

Occupational Health a priority in Mozambique

INTERVIEW WITH DOUG SIDER, A CANADIAN DOCTOR WHO SPENT FOUR YEARS WORKING IN MOZAMBIQUE. ONE OF HIS RESPONSIBILITIES WAS TO HELP SET UP AN OCCUPATIONAL HEALTH SERVICE IN THE AREA WHERE HE WORKED.

CH : Why is Mozambique setting up occupational health services?

DS : In the colonial period very little existed in terms of occupational health and safety for workers. Workers would lose their jobs if found to have any health problem. Factories were never designed with a view to the promotion of occupational health and safety.

When the working class came to power in Mozambique, the state began to identify occupational health and safety as an important issue, and is now beginning to tackle it.

CH : How is Mozambique tackling this issue?

DS : Since 1981, occupational health was identified as one of five or six priority areas for the health system. Infrastructure was created to enable the training of "safety monitors".

These "safety monitors" are factory workers who undergo a 45-day training course in health and safety. The course covers general health hazards such as noise, dust, chemicals and heat, as well as what should be done to decrease exposure to these factors.

In Mozambique there is often a shortage of resources. However, these shortages affect

all activities. Health and safety promotion, for example, is not affected more severely by a lack of resources than any other programme.

This is different from the case in South Africa, where health and safety may lack resources more than many other parts of the health service.

CH : Mozambique has a predominantly agricultural economy. Does this influence the occupational health and safety policies of the government?

DS : You are correct in saying that the economy is predominantly agricultural. The health hazards present in the agricultural system have thus also been identified as important. The problem of pesticide use, for example, has received much attention.

CH : What is the size of the industrial workforce?

DS : There are approximately 80 000 industrial workers. Industry is located mainly in Maputo, Beira, and Namphulo. The main aspects of this sector are petroleum refining, cement and textile manufacturing, and mining.

Although the industrial sector is relatively small, it is an important earner of foreign exchange and thus receives a lot of attention.

CH : Do you think that the health and safety of workers is well protected at present?

DS : The answer to that is probably "no". There are still many problems in the working environment, ranging from heat, noise, dust and chemicals, to poor nutrition and infectious diseases.

There are a number of reasons for this. Firstly, the factories were never designed

with occupational health and safety in mind.

Secondly, the poor economic position of Mozambique leads to a shortage of spare parts and the poor maintenance of machines.

Furthermore, since independence, many people with skills left the country which made the situation worse.

There is also a shortage of protective clothing such as work-clothes, boots, respirators and ear-muffs. At present the International Labour Organisation is providing some resources to rectify this.

One further problem is that Mozambique does not have the economic strength or flexibility to introduce expensive measures to improve health and safety or to substitute cheap but harmful substances with safer, but more expensive ones.



CH : What occupational health services exist at present?

DS : There is a health post or health centre in most factories. This is usually staffed by a nurse who is employed by the state health service. This health post usually deals with accidents, first aid, skin infections, gastrointestinal problems, and other common illnesses.

The health worker works with the safety monitor. The safety monitor is a worker selected from the factory and trained.

The safety monitors should also be involved in activities such as accident prevention and the control of endemic diseases in the workplace. These, however, are often neglected.

CH : What exactly were you doing in terms of health and safety?

DS : I spent approximately one and a half days per week working with my comrades to set up occupational health services. We worked mainly on setting up training courses for the safety monitors. We helped establish pre-employment examinations for workers in industry and helped set up lung function monitoring for workers in the textile mills.

We developed mechanisms for the control of diseases such as leprosy and tuberculosis in workers. We did some research on accidents and helped to identify which workers were most affected, which shifts they worked, etc. We also spent some time looking at the particular needs of women workers, especially those in the textile and cashew nut industries.

CH : Who runs the courses for the safety monitors?

DS : There is joint responsibility for this

project. The trade unions and the Department of Health control the courses, but other groups such as the Department of Labour, the State Insurance Agency and the Red Cross also participate in them.

CH : In South Africa, workers and trade unions are taking up health and safety issues as workers learn more about the effects of poor working conditions on health. What is the situation in Mozambique?

DS : In Mozambique the situation is quite different. There is little technical training of workers, and little ability to identify health and safety problems.

However, there is clear recognition by the state that workers suffer from poor working conditions.

The direction of impetus is therefore different - in South Africa workers are exerting pressure to improve health and safety in the workplace while in Mozambique the state is trying to establish structures to achieve this and is attempting to train personnel to fulfil various functions in order to meet this end.

Complex questions may arise in the future, where workers may begin to identify hazards which managements or the state will be unable to remove because of the economic problems in Mozambique. How this will be resolved remains to be seen.



THE KEY TO HEALTH LIES IN THE PEOPLE THEMSELVES.