

ESH

ENVIRONMENT, SAFETY & HEALTH

AFRICA

OSHE in Africa

HEALTH
Work Safety
AWARENESS solution
Guidelines Procedures
Standards zero harm
Compliance
Protection PPE
Regulations
Policies
SAFETY
FIRST

INSIDE

The Journey (History)

The enormous burden of poor working conditions

Enormity of our concern

The case of Africa

Africa's OSHE challenges

...and more

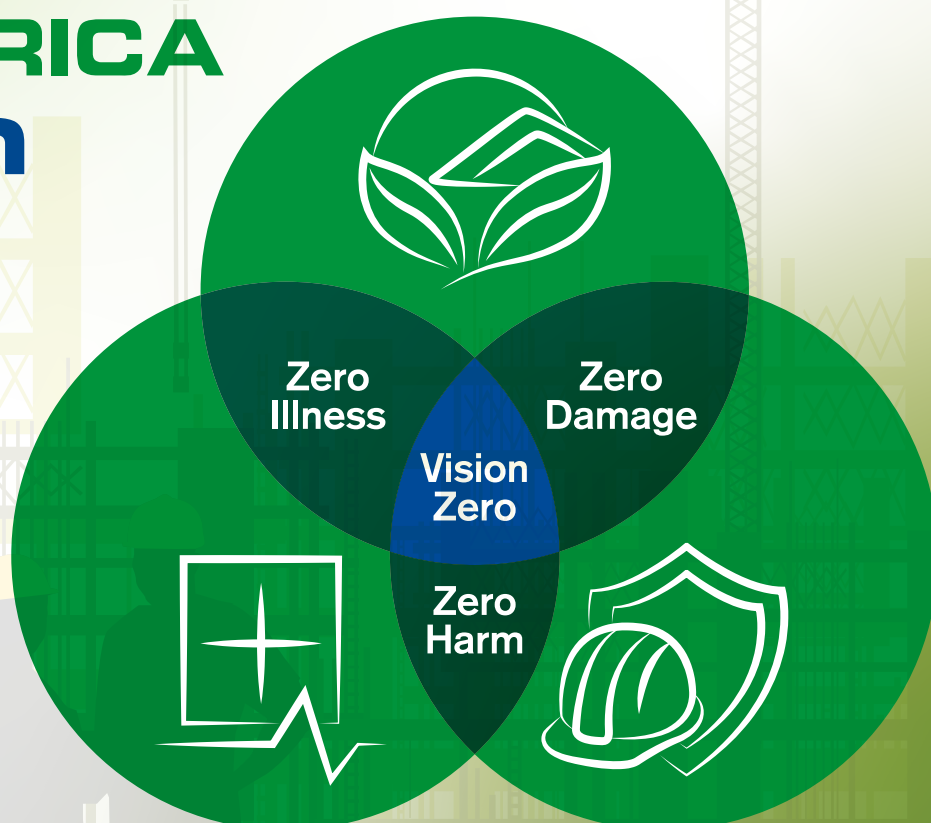


It is estimated that every year over 1.1 million people worldwide die of occupational injuries and work-related diseases. In developing countries, the risks that foster ill-health are estimated to be 10 to 20 times higher than in developed countries. In developing countries, only about 10% of workers have access to occupational health services. In Africa, occupational accidents and diseases can cause economic devastation to families, businesses and communities. Safeguarding workers' safety and health is paramount and an integral part of our social and economic development. With the emergence of global trade and increasing informalisation of the workplace environmental, safety and health matters are secondary to survival needs that focus on accelerating the growth, productivity and profitability.

It is on this basis that ESH Africa is determined to promote the lifting of standards, compliance and perception across Africa. This will be achieved through information, training and awareness.

ESH AFRICA

Vision Zero



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Editor's Note

Greetings to all our readers! Welcome to the 5th issue of the ESH Africa Magazine. The eMagazine that we publish are aimed at providing new insights and latest developments in Occupational Safety, Health and Environment (OSHE), to accelerate innovation, productivity, and growth that is sustainable. The magazines have been offering stakeholders from different regions across Africa an opportunity to share experiences, opinions and solutions that promotes the implementation of resilient OSHE Systems through articles that are featured.

It is estimated that every year over 1.1 million people worldwide die of occupational injuries and work-related diseases. In developing countries (Africa), the risks that foster ill-health are estimated to be 10 to 20 times higher than in developed countries. Globally, efforts to improve workplace conditions were implemented as early as 1954, but it was only in 1979 that the World Health Organization and the International Labour Organization intensified their efforts. Notably, Resolution WHA32.14 on the Comprehensive Workers' Health Programme further developed occupational health, and Resolution WHA33.31 encouraged countries to integrate occupational health into primary health care services and to cover underserved populations.

However, the emergence of new technologies and the expansion of trade and financial regimes have transformed formal employment to the informal sector, introducing more challenges on the management occupational safety, health, and environment (OSHE) especially in developing. Because of different factors across African countries, workers in mining, forestry, construction, and agriculture have been facing increased risks. Many of them suffer occupational injuries and disease which lead to disability and premature death. In developing countries, only less than 10% of workers have access to OSHE services.

Therefore, the main agenda of the 5th publication **OSHE in Africa** is to give the highlights of where we are as Africa that is the State of the continent in as far as ESH Systems are concerned. The information presented will take you through some of the challenges that brought us to this state as well as the opportunities that are there for improvement, with the main objective being a call for action from all stakeholders. It is our hope that this magazine will instil a sense of urgency in the preservation of human life, conservation of the environment and fast track the implementation of accident prevention in different organisations across Africa.

Happy reading to you all.

Global History

1950

WHO & ILO define occupational health as the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.

1954

Realisation and efforts to improve workplace conditions.

1979

WHO & ILO:

- Resolution WHA32.14 on the Comprehensive Workers' Health Programme.
- Resolution WHA33.31 encouraged countries to integrate occupational health into primary health care services and to cover underserved populations.

1996

Global strategy on occupational health for all - WHO collaborating centres.

Africa's History

1968

Nigeria hosted Occupational Health for Developing Countries in Africa.

2000

WHO & ILO joint effort on OHS in Africa.

2002

Health and environment: A strategy for the African Region was adopted. WHO & ILO.

2003

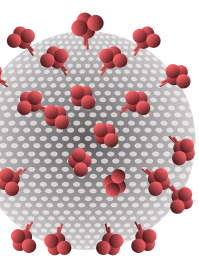
Statement of Intent signed by WHO & ILO Directors.

2005

Benin hosted a global meeting to review OHS in Africa.

the JOURNEY

OSHE Emergence in Africa



IN THE WORLD OF COVID-19

COVID-19 Coronavirus disease 2019

Can your enterprise efficiently manage symptomatic person?

Do you have internal Covid-19 Regulations
(Not one size fit all solutions)?

Are you managing psychosocial hazards
influenced by Covid-19?

Have you ever had response mock drills?

Can you enterprise manage the OSHE of those
working from home?

Can enterprise survive a breakout?

The Enormous Burden of Poor Working Conditions

The
Reality
of it all
**GLOBAL
SHE**

6,000

Deaths
EVERYDAY

2.34million

Deaths
WORLDWIDE

651,277

from
**HAZARDOUS
SUBSTANCES**

970

million
**MENTAL
DISORDER**

160

million
**WORK-RELATED
ILLNESS**

340

million
ACCIDENTS

4%

GDP IMPACT

Some of the major findings in the ILO's latest statistical data on occupational accidents and diseases, and work-related deaths on a world-wide level include the following:

- Diseases related to work cause the most deaths among workers. Hazardous substances alone are estimated to cause 651,279 deaths a year.
- The construction industry has a disproportionately high rate of recorded accidents.
- Younger and older workers are particularly vulnerable. The ageing population in developed countries means that an increasing number of older persons are working and need special consideration.

Enormity of our Concern.

Health, Safety and Environment are enablers for economic development. All the three aspects of business are measured by their negative impact on people, assets, and environment.

The damage is **acute** in area of **safety**, **chronic** in area of occupational **health** and **persistent** in the case of **environment**.

How are you
disposing your
face masks?
Is it the
safest way?



The Case of Africa: Available Data



OH&S 59,000 work-related fatalities (4.3% population), 4 million non-fatal accidents, <10% of workers have access to occupational health services and risk of ill-health is 10 to 20 times higher than in developed countries.



Road traffic injuries are responsible for 1.2 million deaths annually; low- and middle-income countries bear 90% of the death and injury toll. Degradation of the built urban and rural environment, particularly for pedestrians and cyclists, has been cited as a key risk factor.



Unsafe water, and poor sanitation and hygiene kill an estimated 1.7 million people annually, particularly because of diarrhoeal disease.



Lead exposure kills more than 230,000 people annually and causes cognitive effects in one third of all children globally; more than 97% of those affected live in the developing world.



Indoor smoke is primarily from the use of solid fuels in domestic cooking and heating – kills an estimated 1.6 million people annually due to respiratory disease.



Climate change impacts including more extreme weather events, changed patterns of disease and effects on agricultural production – are estimated to cause over 150,000 deaths annually.



Urban air pollution generated by vehicles, industries, and energy production kills approximately 800,000 people annually.



Unintentional poisoning kill 355,000 people globally each year. In developing countries – where two-thirds of these deaths occur – such poisonings are associated strongly with excessive exposure to, and inappropriate use of, toxic chemicals and pesticides present in occupational and/or domestic environments.



Malaria kills over 1.2 million people annually, mostly African children under the age of 5. Poorly designed irrigation and water systems, inadequate housing, poor waste disposal and water storage, deforestation and loss of biodiversity, all may be contributing factors to the most common vector-borne diseases, including malaria, dengue and leishmaniasis. Vector-borne viral diseases (VBVDs) are defined viral diseases transmitted by vectors such as mosquitoes, ticks, lice, biting flies, and fleas.

Sources:

- Occupational Health and Safety in the African Region: Situation Analysis and Perspective Report of the Regional Director (who.int)
- WHO | Environment and health in developing countries

Underperforming
economies.

Focus on growth
and profitability.

Proliferation of the
Informal Sector.

Inadequate
monitoring and
evaluation
performance at
any level.

Africa's OSHE Challenges

Regulatory and
enforcement
institutions.

Rise of Small and
Medium Enterprises
(SMEs).

Lack of
recognition of OSHE
as a crucial cog in
national
development.

Competing
priorities
Political/Economic/
Social aspects.

Education
Curriculum not
addressing OSHE
matters.



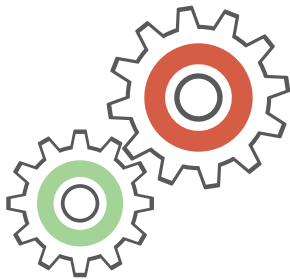
Key Issues to address OSHE in Africa



**Political buy-in and
commitment on OSHE issues.**



**Leadership mindset
and corporate commitment.**



**Life cycle approach to OSHE,
investment in infrastructure
and management systems.**



**Awareness, education,
and training.**



**Regulatory framework
and compliance.**

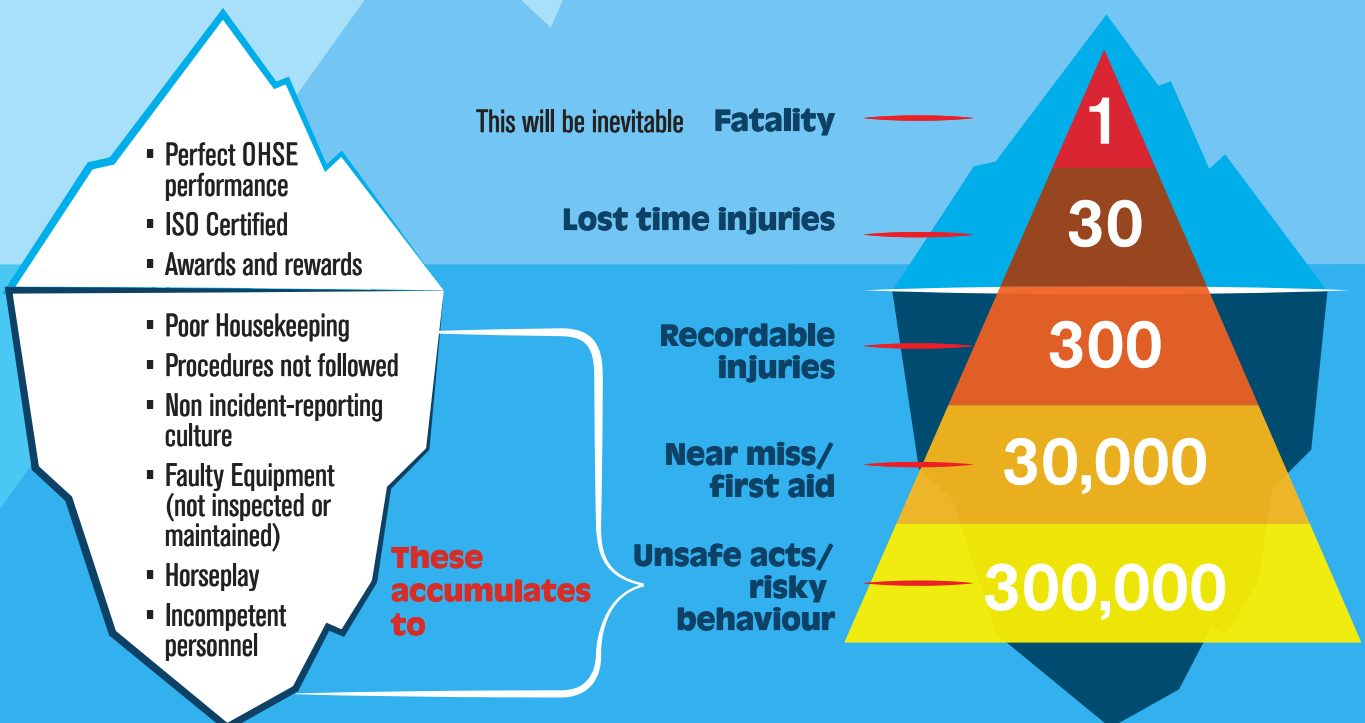


**Use of technology
as a strategic enabler.**

The Iceberg Theory and the Accident Theory

Do you have oversight on your business when it comes to SHE?

On The Surface



The Reality of it all

After COVID-19 Vaccine Jab

Do not panic
about the side
effects

Use your
vaccinated arm

Keep your
vaccine card
(Do not
laminate)

Rest up and
stay hydrated

Adhere to
covid-19 control
measures

- 
- A photograph of a person in a wheelchair, seen from the side. A yellow evidence marker with the number '3' is on the floor near the wheelchair. The background is a dark, textured surface with white chalk-like markings.
- Pain, Suffering, Lost Dreams
 - Loss of a breadwinner
 - Disability
 - Early retirement
 - Loss of quality of life, and even premature death
 - Poverty
 - Reliance on benefits (if they exist)
 - Exclusion from the labour market

Cost of Accidents **TO AN INJURED PERSON**

Cost of Accidents TO YOUR ENTERPRISE

Wages, sick pay, insurance,
costs of administrative response, recruitment

Medical Costs - first aid, hospital, ambulance

Prosecution and legal challenges

Scared Workforce

Collateral damage to equipment and materials

Compensatory overstaffing and re-training

Negative publicity

Reduced Productivity

Poor morale, absenteeism and turnover

Time - Downtime reputational damage

**FACTORY
CLOSURE**

Need for URGENT ACTION



Occupational Safety, Health and Environmental (OSHE) management is strictly linked to the dynamics of economic globalisation. As the global market is increasing, the gap between developed and underdeveloped countries, affect a vast number of workers. OSHE issues also become local in developed countries due to many factors, including untrained migrant workers in the informal sector, construction, and agriculture.

Absence of OSHE infrastructure amplifies the devastating consequences of infectious outbreaks like the COVID-19 pandemic and Ebola pandemic. Interventions in Africa's OSHE are urgently needed at various levels.

1 Increased governmental funding is needed for international organisations like World Health Organization (WHO) and International Labor Organization (ILO) to face the increasing demand for policies, guidance, and training.

2 Regulations to ban and control dangerous products are needed to avoid the transfer of hazardous production to developing countries (e.g. there is the proliferation of substandard PPE).

3 The OSHE communities must address Africa's OSHE issues through advocacy, position papers, public statements, technical and ethical guidelines and by encouraging access of OSHE professionals from the developing countries to leadership position in professional and academic societies.

4 Research, education and training of OSHE professional, workers, unions and employers are needed to address Africa's OSHE issues and their ripple effect.

5 Consumers can also influence significantly the adaptation of OSHE practices by demanding the protection of workers who are producing the goods that are sold in the market.



This is where we are as Africa.

What is your Grand Idea to Improving OSHE in Africa?

Be Part of the Action.

Get in touch.

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 **www.esh.africa**



Act Now. Stop Climate Change.





by Ahmed Elbeialy

Who do you think would win “Stick and Carrot or Hearts and Minds” - Coaching for Safety?

A flashback: we were around the Red Sea, in the Land of the Pharaohs, Egypt. It was 2008, and a young boy in his early twenties had just started his construction safety career. The guy was young and lacked experience. He did not know what was waiting for him in the world outside the window. Still, his dreams were already big: he wanted a meaningful career, and a job based on helping people stay safe was undoubtedly the right one to move forward in the direction of such an ambitious desire.

The first approach in the new environment was in a large fertiliser ammonia plant that employed almost 2,000 workers.

Maybe scared but still determined, this young guy started to work with an American safety manager who had spent half of his life in the military.

The manager had a habit of visiting the site on what was ironically called “the weekly raid” because he used to move like a king among his equeiries when everyone was out. Maybe, he forgot that his time in the army was over, which was a completely different situation.

It was the worst day of the week for the entire project workforce. You could perceive it in the air. The safety manager usually collected around 25 to 30 workers' ID cards for violating some basic safety rules during this safety walk. He led the flock to the site main gate and suddenly fired all of them out of the project premises before

turning around and walking back to the office with a proud smile, the smile of someone satisfied with the tense atmosphere he had created—the smile of someone who was entirely disconnected by the reality of a safe work environment.

That has left what seems to be a permanent cultural imprint on that kid's mind. He continued his career believing that discipline and enforcement are the only way to build a safe working environment, forgetting that it's also about getting the people to know the right things to do based on a belief and not just forcing them to.

So as the years moved on, the little kid has grown to be another safety manager bouncing around different countries and cultures, still upholding the same beliefs and work culture, and passing them on to another generation of safety professionals, until the day when he attended the first ‘coaching for performance’ workshop. It was then he experienced a major culture shock. Ridiculously, he suddenly realized that employees can't be generally engaged in any safety program under a culture of fear, and simply because the discipline and enforcement model is purely based on the complete removal of an individual's desire to buy into a culture.

Some writers say that every person we meet in life is a cave from which we can learn something new -- you cannot know in advance who this person is, and what you will learn, but it happens. People around you can teach you more than the

best-selling books sold in the bookstores. That was the beginning, to start looking at people from a wider angle where a great potential lies ahead.

For decades, we “health and safety professionals” and industry leaders have been using the traditional styles (instruction and reinforcement) in all our interactions at the workplace (e.g., site inspections, meetings, trainings, incident investigations, T.B.T., etc.). Yet, we continue to see the same incidents occurring repeatedly. A typical response would be to update our H.S.E. program, add more disciplinary rules, connect our incentive program with the incident stats increase supervision, and a long list of actions that revolve around getting people to comply. It is never about why they are non-compliant in the first place. In this model, the human factor is ignored, resulting in a fear-based safety culture. As far as I can remember, almost all the incident investigation reports that I have come across can be summarised as: “People are the problem.” This makes me sorry to see all of the corrective actions we are doing currently. Don’t get me wrong, I’m not saying that you need to scrap all these practices. I still believe that we need some of them, but we should place them in the proper context at the right time to avoid sending the wrong message.

But you also can’t ignore the fact that all of the current ideas, e.g., zero-incident goals, zero-tolerance rules, and “safety is the number one priority”, are centred on getting people to comply. Even though we all know that priorities change with changing circumstances in life, we continue to enforce more rules and expect people to follow. If they don’t, we blame them, ignoring all the surrounding circumstances that have more effect on the chronology of the event than what people must do. So, instead of keeping running the archaic methodologies and expecting different results, we need to start building a human-centric safety culture where safety is seen as a value,

not as a priority; people are genuinely engaged because they want to be, not because they have to: a safety culture that supports a positive work environment that fosters internal growth; a culture that runs by heart and mind, not by stick and carrot.

At first sight, you will realize that to build such a culture, your catalyst will be leaders but not any leaders. We need leaders with specific non-cognitive skills, leaders who are less directive and judgmental, and more curious, raising questions instead of giving instructions, listening more than talking; leaders who have a high degree of emotional intelligence.

And what would be fascinating to you is that with little exposure to the coaching world, you quickly realize that this set of qualities is a summary of the ICF (International Coaching Federation) 11 Core Competencies - Establishing Trust and Intimacy, Active Listening, Powerful Questioning, Direct Communication, Creating Awareness, Managing Progress and Accountability, etc. Cultivating those qualities with our future leaders will yield the birth of a leader who is also a coach.

Les Brown wrote something that, in this setting, I would love to share with the wish that every reader could make these words his/her own ones and move towards a different future for the HSE world:

“There are winners and losers in our life, and there are people who haven’t discovered how to win. All they need is some coaching. All they need is some help and assistance, just a little support. All they need is some insight or a different strategy or plan of action to make some adjustments that will open the key to a whole new future for them. That will give them access to the unlimited power that they have within themselves. That’s all that they need”.

If you are interested to know more about coaching in safety, you can visit our YouTube channel: <https://www.youtube.com/c/InterdependentLeadership1>

Also, you can reach us here: LinkedIn: <https://www.linkedin.com/groups/13991496/>

Ahmed Elbeialy: ICF - Associate Certified Coach | Regional HSE Manager - ASEAN & South Pacific at Linde Engineering.

Don't fatten your pocket.
Safety comes first.



PERSONAL PROTECTIVE EQUIPMENT

**It's not rocket science,
wear it right.**



Events and Global Observances

OBSERVED

1 Oct	International Day of Older Persons
2 Oct	International Day of Non-Violence
4 Oct	World Habitat Day
5 Oct	World Teachers' Day
9 Oct	World Post Day
10 Oct	World Mental Health Day
11 Oct	International Day of the Girl Child
13 Oct	International Day for Disaster Reduction
14 Oct	World Sight Day
16 Oct	World Food Day
17 Oct	International Day for the Eradication of Poverty
24 Oct	United Nations Day
24 Oct	World Development Information Day

UPCOMING

27 Oct	World Day for Audiovisual Heritage
29 Oct	World Stroke Day
10 Nov	World Science Day for Peace and Development
12 Nov	World Pneumonia Day
13 Nov	World Kindness Day
14 Nov	World Diabetes Day
16 Nov	International Day for Tolerance
18 Nov	World Philosophy Day
20 Nov	Africa Industrialization Day
20 Nov	Universal Children's Day
21 Nov	World Day of Remembrance for Road Traffic Victims
21 Nov	World Television Day

OSHE EVENTS

31 Oct-12 Nov	26th UN Climate Change Conference of the Parties (COP26)
23-25 Nov	International Vision Zero Safety, Health and Wellbeing Conference

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- Confined Space in Construction
- Working at Heights
- How to Improve Safety Culture
- Smart Cities
- Safety Critical Control Points

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West Africa Time **9am-11am**

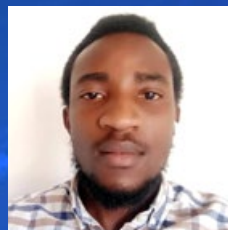
Central Africa Time **10am-12pm**

East Africa Time **11am-1pm**

DID YOU MISS OUR WEBINAR?



OSHE in Africa (Part 1)
The State of the Continent
Fungai Mupunga



OSHE in Africa (Part 2)
Challenges and Opportunities
Tichaona Mungazi



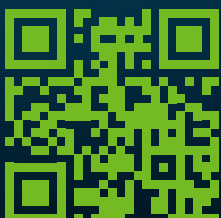
Manual Handling in Construction
Bernadet Kazamula



Coaching for Safety
Ahmed Elbeialy

TOOLBOX TALK AND SPOTLIGHT:

- Slips, Trips and Falls
- The Future of Safety



Your feedback is most welcome.

If you wish to share your comments and opinions about environmental, safety and health at a workplace, please contact us on esh@esh.africa.

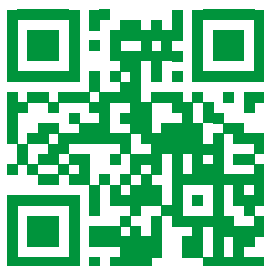
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