

OCCUPATIONAL HEALTH AND SAFETY IMPLEMENTATION BARRIERS IN GHANA

Zakari Mustapha

Department of Construction Management and Quantity Surveying
Faculty of Engineering and Built Environment, University of Johannesburg, Johannesburg. South
Africa

Clinton Aigbavboa

Department of Construction Management and Quantity Surveying
Faculty of Engineering and Built Environment, University of Johannesburg, Johannesburg. South
Africa

Wellington Didi Thwala

Department of Construction Management and Quantity Surveying
Faculty of Engineering and Built Environment, University of Johannesburg, Johannesburg. South
Africa

Abstract

The negative impact on the Occupational Health and Safety (OHS) performance in Ghana has been attributed to Ghana's inability to follow the laid down requirement of the International Labour Organisation (ILO) conventions. The purpose of the study is to examine the Occupational Health and Safety (OHS) implementation barriers in Ghana and look into the existing regulations and their contribution to other sectors. The study was conducted through the use of secondary data from journals, books and internet to achieve the objective of the study. The review looked into details of the different views from different scholars about occupational health and safety (OHS) implementation barriers in Ghana. Findings from the study has shown that inadequate legal mandate has contributed to the weakness in enforcing regulations and professional standards, missing framework for a comprehensive national OHS policy and inadequate resources to OSH researches. Others are lack of inspection, training and education, lack of OHS capacity building and monitoring, lack of financial, human resource and material constraints. The study explores occupational health and safety (OHS) implementation barriers in Ghana. The study presents a strong background on currents trends in OHS, regulatory bodies, OHS implementation barriers and its improvement.

Keywords: Barriers, OHS implementation, OHS improvement, regulatory bodies.

1. Introduction

The construction industry in Ghana as confirmed by Annan, Addai and Tulashie (2015) has been affected by different types of Occupational Health and Safety (OHS) issues. The OHS legislation in Ghana was inherited from a British legal and institutional framework at the time when Ghana was a British dependency. This has remained the main OHS legislation in force until its repeal by the Factories, Offices, and Shops Act 1970. However, the existing OHS legislation in Ghana is fragmented and limited in coverage. Some key economic sectors are not covered by the country's OHS laws. Considering the high risk nature of the construction industry, it is surprising to note that Ghana has no Health and Safety (H&S) regulations developed specifically for the sector. This limitation prevents the implementation of H&S standards on construction sites. This development calls for a proactive measure at all levels of organisations in the country to deal with OHS issues. The achievement effective OHS management requires serious attention in order to eliminate accidents in the construction industries. The paper presents the current trends of OHS in Ghana, different regulatory bodies in Ghana and OHS implementation barriers in Ghana. This is followed with improvement of OHS in Ghana and planning, implementation and evaluation of OHS Policy.

2. Research Design/Methodology

The research method adopted is literature study from various studies on Occupational Health and Safety (OHS) in Ghana. Twenty studies were reviewed on Ghana, but nine studies were selected which are relevant to OHS. The review of literature looked into details on different views from different scholars about OHS practices and challenges in Ghana. The results from the literature study were analyzed to obtain specific issues that are relevant to the root causes of safety performance regulations. Based on the identified challenges of OHS, needs are clearly defined and strategies are proposed for their improvement in the construction industry in Ghana.

3. Current Trends of Occupational Health and Safety in Ghana

The Health and Safety (H&S) of workers in the mining and wood processing industries of Ghana prior to independence, was protected by the Factories Ordinance 1952 (Kheni & Braimah, 2014). A notable example is the agricultural sector which employs over 60 percent of the country's workforce. Hence, there is no form of OHS laws regulating the activities of the sector. This regrettable situation can be traced back to colonial rule in Gold Coast (Ghana). The colonial government placed more emphasis on labour relations in sectors of economy (mining and manufacturing sectors) where formal employment relations existed.

Currently, there are two major edicts that have provided guidance in the provision of occupational or industrial safety and health services, practice and management in Ghana. These edicts include the Factories, Offices and Shops Act 1970, Act 328 and the Mining Regulations 1970 LI 665. These have driven the mining and the labour sectors and are therefore very limited in scope, by considering the

multifaceted distribution of industrial operations that we have in Ghana. There is the Workmen's Compensation Law 1987(PNDC 187) which relates to compensation for personal injuries caused by accidents at work. Hence, this edict indirectly impacts on monitoring worker or workplace safety. As per the International Labor Organization (ILO) convention number 155 1981, member countries must formulate, implement and periodically review a coherent policy on OSH and work environment. It further pointed out that the Labor Act 2003, Act 651, Part XV, sections 118 to 120 apparently directs employers and employees in their roles and responsibilities in managing Occupational Health, Safety and Environment in the nation. It is not specified to whom accidents and occupational illnesses should be reported to. It is also not clear or does not specify what to consider as occupational illness and person responsible for the implementation of corrective actions as per recommendations (Annan et al., 2015).

However, accidents that occur in factories are expected to be reported to the Department of Factory Inspectorate (DFI), but companies hardly report such events to the inspectorate for investigation and correction. Little attention has been paid to or there is no positive effect of the action of the DFI on the factories. The positive signs seen on "Safety and Health practice infection" among some of the companies are due to the arrival of some multinational companies into the country. This implies the multinational companies have given their corporate expectations with specific requirements in the OHS practices. This stems from their requirements for the contractors and subcontractors to follow their H&S standards (Annan et al., 2015).

4. Different Regulatory Bodies in Ghana

The introduction of different regulatory bodies in Ghana as argues by Annan et al., (2015) have compounded the existing problems of OHS in Ghana.

- i. Mining and Minerals Regulations 1970 LI 665,
- ii. The Workman's Compensation Law 1987,
- iii. The Ghana Health Services and Teaching Hospital Act 526 (1999),
- iv. The Ghana Labor Act 2003 (Act 651),
- v. The Radiation Protection Instrument LI 1559 of 1993, which is an amendment of the Ghana Atomic Energy Act 204 of 1963,
- vi. The Environmental Protection Agency Act 1994 (Act 490), which has components that include but not limited to the Pesticide Control and Management Act 1996 (Act 528), seeking to protect not only the environment but also persons,
- vii. The National Road Safety Commission Act 1999 (Act 567).

The Factories, Offices, and Shops Act 1970" was introduced after the concept of OHS in industries in Ghana as indicated. Report from the Ghana Government (2010) and Annan et al., (2015) have both confirm the existence of the Factories, Offices, and Shops Act 1970 (Act 328) and the Mining Regulations 1970 LI 665 as the two major edicts that provided guidance for the provision of OHS services, practice, and management in Ghana.

5. Occupational Health and Safety Implementation Barriers in Ghana

The major barrier in the implementing OHS practice in Ghana is lack of comprehensive national OHS policy (Pupulampo and Quartey (2012); Ghana Health Service (GHS, 2007). Ineffective OHS inspection; training and education; limited funds for OSH research; OHS capacity building and monitoring, and limited level of ratifications of ILO conventions have been indicated by Pupulampo and Quartey (2012) as some of the major barriers in the implementing OHS practice in Ghana. Lack of comprehensive national OHS policy as pointed out by Pupulampo and Quartey (2012) and a report from the Ghana Health Service (GHS, 2007). Kheni, Dainty and Gibb, 2008) identified inefficient institutional frameworks responsible for health and safety standards, inadequate government support for regulatory institutions and lack of skilled human resources, limited financial resources and attention given to OHS as the major barriers to occupational safety implementation in Ghana. Studies conducted by Dadzie (2013) on perspectives of consultants on health and safety provisions in the labour Act: A Study into theory and practical has shown the following as factors affecting the adherence to the Health and safety (H&S) provisions in the labour Act of Ghana: lack of H&S training for workers, poor risk assessment, poor attitude of workers towards H&S, inadequate H&S professionals, H&S policies, inadequate data collection systems, lack of H&S education in various institutions, communication difficulties, cost of providing and maintaining H&S on sites and accident reporting shortfalls. Pupulampo and Quartey (2012) posited that there was low level of ratifications of International Labour Organisations (ILO) Conventions that address Organizational Health and Safety in Ghana; lack of comprehensive international OHS policy framework; inadequate resources allocated to OHS researches; ineffective OH&S inspection; OH&S training and education; and OH&S capacity building and monitoring. Mustapha, Aigbavboa and Thwala (2015) opined that the low level of ratifications of ILO Conventions that address Organizational H&S in Ghana was due to the fact that the international OHS requirement is not applicable in Ghana.

Moreover, Laryea (2010) revealed that there was a serious lack of structures and procedures at all levels of the construction chain - lack of strong and appropriate H&S legislation for governing construction work and site operations in construction. Annan et al., (2015) argued that the Ghana government is not able to partner with organizations responsible for the implementing the OHS activities and reported on its outcomes. The country has not yet ratified the International Labour Organization (ILO) convention number 155, although this has been under consideration, and therefore, the international OHS requirement is not applicable in Ghana. Annan et al., (2015) in their study of a call for action to improve occupational health and safety in Ghana and a critical look at the existing legal requirement and legislation concluded in their study that the large number industries in Ghana have contributed to the high risk in workplace hazards. They further argued on lack of national policy and body responsible for monitoring and ensuring OHS requirements and guidelines. This development might be probably due to the existence of some fragments of OHS legal requirements under jurisdictions of different agencies as discussed earlier. The indicated barriers need urgent attention to ensure affective OH&S management in Ghana. World Health Organisation (WHO, 2004) has shown clearly that past limitations, difficulties and setbacks encountered with the OHS practices of any country do not mean that satisfactory measures should not be implemented. Ghana should not be left out in the search for the

requirements and committed agencies to take the mantle of affairs that will initiate the implementation of the national policy.

6. Improvement of Occupational Health and Safety in Ghana

Occupational Health and Safety (OHS) as opined by Pupulampo and Quartey (2012) should not be compromised based on the fact that there is slow development of OHS research in Ghana and should not be an excuse to deprive employees of their basic rights in relation to health and safety (H&S). Annan et al., (2015) further argued that the structuring of OHS policies in Ghana must begin with government's commitment and leadership. Emphases must be on the adoption or development of OHS policy and should follow the minimum requirement of the ILO convention. The National Policy are as follows:

- i. The nation has to adopt or develop a broad base Occupational Safety and Health (OSH) policy that is in line with the International Labour Organization (ILO) convention 155 as a minimum. This must seek to address Safety and Health issues regarding all projects and operations from design stage, through procurement, construction, and operation and decommissioning.
- ii. Achieving this means all the scattered generic OSH requirements under the different agencies of the Ghana Government such as the Environmental Protection Agency, Department of Factory Inspectorate, Inspectorate Division of the Ghana Minerals Commission and the Ghana Labor Commission with different responsibilities must be brought under a one body. Such a body must be empowered and resourced adequately to enable them organize how the policy would be implemented nationwide and under the responsibility of one body or ministry.
- iii. This policy must be authenticated by the Ghana Government and form part of the nation's legal document. Effective organization consultation with relevant organizations will positively impact the implementation of the "Expected Ghana National Occupational Safety and Health Policy". The relevant organizations may include but not limited to the Ghana Minerals Commission, Ghana Chamber of Mines, Ghana National Petroleum Corporation, the Association of Ghana Industries, the Universities, the Department of Factory Inspectorate, the Ghana Institute of Engineers, The Ghana Medical Association, the Ghana Bar Association and Ghana Environmental Protection Agency.
- iv. Of outcomes of consultations and requirements of the Occupational Safety and Health policy is salient in achieving a good control of the system. This can be done through the National Media Commission and the associated private and public media operatives.
- v. Competency of the human resource who would be championing the implementation and monitoring of the Occupational Safety and Health policy must be built up. This may require introducing relevant courses like Safety Engineering in our Universities and Polytechnics as well as Occupational Health in our Medical Schools. This training institution would need to be adequately resourced and accredited to deliver quality education in Occupational Safety and Health for Ghanaians to be able to manage Occupational Safety and Health issues in the nation.
- vi. Between the industry, the public and the established body responsible for the implementation, management and monitoring of the policy is paramount.

vii. Control of the practices with guidelines either adopted or developed by the nation's Occupational Safety and Health body needs specific emphasis. Specific roles and accountabilities with timelines need to be developed for planning and implementation of the Occupational Safety and Health policy actions with clear reporting lines. This must not exclude penalties for intentional non-conformances and negligence.

7. Planning, Implementation and Evaluation of OHS Policy

There is the need for proper planning, implementation and evaluation of Occupational Health and Safety (OHS) policy improvements in the Ghanaian construction industry. Effectiveness is required in such areas of consideration to achieve the expected goals of the country in the minimizing or complete eliminating of any hazard in the construction industry in Ghana. Ghana need to be committed and show good leadership in its OHS policy structuring (Annan, 2010). The National Policy should be in line with the ILO convention 155 as a minimum (ILO/HO, 2005). Positive implementation of Ghana National OHS Policy will be achieved if effective consultation with various organizations is carried out through good communication. The need for training institutions to be well resourced and collaborate between the industry, the public, and the body responsible for the implementation, management, and monitoring of the policy.

Moreover, control of the OHS practices through planning and its implementation. Monitoring of the OHS policy should be effective after the implementation. Anann (2010) opines that there is the need to ensure the achievement of the Ghana national OSH Policy aim and objectives. Specific timelines, roles and responsibilities should be spelt out. Targets must be set by the nation, for the various industries to merit control measures instituted. Guidelines for the industries must be in emergency preparedness, hazardous material management, risk assessments, accident reporting and investigation, workplace inspections, workplace exposures monitoring, assessment and control, purchasing and supply chain policies, permit to work systems, etc. This will enable the industries to achieve their set targets. Government organization must also be empowered and resourced to proceed with continual research into workplace exposures and levels should not be exceeded, safe ways of completing the tasks, and improvement of controls when undesired events, conditions or systems are encountered.

8. Lessons learnt from Occupational Health and Safety Implementation Barriers in Ghana

Several types of OHS issues exist in Ghana that affect the construction industry. Implementation of OHS practice is seen as one of the major challenges in the establishment of comprehensive national OHS policy. However, the introduction of different regulatory bodies in Ghana have not solved the problems of OHS. The International Labor Organization (ILO) convention number 155 is under consideration is yet to be been rectified in Ghana. Government is required in the structuring of the OHS policies in Ghana. The adoption of ILO convention as a minimum requirement and its development may lessen the existing problem. The inherited OHS legislation in Ghana has its own challenges coupled with

the Factories, Offices, and Shops Act 1970 and Mining Regulations 1970 LI 665 with limited coverage. Ghana lacks OHS policy for the construction and points to its major challenging issue. There is need for the establishment of very strong OHS culture on OHS issues in Ghana at all sector levels throughout the nation in order to improve on OHS challenges.

9. Conclusion

The purpose of the study was to examine the Occupational Health and Safety (OHS) implementation barriers in Ghana and look into the existing regulations and their contribution to other sectors. Unavailability of OHS policy and the existing numerous regulatory bodies have immensely contributed to the existing OHS implementation barriers in Ghana. The International Labor Organization (ILO) convention number 155 should be considered and rectified.

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