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More prevention, less compensation

Chantal Ouwe
Occupational Health Practitioner
National Social Insurance Fund
Cameroon

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Introduction

The harmful consequences of occupational hazards for workers were brought to the attention of the Cameroon legislature during the colonisation period. The earliest measures taken against these risks were to provide compensation (Labour Code for the Overseas Territories). However, these measures quickly revealed their limitations.

Compensation could not restore things to what they were before, which meant that priority had to be given to prevention rather than compensation.

In order to reach this objective, the Cameroon introduced a system which could minimize the incidence of occupational accidents and occupational diseases if all those involved played their parts.

Although the system which was introduced was well-designed and effective in theory, we are obliged to admit that it did not achieve its aims. What are the weaknesses of our organization? In order to answer this question we will first consider the issue of prevention and compensation for occupational risks in Cameroon, before moving on to a critical analysis of the Cameroon prevention system and consideration of future prospects.

The prevention and compensation of occupational diseases in Cameroon

Legal framework

The Cameroon has established an institutional framework and introduced national legislation to ensure decent working conditions for all workers, based on the ILO (International Labour Office) recommendations.

The Cameroon legislation on occupational health and safety includes general provisions and special measures.

General provisions

Act 92/07 dated 14 August 1992 concerning the Labour Code: Article VI of this Act includes regulations on the following: General conditions concerning health and safety at the workplace.

Employers are responsible for the implementation of all health and safety measures designed to protect their workers. It is their duty to provide workers with a safe and healthy working environment.

Workers must cooperate with their employers and the authorities in order to obtain and maintain a safe and healthy working environment. The Health and Safety Committees (CHSs) provide a framework for joint action under the regulations.

The Labour or Medical Labour Inspector may serve formal notice if employees are found working under dangerous conditions. If the employer contests it, the dispute may be submitted to the National Health and Safety Commission for a ruling.

The organization of occupational health medical care and decision-making on the provision of occupational health services

Enterprises and establishments of all kinds are under an obligation to organize medical and health services for their salaried employees.

The role of this service is to:

- monitor conditions of hygiene at the workplace, risks of contagion, the state of health of workers, their spouses and children housed by the employer;
- take appropriate preventive measures; and
- provide medical care.

This service is provided by medical doctors; priority is given to the recruitment of qualified occupational health practitioners who may be assisted by trained paramedical personnel.

As a result of these measures, occupational health practitioners are an essential link in the prevention and diagnosis of occupational diseases and the updating of their tables.

Act N° 77/11 dated 13 July 1977 concerning prevention and compensation for occupational accidents and diseases

This Act defines occupational accidents and diseases and lists the beneficiaries of this branch of social security. It defines the resources and financial organization of the sector as well as the procedures for compensation for AT/MPs.

Decree 039/MTPS/IMT dated 26 November 1984

This contains general provisions for health and safety at the workplace.

Special measures

These concern:

- the protection of women and children;
- the protection of agricultural workers.

Compensation for occupational diseases

The definition and principle of compensation

An occupational disease is defined as any disease caused by certain occupational activities.

The cause and effect relationship between a disease and an occupational activity is based on the assumptions included in the occupational disease tables.

Cases accepted as such by the CNHS are also considered as occupational diseases.

Compensation rights are based on criteria involving medical and technical probabilities and administrative presumptions. Any disease which meets the medical, occupational and administrative conditions laid down in the tables is systematically considered to be of occupational origin.

The Cameroon has 44 occupational disease tables.

The limits of compensation

All diseases which are not included in one of the tables or which fail to meet the medico-judicial conditions laid down in the tables are excluded from the occupational diseases compensation scheme. The procedures for reviewing the occupational disease tables are cumbersome. The tables may only be updated with the approval of the CNHST (which has not met for more than five years). The most recent review of the Cameroon occupational disease tables dates back to 1984. It enabled two new tables to be included: Deafness as a result of noise and rhinoentomophthoromycosis. This revision led to the acceptance of three cases of deafness.

There is no provision for post-occupational medical follow-up: Certain occupational diseases may appear a very long time after the worker has ceased to carry out the tasks incriminated. Compensation for medical expenses is based on rates laid down in special texts. These texts have not been revised for over twenty years and are therefore outdated, since they do not take inflation into account.

Finally, compensation is based on a flat rate, which means that not all the damage is taken into account.

The cost of compensation

Workers and their families

In addition to health expenditure and lost income, occupational diseases engender mental suffering for workers and their families which no amount of compensation can erase.

The cost to enterprises

Workers on sick leave receive an allowance equal to their salaries for a given period of absence from work. Furthermore, another employee must be recruited and trained to replace the absent worker.

Occupational diseases increase production costs and reduce productivity in enterprises.

The cost to social security funds

The Cameroon National Social Insurance Fund (*Caisse nationale de prévoyance sociale* (CNPS)) statistics indicate that the expenditure of the occupational hazards branch remains at a very high level from one year to the next.

Table 1. *The expenditure of the occupational hazards branch*

Year	1998/99	1999/00	2000/01	2001/02	2002/03
Expenditure	1.699.098.715	1.789.791.079	2.449.386.930	1.755.586085	1.894.680214

Note: These expenditure figures include only compensation for occupational accidents. Our statistics do not separate out occupational diseases. We believe that this is not because there are none, but because they are not diagnosed. Expenditure on compensation would certainly be much higher if occupational diseases were diagnosed.

We have no doubt that the financial equilibrium of the occupational hazards branch of the CNPS would be seriously threatened if measures for the diagnosis and compensation of occupational diseases were to be improved. This underlines the need to reduce hazards through more effective prevention.

The cost to the national economy

The true wealth of a country depends on the production of its workers. When workers stop work temporarily or permanently, they stop contributing through their work to the national economy and thus become a burden on society.

Table 2. *The incidence of occupational accidents from 2000 to 2004*

Description	2001	2002	2003	2004
Work accidents	3,522	2,416	3,149	2,535
Mortal accidents	47	49	17

The above table indicates that more than 100 workers lost their lives in occupational accidents during this three-year period. There are 2,900 accidents a year among a population of 600,000 socially insured, i.e. 0.5 per cent of those insured. This is only the visible peak of the iceberg. In fact 80 per cent of the working population in the Cameroon work in the informal sector, which means that the CNPS is not notified of most of the occupational accidents which occur.

The developing countries suffer enormous losses as a result of deaths through occupational accidents. The ILO estimates that these losses may represent up to 10 per cent of gross domestic product (GDP) for these countries.

The prevention of occupational diseases

Institutional involvement

Ministry of Labour and Social Security

One of the tasks of the ministry responsible for employment and social security is the design and implementation of occupational health and safety policies.

Through the Occupational Health and Safety Department, it is responsible for:

- the drafting and implementation of legislation and regulations concerning occupational safety and health;
- the drafting of technical norms on occupational safety;
- surveys, research and information concerning occupational health and safety;
- the promotion of occupational health and safety measures;
- the inspection and monitoring of the working environment.

National Commission for Health and Safety at Work

The task of the National Commission for Health and Safety at Work (CNHST) is to study problems connected with occupational health medicine, and the health and safety of workers. It rules on the expansion of the occupational disease tables. It is an advisory body and a forum for collaboration between the social partners.

The National Social Insurance Fund

Under Act N° 68-LF-18 dated 18 November 1968 concerning the organization of prevention against occupational accidents and diseases, the CNPS has wide-ranging responsibilities for the prevention of occupational accidents and diseases through the activities of the Prevention Department.

Activities of the Prevention Department

The Prevention Department is responsible for collecting the information required to produce the statistics on occupational accidents and diseases which will be used by the CNPS as a basis for designing the prevention programme.

It can carry out any surveys it considers necessary on conditions affecting occupational health and safety.

A major part of the activities of our Prevention Department focus on increasing awareness and providing stimulation.

The CNPS has the authority to:

- encourage educational activities on the prevention of occupational accidents and occupational diseases by providing subsidies or loans, or covering their cost;
- reward effective action in the field of prevention, health and safety.

In order to fulfil this mission, the CNPS:

- organizes a yearly training programme for members of company CHSTs: (181 CHST members from 32 companies have taken part in this training over the past two years);
- organises information campaigns to increase awareness to mark the African Prevention Day which is organized each year in April, as part of what is known as “prevention month”;
- uses every meeting with the social partners to exhibit material for the prevention of occupational hazards.

The CNPS is planning:

- to organize a competition to reward the best CHSTs. This project is fairly well advanced.
- to set up a partnership with occupational training establishments to include prevention modules in their teaching programmes.

The resources of the Prevention Department:

Human resources

Our Prevention Department is mainly composed of prevention monitoring staff. The Department would be strengthened by the presence of other SST specialists (safety engineers, occupational health specialists, ergonomists, occupational health practitioners, etc.).

Material resources

Equipment for monitoring the working environment should be added to the equipment available to the Prevention Department.

The budget allocated to the Prevention Department has been reduced over the past two years, as the following table indicates.

Financial resources

Comparative table showing expenditure on prevention and compensation

Year	Prevention Real expenditure	Compensation Real expenditure
2003	55.427.747	1.839.252.467
2004	121.044.871	1.859.568.018

As this table shows, considerable resources are allocated to compensation while the resources allocated to prevention remain low and are further reduced every year.

Others involved in prevention

The CHSTS

Through the CHSTS, employers and workers play a major role in the prevention of occupational diseases. They are responsible for the day-to-day fight against occupational hazards. They provide a forum where employers and workers can act in unison.

The CHSTS are compulsory for all enterprises in Group C, i.e. those most at risk.

The company medical service

All enterprises and establishments of all kinds are under an obligation to organize medical and health services for their salaried employees.

The role of this service is to:

- monitor conditions of hygiene at the workplace, risks of contagion, and the state of health of workers, their spouses and children;
- take appropriate prevention measures; and
- provide medical care.

These measures give the Occupational Health Practitioner an essential role in the prevention of occupational diseases, in improving our understanding of occupational pathologies and in the revision of the occupational diseases tables.

Critical analysis of prevention measures in Cameroon

Although the legal and institutional environment is satisfactory, the material environment is unlikely to encourage the development of prevention of occupational hazards. There is no training centre for occupational health and safety.

No training centre for occupational health and safety

This may partly explain the lack of qualified human resources both in institutions responsible for promoting occupational health and safety and within enterprises. Certain CHSTS in enterprises cannot play a proper part because of their lack of training (only large enterprises can afford training abroad).

A training centre would improve the competencies of doctors, employers and workers and could lead to better diagnosis of occupational diseases.

The absence of a centre, specialized or otherwise, for the purchase of prevention equipment

The absence of prevention equipment on the local market is an obstacle for enterprises which would like to invest in prevention but do not have sufficient means to import equipment. This is a real problem, because most of our enterprises consist of small and medium-sized companies and industries.

The same problem arises with equipment for monitoring the working environment, which makes surveillance of the workplace difficult.

The absence of coercive and supportive measures (bonus/malus)

Employers come under legal pressure only when the victim of an occupational accident suffers a disability of 66 per cent or more, as a result of negligence, carelessness or failure to observe the regulations. However, the accidents and diseases which weigh most heavily on the budgets of the occupational risks branch of the social security funds are those which result in a disability rate of less than 70 per cent.

The grouping of enterprises into risk categories A, B, C (low, medium, high) is a rigid global classification based on the sector of economic activity. It does not take into account the frequency and level of risks within the individual enterprise. An enterprise in group C, i.e. the high risk group, remains in that group no matter how much effort it puts into prevention and the effect on the frequency and gravity of occupational accidents and diseases. This is not very encouraging for small and medium-sized companies and industries. Classification by risk categories should be a dynamic procedure to encourage employers to choose the most effective protection systems.

Future prospects

The CNPS and the MINTSS (*Ministère du Travail et de la sécurité sociale*) have given considerable thought both to improving the regulatory framework and reinforcing competencies, in order to remedy the weaknesses described above.

Strengthening the regulatory framework

Activities focusing on the regulatory framework include:

- Design and implementation of a national OSH policy.
- Creation and adoption of an OSH programme which gives priority to the development of multidisciplinary competencies.
- The establishment of an occupational accidents and diseases observatory.

In terms of regulations:

- Reinforce the obligations of designers, manufacturers, suppliers and importers to ensure that they:
 - supply top quality goods;
 - provide complete and up to date information on the installation and correct use of machinery and substances, on the risks connected with the means of production and prevention of those risks.
- Adopt supportive and coercive measures.

Reinforce human resources

Particular emphasis will be placed on staff training in order to create multidisciplinary teams within the prevention of occupational risk structures of the social security funds and the Ministry of Labour and Social Security.

Proposals

Medium and long-term action

At the national level:

- the training of medical practitioners and company doctors in the diagnosis and treatment of occupational diseases;
- tax exemptions for equipment for the prevention of occupational hazards (as for medication);
- creation of a centre for research and training on OSH;
- the creation of a scientific and technical committee to revise the occupational disease tables.

At the sub-regional level:

- the creation of “centres of excellence” for specific risks (X-rays, chemical risks...);
- the creation of regional tables for occupational accidents and diseases;
- the harmonization of training for social security fund medical advisers.

Conclusion

We note from the above that the cost of compensation is too high. However, the normative structure set up by the Cameroon government is sufficiently solid to yield good results. In practical terms, there are major weaknesses in the synergy of existing structures. All those involved need to make an effort to respect and reinforce the normative framework in order to solve this problem. Training and equipment for surveillance of the working environment are also essential for more effective prevention, particularly in the domain of occupational diseases.