



Decent Work - Safe Work: The Challenges of Promoting Occupational Safety and Health

ILO Safe Work

Briefing paper for the

2nd South-East Asia and the Pacific Subregional Tripartite Forum on Decent Work

5 - 8 April 2005, Melbourne, Australia



International Labour Office



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International Labour Office

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INTRODUCTION

The ILO firmly believes that work-related accidents and ill-health can and indeed must be prevented, and that action is needed at international, regional, national and enterprise levels to achieve this. There are many reasons for such a conviction. It makes sound economic and business sense, it enhances employability and profitability and it alleviates poverty, but most importantly it embodies the fundamental human right to life, now central to the concept of Decent Work. Yet a great number of work-related deaths, sickness and disease, globally, still occur every year. As the ILO Director-General said in 2003 when referring to the Decent Work Agenda, “Decent Work must be Safe Work, and we are a long way from achieving that goal”.¹

While the human cost of work-related accidents and ill-health is incalculable, the economic costs are also enormous. For example, it has been estimated that the economic losses due to compensation, lost works days, interruption of production, plant damage, re-training, medical expenses and so on, routinely amount to roughly 4% of the world’s gross domestic product and possibly much more. Conversely, many enterprises have been able to demonstrate that by investing in occupational safety and health, they have been able to save significant sums of money in the longer term. The message is simple – prevention pays.

The protection of workers against injury and disease has always been a key issue for the ILO since it was founded in 1919, and many of its activities have been directed to that end. Many Conventions, Recommendations and other instruments on occupational safety and health (OSH) have been adopted over the years, and these have helped to improve working conditions throughout the world. In 2003, the International Labour Conference adopted a global strategy for OSH², which seeks to develop further and enhance ILO’s activities in this area, and the subject is also on the agenda for the International Labour Conference in 2005.

At international, regional, national and enterprise levels, OSH needs to be given a high profile amidst all the other matters of legitimate concern. The links between OSH and other important aspects of Decent Work, such as HIV/AIDS, need to be made and policies and programmes integrated within wider frameworks for action so as to maximize their joint impact.

I. THE CURRENT SITUATION AND RECENT DEVELOPMENTS

Accidents and ill-health at work – the global picture

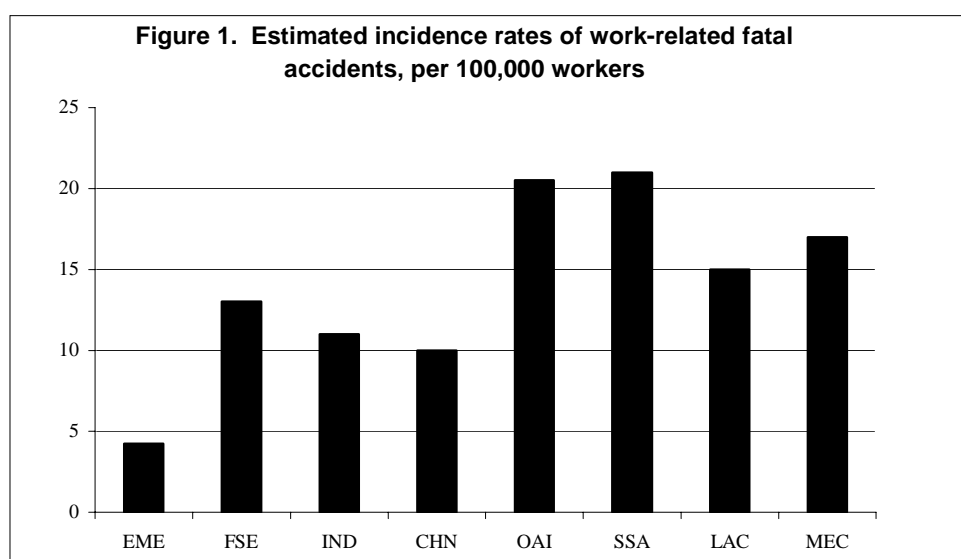
It has been estimated from available data that, globally, there are about 350,000 deaths per year from work-related accidents and between 1.7 and 2.0 million deaths from work-related diseases, in all sectors of the economy. This makes for a total of between 2.0 and 2.3 million fatalities from all accidents and diseases at work, figures that have risen significantly over recent years. It is also estimated that there are about 270 million non-fatal accidents at work each year, globally. Official statistics show very much lower figures, partly because most national reporting systems for accidents and diseases do not cover all sectors of economic activity and partly because many accidents and diseases are not reported when they are in fact legally required to be reported. It is also very difficult to obtain accurate and comprehensive statistics for work-related diseases.

¹ ILO: *Safety in numbers: Pointers for a global safety culture at work*, Geneva, 2003, p. 21.

² ILO: *Global strategy for occupational safety and health - Conclusions adopted by the International Labour Conference, 91st Session, 2003*. http://www.ilo.org/public/english/protection/safework/globstrat_e.pdf

However, some estimates have been made of accident and disease data by country and by World Bank division (Established Market Economies, China, India, Other Asia and Islands etc). For example, of the global total of 350,000 fatal accidents in 2001, it is estimated that about 16,000 occurred in 'Established Market Economies', while nearly 77,000 occurred in 'Other Asia and Islands' – both categories overlap with the ILO Sub-Region of South-East Asia and the Pacific.

The estimated fatal accident incidence rates, i.e. the number of fatal accidents per 100,000 workers, are shown in Figure 1 below, again by World Bank division.



KEY: EME – Established Market Economies; FSE – Formerly Socialist Economies; IND – India; CHN – China; OAI – Other Asia and Islands; SSA – Sub-Saharan Africa; LAC – Latin-America and the Caribbean; MEC – Middle Eastern Crescent

Source: ILO, 2005

The picture for the South-East Asia and Pacific Sub-Region

Official occupational injury statistics are given in the ILO Yearbook of Labour Statistics, and those provided by member countries in this Sub-Region are summarized in Table 1 below; other countries have not provided such data.

Table 1. Occupational injuries in the sub-region
Source: ILO Year Book

Country	Employed Population		Fatal injuries		Non-fatal injuries	
	2002	2003	2002	2003	2002	2003
Australia		9,459,200		257		122,930
Indonesia*	91,647,000			1,748		105,846
New Zealand		1,921,000		73		23,778
Philippines	30,085,000		302		21,477	

*Figures for Indonesia updated with data received from ILO Jakarta office direct, January 2005

From what has been said earlier about the difficulty of obtaining accurate data, the real picture of accidents and disease in this Sub-Region – as elsewhere in the world – is likely to be much more serious than official statistics show. For example, it has been estimated³ that there were about 24,000 fatal accidents at work throughout this Sub-Region in 2001 – a much higher figure than official statistics show. A recent report from the Government of New Zealand⁴ also illustrated how great the discrepancies were likely to be; with official figures for 2003 as quoted in Table 1 above, it was estimated that in New Zealand there were annually:

- About 700-1,000 premature deaths from work-related disease
- About 100 sudden deaths due to work-related injury
- About 17,000-20,000 new cases of work-related disease, and
- About 200,000 claims each year to ACC for work-related injury

Likewise trends in accident incidence rates are difficult to calculate accurately. In some countries, such as Indonesia, such rates appear to have gone down from 1999-2003, although the number of reported accidents has actually risen by some 15% over this period. The fact that accident rates have apparently decreased has been taken as a measure of success of the national OSH system.

Whatever the true statistics, the challenges of improving OSH in practice concern many countries throughout the world, including those in this Sub-Region. Several countries in the Sub-Region have already recognized the need to tackle particular industries, such as fishing and maritime, agriculture, construction and mining, and are taking steps to deal with OSH in these sectors. Chemical safety is also an area of concern for some countries. All countries, however, face challenges in reaching out to the ever-increasing informal economy and small businesses, where compliance with OSH legislation is often poor, and in devoting adequate resources to promoting compliance with the law, through labour or factory inspection and other means.

The rest of this report seeks to describe some of the ways that the Sub-Region is meeting these challenges and what further action may be needed. Several countries have sent in their own reports as to what each is currently doing, and the ILO Geneva office is most grateful for these. Most of the information has been subsumed into the body of this report, and one longer report (for several Pacific Island countries) has been attached at Annex 1.

National strategies and programmes for OSH

In recent years, a number of countries in the Sub-Region have been developing national strategies for OSH, including improved legislation and new approaches to tackling some of the OSH challenges, notably through national programmes.

Underpinning such strategies has been collaboration and cooperation between social partners, both in its traditional tripartite form with employers' and workers' organisations, and increasingly with others who have an active interest in OSH – such as professional groups, educational institutions, manufacturers and other stakeholders. This has been seen as vital to the success of national OSH strategies and programmes.

³ *Statistical analyses* – see <http://www.ilo.org/public/english/protection/safework/>

⁴ *NOHSAC: Burden of occupational diseases and injuries in New Zealand, Wellington, 2004*

At the government level, there has also been some inter-ministerial collaboration, since several Ministries (such as Ministries of Labour, Health, Trade and Industry, and Education) all potentially have an interest in OSH.

In Australia, for example, the National OSH Strategy 2002-12 encompasses the country's overarching national programme for OSH. The Strategy has been signed and endorsed by all State and Territory Governments, the Federal Government, the Australian Council of Trade Union and the Australian Chamber of Commerce and Industry, committing all parties to work cooperatively on implementing and publicizing this and other OSH programmes, and to achieve national targets. The tripartite National Occupational Health and Safety Commission leads on and coordinates national efforts on OSH, and this body also oversees implementation of the National Strategy.

The Accident Compensation Corporation in New Zealand published a national Injury Prevention Strategy in 2003, which aimed to prevent injuries in society at large, not just in the workplace. Its stated goals were to achieve a positive safety culture and to create safe environments. The strategy contained 10 key objectives ranging from raising awareness and commitment to injury prevention, to developing strategies for priority areas and fostering leadership in injury prevention. As part of this overall strategy, a draft 'Workplace Health and Safety Strategy for New Zealand to 2015' was published, with a view to releasing a final version, with a supporting implementation plan, in 2005.

National tripartite organizations for OSH exist in other countries too, such as in Indonesia with its National Tripartite OSH Council, which ensures that national OSH policies and programmes are agreed and given attention by social partners at the highest level. Similar tripartite collaboration exists in Fiji, Kiribati and Papua and New Guinea.

Other activities in the Sub-Region have included, as elsewhere, various campaigns and promotional activities to publicize the importance of OSH. Some countries have taken part in the annual World Day for Safety and Health at Work, which is now held on 28 April of each year. Educational institutions and OSH information centres have also provided training and information about work-related risks and how they may be managed.

National legislation on OSH

One aspect of national strategies has been to review and update national OSH legislation.

Several countries in the Sub-Region have been actively developing new OSH policies and legislation. Fiji and Papua New Guinea, for example, have drafted new OSH policies, prior to legislation, and both have mechanisms for enforcing OSH legislation. Samoa has passed its Occupational Safety and Health Act as framework legislation of general application and Kiribati and Vanuatu are developing OSH/Workers' Compensation policies and guidance. Some countries have introduced certain mechanisms for self-regulation. For example, in Indonesia, companies with more than 100 workers, or where certain specified hazards exist, are required to implement an OSH management system, while companies with more than 50 workers are required to establish an OSH committee.

In New Zealand, older OSH legislation was extended recently to include volunteer workers, mobile workers and crew working aboard ships and in aircraft, and to deal with issues such as stress, work-related fatigue and impairment of health from alcohol, drugs and traumatic shock. Two Australian states, Victoria and Western Australia, have just passed new OSH legislation which will bring about significant changes – for

example, increasing employers' duty of care, giving powers to safety and health committees, providing more support for employers and workers on OSH matters, delivering improved benefits to injured workers and increasing penalties for infringements of OSH legislation.

When reviewing and extending national legislation, countries are advised to consider ratifying relevant ILO Conventions on OSH where they have not already done so. Some countries have recently done so, such as Indonesia and Australia, who ratified the Labour Inspection Convention (No.81) and the Occupational Safety and Health Convention (No.155) respectively, both in 2004. Fiji and Papua New Guinea are discussing ratification of the Occupational Safety and Health Convention. However, countries in the Sub-Region have so far ratified very few of the ILO Conventions on OSH. A list of up-to-date OSH Conventions is given in Annex 2.

Comprehensive national legislation on OSH, providing protection for all workers in all economic sectors against all work-related risks, is the goal here, along with effective arrangements for inspection and enforcement. Legislation on the reporting of accidents and diseases should also be as comprehensive as possible, so that reasonably accurate data for all sectors of employment can be obtained.

II. MEETING THE CHALLENGES

The Sub-Region faces a number of challenges to OSH in the broader context of globalisation and its impact, challenges relating to the many economic sectors in the Sub-Region and those who work in them, whether in fishing and maritime, construction, agriculture, manufacturing or mining. In addition, there are the exceptional challenges to OSH following the Tsunami Disaster of 2004; these are considered briefly later in this report.

Managing OSH at the national level

The ILO global strategy on OSH, adopted in 2003, called for a systems approach to managing OSH at both national and enterprise levels⁵. The principles of managing OSH at the enterprise level are given in the ILO *Guidelines on Occupational safety and health management systems* (ILO-OSH 2001), and guidance on applying these principles at the national level is given in a recent document produced by the ILO⁶. By such means, OSH may be managed effectively through national legislation, advice and information, organisational networks, monitoring etc. The above *Guidelines* include five sections:

- “Policy” is the basis of the OSH policy management system and sets the direction for the organization to follow.
- “Organizing” provides guidance on management structures and the allocation of responsibility and accountability for delivering the policy.

⁵ ILO: *Global strategy for occupational safety and health - Conclusions adopted by the International Labour Conference, 91st Session, 2003*. http://www.ilo.org/public/english/protection/safework/globstrat_e.pdf

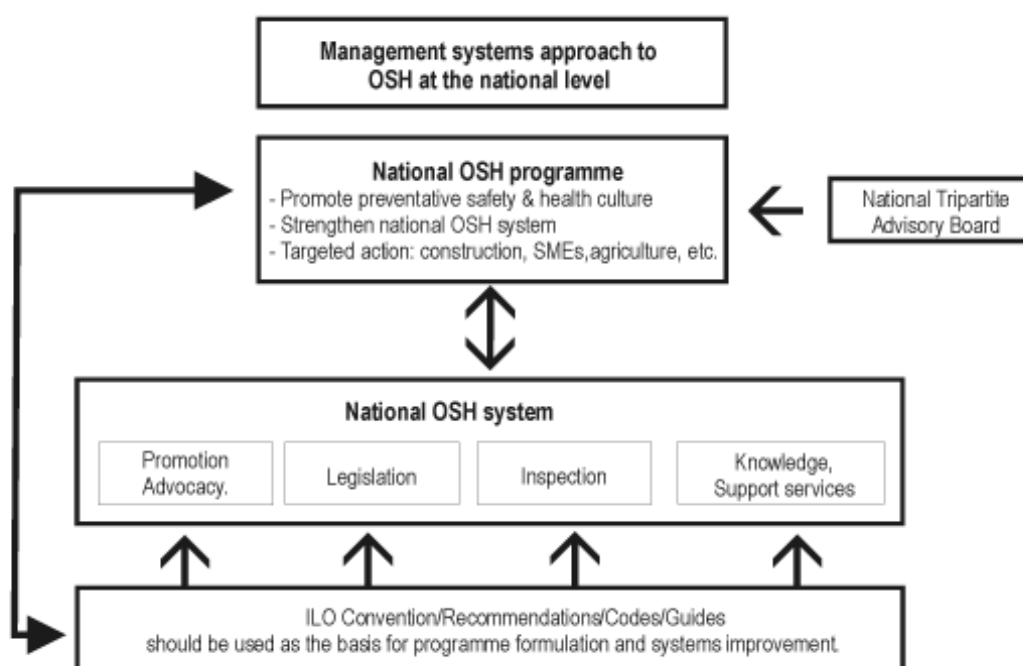
⁶ *Promotional framework for occupational safety and health, Report IV (1) for International Labour Conference 2005*, <http://www.ilo.org/public/english/protection/safework/promoframe.htm>

- “Planning and implementation” gives guidance on initial review, system planning, development and implementation, OSH objectives and risk control.
- “Evaluation” describes how to monitor and measure performance and carry out audits and reviews, identifying areas for improvement.
- “Action for improvement” addresses arrangements for taking preventive and corrective action and for continual improvement of performance through various measures.

At the national level, this means developing a management approach to OSH include:

- Firstly, *national policy* on OSH, formulated in consultation with representative organizations of employers and workers, as laid down in the Occupational Safety and Health Convention, 1981 (No. 155). Other concerned parties may also be consulted as appropriate.
- Secondly, a *national OSH system*, developed which contains the infrastructure to implement the policy. More detail on this is given below.
- Thirdly, a *national OSH programme*, based and developed on the analysis of the OSH situation, which preferably should be summarized as a *national OSH profile* and implemented over a specific period of time.
- Finally, at its conclusion, a review of the programme followed by its replacement with a new OSH programme.

Figure 2. The management systems approach to OSH at the national level



National OSH programmes

National OSH programmes are strategic time-bound programmes (e.g. lasting five years) that focus on specific national priorities for OSH and are based on analyses of the situations in the countries concerned. Each programme should be developed and implemented following tripartite consultation between government, employers and workers, and endorsed by the highest government authorities. While such programmes need clear objectives, targets and indicators, overall they should also aim to strengthen the national OSH system to ensure sustainability of improvements. Several countries in the Sub-Region have already produced such programmes.

National OSH programmes may therefore focus on the construction, mining or fishing sectors, or others, as decided through the tripartite consultation. Targets may be set – such as a percentage reduction in numbers of fatal accidents or diseases reported, or some other indicators of success.

The construction sector, for example, has often been chosen as the focus for a national OSH programme. It is estimated that, globally, about 17% of all fatal accidents at work happen on construction sites, but in some countries this may be as high as 30-40% of all national fatal accidents. In such cases, it is reasonable to target this industry as a priority. Construction workers are also more exposed to long-term health risks, such as from asbestos or from lifting heavy loads, and such health risks also deserve attention as well as falls from heights, electrical risks, transport risks etc. The fact that there are many different parties involved in any given construction site – main contractors, sub-contractors, workers, architects, designers, clients, equipment suppliers and others – makes it more challenging in terms of improving workplace conditions. Successful national OSH programmes on construction have often achieved good results through a combination of different kinds of interventions and activities, including national publicity campaigns, targeted inspection with appropriate enforcement, national and regional meetings and other activities aimed at raising awareness of the risks and better recognition of responsibilities.

It is noted from the country reports for this conference that mining, fishing and the maritime industries are of particular concern where OSH is concerned. These may well be suitable sectors for some of the first national programmes in this Sub-Region. HIV/AIDS is also a major concern in some countries and this could also be considered as a topic for a national programme.

Finally, one of the key aims of the national OSH programme should be to enhance and strengthen the national OSH system; this subject is discussed further below.

National OSH profiles

Before preparing a national programme, it is necessary to review the existing national situation, and this can be done by drawing up what is called a national OSH profile. The national OSH profile summarizes the existing OSH situation, including national data on occupational accidents and diseases, high-risk industries and occupations, and the description of national OSH systems and capacities. Further information about what national OSH profiles might contain is given in the Promotional Framework for occupational safety and health, quoted above.⁷

⁷ *Promotional framework for occupational safety and health, Report IV (1) for International Labour Conference 2005, Annex IV - <http://www.ilo.org/public/english/protection/safework/promoframe.htm>*

Placing OSH high on national political agendas

A major challenge for all countries is the need to place – and to maintain – OSH high on national political agendas. There is general agreement that the protection of workers is of great importance and that OSH is a priority issue, but it is a fact that OSH has not been given sufficient attention in practice in many countries. The endorsement and launching of national OSH programmes at the highest political level – such as by the President or by Parliament – is one way that countries can demonstrate national commitment.

The ILO could provide technical cooperation to help countries develop national OSH programmes where there is strong political and tripartite commitment to OSH in the country.

National OSH systems

Tripartite consultation mechanism or body

An essential component in any national OSH system is a national mechanism or body comprising the government's competent authorities and the most representative organizations of employers and workers, for consultation, coordination and collaboration on key OSH issues. Such consultations etc should also involve other concerned partners such as professional associations for OSH specialists, OSH training providers, manufacturers and designers, industry trade associations and other business groups. Active discussions should take place at all stages of policy and programme development and implementation as well as at the review stage.

Although one government ministry may have prime responsibility for OSH, in practice several ministries often have responsibilities and interests in this area, since OSH also impinges on their areas of concern. For example, ministries of health, trade and education all have some concerns with OSH and there should therefore be good inter-ministerial cooperation on relevant topic areas. The above OSH consultation mechanism or body could integrate this role of inter-ministerial cooperation.

Government policy and commitment

A fundamental basis for national OSH programmes and systems is the national OSH policy and the government's commitment to implement it. The Occupational Safety and Health Convention, 1981 (No. 155), calls for the formulation and periodical review of the national OSH policy by the member States in consultation with the most representative organizations of employers and workers. The abovementioned OSH consultation mechanism is the forum to facilitate this consultation. Governments need to be fully committed to implementing a national OSH policy as the basis for national programmes and systems. This means providing sufficient resources to ensure that the national OSH system operates effectively, including the enforcing authorities, and for the proper development and implementation of the national programme.

OSH legislation

A comprehensive legal framework for OSH is one of the pillars of a national OSH system. As mentioned above, it is important that OSH legislation covers all workers in all economic activities and also clarifies the responsibilities of employers and the rights and duties of workers. Placing duties upon the designers,

manufacturers, importers and suppliers of products and substances is another important aspect of modern OSH legislation. It should also ensure that there is necessary collaboration on OSH matters between employers and workers at the enterprise level.

Designated OSH authorities

One of the key structures for OSH promotion at the national level is the government authority or authorities responsible for OSH. It is usually the government OSH department and inspectorates that are responsible for the enforcement of key OSH legislation. All other relevant government authorities that play a substantial role in OSH promotion should be designated and made known to everyone. It is also important that there is a mechanism to ensure coordination among these authorities. The leading OSH authority should also ensure appropriate consultations with representative employers' and workers' organizations.

Inspection systems and promoting compliance

Promoting compliance with OSH legislation is a major challenge for all countries. Modern labour inspectorates adopt a wide range of techniques so as to influence duty-holders, from formal inspection, giving advice and information, investigation and enforcement, to wider educational and promotional activities. Increasingly, inspectorates are focusing on OSH management systems and the need for systematic planning and organization of OSH, rather than following a 'check-list' approach, and working with social partners in order to increase overall awareness of workplace risks and how they may be effectively managed. Technical inspection (eg of pressure vessels) is often delegated to private organizations such as insurance companies.

Information and training

The provision of basic and specialist OSH information and training is another key element of a national OSH system. Government OSH departments and inspectorates may be able to provide this, but in practice employers and workers often look to other sources to meet such needs. Whether this information and training is sought from national or local information centres, professional institutions or commercial service providers, all employers and workers should have reasonable access to it and it should be of good quality. Many educational and training establishments now provide practical courses on a wide range of OSH topics, either at national or local level. Some large companies also provide specific and general OSH training in-house for their own staff, and occasionally such in-house training courses are being opened to others such as contractors and suppliers – an approach which is to be encouraged.

OSH services

Professional OSH institutions and other services now exist in many countries and provide valuable support to their members on OSH matters. Their members will be qualified in general or specific areas; for example, they may be occupational physicians, occupational hygienists or general safety and health practitioners. Such people often work in one or more local enterprises or through a centre within the community, making their expertise available to employers, workers and others at the local level.

Collection and analysis of data on the national OSH situation

Data on accidents and diseases and other relevant labour-related information is needed for the setting of OSH policies, priorities and programmes. To this end, adequate mechanisms for the collection of accident and disease data are necessary so that OSH risks can be prioritised by sectors, groups of workers and types of hazard, and to help formulate short-term and long-term objectives. As mentioned above, national legislation on accident and disease reporting is an important means of collecting data, and this legislation should be as comprehensive in its coverage as possible. Other useful sources of such data are worker injury insurance schemes.

Publicity campaigns and other awareness raising

There is a wide range of possibilities here and innovation is encouraged. In recent years, several countries have launched far-reaching publicity campaigns for OSH, including greater use of the media, TV and radio in particular. In the Philippines, for example, the Occupational Safety and Health Centre (OHSC) has recently run regional public information campaigns with training activities, working in partnership with other key stakeholders. Partners included the print and broadcast media, who were very supportive of all the activities, covering the campaign in 10 radio and TV shows⁸. Prior to that, the OHSC had produced 30-minute radio dramas to get key OSH messages across to the public.

Meanwhile, Indonesia has held a National Occupational Safety and Health Month every year since 1984, from January – February, which is filled with various activities aimed at raising awareness of OSH nationally. Along with other countries in the Sub-Region, Indonesia also commemorates the World Day for Safety and Health at Work and in 2004 organized a major seminar for tripartite constituents on the application of OSH management systems. The seminar was launched with senior Ministerial support.

The World Day for Safety and Health at Work – 28 April each year – provides a particular opportunity for raising the profile of OSH nationally. The focus of the World Day in 2005 is on prevention under the broad overarching theme of promoting a preventative safety and health culture, with two sub-themes: (1) the construction industry and (2) younger and older workers – two age groups that are statistically more likely to suffer work-related accidents and ill-health than others. More information about the World Day is available on the ILO SafeWork website: www.ilo.org/public/english/protection/safework/worldday/index.htm.

Clearly, such initiatives on their own are insufficient to reduce accidents or diseases but when coupled with visits by inspectors, OSH advice and information generally available, publicity following serious incidents and court cases etc, the messages are more likely to have lasting impact.

OSH research institutions

OSH research centres are also an important part of national OSH systems, working on technical and scientific topics in order to improve the understanding of particular risks and how they may be effectively controlled. Research topics should cover a wide range of technical and other subjects, such as effective information dissemination and ways to promote safety culture. Universities and technical colleges are often involved in

⁸ See <http://www.oshc.dole.gov.ph/pdf/RPIC%20Brochure.pdf>

such research, alongside state-funded centres for OSH research. Such centres should join international networks and groups, sharing their work and results for the better use of limited resources.

Links with worker injury insurance schemes and institutions

Insurance schemes for occupational accidents and diseases need to be properly developed to cover all workers, ensuring the protection of workers suffering from occupational injuries and diseases. While national OSH systems focus on preventive policies and action, it is important to integrate insurance schemes into them or establish a close link with them, depending on national practice. Regardless of national practice, it is essential to fully utilize the accident and disease data available from insurance schemes for prevention. Where such insurance schemes provide wide national coverage, the total number of accidents and diseases recorded under the schemes is usually much higher than those reported to the authorities based on the requirements of OSH legislation, so they will provide a better basis for the analysis of the national OSH situation.

The Tsunami Disaster and OSH

The Tsunami Disaster of 2004 had a huge impact on the world of work as well as on communities and families in the countries affected. Although Indonesia was the country most affected, there is a view that all countries in the region are vulnerable to similar national disasters, so the implications of such a threat on OSH are discussed in this section.

From an OSH point of view, the response stage after the immediate rescue operation can be divided into two phases. The first one is the recovery phase where debris is removed and disposed of, cleaning up the land and preparing it for reconstruction. In the case of the 2004 disaster, this phase has made substantial progress but during it a number of OSH problems have been encountered. Many people involved in this phase did not have enough OSH knowledge, training and equipment, working long hours and in unfavourable living conditions, and many were also suffering from post-traumatic stress.

The second or reconstruction phase, which may span a number of years, includes reconstruction and repair of housing and business facilities, the permanent infrastructure (roads, railways, bridges, harbours etc.) and utilities (water, electricity, telephone lines etc). During this phase, OSH problems are similar to those in construction activities in general, but the work may also be characterized by urgency and uncertainty, especially in the beginning. National OSH systems for the construction industry already exist in Indonesia and other affected countries, but generally the stakeholders are faced with limited capacity and resources to deal with such demands. Experience from previous cases shows significantly higher number of fatalities and injuries during the reconstruction phase. Construction work is intrinsically hazardous, as mentioned above, but the intensity of the work in the affected region and its circumstances often results in yet higher rates of accidents and ill health than normal. This is often because of the involvement of extra labourers, who are often unskilled having never worked in construction before, as well as the pressure to re-build quickly, which often means longer working hours. It is important to integrate OSH aspects into the organisation and planning of reconstruction activities, to ensure that OSH is properly managed. Necessary skills training should be given, as should safe machinery and other site equipment, and other OSH information and advisory services provided. Local labour inspectorates may also need additional resources, equipment and training in order to meet the needs of such an intensive building programme.

Proper overall management of the recovery phase should reflect these OSH aspects and provide the necessary budget and support mechanisms, such as the establishment of special OSH support teams in the region with the back-up of central governments and OSH departments. While it is a huge challenge to organize all this action, it should be also taken as an opportunity to reinforce construction safety programme of the countries concerned.

In the aftermath of such disasters, international and regional collaboration and support on OSH matters should also be considered.

III. CONCLUSIONS

A number of worthwhile initiatives have taken in the Sub-Region, including the adoption of national strategies and programmes for OSH, and updating legislation. All these developments are to be welcomed, and those countries that have not yet embarked on such courses on action are encouraged to follow the examples of others.

The key areas that require attention, both globally and within this Sub-Region, are:

1. OSH needs to be given a high priority on national agendas, amongst governments, employer and worker groups and amongst other stakeholders, if OSH strategies and programmes are to be successful in practice.
2. It must also be fully integrated with other issues under the Decent Work agenda and good inter-ministerial collaboration encouraged to ensure coordinated government policy and approaches.
3. Countries should review and later review their own national situations through national OSH profiles as a basis for future national OSH programmes.
4. National OSH programmes should then be developed on the basis of individual country profiles and priorities, focusing on, for example, specific hazardous industries or crosscutting risks. A national OSH programme should be endorsed by the highest national authority and reviewed from time to time, such as halfway through the programme and on conclusion, and then be updated.
5. Comprehensive OSH legislation and effective arrangements for inspection and promotion of compliance are key elements in a national OSH system. Ideally all workers, irrespective of where they work, should be given legal protection against all relevant workplace risks. Importantly, there should also be adequate resources allocated to inspection and the training and education of inspectors.
6. Wider partnerships on OSH are much encouraged, since many stakeholders have an important part to play in improving OSH in practice – such as manufacturers and designers, professional OSH associations and training institutions – as well as traditional social partners, trade union safety representatives, safety committees etc.
7. Innovation in promoting OSH through publicity and awareness-raising campaigns is much encouraged. In particular, more use should be made of the media, radio and perhaps TV, in getting key messages about OSH to the wider public.

8. Other aspects of national OSH systems should be reviewed as well as those mentioned above, in order to help formulate national programmes.
9. Good collaboration and cooperation on OSH at international and regional level on OSH matters is vital, to exchange ideas about good practice and lessons learned. Especially at Sub-Regional level, it is hoped that those countries with greater experience and expertise on OSH generally can assist others with less expertise.
10. International technical assistance, for example in developing national OSH programmes, should be sought where appropriate.

Annex 1: OSH situation and major challenges for Pacific Island Countries

1. Current Situation and recent developments

Making the workplace safe and free from accidents is one of the major decent work challenges that Pacific Island small economies are facing. Many island countries continue to experience unnecessarily high rates of occupational accidents and diseases. In most of the countries, correct statistics of occupational accidents are not available. No scientific mechanism exists to determine occupational diseases. In many cases, industrial accidents remain unreported. Development of proper mechanism to diagnose occupational diseases is being discussed but concrete steps are yet to be undertaken.

Moreover, policies and programmes to prevent and reduce accidents and diseases are confronted with new challenges arising from the introduction of new processes and substances, increasingly sophisticated technologies and manufacturing techniques, lack of classification and labeling system for chemicals and, worst still, the low priority often accorded to safety and health programs and activities in these countries. These constraints are further compounded by inadequate national budgetary provisions (with some exceptions to Fiji) and insufficient number of factory inspectors, inadequate training, limited availability of information on hazards and how to deal with them and lack of simple and appropriate reporting procedures.

Making work safe in the mining and maritime sectors is another area of concern for a considerable number of workforce in Pacific Island Countries (PICs). Trade unions often complain about the working conditions and welfare of workers in these sectors.

Chemical safety poses a major threat in growing economies such as Fiji, Papua New Guinea and Samoa. Introduction of safety measures in small and micro enterprises, not to mention the agriculture sector, will continue to be major challengers for these countries for many years to come.

1.1. Occupational Accidents and Diseases

As indicated above, these countries need assistance in collecting, processing and using data on occupational accidents and diseases for improving working conditions. In the absence of such mechanism and reporting procedure, the ILO Year Book of Labour Statistics does not show any statistics from the Pacific. However, Fiji has a comparatively better system of reporting and the reported industrial accidents for 2004 is 858. We do not have the statistics of other countries at this point in time.

The rates of industrial accidents in Papua New Guinea are known to be higher. The magnitude of industrial diseases is hard to estimate in the absence of relevant survey and reporting procedure. Current reporting system is weak and inadequate.

There is no reporting mechanism that exists for small and micro enterprises. Reporting in the case of fishing is also not organized. Big casualties in the fishing sector are reported in the media but no formal, organized and regular procedures are in place.

The Pacific Island Countries escaped from the recent Tsunami disaster.

1.2. Decent Work and OSH: place of OSH within the national agendas

It is true that OSH is not getting its due priorities within the national agenda. However, in recent years, OSH is increasingly discussed by ILO constituents and being covered by media reports. The constituents are getting more and more conscientious on the need of developing appropriate OSH policies and mechanisms. Countries like Fiji, Papua New Guinea and Samoa are well ahead of other PICs in developing OSH policies and practices.

HIV/AIDS is another issue that requires immediate attention. The incidence of HIV/AIDS in Papua New Guinea, Kiribati, Solomon Islands and Fiji, at the rate at which it is reported to be increasing, is alarming and will have far reaching consequences on the labour force.

In Fiji and Papua New Guinea, tripartite OSH committees have been established. These committees' roles could be reviewed for improvement.

Inter-ministerial collaborations in these countries on OSH related matters have also been established (both formal and informal ways.) These collaborations also have rooms for improvement.

1.3. Legal framework

The ratification of ILO OSH Conventions is being discussed in these countries. Fiji and Papua New Guinea have showed interest in the ratification of the convention. In the current review of the Employment Relations Bill in Fiji, many of the provisions of this Convention (155) were considered. This Bill is planned to be tabled in the April 2005 Parliamentary Session.

Fiji has developed the OSH Policy (though not approved by Cabinet as yet.) Papua New Guinea has also prepared a draft OSH Policy. This policy would need to be enacted in due course. Kiribati and Vanuatu have expressed interest and sought assistance in the development of OSH/ Workers' Compensation policies and regulations.

Mechanisms are in place in Fiji and Papua New Guinea for the enforcement of OSH regulation. In the case of Fiji, at least once a year, the Factory Inspectors visit the enterprises to see whether they are OSH compliant. With some exception to Fiji and Papua New Guinea, the number of Factory Inspectors is extremely limited in other Pacific Island Countries. The lack of training and knowledge of Inspectors is a well known factor. Skills development, inspection procedures and programmes need substantive support.

The information gap is another area where the Ministries of Labour need assistance. In the sub-regional OSH Seminar held in 2003, the setting up of an information centre and its outlets in different countries were identified as a major priority. Medical examination facilities are inadequate and in certain countries, it is almost absent.

The environmental monitoring is irregular, inspection of machines and equipment are also not compliant with standard procedures in most of the PICs. In the case of Solomon Islands, Kiribati and Vanuatu, the number of Inspectors are so limited that regular required inspections are not practiced.

In 2004, the World Day for Safety and Health at Work was observed in Fiji with the participation of tripartite constituents and others. A day long programme was developed to observe the day, which included media campaign, message from constituents, observance of the regulations etc. Kiribati and Papua New Guinea observed the day by publishing supplements in the newspaper.

2. Challenges

Major challenges in the Pacific Island Countries lie in the areas of:

- education and training of Factory Inspectors and ILO constituents on OSH policy and implementation mechanism;
- training on how to prevent or significantly reduce the incidence of occupational accidents and work related diseases;
- improvement in the working environment;
- dissemination of information and practical guidance for the design and implementation of national and enterprise level programmes;
- the improvement of laws and regulations and support to the development of national tripartite safety and health structures;
- development of special measures and programmes to make work safer in the mining and maritime sectors;
- assist in the mobilization of resources to support national initiatives;
- research on hazardous occupations and review of relevant national laws and practices to improve conditions in hazardous occupations;
- review of hazards related to chemical substance, physical and biological agents, ionizing and non-ionizing radiation and electromagnetic fields and to provide technical guidance to ILO constituents in these areas;
- HIV/AIDS awareness and implementation of national codes of practice and workplace policies.

Collection and dissemination of information is vital in improving the current situation. Establishment of a Centre of Excellence for Information Collection and Dissemination (possibly in Fiji) and its corresponding outlets in other countries would be a major step forward in improving information sharing exercise in these countries.

Special measures would need to be undertaken pertaining to fishing and SMEs. The major employment opportunities in PICs lie in the informal sector with the contraction of formal sector development. With the assistance of international agencies, SMEs are growing in almost all PICs regardless of their safety procedures. There is indeed a need to take a good stock of safety measures practiced in SMEs in these countries.

It is obvious that the systematic approach to improve national OSH systems of Pacific Island Countries is of great need. A study in this regard would be a positive initiative in determining the step-by-step positive measures.

Due to limited resources available in small island countries of the Pacific, there would be a special need for international/sub-regional collaboration to improve the deplorable conditions.

3. Proposed practical steps

OSH has been identified as a major activity in the National Plan of Action for Decent Work (NPADW) of all ILO member states in the Pacific. In certain countries (Fiji, Kiribati, Papua New Guinea), national tripartite committees are already in existence to improve the OSH situation. It is obvious that these committees need guidance and assistance in pursuing their roles.

Placing OSH higher in the national agenda would require strengthening information, collection and dissemination system, strengthening factory inspection programmes, procedures and mechanisms, developing awareness and educational programme, not to mention, the importance of organizing high level seminars for policy makers and Parliamentarians.

It is imperative that an exercise is undertaken on the national OSH profile to determine the status of OSH in individual countries of the Pacific. The PICs, as indicated above, are at different stages of development with regard to OSH policy, programmes and practices. This will assist in the development of national OSH programmes considering their current level of economic and social status.

Sub-regional collaboration is a key to bring these countries at a desirable level of OSH, policy and practices. International collaboration in this regard would be of great assistance.

Annex 2: List of up-to-date ILO Conventions and Protocols on occupational safety and health

- Labour Inspection Convention 1947 (No. 81)
- Protocol of 1995 to the labour Inspection Convention 1947
- Radiation Protection Convention 1960 (No. 115)
- Hygiene (Commerce and Offices) Convention 1964 (No.120)
- Labour Inspection (Agriculture) Convention 1969 (No. 129)
- Occupational Cancer Convention 1974 (No. 139)
- Working Environment (Air Pollution, Noise and Vibration) Convention 1977 (No. 148)
- Occupational Safety and Health (Dock Work) Convention 1979 (No.152)
- Occupational Safety and Health Convention 1981 (No. 155)
- Protocol of 2002 to the Occupational Safety and Health Convention 1981
- Occupational Health Services Convention 1985 (No. 161)
- Asbestos Convention 1986 (No. 162)
- Safety and Health in Construction Convention 1988 (No. 167)
- Chemicals Convention 1990 (No.170)
- Prevention of Major Industrial Accidents Convention 1993 (No. 174)
- Safety and Health in Mines Convention, 1995 (No. 176)
- Safety and Health in Agriculture Convention 2001 (No.184)