers are forced to drive long distances across borders, without sufficient resting hours. This has a negative impact on their health and threatens their safety as well as that of other road users. This industry is poorly regulated in the country, and employers are taking advantage of the situation.

### 20.3 Other details and initiatives relevant to OSH

Namibia's OSH matters are well organised from the Mining Industry's point of view. This is due to the very nature and history of industrial injuries, ill health and fatalities reported over the years. It is on the basis of these factors that mining industries have developed the safety culture compared to non-mining sectors.

The Decent Work Country Program which was adopted in 2010 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 program proposed for the establishment of the National Coordinating Taskforce on OSH (Tripartite). This Taskforce was appointed and established in 2012.

## 21.0 Elements for input in the situational analysis

### 21.1 Situational analysis

The information contained in this section of the profile may be useful in undertaking a situation analysis to identify priorities for action to be considered under national OSH programme for Namibia. The information presented include strengths, weaknesses and gaps related to systems, methodology, infrastructures, legislation, skills, capacities, economic and other aspects affecting the implementation of occupational safety and health system in Namibia.

The Consultants have analysed the collected data from interviewed key personnel of the visited data sources, and combined the collected data with views/comments from the stakeholder to come up with the 'situation analysis' of occupational safety and health in Namibia. The analysis of collected data, statistics and reports including interviews with OSH key players and stakeholders has been summarized the SWOT table shown below.

**Table 18: *SWOT Analysis***

| Strengths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Weaknesses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Political will to address OSH matter in the country</li> <li>• Availability of legislative framework</li> <li>• Authorities responsible for OSH enforcement</li> <li>• Consensus at the national level to improve OSH management</li> <li>• Tripartite inclusions into OSH vision</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• National OSH Policy not yet developed</li> <li>• The absence of Primary OSH legislation</li> <li>• Lack of resources personnel (human &amp; finance)</li> <li>• Lack of coordination among OSH institutions</li> <li>• Limited coverage of workplaces by OSH laws</li> <li>• Absence of laboratories and research on OSH</li> <li>• Inadequate OSH information management</li> <li>• Some legislative overlaps and subsequent institutional</li> <li>• Absence of an OSH information Centre (CIS)</li> <li>• The absence of central point for reporting and recording occupational accidents and injuries</li> <li>• Lack of Low number of directives issued to rectify unsafe work practices</li> <li>• Low level of union contribution towards OSH matters</li> <li>• Lack of resources to drive OSH on different forums</li> <li>• Shortage of expertise at in the field of occupational hygiene, ergonomics and toxicology</li> <li>• Absence of OSH management plans in the workplace and in national government, some focal departments and small and medium enterprises</li> <li>• Poor commitment of senior management at enterprises level including public Institutions</li> </ul> |
| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Threats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>• National Occupational Health Policy</li> <li>• Prevention and Enforcement Inspectorate</li> <li>• National Taskforce on OSH (Tripartite)</li> <li>• OSH being offered as a module in some training programmes at local, higher institutions of learning</li> <li>• Limited scope specific OSH regulations regulating high risk classified sectors</li> <li>• Limited coverage of employee compensation diseases</li> <li>• Availability of some local and regional donor funded OSH training programmes</li> <li>• Availability of state-of-the-art laboratories at sister institutions such as NSI and NIP</li> <li>• Constructive safety and health training programmes within all the enforcement bodies of OSH in Namibia</li> <li>• Effective implementation of new OSH legislation</li> </ul> | <ul style="list-style-type: none"> <li>• Absence of Human Resource Development Plan on OSH</li> <li>• Coupling of lack of knowledge and ignorance among employers on OSH legislation</li> <li>• A large and growing informal sector</li> <li>• A large number of young and inexperienced workforce</li> <li>• New investors with poor or no commitment to OSH</li> <li>• Underreporting of accidents by employers</li> <li>• Inadequate capacity among stakeholders</li> <li>• Inadequate capacity among existing advocacy groups</li> <li>• Absence of national OSH statistical data</li> <li>• Growth in workplace hazards due to poor enforcement</li> <li>• Credibility of inspectors may cause low morale and increased turnover rate</li> <li>• Inability to retain OSH skilled personnel or attract experts in the area of hygiene</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                  |



## 22.0 Conclusion and recommendations

The situational analysis identified numerous gaps and challenges in the OSH system. In general, basic occupational health and safety is established in Namibia but efficiency levels can be improved by strengthening the existing OSH system. Poor OSH management system is significant at the national and local authority's level. Even though OSH legislation provides for penalties for continuous violation, the punitive measures to be imposed are too lenient to serve as a deterrent. These measures do not correlate with the value of the safety and health of workers. Social dialogue occurs but the pace is slow due to reasons which include lack of skilled personnel, funding and other supportive resources.

Based on identified gaps and challenges profiled in this report, particularly on the SWOT analysis, the following are recommended to improve OSH status in the Namibia:

1. Develop a National OSH Policy with clear objectives to be executed through devised intervention strategies that are time-bound prioritized, in order to address identified gaps and challenges in the system.
2. Namibia to develop a primary OSH Act to strengthen safety and health in the country.
3. Develop specific OSH regulations for high risk sectors (compressed vessels, lifting equipment, motorized equipment, earthmoving equipment, construction and long distance drivers, to name a few.), separately for broader/comprehensive coverage.
4. At the national level, generic OSH management systems should be developed in line with ILO guidance, approved and rolled out to enterprises level through labour parties, i.e. trade unions and employer's federations with time frames and deliverables and review dates.
5. Develop national tripartite OSH programmes through national tripartite conferences as proposed by the DWCP (2010-2014). The key priority areas for the programme shall be action time-bound, targets and agreed indicators in line with Convention 187.
6. Establish the central information system of recording, reporting and notification of occupational accidents and diseases using the international classification of accidents and diseases.
7. At national level, an Occupational Safety and Health Commission/Authority must be established to spearhead and manage the functions of occupational safety and health.
8. To ensure the success of the national OSH tripartite programme and the central information system, the country must consider commencing the process of ratification of ILO Conventions 155, 187, and 81.
9. Namibia needs to develop OSH laboratories and an institute to provide scientific research and training on OSH.
10. It is also recommended that the country should set up OSH training and information centres country-wide and disseminate information to enterprises both in rural and urban areas especially the SME and SMME and their workforce.
11. It is recommended that Namibia should encourage private sector, societies, central government, local government authorities, municipalities, towns, villages, settlements in all 14 regions to actively participate in OSH national awareness strategies, and training programmes. Awareness should be inclusive including making use of media houses and local newspapers to disseminate OSH information by creating things like OSH corners with information sourced from the local OSH practitioners.
12. It is recommended to establish a separate Council for OSH matters - currently bundled together with other matters for the Labour Advisory Council.
13. There is a need for the workload assessment and needs analysis at all three Ministries playing an occupational safety and health role to ensure that the responsible Directorates, Divisions or Sections are properly structured, adequately manned, adequately funded and correctly placed to be able to function effectively and make meaningful contribution to the OSH in Namibia.
14. It is recommend to have a Human Resources Development Plan for OSH personnel and capacitate with the necessary skills and knowledge to ensure effective OSH management in the country.
15. Among other guidelines, it is recommended to develop medical protocol for drivers, to guide Medical Practitioners when conducting occupational medical examination on drivers.

# References

1. *The Constitution of the Republic of Namibia* (Government Gazette No. 1 of 1990); <http://www.nshr.org.na/downloadfiles/constitution/pdf/NamCon.pdf>
2. *Namibian Constitution First Amendment Act 34 of 1998*; <http://www.lac.org.na/laws/1998/2014.pdf>
3. *Namibian Constitution Second Amendment Act 7 of 2010*; <http://www.wipo.int/edocs/lexdocs/laws/en/na/na001en.pdf>
4. <http://www.ilo.org/public/english/region/afpro>
5. <http://www.ohsas-18001-occupational-health-and-safety.com/index.htm>
6. Namibia country paper: Gender and Social Security in Namibia, by D.A. Keendjele & Ntwala Mwilima (Ms.), June 2006
7. *Labour Act 6 of 1992*; <http://www.superiorcourts.org.na/high/docs/LabAct1992.pdf>
8. *Labour Act 15 of 2004*; <http://www.superiorcourts.org.na/high/docs/LabourAct.pdf>
9. *Labour Act 11 of 2007*; [http://www.ilo.org/dyn/travail/docs/1018/2007\\_Labour\\_Act.pdf](http://www.ilo.org/dyn/travail/docs/1018/2007_Labour_Act.pdf)  
*Read with Labour Act Rules and Regulations*
10. *Presidential Proclamation number 10 of 1997*  
*Read with the Government Notice No. 156 Labour Act, 6 of 1992: Regulations Relating to the Health and Safety of Employees at Work 1997*; <http://www.saflii.org/na/other/NAGovGaz/1997/141.pdf>
11. *Affirmative Action (Employment Equity) Act, 29 of 1998*-  
<http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/51168/90513/F458433983/NAM51168.pdf>



# NAMIBIA

## 2013/2014 National Profile on Occupational Safety and Health

### Ministry of Labour, Industrial Relations and Employment Creation

32 Mercedes Street Khomasdal

Private Bag 19005 Windhoek

Tel: +264 061 - 2061111

+264 061 - 2061111

Fax: +264 061 - 212323

Website: [www.mol.gov.na](http://www.mol.gov.na)



Block 8 Arundel Office Park, Norfolk, Mt Pleasant, Harare Zimbabwe  
Tel: +263 242 369805-12, +263 772129 210-3 Fax: +263 242 360813-4  
Email: [harare@ilo.org](mailto:harare@ilo.org) Web: [www.ilo.harare](http://www.ilo.harare) Twitter: [@iloharare](https://twitter.com/iloharare)