



SAFEWORK – INTRODUCTORY REPORT – 2008



International
Labour
Organization

Beyond deaths and injuries: The ILO's role in promoting safe and healthy jobs



XVIII World Congress on Safety and Health at Work
Safety and health at work: A societal responsibility
Global Forum for Prevention

**XVIII World Congress on
Safety and Health at Work
June 2008, Seoul, Korea**

Introductory Report

**Beyond death and injuries: The ILO's role
in promoting safe and healthy jobs**

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S A F E W O R K
導入報告

死傷災害の克服：
安全で健康的な仕事の促進における
I L O の役割
(日本語仮題)

目 次

英語本文目次	iii
--------	-----

日本語仮訳目次

略語一覧	(略)
序章	43
第1章 概要	45
業務関連の死亡者数、事故、疾病件数	45
労働安全衛生の促進的枠組み	46
労働安全衛生と安全文化	46
労働安全衛生とマネジメントシステム	47
国の労働安全衛生政策	47
国の労働安全衛生システム	48
国の労働安全衛生プログラム	48
国の労働安全衛生プロファイル	49
第2章 2005～08年の労働安全衛生分野におけるILOの活動	(略)
促進、啓発、提言活動	
労働安全衛生世界デー	
具体的な労働安全衛生基準・文書の策定	
技術支援	
ILOの労働安全衛生基準の促進	
労働監督	
知識の開発、管理、流通	
国際協力	
珪肺症	
石綿	
HIV/AIDSと職場	
化学物質の安全、GHS（化学品の分類及び表示に関する世界調和システム）、SA ICM（国際的な化学物質管理のための戦略的アプローチ）	
その他の協力分野	
第3章 将来の展望	50
予見と労働安全衛生	50

新たなリスク	51
身体的リスク	51
生物学的リスク	51
化学的リスク	52
ナノテクノロジーに関連したリスク	52
労働者の福祉	52
労働力形態の変化	53
インフォーマル経済	53
移民労働者	54
性別の側面	54
労働者の高齢化	55
結論	56
付属資料 1	(略)
業務関連の致命的及び非致命的事故、疾病、死亡者数	
付属資料 2	57
2006 年の職業上の安全及び健康を促進するための枠組みに関する条約 (第 187 号)	57
2006 年の職業上の安全及び健康を促進するための枠組みに関する勧告 (第 197 号)	61
付属資料 3	(略)
ILO の労働安全衛生関連基準に含まれる規定	
付属資料 4	(略)
労働安全衛生マネジメントの継続的改善サイクル	
付属資料 5	(略)
労働安全衛生に関する ILO 条約・議定書の批准状況	

List of Acronyms	v
Introduction	vii
I – Overview	1
Work-related fatalities, accidents and diseases	1
A promotional framework for OSH	2
OSH and safety culture	3
OSH and management systems	3
National OSH policy	4
National OSH systems	4
National OSH programmes	5
National OSH profiles	5
II – ILO action on OSH, 2005-2008	7
Promotion, awareness raising and advocacy	7
The World Days for Safety and Health at Work	7
Development of specific OSH standards and instruments	8
Technical assistance	9
Promotion of ILO OSH standards	9
Labour inspection	11
Knowledge development, management and dissemination	12
International collaboration	
Silicosis	12
Asbestos	13
HIV/AIDS and the workplace	13
Chemical safety, GHS and SAICM	13
Other areas of collaboration	14
III – Looking to the future	16
Foresight and OSH	16
Emerging risks	17
Physical risks	17
Biological risks	17
Chemical risks	17
Risks related to nanotechnologies	18
Workers well-being	18

Changing patterns in the workforce	19
The informal economy	19
Migrant workers	20
The gender dimension	20
Ageing of workers	21
Conclusions	22
Annex 1.	23
Work-related fatal and non-fatal accidents, diseases and mortality	23
Annex 2.	24
Convention concerning the Promotional Framework for Occupational Safety and Health, 2006 (No. 187)	24
Recommendation concerning the Promotional Framework for Occupational Safety and Health, 2006 (No. 197)	27
Annex 3.	31
Provisions covered by selected ILO Standards concerning OSH	31
Annex 4.	34
The OSH Management Cycle of continuous improvement . .	34
Annex 5.	35
Ratifications of ILO Occupational Safety and Health Conventions and Protocols	35

List of Acronymss

ASEAN	Association of South East Asian Nations
CEE	Central Eastern Europe
CIS	Commonwealth of Independent States
COSHH	Control of Substances Hazardous to Health
EU	European Union
FAO	Food and Agriculture Organization
GHS	Globally Harmonized System for the Classification and Labelling of Chemicals
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSE	Health and Safety Executive (United Kingdom)
IAEA	International Atomic Energy Agency
ICEM	International Federation of Chemical, Energy, Mine and General Workers' Unions
IMO	International Maritime Organization
IOMC	Inter-Organization Programme for the Sound Management of Chemicals
ISO	International Organization for Standardization
MSD	Musculoskeletal disease
OECD	Organization for Economic Cooperation and Development
OSH	Occupational safety and health
SADC	South African Developing Countries
SAICM	Strategic Approach to International Chemicals Management
UN ECOSOC	United Nations Economic and Social Council
UNEP	United Nations Environmental Programme
UNIDO	United Nations Industrial Development Organization
UNITAR	United Nations Institute for Training and Research
WHO	World Health Organization
WSSD	World Summit on Sustainable Development

The pace of global socioeconomic development over the past 50 years, together with scientific and technical progress, has brought about an unprecedented volume of research and knowledge concerning risk management in general and the control of public and workplace risks in particular. Moreover, the advent of computer, internet and other electronic communication systems has made this knowledge easier to access globally. Such knowledge has been translated into a massive compendium of international, regional and national regulatory frameworks, as well as technical standards, guidelines, training manuals and practical information covering all the different aspects of occupational safety and health (OSH) for all branches of economic activity. In most countries, the social dialogue mechanisms necessary for addressing work-related issues including OSH have been progressively established at both national and enterprise levels. Legal and technical instruments, tools and other measures to prevent occupational accidents and diseases have been put in place in all countries, albeit at different levels of comprehensiveness, sophistication, implementation and enforcement capacity.

Yet, despite this formidable expenditure of effort and resources, a plateau seems to have been reached when it comes to achieving decent, safe and healthy working conditions in reality. The latest ILO estimates indicate that the global number of work-related fatal and non-fatal accidents and diseases does not seem to have changed significantly in the past 10 years. This discrepancy between the level of efforts and results has many reasons, many of them brought on by the globalization of the world's economies. A closer look at the statistics shows that, although industrialized countries have seen steady decreases in numbers of occupational accidents and diseases, this is not the case in countries currently experiencing rapid industrialization or those too poor to maintain effective national OSH systems, including proper enforcement of legislation.

The ongoing globalization of the world economies has undoubtedly been a major driver for change in the world of work, with both positive and negative impact on levels of compliance with accepted good practice. However, efforts to tackle OSH problems are often dispersed and fragmented and do not seem to reach the level of cohesion necessary to achieve a progressive reduction of work-related fatalities, accidents and diseases. The traditional hazard and risk prevention and control tools are still effective but need to be completed by strategies designed to address the consequences of a continuous adaptation to a rapidly changing world of work. In particular, many countries need to devote greater resources to OSH research, knowledge management and dissemination, information exchange and a proper and consistent enforcement of the law.

The integration of OSH principles and requirements as key elements in national and international priorities and actions is urgent. The same is true for enterprises. National and international efforts thus need to increase their focus on promotion, knowledge, prevention and management. This means raising the profile of OSH within social and economic concerns, integrating it

within national and business plans and engaging all social partners in initiating and sustaining mechanisms for the continuous improvement of national OSH systems. It also means building a preventative safety and health culture that becomes an integral part of wider societal culture and economic development. The continuous development and maintenance of a collective and globally accessible body of knowledge, experience and good practice, as well as information dissemination and education systems is an essential prerequisite. Finally dynamic management strategies need also to be developed and implemented to ensure the coherence, relevance and currency of all the elements that make up a national OSH system.

The adoption of the Promotional Framework for Occupational Safety and Health Convention 2006 (No.187) and its accompanying Recommendation (No. 197) has been a key achievement since the 2005 World Congress on Safety and Health at Work. The two instruments define provisions for countries promote OSH through national OSH systems and programmes, the building of preventative safety and health cultures and applying a systems approach to the management of OSH with the aim of continuously improving the safety and health of workers and the working environment.

This present report provides an overview of the most recent ILO estimates of work-related accidents and diseases, and also summarizes the provisions of the new instruments, as they relate to the building of preventative safety and health cultures, OSH management systems, national OSH systems, programmes and profiles. The report also covers recent ILO technical and international cooperation activities in these and other topic areas. Finally, several emerging OSH strategies are discussed, including the forecasting of hazards and risks, and their potential impact on the future of OSH.

Work-related fatalities, accidents and diseases

New ILO global estimates of work-related fatalities, accidents and diseases were made in 2005 and 2006 using available statistics for the year 2003¹. Fatal occupational accidents for 2003 are estimated at about 358 000, a very slight increase from the 2001 number. However non-fatal occupational accidents seem to have increased to about 337 Million per year. Fatal work-related diseases on the other hand show a slight decrease to 1.95 Million per year.

Table 1. Estimated numbers of work-related fatal and non-fatal accidents and diseases (Annex 1)

Year	Accidents causing ≥ 4 days' absence from work	Work-related Fatal accidents	Work-related Fatal diseases	Total of fatal accidents and diseases
2001	268 million	351 000	2.03 million	2.38 million
2003	337 million	358 000	1.95 million	2.31 million

The rise in non-fatal accidents is partly explained by an increase of the economically active population globally and, in some regions, by the increase of total employment. The data sets used for calculations cover also more countries than in calculations for previous periods. Deaths caused by hazardous substances have almost doubled to about 651 000². The main reason for the increase is that the chronic obstructive pulmonary disease attributable fractions have been found to be much higher than previous estimates³. When these factors are taken into account, the overall numbers do not seem to have changed in any significant way. The new estimates may in fact be a more accurate portrayal of the true situation in 2001.

Estimates of occupational accidents and diseases are by necessity extrapolated from statistics that are often heterogeneous in terms of definitions, data collection methodologies and quality. As such, they provide more of an approximation of the burden of work-related accidents and diseases than an accurate assessment. Many countries still lack the expertise and the resources to collect statistics that would allow a sufficiently reliable evaluation of the magnitude of work-related accidents and diseases. There is a strong need in

¹ Update figures of global estimates of occupational accidents and work-related diseases Päivi Hämmäläinen, Tampere University of Technology, Institute of Occupational Safety Engineering, Finland.

² Driscoll T, Steenland NK, Nelson DI, Leigh J, Concha-Barrientos M, Fingerhut M, Prüss-Üstün A. 2005a. The global burden of disease due to occupational carcinogens. *American Journal of Industrial Medicine* 48:419-431.

³ Driscoll T, Steenland NK, Nelson DI, Leigh J, Concha-Barrientos M, Fingerhut M, Prüss-Üstün A. 2005a. The global burden of disease due to occupational carcinogens. *American Journal of Industrial Medicine* 48:419-431.

these countries to improve recording and notification, as well as data analysis systems, and to harmonize lists of occupational diseases. Improvements in these areas would provide countries with more reliable indicators of the effectiveness of national OSH systems and help them in prioritizing OSH issues and focusing scarce resources to resolve them.

The ILO *Code of Practice on the recording and notification of occupational accidents and diseases, 1996 and the Protocol of 2002 to the Occupational Safety and Health Convention 1981 (No. 155)* have been developed through international consultation and can be used by countries as models for building their occupational accident and disease data collection and analysis systems. Another related tool is the ILO List of Occupational Accidents and Diseases⁴.

A promotional framework for OSH

At its 91st Session (2003), the International Labour Conference adopted a Global Strategy on OSH, which was designed progressively to improve safety and health in the world of work. In response to this strategy, the International Labour Conference adopted the Promotional Framework for Occupational Safety and Health Convention (No. 187) and its accompanying Recommendation (No.197) in 2006. Annex 2 provides full texts.

The main purpose of Convention No. 187 is to ensure that a higher priority is given to OSH in national agendas and to foster political commitments in a tripartite context for the improvement of working conditions and environment. It has a promotional rather than prescriptive content and is based on two fundamental concepts outlined in the above Global Strategy, namely to develop a preventative safety and health culture and to apply a systems approach to managing OSH nationally. This means the continual monitoring, evaluation and improvement of all the different “building blocks” making up the national OSH system. The Convention defines in general terms the elements and function of the national policy, the national system and the national programme. Further specific areas of action, operational details and mechanisms such as the development and maintenance of a national OSH profile are provided in the Recommendation.

The Promotional Framework for Occupational Safety and Health Convention 2006 (No. 187) has so far been ratified by Japan, the Republic of Korea and the United Kingdom. It will come into force in February 2009. The Convention has also received international support at the 2006 “ASEAN Plus Three” Labour Ministers’ Meeting⁵ and in the European Union occupational safety and health strategy, 2007-2012⁶.

⁴ ILO List of Occupational Diseases, Annexed to the Recommendation on Occupational Diseases, 2002 (No. 194) <http://www.ilo.org/public/english/standards/relm/ilc/ilc90/pdf/rec-194.pdf>

⁵ Joint Statement, the ASEAN Plus Three Labour Ministers’ meeting, 6 May 2006, Singapore <http://www.aseansec.org/18404.pdf>

⁶ Communication from the Commission to the European Parliament, the Council, the European



OSH and safety culture

A national preventative safety and health culture is one in which the right to a safe and healthy working environment is respected at all levels. It is also one where governments, employers, workers and other interested stakeholders actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority. Building and maintaining such a culture require a permanent mobilization of all available means of action, particularly education and training, to increase general awareness, knowledge and understanding of the concepts of hazards and risks and how they may be prevented and controlled. Educational systems need to recognise the concepts of workplace hazards, risks and prevention, including them within national curricula as appropriate, thereby promoting greater continuity between public and workplace safety and health issues.

OSH and management systems

In recent years, governments, enterprises and international organisations have all been giving greater attention to the need to adopt systematic models for managing OSH. The so-called OSH management systems approach provides a promising strategy for augmenting traditional command-and-control approaches with performance improvement tools, more effective health and safety auditing concepts, and schemes for management systems.

The need for a global approach to OSH management was recognized as a logical and necessary response to increasing economic globalisation, while the benefits of systematic models of managing OSH became apparent as a result of the impact of ISO standards for quality and the environment. Current management science theories suggest that performance is better in all areas of business, including OSH, if it is measured and continuous improvement

Economic and Social Committee and the Committee of the Regions and European Parliament resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work, text adopted by Parliament, Tuesday 15 January 2008, Strasbourg, Art.64. European Parliament Resolution of 15 January 2008 on the Community strategy 2007-2012.

sought in an organized fashion. Drawing from the principles defined in the *ILO Guidelines on occupational safety and health management systems, 2001*, Convention No. 187 applies a similar approach to the management of national OSH systems to ensure they are improved through a continuous cycle of policy review, evaluation and action for improvement. The different steps in the OSH Management Cycle of continuous improvement are illustrated in Annex 4.

National OSH policy

The elaboration of a national OSH policy by the social partners on a consensual basis is the most visible demonstration of the national commitment to promote a decent, safe and healthy working environment. To ensure widest support, its development, implementation and periodic review have to be carried out through a collaborative process involving government, organizations of employers and workers, and other stakeholders with OSH-related responsibilities and activities. An endorsement of the policy at the highest level of government is the most effective way to raise general awareness of the importance of OSH in achieving decent, safe and healthy working conditions and environment, and building a preventative safety and health culture.

The Promotional Framework for Occupational Safety and Health Convention 2006 (No. 187) amplifies the provisions of the Occupational Safety and Health Convention, 1981 (No. 155), calling for the formulation and periodical review of a national OSH policy by asking for an endorsement of the national programme at the highest level of government.

National OSH systems

OSH is a complex subject, involving a large number of specific disciplines and requiring consideration of a wide range of workplace and environmental hazards. National OSH systems need somehow to capture such complexities if they are to function coherently and effectively, embracing a wide range of skills, knowledge and analytical capacities within appropriate organisational structures and mechanisms.

National OSH systems comprise the infrastructures, mechanisms and specialized human resources needed to translate the goals of the national policy into practice. Because they reflect the effects of socioeconomic and technological changes on working conditions and environment, national OSH systems are dynamic and need to be built through an ongoing cycle of review, performance and evaluation. Matching national OSH policy and programmes, they will also need to be readjusted from time to time to meet new perceived needs and to respond to the challenges of a continuously evolving world of work. The table below lists the essential elements of a national OSH system according to Convention No. 187.

ESSENTIAL ELEMENTS OF A NATIONAL OSH SYSTEM

- | | |
|--|--|
| <ul style="list-style-type: none"> • Legislation, and any other relevant OSH instruments; • One or more authorities or bodies responsible for OSH; • Regulatory compliance mechanisms, including systems of inspection; • A national tripartite advisory mechanism addressing OSH issues; • Arrangements to promote at the enterprise level, cooperation between employers and workers; • OSH information and advisory services; • Systems for the provision of OSH training; | <ul style="list-style-type: none"> • Occupational health services; • Research on OSH; • A mechanism for the collection and analysis of data on occupational injuries and diseases; • Provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases; and • Support mechanisms for a progressive improvement of OSH conditions in micro, small and medium-sized enterprises, and in the informal economy. |
|--|--|

The Occupational Safety and Health Convention 1981 (No. 155), Convention No 187 and other so-called general OSH instruments include all the provisions needed for developing comprehensive and coherent national OSH systems with clearly identified objectives. The instruments provide also for the identification of responsibilities at all levels, mechanisms for broad consultation, periodic review and adaptation to scientific and technical progress, OSH management based on continuous improvement of working conditions and environment and the building of a preventative safety culture. Annex 2 summarizes the main provisions of these and other ILO instruments on OSH.

National OSH programmes

A national programme is both strategic and time-bound, and focuses on specific national priorities for OSH, identified through an analysis of the national OSH system and an up-to-date national profile. The aims of these programmes are to promote the development and maintenance of a preventative safety and health culture and continually to improve national OSH systems. The consultation of representative organizations of employers and workers and of other stakeholders is essential to the successful development, implementation and sustainability of national programmes. It is equally important to have these programmes widely publicized, endorsed and launched by the highest national government authorities. Through its technical cooperation programme, the ILO provides assistance to countries committed to the progressive upgrading of their national OSH systems.

National OSH profiles

The preparation of a national OSH profile is an essential initial step in the process of building a good national OSH programme. The profile is an inventory of all the tools and resources available in a country to implement and manage OSH and is designed to provide the data necessary for setting national priorities for action aimed at the progressive and continual improvement of

workplace safety and health. It is a key tool in the application of systems management approach to OSH. Once completed, the profile can be used not only as a basis for identifying priorities for action but also as a tool for measuring progress over time through its periodic updating. By identifying gaps and weaknesses, it is a key tool for continual improvement of the national OSH system. In broad terms, the national profile should provide qualitative and quantitative data on:

- Legislation, codes of practice, technical standards, collective agreements, guidelines and other regulatory documents pertaining to OSH;
- National infrastructures, enforcement and monitoring agencies, consultative bodies, educational, training, research and information institutions, professional associations and other bodies with functions or activities contributing directly or indirectly to the management of the national OSH system;
- Statistics on occupational accidents and diseases, and if available, data on incidents and commuting accidents;
- The financial and human resources devoted to OSH, such as budgets, numbers of skilled personnel available such as OSH specialists, labour inspectors, occupational health physicians and others contributing professionally to the functioning of the national OSH system and the delivery of national OSH programmes;
- Demography, literacy, economy and employment, as available, as well as any other relevant information pertaining to the national OSH system.

Completed national profiles are also very useful source of information for the ILO and other intergovernmental organizations and donor agencies in planning and delivering technical cooperation assistance programmes and projects in this area. Many countries have already developed or are in the process of preparing their own profile. A list of these countries is provided in the next chapter. A detailed outline of the profile is available under paragraph 14 of the Recommendation concerning the Promotional Framework for Occupational Safety and Health, 2006 (No. 197).

II. ILO action on OSH, 2005-2008

The development and promotion of OSH standards have formed an important component of ILO work during the period 2005-2008. The adoption of the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its accompanying Recommendation (No. 197) represented the key achievement during this period. The promotion of these new standards has been the main focus of ILO technical cooperation assistance to its tripartite constituents, particularly through the provision of support for the development of national profiles, the establishment of national OSH programmes and the endorsement of the ILO Guidelines on OSH management systems. Other significant areas of action have included the strengthening of inspection systems for OSH, promoting awareness and action on HIV/AIDS and international cooperation on chemical safety. The key achievements described below are only a part of the continuous technical and advisory support provided by the ILO to its member States in the area of OSH⁷.

Promotion, awareness raising and advocacy

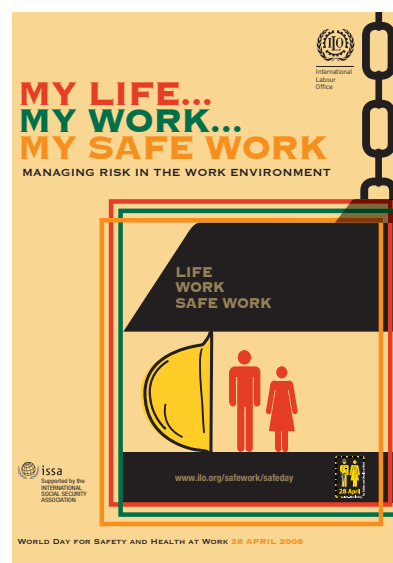
The World Days for Safety and Health at Work

The World Day for Safety and Health at Work is intended to focus international attention on creating and promoting a preventative safety and health culture at work and to help reduce the number of work-related deaths and injuries globally. It takes place each year on 28 April and has been held annually since 2003.

In the intervening years since the last World Congress report, World Days for Safety and Health at Work have focussed on:

- Safe work and HIV/AIDS (2006)
- Safe and healthy workplaces – making decent work a reality (2007)
- Managing risk in the work environment (2008)

Over 100 countries participate in the World Day every year and reports of their activities can be found on the ILO website⁸. The ILO continues to support its constituents in their efforts to raise awareness of OSH by providing information materials and other resources, details of which can be found on the same website.



⁷ ILO Governing Body meeting, March 2008, 'ILO programme implementation 2006–07', paper GB.301/PFA/2. http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_090952.pdf

⁸ <http://www.ilo.org/public/english/protection/safework/worldday/>

Development of specific OSH standards and instruments

Since the last World Congress in 2005, 51 new ratifications of OSH Conventions have been registered. It may be noted that over the 5-year period 2003-2008, 13 countries have ratified the Occupational Safety and Health Convention, 1981 (No. 155). Given the fact that national ratification processes are very complex and time consuming, these rates indicate a continuous interest in ILO OSH standards on the part of member States. Apart from the adoption of Convention No. 187 and Recommendation No. 197, a number of other important instrument and guidance development activities have been carried out during this period, particularly in relation to occupational diseases, chemical safety, HIV/AIDS, Iron and steel industries, and mining. Annex 5 provides a table of selected Conventions ratified by country.

The List of Occupational Diseases, which forms the Annex to the List of Occupational Diseases Recommendation, 2002 (No. 194), is a very useful instrument for countries wishing to strengthen their national OSH systems as well as tackling the more serious occupational diseases. Work to revise the List began in 2005 and the ILO Governing Body decided to convene a Meeting of Experts in 2009 to complete the work.

The List of Occupational Diseases Recommendation, 2002 (No. 194) is innovative in the sense that it provides for a mechanism to update the List periodically through Meetings of Experts without having to revise the whole instrument.

In June 2006, the International Labour Conference adopted a *Resolution on Asbestos*⁹ calling for the elimination of the future use of all forms of asbestos and asbestos-containing materials and for the proper management of asbestos currently in place as the most effective means to protect workers from asbestos exposure. Recalling the fact that an estimated 100,000 workers die each year from asbestos-related diseases, the Resolution strengthens ILO action in this area which is based also on a number of ILO standards, including the Occupational Cancer Convention 1974 (No. 139), the Asbestos Convention 1986 (No. 162), and the Chemicals Convention 1990 (No. 170). The ILO encourages countries to establish comprehensive *National Programmes to Eliminate Asbestos-related Diseases* (NPEAD) and has developed recommendations jointly with the WHO to provide guidance in this respect¹⁰.

In December 2007, a Meeting of Experts adopted recommendations concerning the development of an ILO action plan for hazardous substances. The main recommendations were to increase ILO technical cooperation on chemical safety and that such should be carried out within the framework of the UN-wide Strategic Approach to International Management of Chemicals (SAICM)¹¹. The Meeting also recommended that the ILO should promote

⁹ Full text of the Resolution is at: http://www.ilo.org/public/english/protection/safework/health/resolution_on_asbestos.pdf

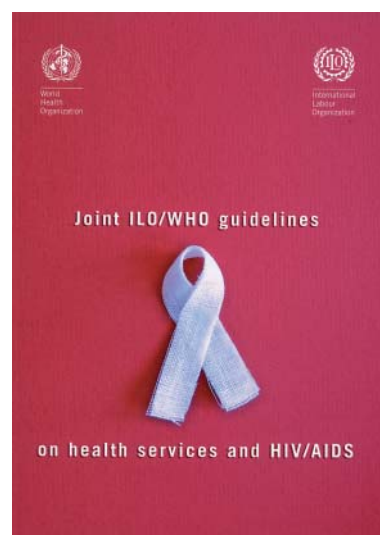
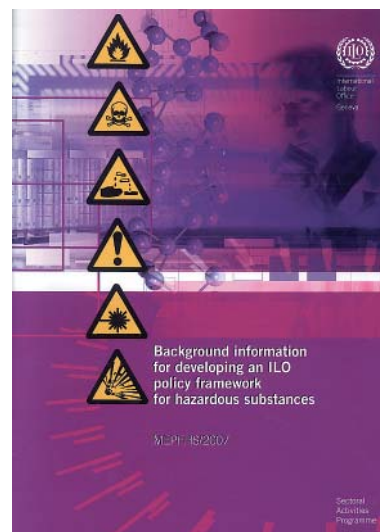
¹⁰ http://www.ilo.org/public/english/protection/safework/health/outline_npead.pdf

¹¹ <http://www.ilo.org/public/english/dialogue/sector/techmeet/mepfhs07/mepfhs-report.pdf>

a systems approach to the management of hazardous substances, based on the principles of Convention No. 187 and other ILO standards, building a preventative safety and health culture through such means as social dialogue, knowledge development and dissemination and international collaboration.

A joint ILO/WHO Meeting of Experts was convened in April 2005 to develop guidelines on health services and HIV/AIDS¹². The purpose of these guidelines is to promote the sound management of HIV/AIDS in health services, including the prevention of occupational exposure and the protection of the rights of health workers and patients living with AIDS. They are designed as a basis for developing practical policy and as a technical reference for the implementation of preventive measures.

In March 2007, the ILO Governing Body agreed to place an item on HIV/AIDS in the world of work on the agenda of the 2009 International Labour Conference, hopefully leading to the adoption of an autonomous Recommendation on the subject in 2010¹³. In view of the large number of countries, particularly in Africa, which are in the process of preparing legislation on HIV/AIDS, it was felt necessary to develop an international labour standard on this subject in order to increase both international and national attention given to the work-related aspects of HIV/AIDS. It was also hoped to promote more effective participation among the key players such as ministries of labour, in the development and implementation of national AIDS plans and programmes, and to increase the impact of the ILO Code of practice on HIV/AIDS and the world of work adopted in 2001.



Technical assistance

Promotion of ILO OSH instruments

Extensive technical support has been provided to help constituents implement Convention No.187 and its accompanying Recommendation, for example in the Arab States and in Asia. Regional and national meetings and workshops have also been held to help countries develop national OSH profiles and programmes, and the increasing number of such profiles now available shows that many member States have initiated implementation of the Convention. The 51 new ratifications of OSH Conventions since 2005 and the growing worldwide involvement in the annual World Day for Safety and Health at Work are positive signs of a renewed willingness of member States to improve working conditions in reality.

¹² Joint ILO/WHO Guidelines on health services and HIV/AIDS, International Labour Office, 2005. <http://www.ilo.org/public/english/dialogue/sector/techmeet/tmehs05/guidelines.pdf>

¹³ Report IV(1), HIV/AIDS and the world of work, ILO, 2008 http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_090177.pdf

Policies and standards

Technical assistance was provided to many countries through national and regional meetings, workshops and training courses aimed at building their capacities in addressing OSH issues. This included:

- *Increasing knowledge on ILO OSH Conventions and related issues in:* Afghanistan, Burkina Faso, Egypt, Ethiopia, Niger, Peru, Seychelles, Togo and Zambia on Convention No. 187; China on the OSH Convention No. 155; Sudan on Conventions Nos. 170 and 187; and ASEAN, South Asia and the Arab States region on Convention No. 187.
- *Improving national OSH policies or strategies in:* Costa Rica, the Dominican Republic, Guatemala, and Nigeria (adopted a new policy).
- *Establishing mechanisms to improve national OSH systems in:* Algeria (new national OSH institute), Serbia (new directorate), Sri Lanka (integrated labour inspection system).

National OSH profiles

Many countries have developed national OSH profiles or are in the stages of doing so, including: Algeria, Azerbaijan, Bahamas, Barbados, Bosnia and Herzegovina, Bulgaria, Cambodia, Chile, China, Costa Rica, Cuba, Dominican Republic, Ethiopia, Guatemala, Gabon, Jamaica, Jordan, Lao People's Democratic Republic, the Former Yugoslav Republic of Macedonia, Mexico, Republic of Moldova, Montenegro, Romania, Serbia, Suriname, Tajikistan, Tunisia, Trinidad and Tobago and Uzbekistan.

National OSH programmes

Many countries have adopted or are in the process of adopting national OSH plans or programmes, such as Albania, China, Croatia, Indonesia, Kazakhstan, Lao People's Democratic Republic, the Former Yugoslav Republic of Macedonia, Republic of Moldova, Mongolia, Montenegro, Serbia, Seychelles, Thailand, and Viet Nam. Many European Union member States have also adopted similar programmes, while the EU occupational safety and health strategy 2007-2012¹⁴ specifically promotes national strategies for safety and health in line with the principles in Convention No.187.

OSH management systems

OSH management systems have been introduced at national and at enterprise levels in many countries. In Kazakhstan, for example, they have been included within a national OSH programme, while in Armenia and the Russian Federation, the *ILO Guidelines on occupational safety and health management systems (ILO-OSH 2001)* have been adopted by particular enterprises. An international standard identical to ILO-OSH 2001 was also adopted by the Russian Federation and ten CIS countries. Many others, such as Indonesia, Mauritius, Uzbekistan and Viet Nam, have broadened their overall understanding



¹⁴ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions

and application of occupational safety and health management systems. The French National Standards Organization, AFNOR, has been promoting the implementation and certification of ILO-OSH 2001 with over 30 companies so far certified.

Labour inspection

Good governance in the workplace requires competent and well-resourced labour inspection systems, with modern inspection practices that focus on prevention. However, there are still substantial concerns about the lack of resources allocated to labour inspectorates in many countries, weakening the impact of national OSH policies and programmes at the enterprise level.

Thus, in November 2006, the ILO Governing Body recommended the development of a strategy for supporting the modernisation and reinvigoration of labour inspection, with international collaboration as required^{15, 16}. Many ILO activities on OSH have therefore had the overall aim of strengthening labour inspection, often taking place in cooperation with the labour inspectorates themselves and with the International Association of Labour Inspection (IALI). Activities have ranged from organising major global OSH conferences, such as those held in Germany in 2005 and 2007, to conducting tripartite audits of inspectorates in Kazakhstan and Latvia, which resulted in major reforms. Attention has also been given to the need to modernise labour inspection systems, improving their effectiveness and efficiency, and addressing the challenges of promoting ethical behaviour and of violence to inspectors themselves.

OSH training materials have been produced, such as the Integrated Labour Inspection Training System, designed to help countries develop and improve their own training programmes for labour inspectors. Training workshops for inspectors have also been held in many countries, such as Cuba, Croatia, Egypt, Ethiopia, Fiji, Lao People's Democratic Republic, Mexico, the Republic of Moldova, Montenegro, Romania, the Former Yugoslav Republic of Macedonia, South Africa, Uzbekistan, Ukraine and Viet Nam.

In its programme for 2008-2009, the ILO agreed to a joint immediate outcome to strengthen labour inspection through a broad range of measures, including those mentioned above and promoting wider ratification of the Labour Inspection Convention 1947 (No. 81) and the Labour Inspection (Agriculture) Convention 1969 (No. 129). Specific targets have been set for assisting member States undertaking tripartite audits of their labour inspectorates, developing national action plans for labour inspection and increasing resources¹⁷.

¹⁵ ILO Governing Body meeting, November 2006, 'Strategies and Practice for Labour Inspection', paper GB.297/ESP/3: http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_gb_297_esp_3_en.pdf

¹⁶ ILO Governing Body meeting, November 2006, Report of the Committee on Employment and Social Policy paper GB.297.14: http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_gb_297_14_rev_en.pdf

¹⁷ <http://www.ilo.org/public/english/bureau/program/download/pdf/08-09/pb.pdf>

Knowledge development, management and dissemination

The International Occupational Safety and Health Information Centre (CIS), a specialized unit within the SafeWork Programme of the ILO, plays a very important role in the collection, organization and dissemination of high-quality OSH information at an international level. It is helped in its tasks by its network of regional, national and collaboration centres, which includes all the major OSH information centres around the world.

The CIS web site contains access to its own databases covering bibliographic and topical information on various aspects of OSH, and is available free of charge through the Internet. It has become one of the principal portals to OSH information in the world, receiving about 1.2 million page hits per month. Its largest component is the ILO Encyclopaedia of Occupational Health and Safety, which – in addition to its hard-copy versions in seven languages (including Korean) - is also available via the CIS website. It is also included in the ILO's "SafeWork Bookshelf", a CD-ROM product (available in English and French) that also contains the International Chemical Safety Cards. CIS's bibliographic database, with 70,000 records, is the primary guide to the world literature on OSH. It is fully bilingual in English and French, with a significant proportion also available in Spanish. Updates of it are also available as a virtual online Bulletin. Other CIS information products include guides to OSH legislation, exposure limits and OSH institutions around the world.

CIS Centres, now numbering close to 150, exist in all parts of the world. It has recently been expanding in the Middle East, Eastern Europe and Africa. Once a year its members participate in a Meeting, which is always held in conjunction with the World Congress in years when it takes place.

International collaboration

Silicosis

In 2003, the Joint ILO/WHO Committee on Occupational Health reviewed the implementation of the ILO/WHO Global Program for the Elimination of Silicosis (GPES) and concluded that the GPES had been implemented effectively, capacity building improved, physicians trained and appropriate mechanisms and platforms were being used. It recommended that the elimination of silicosis (and asbestos-related diseases) should become one of the priorities for future cooperation between ILO¹⁸ and WHO. The ILO continued to provide policy guidance and technical advice to countries to establish national action programmes to eliminate silicosis in cooperation with the WHO¹⁹. To-date, such programs have been set up in Brazil, Chile, China, India, Indonesia, Peru, South Africa, Turkey, Thailand and Vietnam. In seven of them, training seminars were organized to upgrade skills of occupational physicians at using the ILO Classification of Radiographs for early detection of silicosis and to strengthen the national systems of health surveillance. Numerous projects are being implemented in the framework of the GPES to improve primary and secondary prevention of silica-related diseases and conduct research

¹⁸ <http://www.ilo.org/public/english/protection/safework/health/index.htm>

¹⁹ http://www.who.int/occupational_health/publications/newsletter/gohnet12e.pdf

Asbestos

To assist countries in establishing national programmes to eliminate asbestos-related diseases (NPEAD), seminars were conducted in two countries that had established such programmes, namely Thailand and Vietnam. Physicians were trained in Chile and Indonesia on detection of asbestos-related diseases at training workshops organized by ILO. An International Conference organized with ILO support by the Building and Woodworkers International specifically focused on raising awareness about asbestos related diseases and their successful prevention. The ILO policy on asbestos is convergent with the WHO strategy on the elimination of asbestos-related diseases²⁰ and the two organizations are actively collaborating to address the challenges of asbestos.

HIV/AIDS and the workplace

Technical cooperation activities and projects have been active in over 70 countries in all regions and have generated tangible results. The mainstreaming of HIV/AIDS into other ILO programmes and “joint ventures” has produced clear outcomes, such as the training of labour judges in Africa (English and French-speaking countries) on legal issues relevant to HIV/AIDS.

A new collaboration has been established with the African Union to help draft a workplace policy on HIV/AIDS and the world of work. Active participation in international forums on HIV/AIDS has also promoted workplace involvement and mobilized sufficient resources to start two major new projects in 2006–08. Collaboration with other ILO units and with UNAIDS, have produced new tools in the form of publications or reports such as *Employers’ organizations & HIV/AIDS*; *Global reach: how trade unions are responding to AIDS Case studies of union action*, manuals for labour inspectors and judges, and guidelines for small and medium-sized enterprises (SMEs). The ILO’s HIV/AIDS strategy continues to focus on specific work areas and on the hardest hit region, Africa. The programme will also expand its partnerships, in particular with the Global Fund to Fight AIDS, Tuberculosis and Malaria to help ILO constituents to access funds at the country level and strengthen their response.

Chemical safety, GHS and SAICM

The Inter-Organization Programme for the Sound Management of Chemicals, whose membership includes the ILO and several other international agencies, has developed the Globally Harmonized System for the Classification and Labelling of Chemicals (GHS) and more recently the Strategic Approach to International Chemicals Management (SAICM). The ILO’s tripartite constituents, particularly the International Council of Chemical Associations and the International Federation of Chemical, Energy, Mine and General Workers’ Unions, played a very significant role in ensuring that the values and standards of the ILO relevant to chemical safety at work were taken into account.

GHS provides information about chemical hazards at work, the transport of dangerous goods and the environment, and as such it is a truly harmonized and universal technical standard. It was first published in 2003 in the six languages of the UN and updated in 2007, and many countries, including the

²⁰ Elimination of asbestos-related diseases: http://www.who.int/occupational_health/publications/asbestosrelateddisease/en/

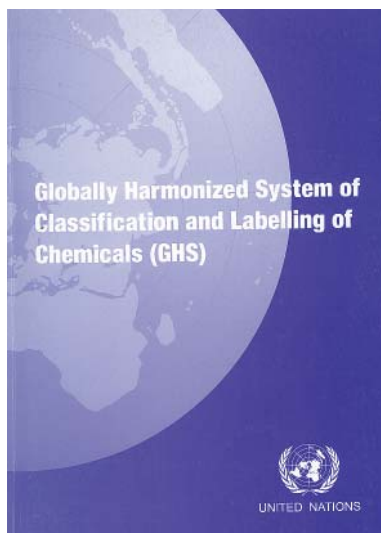
USA and EU member States, have now made a commitment progressively to implement it²¹. A capacity building programme initiated by the United Nations Institute for Training and Research and the ILO provides guidance and educational, training and other resource materials on GHS. During 2005-2007, the programme supported GHS implementation and capacity building projects in many countries including Cambodia, Indonesia, Laos, Malaysia, Nigeria, Senegal, Singapore, Slovenia, Thailand, Gambia and Philippines.

SAICM is a voluntary initiative that responds to the need to assess and manage chemicals more effectively to achieve the 2020 goal for the sound management of chemicals throughout their life-cycle. The official version of SAICM was adopted in February 2006 in Dubai, United Arab Emirates²². A Global Plan of Action to implement SAICM contains activities that may be undertaken voluntarily by workers, their trade unions, industry and other stakeholders, in order to pursue the commitments and objectives expressed in the high-level Declaration and the Overarching Policy Strategy. The Dubai Declaration on International Chemicals Management also notes the importance of private-sector initiatives to promote chemical safety. The ILO Governing Body subsequently adopted the SAICM's final text for implementation,²³ thus also designating it as the preferred framework for ILO action in this area.

Other areas of collaboration

The ILO also collaborates on an ongoing basis with:

- The International Association of Labour Inspection (IALI), which aims to promote professionalism in labour inspection globally and has a membership of well over 100 countries²⁴. ILO works with IALI in information sharing activities, through its website and publications, conferences and other regional events, promoting greater exchange of good practice and improving the overall effectiveness of labour inspectors.
- The International Atomic Energy Agency (IAEA) on the production and updating of the International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources in occupational settings. These standards are also jointly sponsored by the FAO, the OECD, PAHO and WHO. The ILO provides input on all aspects related to occupational radiation protection and promotes an active involvement of employer and worker organizations in the development of technical guidelines in this area.



²¹ Status of the implementation of the GHS by countries and regional and international organizations: http://www.unece.org/trans/danger/publi/ghs/implementation_e.html

²² Strategic Approach to International Chemicals Management, comprising the Dubai Declaration on International Chemicals Management, the Overarching Policy Strategy and the Global Plan of Action. <http://www.chem.unep.ch/saicm/>

²³ ILO Governing Body meeting, November 2006, 'Strategic Approach to International Chemicals Management', paperGB.297/19/2. http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_gb_297_19_2_en.pdf

²⁴ http://www.iali-aiit.org/iali/html_en/welcome.html

This important contribution of the ILO in this area is carried out in the context of the Radiation Protection Convention, 1960 (No. 115)²⁵.

- The International Maritime Organization and UNEP in activities related to the safety and health aspects of ship scrapping;
- The IOMC partners on subjects such as the promotion of international standards related to the world of work and the environment, evaluation of the hazards and risks related to nanotechnologies, etc.
- The Joint ILO/WHO/UNEP International Programme on Chemical Safety (IPCS) on the production, updating and translation in many languages of the International Chemical Safety Cards and promotion of the International Chemical Control Tool Kit.

²⁵ Report of the Director-General, Second Supplementary Report: International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources, ILO Governing Body, 298th Session, Geneva, March 2007 (GB.298/15/2). <http://www.ilo.org>

III. Looking to the future

With the pace of change in patterns of employment and in developing technologies over recent years, it has become ever more important to anticipate different, often new, work-related risks if they are to be effectively managed. The recent application of foresight methodology to OSH enables potential hazards and risks to be determined in advance, and for effective preventive action to be taken. Moreover, many long-standing OSH concerns are being reconsidered in the light of changing patterns of work and technologies.

Foresight and OSH

Forecasting, technology assessment, future studies and other foresight processes²⁶ try to identify long term trends and thus to guide decision-making. Foresight processes emerged in recent years, mostly in Europe, and aim at identifying today's research and innovation priorities on the basis of scenarios of future developments in science and technology, society and the economy. The European Union decision to apply this foresight or forecasting process to the identification of emerging risks in the world of work followed the publication of the Community strategy on health and safety at work 2002-2006²⁷. A European Risk Observatory²⁸ was therefore established in 2002 by the European Agency for Safety and Health at Work, which defines an "emerging OSH risk" as any occupational risk that is both "new" and "increasing".

Based on the work of panels of international experts, three expert forecast reports have been prepared so far on physical, biological and psychosocial risks at work. The results of these studies are summarized further below. This approach is a powerful tool for anticipating emerging risks sooner than traditional methods based on accident and disease statistics and epidemiological data. The possible development of a globally based "OSH Foresight System" could be a very effective tool in improving the reaction time of national agencies to new workplace hazards, and the ILO could play a significant role in this through its network of CIS National Centres²⁹.

Based on the work of the European Risk Observatory and other international and national organizations, some of the more important emerging OSH risks are listed below. In all cases the health effects from workplace exposure are known and documented. What changes is the fact that emerging risks are now increasingly linked to new technologies developed and implemented without enough consideration given to OSH aspects, to new types of workplaces, and to social and organisational changes. Due to the effects of the

²⁶ Community Research and Development Information Service (CORDIS), Development of research/innovative policies, Science and Technology Foresight. <http://cordis.europa.eu/foresight/home.html>

²⁷ "Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006", which has now been superseded by the EU strategy for 2007-2012, quoted earlier

²⁸ European Risk Observatory: <http://riskobservatory.osha.europa.eu/>

²⁹ ILO International Occupational Safety and Health Information Centre (CIS) <http://www.ilo.org/cis>

globalization of economies, these problems can also be observed in many of the rapidly industrializing countries.

Emerging risks

Physical risks

The main physical risks identified in the expert forecasts reflect a growing concern for multi-factorial issues, particularly the combined exposure to musculoskeletal disease and psychosocial risk factors³⁰. Contributing and aggravating factors include job insecurity and fear of the future caused by unstable labour markets, poor ergonomic design of workplaces, technologies and work processes with complex human-system interfaces, reduced or non-existent training for workers with precarious jobs or low employment status such as migrant and illegal workers. The main emerging physical risks relate to:

- Lack of physical activity;
- Poor awareness of thermal risks and thermal discomfort, particularly amongst agriculture and construction workers;
- Combined exposure to awkward postures or heavy physical work and vibration;
- Multi-factorial risks, such as in call centres (combined effects of poor ergonomic design, poor work organisation, mental and emotional demands);
- Complexity of new technologies, new work processes and human-machine interfaces leading to increased mental and emotional strain;
- General increase of total exposure to UV radiation while working outdoors and to new UV technologies, as well as during leisure activities;
- Insufficient protection for high-risk groups including women, younger and older workers, low status and migrant workers.

Biological risks

Such risks affect, in particular, health care workers, farmers and workers in industries such as waste treatment, where infectious diseases such as HIV/AIDS, hepatitis, tuberculosis, SARS, avian flu or dengue fever are of increasing concern. It is estimated that 320,000 workers worldwide die every year from exposure to viral, bacterial, insect or animal related biological risks. The intensification of global trading increases significantly the problem in all countries and the difficulty of developing effective responses.

Chemical risks

Most national and international activities in this area are aimed at meeting the goals of the UNCED's Agenda 21³¹ and subsequent summit agreements, and as such are mainly concerned with the impact of hazardous substances on the general environment. Hazardous substances of particular

³⁰ Expert forecast on emerging physical risks related to occupational safety and health, European Agency for Safety and Health at Work, 2005. ISBN 92-9191-165-8. <http://riskobservatory.osha.europa.eu/>

³¹ UN Conference on Environment and Development (UNCED), Rio de Janeiro, 1992, Agenda for the 21st Century. http://www.un.org/esa/sustdev/documents/doc_key_conferences.htm

concern for the environment and for human health include heavy metals such as lead, cadmium, mercury, and persistent organic pollutants³² and others such as the oxides of sulfur and nitrogen and carbon dioxide. Attention has also been focused on endocrine disrupting chemicals, such as some insecticides and fungicides, phthalate plasticizers, dioxins and antifouling paints, as such interfere with the normal function of the hormonal systems of humans and animals³³. Other hazardous substances are of concern because workers are exposed to them over long periods of time albeit at low concentrations. These include toxic dusts and fumes, pesticides, solvents, various asthma and dermatitis inducing substances and carcinogens, as well as heavy metals.

One particular concern in this area is the recognition that, because of different physiological sensitivities, young workers, pregnant women and women of child bearing age are more vulnerable to exposure to hazardous substances than the standard healthy 70 kg male worker, who is usually taken as a model for toxicological research and the development of occupational exposure limits. The fact that vulnerable workers represent an increasing proportion of the world's workforce will eventually lead to a major reconsideration of the methodology currently used to determine such limits.

Risks related to nanotechnologies

Another emerging concern is the production of nanomaterials and the potentially adverse human health effects and environmental pollution from exposure to particles smaller than 100 nanometers. Because of their small size and large surface area, engineered nanoparticles may have chemical, physical, and biological properties distinctly different from larger particles of similar chemical composition. Several governments and intergovernmental organizations such as the OECD³⁴ have established task forces to evaluate the potential impact of nanomaterials on human health and the environment and the regulatory implications. Some occupational and environmental exposures to nanomaterials have been reported, but there is still insufficient data to characterize health and environmental effects associated with exposure to such materials in general.

Workers' well-being

It is estimated that in the European Union 50-60% of all lost workdays were due to stress and that the related economic cost for 2002 amounted to 20 billion Euros. Changes in work design, organisation, management and the introduction of new technologies or new forms of employment contracts can all result in increased stress levels. In addition, the ramifications of HIV/AIDS, alcohol, drugs and tobacco can initiate or exacerbate a damaging cycle for the individual and the organisation. The conditions generating the most stress include precarious work, work intensification, violence and harassment. Together, such factors can all lead to a serious deterioration of mental and physical health and affect both work performance and personal life as well as productivity. High

³² UNEP Chemicals, <http://www.chem.unep.ch/pops/newlayout/infpopschem.htm>

³³ OECD environmental outlook for the chemicals industry, 2001. Electronic version at <http://www.oecd.org/ehs>

³⁴ Report of the OECD Workshop on the Safety of Manufactured Nanomaterials Building Co-operation, Co-ordination and Communication Washington D.C., United States, 7th-9th December 2005, OECD environment Directorate, Environment, Health and Safety Division, Document No. ENV/JM/MONO(2006)19. The document is available electronically at <http://www.oecd.org/ehs/>

workloads and inflexible working hours also make it more difficult to achieve a decent balance between work and personal life, which can be particularly difficult for women who often have to face domestic duties as well. Taken together these problems represent a major cause of ill health, accidents and absenteeism from work in both industrialized and developing countries.

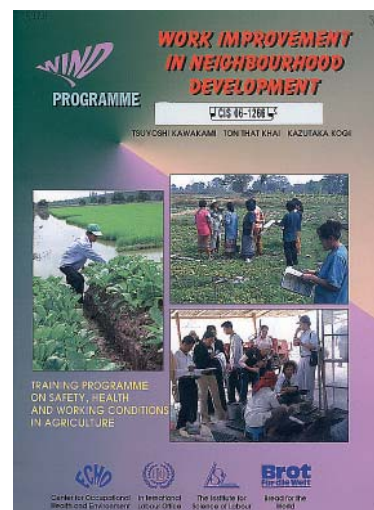
Changing patterns in the workforce

Globalization of the world economies over the past 20 years has brought to light a number of workplace issues and in some cases accelerated long-standing ones whose importance and potential impact are starting to gain increased attention from OSH specialists and regulators. New or larger groups of workers are exposed to working conditions and risks for which the traditional preventive and protective measures are not as effective as they might once have been.

The informal economy

At the dawn of the 21st century, the larger part of the world's working population earns its livelihood under the vulnerable and insecure conditions of the informal economy³⁵. As highlighted in the ILO Resolution on Decent work and the informal economy, adopted by the International Labour Conference in 2002³⁶, workers and economic units in the informal economy experience most severe decent work deficits, among which unsafe and unhealthy working conditions are predominant, as well as low levels of skills and productivity, low or irregular incomes, long working hours and lack of access to information, markets, finance, training and technology³⁷.

Extension of OSH to informal workers and economic units is a major challenge that participatory training methodologies, such as the WISE (Work Improvement in Small Enterprises) and WIND (Work Improvement in Neighbourhood Development) programmes, have successfully addressed in Asia, Central Asia, Africa and Latin America. Pilot projects targeting specific occupations such as woodworking or garage mechanics workshop are being implemented in West Africa. In its programme for 2008-2009, the ILO has agreed a joint immediate outcome to increasing the capacity of its constituents to develop integrated policies for upgrading the informal economy and facilitating transition to formality. Improving OSH and working conditions constitutes a major element of this outcome. Good OSH practices have to be further collected, tools developed or reinforced and practical programmes emphasizing the tripartite approach implemented. Practical solutions involving wider partnerships should be further explored.



³⁵ World Employment report: <http://www.ilo.org/public/english/employment/strat/wer2004.htm>, chapter 5 <http://www.ilo.org/public/english/employment/strat/download/wr04c5en.pdf>

³⁶ <http://www.ilo.org/public/english/standards/relm/ilc/ilc90/pdf/pr-25.pdf>

³⁷ Background document of the interregional Symposium on the informal economy – Enabling transition to formalization, ILO Geneva, 27-29 Nov. 2007 <http://www.ilo.org/public/english/employment/policy/events/informal/index.htm>

Migrant workers

The world's migrant population has more than doubled between the 1960 and 2005, reaching 191 million. Given widening decent work deficits across countries, and global demographic trends, international migration of workers will most likely accelerate in the 21st century. There is now increasing consensus on the contribution of migration to growth and prosperity in both destination and origin countries.

Yet migrant workers continue to be a particularly vulnerable population in terms of OSH due to several factors, namely:

- Most migrant workers tend to be employed in high-risk and informal sectors, in “3-D work” (dirty, dangerous and demanding),
- Language and cultural factors demand specific OSH communication and training approaches, which are often absent,
- Many migrants work long hours and/or suffer from poor general health, and are particularly prone to occupational injuries and work-related diseases,
- They are not covered or inadequately covered by social security,
- There is hardly any information on OSH problems of migrant workers to guide policy-making.

The large share of low skilled workers in migration flows, especially women, high incidence of irregular migration and low ratification and compliance with international standards by most countries make such workers extremely vulnerable to exploitation with little access to protection. There is thus a large unfinished agenda globally in relation to OSH strategies and policies to make decent and safe work a reality for migrant workers. OSH for migrant workers therefore needs to be promoted as part of the decent work for all agenda and rights-based migration policies, based on effective partnerships among all stakeholders.



The gender dimension

The increasing proportion of women in workforces raises a range of gender-related questions about the different effects of work-related risks on men and women. Concerns have been expressed over the different effects of exposure to hazardous substances, for example, or the effects of biological agents on reproductive health, the physical demands of heavy work, the ergonomic design of workplaces and the length of the working

day, especially when domestic duties also have to be taken into account.

In OSH research studies, occupational epidemiology should be sufficiently sensitive to capture any gender-based disparities. At present, there is a dearth of information about the different gender-related risks of exposure to certain chemicals, to genetic materials cultivated and harvested in transgenic laboratories, or to pharmaceuticals with new genetic properties, all of which may have different long-term health effects on women and men. Furthermore, it is slowly becoming clear that unexplained clusters of disease in the

reproductive system are having an impact on particular working populations; possible occupational causes are as yet unexplored and research is needed to investigate the links between such illness and occupational exposures.

Ageing of workers

The UN Population Fund predicts that whereas 1 in 10 persons in the world today are aged 60 or over, this figure will have risen to 1 in 8 by 2020. Meanwhile in Europe, the 45-64 age group is expected to represent almost half of the working population by 2020³⁸.

Ageing is an individual process related to genetics and lifestyle combined with the impact of working conditions. With age there is a progressive decrease in cardiovascular and pulmonary, renal, and endocrine function, the immune system may be somewhat impaired. Senses, such as hearing, vision, and taste are also affected. Older workers also frequently have one or more chronic medical diseases or disorders such as hypertension, chronic pulmonary or cardiac disease, and diabetes, neurological disorders among others that impact on functional performance, with attendant impact on safety. The ageing process can also be accelerated by arduous working conditions, such as manual handling of heavy loads, excessive noise exposure, atypical working hours or excessive organizational change.

However, the skills, experience and maturity of older workers often counteract such health concerns. Studies show that older workers are more dedicated to the workplace; they have fewer sickness absences and stay in longer in their jobs. Older workers also have much to offer their employers as a result of their experience, knowledge and skills, and, rather than discriminating against them on the ground of age, they can continue to be valuable assets by paying attention to their safety and health in their latter years at work. OSH management systems and training programmes for older workers should take due account of all such factors.

³⁸ ILO World Day report, 2005, p.9-10
<http://www.ilo.org/public/english/protection/safework/worldday/products05/report05.htm>

Conclusions

The ILO's primary goal is to promote opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and dignity. In this formulation of decent work, OSH and the protection of workers against work-related sickness, disease and injury, as embodied in the Preamble to the Constitution of the ILO, continue to be a high priority.

Thus, the ILO will continue to devote significant resources to promoting OSH through its standards-setting process, its technical cooperation programmes and cooperation with relevant intergovernmental and international organizations. Its unique tripartite structure involving governments and organizations of employers and workers is a strong basis for fostering the social dialogue necessary to build and implement new OSH tools and programmes through a consensus driven process.

Key points for the future include the following:

- The development of knowledge related to OSH, and effective information dissemination and education and training mechanisms are essential in developing the strategies, regulations and other technical tools needed to achieve the sound management of OSH and the building of a strong and perennial preventative safety and health culture;
- The establishment of mechanisms for the recording and notification of occupational accidents and diseases and the regular publication of collected statistics are essential for setting priorities for implementing preventive and protective measures;
- Although voluntary standards and self-monitoring systems are useful, strong regulatory and enforcement systems, including competent and well-resourced labour inspectorates, are still needed to ensure the safety and health of workers as well as the preservation of the environment;
- Awareness-raising of OSH matters and the formal endorsement of national OSH policies are essential for promoting the integration of OSH requirements in overall national planning and budgeting;
- Integration of strategies throughout the programmes of the ILO is particularly important if OSH is to be efficiently dealt with in the context of the informal economy and migrant workers. It is also crucial to investigate new approaches and means of collaboration on emerging issues, including those relating to the changing patterns of the workforce.
- International collaboration on OSH is the only way to share the burden of undertaking research;

Increasing implementation of the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its accompanying Recommendation will help greatly in addressing these issues and in promoting more of a preventative safety and health culture in countries throughout the world.

Work-related fatal and non-fatal accidents, diseases and mortality – Global estimates by region based on data for 2003

Region (1)	Economically Active population (2) 2003 (Million)	Total Employment (3)	Fatal accidents reported to the ILO (2003)	Fatal accidents (4) 2003 (Thousands)	Accidents causing ≥ 4 days absence (4) 2003 (Million)	Work-related diseases (5) (Thousands)	Work-related mortality (Thousands)	Deaths caused by dangerous substances (Thousands)
EME	427.7	399.3	11 210	15	14.2	270	285	90
FSE	193.3	151.2	2 111	15	13.6	170	185	57
CHN	740.8	740.8	180	98	91.7	334	432	112
IND	473.3	—	179	47	44.1	356	403	119
OAI	457.2	285.5	1 247	81	75.7	270	350	90
SSA	273.4	23.5	15	58	54.3	365	422	122
LAC	222.6	190.4	2 196	31	29.3	107	138	36
MEC	128.0	71.3	929	14	13.4	74	88	25
Total	2 916.3	1 862.0	18 067	359	336.3	1 946	2 303	651

Explanatory notes:

1. World Bank regions: Established Market Economies (EME); Formerly Socialist Economies (FSE); China (CHN); India (IND); Other Asia and Islands (OAI); Sub-Saharan Africa (SSA); Latin America and the Caribbean (LAC); Middle East and North Africa (MENA)
2. The economically active population data is for the year 2003. It was compiled mainly from ILO Labour Statistics Information and Internet information on population statistics (EU, World Bank, UN, etc.). It covers both paid and self-employment.
3. The total employment data was compiled from the same source as above. Concerning India, total employment data could not be found in the sources identified above.
4. The data in the 4th column is a calculated estimate that includes extrapolations for developing regions where data on fatal accidents is difficult to obtain. This explains the discrepancy between fatal accident data reported to the ILO and global estimates.
5. Total employment figures were used to calculate non fatal accidents and work related diseases. Otherwise, as in the case of India, economically active population data was used for countries for which total employment data could not be found.
6. Concerning increased figures for China and India, this is mainly due to an increase in the number of total employment or economically active population and increases in accident rates, particularly in the case of China.

Convention concerning the Promotional Framework for Occupational Safety and Health, 2006 (No. 187)

The General Conference of the International Labour Organization,
Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Ninety-fifth Session on 31 May 2006,
Recognizing the global magnitude of occupational injuries, diseases and deaths, and the need for further action to reduce them, and
Recalling that the protection of workers against sickness, disease and injury arising out of employment is among the objectives of the International Labour Organization as set out in its Constitution, and
Recognizing that occupational injuries, diseases and deaths have a negative effect on productivity and on economic and social development, and
Noting paragraph III(g) of the Declaration of Philadelphia, which provides that the International Labour Organization has the solemn obligation to further among the nations of the world programmes which will achieve adequate protection for the life and health of workers in all occupations, and
Mindful of the ILO Declaration on Fundamental Principles and Rights at Work and its Follow-Up, 1998, and
Noting the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Safety and Health Recommendation, 1981 (No. 164), and other instruments of the International Labour Organization relevant to the promotional framework for occupational safety and health, and
Recalling that the promotion of occupational safety and health is part of the International Labour Organization's agenda of decent work for all, and
Recalling the Conclusions concerning ILO standards-related activities in the area of occupational safety and health - a global strategy, adopted by the International Labour Conference at its 91st Session (2003), in particular relating to ensuring that priority be given to occupational safety and health in national agendas, and
Stressing the importance of the continuous promotion of a national preventative safety and health culture, and
Having decided upon the adoption of certain proposals with regard to occupational safety and health, which is the fourth item on the agenda of the session, and
Having determined that these proposals shall take the form of an international Convention;
adopts this fifteenth day of June of the year two thousand and six the following Convention, which may be cited as the Promotional Framework for Occupational Safety and Health Convention, 2006.

I. DEFINITIONS

Article 1

For the purpose of this Convention:

- (a) the term *national policy* refers to the national policy on occupational safety and health and the working environment developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155);
- (b) the term *national system for occupational safety and health* or *national system* refers to the infrastructure which provides the main framework for implementing the national policy and national programmes on occupational safety and health;

- (c) the term *national programme on occupational safety and health* or *national programme* refers to any national programme that includes objectives to be achieved in a predetermined time frame, priorities and means of action formulated to improve occupational safety and health, and means to assess progress;
- (d) the term a national preventative safety and health culture refers to a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.

II. OBJECTIVE

Article 2

1. Each Member which ratifies this Convention shall promote continuous improvement of occupational safety and health to prevent occupational injuries, diseases and deaths, by the development, in consultation with the most representative organizations of employers and workers, of a national policy, national system and national programme.
2. Each Member shall take active steps towards achieving progressively a safe and healthy working environment through a national system and national programmes on occupational safety and health by taking into account the principles set out in instruments of the International Labour Organization (ILO) relevant to the promotional framework for occupational safety and health.
3. Each Member, in consultation with the most representative organizations of employers and workers, shall periodically consider what measures could be taken to ratify relevant occupational safety and health Conventions of the ILO.

III. NATIONAL POLICY

Article 3

1. Each Member shall promote a safe and healthy working environment by formulating a national policy.
2. Each Member shall promote and advance, at all relevant levels, the right of workers to a safe and healthy working environment.
3. In formulating its national policy, each Member, in light of national conditions and practice and in consultation with the most representative organizations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventative safety and health culture that includes information, consultation and training.

IV. NATIONAL SYSTEM

Article 4

1. Each Member shall establish, maintain, progressively develop and periodically review a national system for occupational safety and health, in consultation with the most representative organizations of employers and workers.
2. The national system for occupational safety and health shall include among others:
 - (a) laws and regulations, collective agreements where appropriate, and any other relevant instruments on occupational safety and health;
 - (b) an authority or body, or authorities or bodies, responsible for occupational safety and health, designated in accordance with national law and practice;
 - (c) mechanisms for ensuring compliance with national laws and regulations, including systems of inspection; and
 - (d) arrangements to promote, at the level of the undertaking, cooperation between management, workers and their representatives as an essential element of workplace-related prevention measures.

3. The national system for occupational safety and health shall include, where appropriate:

- (a) a national tripartite advisory body, or bodies, addressing occupational safety and health issues;
- (b) information and advisory services on occupational safety and health;
- (c) the provision of occupational safety and health training;
- (d) occupational health services in accordance with national law and practice;
- (e) research on occupational safety and health;
- (f) a mechanism for the collection and analysis of data on occupational injuries and diseases, taking into account relevant ILO instruments;
- (g) provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases; and
- (h) support mechanisms for a progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy.

V. NATIONAL PROGRAMME

Article 5

1. Each Member shall formulate, implement, monitor, evaluate and periodically review a national programme on occupational safety and health in consultation with the most representative organizations of employers and workers.

2. The national programme shall:

- (a) promote the development of a national preventative safety and health culture;
- (b) contribute to the protection of workers by eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace;
- (c) be formulated and reviewed on the basis of analysis of the national situation regarding occupational safety and health, including analysis of the national system for occupational safety and health;
- (d) include objectives, targets and indicators of progress; and
- (e) be supported, where possible, by other complementary national programmes and plans which will assist in achieving progressively a safe and healthy working environment.

3. The national programme shall be widely publicized and, to the extent possible, endorsed and launched by the highest national authorities.

VI. FINAL PROVISIONS

Article 6

This Convention does not revise any international labour Conventions or Recommendations.

Article 7

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 8

1. This Convention shall be binding only upon those Members of the International Labour Organization whose ratifications have been registered with the Director-General of the International Labour Office.

2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.

3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification is registered.

Article 9

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.

2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention within the first year of each new period of ten years under the terms provided for in this Article.

Article 10

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organization of the registration of all ratifications and denunciations that have been communicated by the Members of the Organization.

2. When notifying the Members of the Organization of the registration of the second ratification that has been communicated, the Director-General shall draw the attention of the Members of the Organization to the date upon which the Convention will come into force.

Article 11

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and denunciations that have been registered.

Article 12

At such times as it may consider necessary, the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision.

Article 13

1. Should the Conference adopt a new Convention revising this Convention, then, unless the new Convention otherwise provides:

- (a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 9 above, if and when the new revising Convention shall have come into force;
- (b) as from the date when the new revising Convention comes into force, this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 14

The English and French versions of the text of this Convention are equally authoritative.

Recommendation concerning the Promotional Framework for Occupational Safety and Health, 2006 (No. 197)

The General Conference of the International Labour Organization,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Ninety-fifth Session on 31 May 2006,

Having decided upon the adoption of certain proposals with regard to occupational safety and health, which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation supplementing the Promotional Framework for Occupational Safety and Health Convention, 2006 (hereinafter referred to as "the Convention");

adopts this fifteenth day of June of the year two thousand and six the following Recommendation, which may be cited as the Promotional Framework for Occupational Safety and Health Recommendation, 2006.

I. NATIONAL POLICY

1. The national policy formulated under Article 3 of the Convention should take into account Part II of the Occupational Safety and Health Convention, 1981 (No. 155), as well as the relevant rights, duties and responsibilities of workers, employers and governments in that Convention.

II. NATIONAL SYSTEM

2. In establishing, maintaining, progressively developing and periodically reviewing the national system for occupational safety and health defined in Article 1(b) of the Convention, Members:

- (a) should take into account the instruments of the International Labour Organization (ILO) relevant to the promotional framework for occupational safety and health listed in the Annex to this Recommendation, in particular the Occupational Safety and Health Convention, 1981 (No. 155), the Labour Inspection Convention, 1947 (No. 81) and the Labour Inspection (Agriculture) Convention, 1969 (No. 129); and
- (b) may extend the consultations provided for in Article 4(1) of the Convention to other interested parties.

3. With a view to preventing occupational injuries, diseases and deaths, the national system should provide appropriate measures for the protection of all workers, in particular, workers in high-risk sectors, and vulnerable workers such as those in the informal economy and migrant and young workers.

4. Members should take measures to protect the safety and health of workers of both genders, including the protection of their reproductive health.

5. In promoting a national preventative safety and health culture as defined in Article 1(d) of the Convention, Members should seek:

- (a) to raise workplace and public awareness on occupational safety and health through national campaigns linked with, where appropriate, workplace and international initiatives;
- (b) to promote mechanisms for delivery of occupational safety and health education and training, in particular for management, supervisors, workers and their representatives and government officials responsible for safety and health;
- (c) to introduce occupational safety and health concepts and, where appropriate, competencies, in educational and vocational training programmes;
- (d) to facilitate the exchange of occupational safety and health statistics and data among relevant authorities, employers, workers and their representatives;
- (e) to provide information and advice to employers and workers and their respective organizations and to promote or facilitate cooperation among them with a view to eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks;
- (f) to promote, at the level of the workplace, the establishment of safety and health policies and joint safety and health committees and the designation of workers' occupational safety and health representatives, in accordance with national law and practice; and
- (g) to address the constraints of micro-enterprises and small and medium-sized enterprises and contractors in the implementation of occupational safety and health policies and regulations, in accordance with national law and practice.

6. Members should promote a management systems approach to occupational safety and health, such as the approach set out in the Guidelines on occupational safety and health management systems (ILO-OSH 2001).

III. NATIONAL PROGRAMME

7. The national programme on occupational safety and health as defined in Article 1(c) of the Convention should be based on principles of assessment and management of

hazards and risks, in particular at the workplace level.

8. The national programme should identify priorities for action, which should be periodically reviewed and updated.

9. In formulating and reviewing the national programme, Members may extend the consultations provided for in Article 5(1) of the Convention to other interested parties.

10. With a view to giving effect to the provisions of Article 5 of the Convention, the national programme should actively promote workplace prevention measures and activities that include the participation of employers, workers and their representatives.

11. The national programme on occupational safety and health should be coordinated, where appropriate, with other national programmes and plans, such as those relating to public health and economic development.

12. In formulating and reviewing the national programme, Members should take into account the instruments of the ILO relevant to the promotional framework for occupational safety and health, listed in the Annex to this Recommendation, without prejudice to their obligations under Conventions that they have ratified.

IV. NATIONAL PROFILE

13. Members should prepare and regularly update a national profile which summarizes the existing situation on occupational safety and health and the progress made towards achieving a safe and healthy working environment. The profile should be used as a basis for formulating and reviewing the national programme.

14. (1) The national profile on occupational safety and health should include information on the following elements, as applicable:

- (a) laws and regulations, collective agreements where appropriate, and any other relevant instruments on occupational safety and health;
- (b) the authority or body, or the authorities or bodies, responsible for occupational safety and health, designated in accordance with national law and practice;
- (c) the mechanisms for ensuring compliance with national laws and regulations, including the systems of inspection;
- (d) the arrangements to promote, at the level of the undertaking, cooperation between management, workers and their representatives as an essential element of workplace-related prevention measures;
- (e) the national tripartite advisory body, or bodies, addressing occupational safety and health issues;
- (f) the information and advisory services on occupational safety and health;
- (g) the provision of occupational safety and health training;
- (h) the occupational health services in accordance with national law and practice;
- (i) research on occupational safety and health;
- (j) the mechanism for the collection and analysis of data on occupational injuries and diseases and their causes, taking into account relevant ILO instruments;
- (k) the provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases; and
- (l) the support mechanisms for a progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy.

(2) In addition, the national profile on occupational safety and health should include information on the following elements, where appropriate:

- (a) coordination and collaboration mechanisms at national and enterprise levels, including national programme review mechanisms;
- (b) technical standards, codes of practice and guidelines on occupational safety and health;
- (c) educational and awareness-raising arrangements, including promotional initiatives;
- (d) specialized technical, medical and scientific institutions with linkages to various aspects of occupational safety and health, including research institutes and laboratories concerned with occupational safety and health;
- (e) personnel engaged in the area of occupational safety and health, such as inspectors,

- safety and health officers, and occupational physicians and hygienists;
- (f) occupational injury and disease statistics;
 - (g) occupational safety and health policies and programmes of organizations of employers and workers;
 - (h) regular or ongoing activities related to occupational safety and health, including international collaboration;
 - (i) financial and budgetary resources with regard to occupational safety and health; and
 - (j) data addressing demography, literacy, economy and employment, as available, as well as any other relevant information.

V. INTERNATIONAL COOPERATION AND EXCHANGE OF INFORMATION

15. The International Labour Organization should:

- (a) facilitate international technical cooperation on occupational safety and health with a view to assisting countries, particularly developing countries, for the following purposes:
 - (i) to strengthen their capacity for the establishment and maintenance of a national preventative safety and health culture;
 - (ii) to promote a management systems approach to occupational safety and health; and
 - (iii) to promote the ratification, in the case of Conventions, and implementation of instruments of the ILO relevant to the promotional framework for occupational safety and health, listed in the Annex to this Recommendation;
- (b) facilitate the exchange of information on national policies within the meaning of Article 1(a) of the Convention, on national systems and programmes on occupational safety and health, including on good practices and innovative approaches, and on the identification of new and emerging hazards and risks in the workplace; and
- (c) provide information on progress made towards achieving a safe and healthy working environment.

VI. UPDATING OF THE ANNEX

16. The Annex to this Recommendation should be reviewed and updated by the Governing Body of the International Labour Office. Any revised annex so established shall be adopted by the Governing Body and shall replace the preceding annex after having been communicated to the Members of the International Labour Organization.

NOTE: The Annex to the Recommendation is not included here but can be found at <http://www.ilo.org/ilolex/english/recdisp1.htm>

Provisions covered by selected ILO Standards concerning OSH³⁹

Legend: C – Provision found in Convention R – Provision found in Recommendation
B – Provision found in both Convention and Recommendation

Convention No. Recommendation No.	General Standards					Protection against specific risks					Specific sectors			
	81	97	155 164	161 171	187 197	139 147	148 156	162 172	170 177	174 181	120 120	167 175	176 183	184 192
Provisions	Labour inspection	Workers Health	General OSH	Health services	Promotional Framework	Cancer	Working environment	Asbestos	Chemicals	Hazard Installations	Hygiene Commerce, Offices	Construction	Mines	Agriculture
National Framework														
National OSH Policy			C	B	B				C	B			C	C
National OSH system					B									
National OSH programme					B									
National OSH profile					R									
National preventative safety culture					B									
International cooperation and exchange of information	B				R				B					
Consultation on Policy			C	C	B	C	C		C	C			C	
Periodic Review			B	B	B	R		C	C	C		C	C	C
Scope of application														
Branches of Economic Activity	B		B	C	B		B	C	C	C	B	B	B	B
Occupational hazards	B	R	B		B	B	B	B	B	B	B	B	B	B
Specific Categories of Workers			R	B	R		R	B	B			C		B
Gender Specific					R				R				R	B

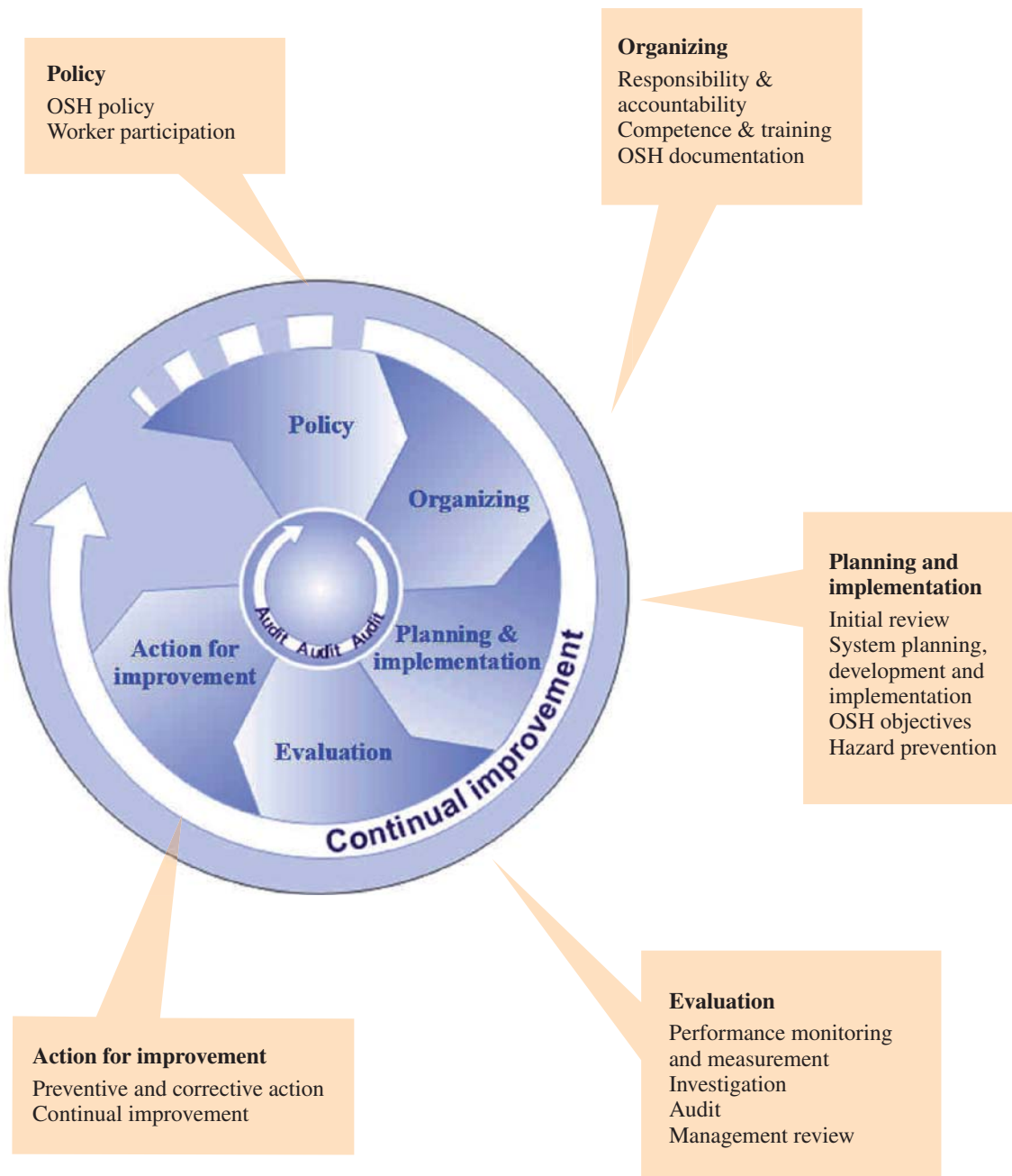
³⁹ Adapted from Annex 1 to Report VI, discussed at the International Labour Conference, 91st Session, 2003. <http://www.ilo.org/public/english/standards/relm/ilc/ilc91/pdf/rep-vi.pdf>

	General Standards					Protection against specific risks					Specific sectors			
Convention No. Recommendation No.	81	97	155 164	161 171	187 197	139 147	148 156	162 172	170 177	174 181	120 120	167 175	176 183	184 192
Provisions	Labour inspection	Workers Health	General OSH	Health services	Promotional Framework	Cancer	Working environment	Asbestos	Chemicals	Hazard Installations	Hygiene Commerce, Offices	Construction	Mines	Agriculture
Preventive and protective measures														
Risk identification and assessment			C	B	B	B	B	R	C	C		R	C	B
Prohibition, limitation, notification, authorization, replacement or other measures of control			B			B	B	B	C	C	C	B	B	
Surveillance and monitoring and exposure limits		R		B	B	B	B	B	B				R	R
Classification and labelling			R		R				B			R		B
Safe methods for the handling, collection, recycling, storage and disposal of hazardous substances		R	R		R	R		B	B		R	B	R	B
Personal protective equipment		R	B	C	R		C	B	C	C	C	B	B	R
Organizational frameworks, mechanisms and measures														
Competent authorities	B		B		B								C	C
Inspection systems	B		B		B	B	C	B		C	B	C	B	B
Occupational health services			R	B	B									R
Health surveillance, medical examinations, first aid and emergency preparedness and treatment		R	B	B	B	B	B	B	B		B	B	B	R
Consultation, cooperation and coordination	B	R	B	B	B	R	B	B	B	C	R	B	B	B
Studies and research	B	R	B	R	B		B	R			R		R	
Information, education, qualifications, training and advice	B	R	B	B	B	B	B	B	B	C	R	R	B	B
Recording, notification, investigation, and compilation of statistics	B	R	B	B	R	R	R	B	B	C		B	B	B
Systems management					R									

	General Standards					Protection against specific risks					Specific sectors			
Convention No. Recommendation No.	81	97	155 164	161 171	187 197	139 147	148 156	162 172	170 177	174 181	120 120	167 175	176 183	184 192
Provisions	Labour inspection	Workers Health	General OSH	Health services	Promotional Framework	Cancer	Working environment	Asbestos	Chemicals	Hazard Installations	Hygiene Commerce, Offices	Construction	Mines	Agriculture
Powers, responsibilities and rights														
Enforcement	B		C		B		C	C	C	C	R	C	C	C
Employer Responsibilities			B	R	B		C	B	C	C	R	B	B	C
Worker rights and responsibilities		R	B	B	B		B	B	B	C		B	B	C
Rights and responsibilities of workers' representatives			B	B	B		B	C	B	C		C	B	C
Responsibilities of designers, producers, importers and suppliers			C					B	B			B	R	C

Annex 4

The OSH Management Cycle of continuous improvement⁴⁰



⁴⁰ ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001)

Ratifications of ILO Occupational Safety and Health Conventions and Protocols

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	C187 (2006)	P81 (1995)	P155 (2002)
Afghanistan	1939	1937																				
Albania			2004					2007		1979		2004					2003	2003				2004
Algeria	1962		1962	2006	1969	1969						2006										
Angola		1976	1976																			
Antigua and Barbuda																						
Argentina	1936	1950	1955	1978				1985		1978		2002					1996	1999	2006			
Armenia			2004																			
Australia		19531	1975									2004										
Austria	1924	1937	1949															1999				
Azerbaijan	1992	1992	2000	1992	1992	1992		2000			1992										2000	
the Bahamas		1976	1976																			
Bahrain			1981																			
Bangladesh			1972																			
Barbados			1967	1967																		
Belarus		1961	1995	1968	1970	1968						2000										
Belgium	1926	1937	1957	1965		1978		1997		1996	1994			1996			2004					
Belize			1983	1983								1999										
Benin	1960		2001										1998									
Bolivia		1973	1973			1977		1977	1977					1990								
Bosnia and Herzegovina	1993	1993	1993		1993			1993	1993	1993	1993	1993	1993	1993								
Botswana																		1997				
Brazil		1938	1989	1966	1992	1969	1970		1993	1990	1982	1992	1990	1990	2006	1996	2001	2006				
Bulgaria	1925	1949	1949			1965	1978															
Burkina Faso	1960		1974					1974					1997			1997						
Burundi			1971																			
Cambodia	1969																					
Cameroon	1960	1962	1962											1989								
Canada		1966 ²												1988								
Cape Verde			1979									2000										
the Central African Republic	1960		1964		1964	2006						2006										
Chad	1960		1965																			
Chile	1925	1946 ³		1994			1972		1994				1999	1994		1995						

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	C187 (2006)	P81 (1995)	P155 (2002)	
China		1936										2007			2002								
Colombia	1933		1967					1976	1976				2001	2001	1994	1994	1997						
the Comoros	1978		1978																				
the Congo	1960		1999	1964																			
the Democratic Republic of the Congo			1968	1967	1967																		
Costa Rica		1960	1960		1966	1972	1972	1972			1981												
Côte d'Ivoire	1960	1961	1987					1987	1973														
Croatia	1991	1991	1991	1991	1991			1991	1991	1991	1991	1991	1991	1991									
Cuba	1928	1936	1954		1971				1972		1980	1982											
Cyprus		1960	1960		1965							1989		1992							2000		
the Czech Republic	1993	1993		1993	1993	1993			1993	1993	1993	1993	1993	2006	1995			2000					
Denmark			1958	1974	1989	1970		1972		1978	1988	1995											
Djibouti	1978	1978	1978	1978		1978																	
Dominica			1983																				
the Dominican Republic		1957	1953		1965										1998	2006							
Ecuador		1954	1975	1970	1969	1969	1969		1975	1975	1978			1990									
Egypt		1947	1956	1964				2003		1982	1988												
El Salvador			1995					1995				2000											2004
Equatorial Guinea																							
Eritrea																							
Ethiopia												1991											
Fiji		1974																					
Finland	1929	19383	1950	1978	1969	1968		1974	1976	1977	1979	1985	1987	1988	1997			1997	2003		1997	2003	
France	1926	1938	1950	1971		1972	1973	1972	1972	1994	1985												
Gabon	1960	1961	1972																				
the Gambia																							
Georgia																							
Germany		1954	1955	1973		1973			1973	1976	1993		1994	1993	1993	2007							1998
Ghana		1957	1959	1961	1965	1966																	
Greece	1926	1936	1955	1982					1977														
Grenada			1976																				

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	C187 (2006)	P81 (1995)	P155 (2002)	
Guatemala	1990	1960	1952	1964	1966	1966	1983	1994	1977	1976	1982	1989	1989	1989	1991								
Guinea	1959	1966	1959	1966	1966	1966				1976	1982												
Guinea-Bissau		1977	1977																				
Guyana		1966	1966	1966				1971	1983	1983											1998		
Haiti		1960	1952																				
Honduras		1960	1983																				
Hungary	1956	1938	1994	1968			1994	1994	1972	1975	1994	1994	1988		1989								
Iceland										1991		1991											
India		1938	1949	1975					1991														
Indonesia		1950	2004			1969																	
Iran																							
Iraq	1966		1951	1962	1987	1987			1972	1978	1985				1990								
Ireland		19631	1951							1995		1995						1998					1998
Israel			1955						1979														
Italy	1952	1952	1952	1971	1971	1971	1971	1981	1981	1981	1985				2003	2002							
Jamaica			1962																				
Japan		1956	1953	1973	1973	1993				1977													
Jordan			1969		1964	1965																	
Kazakhstan			2001					2001															
Kenya		1964	1964					1979															
Kiribati																							
the Republic of Korea			1992																				
Kuwait			1964		1964				1974							2003							
Kyrgyzstan			2000	1992	1992	1992					1992								2004				
the Lao People's Democratic Republic	1964																						
Latvia	1924		1994	1993	1993	1993		1994			1993	1994											
Lebanon		1962	1962	1977		1977	1977		2000	2000	2005					2006	2005	2000					
Lesotho		1966	2001									2001			1998								
Liberia			2003																				
the Libyan Arab Jamahiriya			1971																				
Lithuania			1994				1994																

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	C187 (2006)	P81 (1995)	P155 (2002)	
Luxembourg	1928	19581	1958		2008	2008	2008	2008	2008	2008	2008	2001	2008	2008	2008	2008	2008	2008	2008		2008	2008	
the former Yugoslav Republic of Macedonia	1991	1991	1991		1991			1991	1991	1991	1991	1991	1991	1991									
Madagascar	1960		1971		1964	1966	1971	1971															
Malawi		1965	1965					1971															
Malaysia		1957	1963		1974																		
Mali	1960		1964																				
Malta	1988	1988	1965		1988		1988	1988	1990		1988												
Mauritania	1961		1963																				
Mauritius			1969																				
Mexico	1938	1938		1983		1968						1984	1987		1990	1992			2002		2000		
the Republic of Moldova			1996		2003		1997	1997				2000											
Mongolia												1998											
Montenegro	2006	2006	2006		2006			2006	2006	2006	2006	2006	2006	2006									
Morocco	1956	1956	1958		1974			1979	1974														
Mozambique			1977																				
Myanmar																							
Namibia																							
Nepal																							
the Netherlands	1939	19374	1951	1966				1973				1991		1999			1997						
New Zealand		19385	1959									2007											
Nicaragua	1934	1976		1981	1981		1976		1981	1981													
the Niger	1961		1979		1964						1993												
Nigeria		1960	1960									1994											
Norway	1929		1949	1961	1969	1966		1971		1977	1979	1982		1992	1991	1993		1999			1999		
Oman																							
Pakistan		1938	1953																				
Panama	1970	1959	1958		1971	1970	1970								2008								
Papua New Guinea		1976																					
Paraguay			1967	1967	1967	1967																	

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	C187 (2006)	P81 (1995)	P155 (2002)	
Peru		19453	1960							1976								1998					
the Philippines																		2001					
Poland	1924	1957	1995	1964	1977	1968	1973	1995			2004		2004			2005		2001					
Portugal		1937	1962	1994		1983	1985	1983		1999	1981	1985		1999				2002					
Qatar			1976																				
Romania	1925		1973				1975	1975	1975														
the Russia Federation	1991	1961	1998	1967	1969	1967					1988	1998		2000							1998		
Rwanda			1980																				
Saint Kitts and Nevis																							
Saint Lucia																							
Saint Vincent and the Grenadines			1998																				
San Marino					1988						1988		1988						2005				
Sao Tome and Principe			1982									2005											
Saudi Arabia		1978	1978														2001						
Senegal	1960		1962			1966																	
Serbia	2000	2000	2000		2000			2000	2000	2000	2000	2000	2000	2000									
Seychelles			2005								1999	2005	2005										
Sierra Leone			1961		1964																		
Singapore			1965																				
Slovakia	1993	1993		1993		1993			1993	1993	1993	1993	1993					1998	2002				
Slovenia	1992	1992	1992		1992			1992	1992	1992	1992	1992	1992	1992									
Solomon Islands		1985	1985																				
Somalia		1960																					
South Africa		1936										2003						2000					
Spain	1924	1958	1960	1962	1971	1970	1969	1971	1973		1980	1985		1990				1997					
Sri Lanka		1950	1956	1986																			
the Sudan			1970																				
Suriname	1976		1976																				
Swaziland		1981	1981																				
Sweden	1923	19366	1949	1961	1964	1965		1970		1975	1978	1982	1986	1987	1991	1992	1994	1997	2004		1997	2008	

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	C187 (2006)	P81 (1995)	P155 (2002)	
Switzerland		1940	1949	1963	1992	1966			1975	1976				1992		2006							
the Syrian Arab Republic		1960	1960	1964	1965	1965		1972	1977	1979													
Tajikistan		1993		1993	1993	1993					1993												
the United Republic of Tanzania		1962	1962								1983					1999						1999	
Thailand							1969																
Timor-Leste																							
Togo																							
Trinidad and Tobago																							
Tunisia		1957	1957		1970	1970	1970																
Turkey		1938	1951	1968	1967		1975					2005	2005										
Turkmenistan																							
Uganda		1963	1963											1990									
Ukraine		1961	2004	1968	1970	1968		2004															
the United Arab Emirates			1982																				
the United Kingdom		19361	1949	1962		1967					1979									2008			
the United States																		2001					
Uruguay	1933	19542	1973	1992	1977	1995		1973	1977	1980	1988	1988	1988	1995	2005				2005				
Uzbekistan																							
Vanuatu																							
Venezuela	1933	1944	1967			1971	1984			1983		1984											
Viet Nam		1994	1994		1994	1994						1994											
Yemen			1976																				
Zambia		19644							1973		1980							1999					
Zimbabwe		1980	1993					1993				2003	2003	2003		1998	2003	2003					
Number of Countries ratified Convention or Protocol	63	98	137	48	52	51	26	46	37	37	45	51	27	32	22	17	12	22	9	3	11	5	

第 18 回世界労働安全衛生会議 (2008 年 6 月・韓国ソウル)

I L O 労働安全衛生・環境国際計画
S A F E W O R K
導入報告

死傷災害の克服：
安全で健康的な仕事の促進における
I L O の役割
(日本語仮題)

序 章

過去 50 年の世界的な社会・経済発展のペースと、科学・技術の発展により、リスク・マネジメント全般、また公的環境・職場環境のリスク・マネジメントに関して、過去にない量の研究が行われ、知識が蓄積された。更に、コンピュータ・インターネットなどの電子コミュニケーションシステムの出現により、世界各地でこれらの知識へアクセスし易くなった。これらの知識は、多くの国際的・地域的・また国家の規則の枠組みに応用されており、経済活動における労働安全衛生(OSH)のあらゆる側面に関わる技術基準・ガイドライン・トレーニングマニュアル・実用的情報提供に利用されている。殆どの国で、安全衛生をはじめとする様々な労働問題に取り組む上で必要な社会対話の仕組みが、政府・民間両レベルで進歩的に確立されている。業務上事故や業務上疾病を未然に防ぐ為の法律や技術的措置は、包括性や洗練度、実効性・拘束力にばらつきがあるものの、全ての国で導入されている。

しかしながら、膨大な経費や努力にも拘らず、ディーセントで安全かつ健全な労働条件の実際の達成レベルについては停滞期が来ているようである。ILO の最新の推計によれば、世界的に見た労働上の致命的・非致命的事故及び疾病件数は、過去 10 年間であまり変化していない。課題への取り組みが拡充する一方で労災件数が変化していない現状には様々な要因があるが、その多くは世界経済のグローバル化に起因する。統計をより詳細に見ていくと、先進国における労災件数(災害・疾病)が着実に減少している一方で、急速な工業化の進む新興国や、法律の執行などの面で有効な安全衛生システムの維持が困難な貧困国ではそのような減少は見られない。世界経済のグローバル化が仕事の世界における様々な変化の主な牽引役であることは確実である。グローバル化は、既に行われてきた良好な実践の遵守を促進したり妨げたりするが、これまでの労働安全衛生問題への取り組みは断片的で散漫であることが多く、労働者の死傷病を前進的に削減していくのに必要な一貫性に欠ける。これまでの労働災害及び危険の予防・管理ツールも現在有効ではあるが、目まぐるしい変化を遂げる仕事の世界での状況に継続的に対応する戦略を以って補完する必要がある。多くの国が、労働安全衛生に関する調査や知識管理、情報提供・情報交換、そして適切で一貫した法律施行を目指してより多くのリソースを費やさなくてはならない。

労働安全衛生の原理と必須条件を、国レベル・国際レベルの優先事項・実践事項における主要な要素として取り入れることは早急な課題であり、これは民間部門についても同じである。従って、国レベル・国際レベルの取り組みの中で、推進・知識・予防・管理に、より大きな重点を置く必要がある。これには、社会的・経済的課題における労働安全衛生の問題について認知度をあげること、それを国および民間の事業計画に取り入れていくこと、そして国の労働安全衛生システムの継続的な向上のための仕組みを導入・維持していく際にあらゆる社会的パートナーを関与させていくことが含まれる。更にこれは、より広い社会的文化・経済発展に不可欠となるような予防的安全衛生慣習を構築することを意味する。世界各地でアクセスできる集合的知識や経験、良好な実践、情報提供、教育制度を継続的に創造・維持していくことが、基本的な前提条件

となる。そして最後に、国の労働安全衛生システムを構成する全ての要因に一貫性を持たせ、実効性のある、時に叶ったものにする為、動的なマネジメント戦略を開発していく必要がある。

2006年の職業上の安全及び健康促進枠組条約(第187号)と同名の補足的勧告(第197号)の採択は、2005年世界労働安全衛生会議からの重要な進展である。これらの条約・勧告では、各国が労働安全衛生を推進するための基本条項を定めている。国レベルのシステム及びプログラムや、予防的安全衛生文化の構築、労働者と労働環境の安全衛生を持続的に向上させる目的でシステムズ・アプローチを適用することなどについて言及している。

今回の報告書では、就業中の事故疾病に関する最新のILO推計が含まれており、予防的安全衛生文化・労働安全衛生マネジメントシステム・国の労働安全衛生システム・プログラム・プロフィールを構築するための新しい措置についての基本条項をまとめている。この報告書ではまた、上記の分野やその他の分野におけるILOの最近の技術／国際協力活動について報告し、最後に、災害や危険の予知をはじめとする、最新の安全衛生戦略や、それが将来の労働安全衛生に及ぼす影響についていくつか触れている。

I. 概 要

業務関連の死亡者数、事故、疾病件数

業務関連の死亡者数、事故、疾病に関する ILO の新推計が 2003 年¹に関する入手可能な統計を使って、2005 年と 2006 年に作成された。同推計によれば、2003 年の致命的労働災害は約 35 万 1000 件であった。これは 2001 年と比較して極めて僅かな増加である。しかし、非致命的労働災害件数は、年間で 337 万まで増加した。一方、業務関連の致命的疾病は年間 195 万と、若干の減少が見られた。

表 1 業務関連の致命的・非致命的事故及び疾病(付属資料 1)

年	4 日以上欠勤につながった事故	業務関連の致命的事故	業務関連の致命的疾病	致命的事故・疾病の合計数
2001	2 億 6800 万	35 万 1000	203 万	238 万
2003	3 億 3700 万	35 万 8000	195 万	231 万

非致命的事故件数が増えた理由は、世界的な経済活動人口の拡大、そして特定地域における総雇用数の上昇などである。また、今回の計算に使用したデータでは従来までの統計よりも多くの国が対象となっている。有害物質による死亡数は 65 万 1000 件で、約 2 倍に増加した²。この増加の主な理由は、慢性的な閉塞性肺疾患が原因とみられる案件の割合が従来の推計と比べて大幅に増えたことである³。これらの要因を考慮すると、総括的に大きな変化は見られないようである。実際にはこの新しい推計が、2001 年の真実の状況をより正確に映し出していると言えるかもしれない。

労働災害・職業病の推計は必然的に、定義・データ収集方法・質的に単一な統計を基に出来ていることが多い。ゆえに、業務関連の事故や疾病の正確なアセスメントというよりは概数である。多くの国では、業務関連の事故・疾病の状況に関して、十分に信憑性のある統計を収集する為に必要な専門性やリソースが不足している。このような国では、記録・報告・データ分析システムを改善し、職業病のリストを統合することが非常に重要である。このような分野における改善により、各国が国レベルの労働安全衛生システムの有効性に関して、より信憑性のある指標を得ることができ、労働安全衛生問題に優先順位をつけて有限なリソースを有効活用することができる。

ILO の 1996 年の労働災害および職業性疾病の記録及び届出に関する行動指針と 1981 年の職業上の安全及び健康条約(第 155 号)の 2002 年の議定

¹ Update figures of global estimates of occupational accidents and work-related diseases Päivi Hämäläinen, Tampere University of Technology, Institute of Occupational Safety Engineering, Finland.

² Driscoll T, Steenland NK, Nelson DI, Leigh J, Concha-Barrientos M, Fingerhut M, Prüss-Üstün A. 2005a. The global burden of disease due to occupational Carcinogens. American Journal of Industrial Medicine 48: 419-431.

³ Driscoll T, Steenland NK, Nelson DI, Leigh J, Concha-Barrientos M, Fingerhut M, Prüss-Üstün A. 2005a. The global burden of disease due to occupational Carcinogens. American Journal of Industrial Medicine 48: 419-431.

書は、国際的協議に基づいて策定され、各国が自国の労働事故・疾病に関するデータ収集・分析システムの構築におけるモデルとして活用できる。関連資料としてILOの職業病一覧も参照⁴。

労働安全衛生の促進的枠組み

2003年の第91回ILO総会で採択された安全衛生に関するグローバル戦略は、労働の世界における安全衛生を促進する為に前進的に作られた戦略である。この戦略を受けてILOは、2006年の総会で職業上の安全及び健康を促進するための枠組みに関する条約(第187号)と同名の補足的勧告(第197号)を採択した。全文は付属資料2を参照。

第187号条約の主な目的は国レベルの議題において労働安全衛生が優先されるようにすることと、労働条件と労働環境の改善のために三者構成における政策的取組みを育てることである。その内容は規範型というよりは促進型で、上記のグローバル戦略でまとめられている二つの基本的概念に基づいている。その根本概念とは、予防的な安全衛生文化の創造と、国レベルの労働安全衛生マネジメントにおけるシステムズ・アプローチの応用である。これは、国の労働安全衛生システムを構成する全ての要素の継続的なモニタリング・評価・改善を意味する。同条約は国レベルの政策・システム・事業の構成要素と役割を概ね定義しており、同勧告は国の労働安全衛生プロファイルの作成・維持などに関して、より具体的な活動分野や実施の仕組み、細目について述べている。

2006年の職業上の安全及び健康を促進するための枠組みに関する条約(第187号)はこれまでに、日本・韓国・イギリスにより批准されており、2009年2月に施行されることになっている。同条約はまた、2006年のASEANプラス3(日中韓)労相会議⁵とEU 2007-2012の安全衛生戦略⁶で国際的支持を得た。

労働安全衛生と安全文化

国レベルでの予防的安全衛生文化とは、社会のあらゆる局面において、安全で健康的な労働環境で働く権利が尊重されるような文化である。また、政労使とその他の関係者が、取り決められた権利・責任・義務のシステムを通して、安全で健康的な労働環境づくりに積極的に参加し、予防的理念を最優先していく文化である。このような文化を構築し、維持していくには、災害と危険対す

⁴ ILO List of Occupational Diseases, Annexed to the Recommendation on Occupational Diseases, 2002 (No. 194)
<http://www.ilo.org/public/english/standards/relm/ilc/ilc90/pdf/rec-194.pdf>

⁵ Joint Statement, the ASEAN Plus Three Labour Ministers' meeting, 6 May 2006, Singapore
<http://aseansec.org/18404.pdf>

⁶ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions and European Parliament resolution of 15 January 2008 on the Community strategy 2007 – 2012 on health and safety at work, text adopted by Parliament, Tuesday 15 January 2008, Strasbourg, Art.64. European Parliament Resolution of 15 January 2008 on the Community strategy 2007 – 2012.

る一般的認識や知識を向上させ、その予防・管理を考えていけるよう、教育や養成をはじめとする実行可能なあらゆる措置に関して、永久的な流動性が求められる。また、教育システムの中で職場の災害や危険、予防を認識し、国家レベルのカリキュラムに適切に取り入れることで、公衆と職場の安全衛生において連続性を促進しなければならない。

労働安全衛生とマネジメントシステム

近年、政府・企業・国際機関は一律に、労働安全衛生マネジメントを体系化する必要が高まっているのを認識している。労働安全衛生マネジメントシステムと呼ばれるアプローチは、従来の指揮管理的アプローチを補完する効果的な戦略を提供する。これは、パフォーマンス改善ツールや、より有効な安全衛生監視の概念の提案、そしてそのマネジメントシステムの計画を以って可能になる。

労働安全衛生マネジメントに対して世界的取組みが必要であることは、進展する経済のグローバル化に対する、理にかなった、必要性の高い応えとして認識されている。一方で、国際標準化機構(ISO)の質と環境に関する基準の影響により、労働安全衛生マネジメントの体系化でもたらされる恩恵が明確になった。現在の経営科学理論によれば、パフォーマンスを測定し組織的に継続的改善を目指すことで、安全衛生を含む全ての側面において、ビジネスパフォーマンスを向上させられるという。2001年のILO労働安全衛生マネジメントシステム・ガイドラインで定義された原理に基づいて、第187号条約では、同様のアプローチを国レベルの労働安全衛生マネジメントに適用した。これは、政策の検討、査定、実施という継続的なサイクルを通して、国の労働安全衛生マネジメントシステムが改善されることを確実にする為である。労働安全衛生マネジメントの継続的改善サイクルにおける各段階の詳細は付属資料4を参照。

国の労働安全衛生政策

国の労働安全衛生政策を社会的パートナー(労使を意味する)の総意の下で充実させていくことは、ディーセントで安全で健康的な労働環境を促進するための国の努力を最も如実に表すものである。確実に最大限の支持を得るには、計画・実施・定期検討を政労使とその他(安全衛生の責任・活動上の)関係者による協力的プロセスを通して行う必要がある。政府の最高レベルにおける政策承認は、ディーセントで安全かつ健康的な労働条件・労働環境の推進や予防的安全衛生文化の構築を考えていく中で、一般認識を高める最も有効な手段である。

2006年の職業上の安全及び健康を促進するための枠組みに関する条約(第187号)は、1981年の職業上の安全及び健康並びに作業環境に関する条約(第155号)の規定を更に進展させたものである。第187号条約では、政府最高レベルの承認を要請し、国の安全衛生プログラムの構築・定期検討を求めている。

国の労働安全衛生システム

労働安全衛生は、多くの専門分野に関連しており、職場環境の危険・災害に関して様々な考慮が求められる複雑なトピックである。国の労働安全衛生システムに関して、組織の構成や仕組みを適切に保ち、その中にある様々な技能・知識・分析能力を踏まえた上で一貫性のある効果的なものにしていくには、何らかの方法でこの複雑性に対応していかなくてはならない。

国の労働安全衛生システムの構成要素は、基盤整備、仕組み、そして国の目標を実行に移す専門職者である。国の労働安全衛生システムは、社会経済的・技術的変化が労働条件・労働環境に及ぼす影響を反映するよう、検討・実施・査定を繰り返して構築されなければならない。労働安全衛生における政策とプログラムを組み合わせ、定期的調整を加えて新しいニーズや変化の絶えない仕事の世界における課題に対応していく必要がある。以下の表は第187号条約で定められた労働安全衛生システムの基本的要素を列挙している。

国の労働安全衛生システムの基本的要素	
<ul style="list-style-type: none"> • 立法などの労働安全衛生措置 • 労働安全衛生に責任を持つ一つ以上の権威又は機関 • 調査システムなどのコンプライアンスの仕組み • 安全衛生に関する三者相互助言の仕組み • 民間レベルでの労使間の協力の促進 • 労働安全衛生に関する情報と助言サービス • 労働安全衛生訓練の基本条項のシステム 	<ul style="list-style-type: none"> • 労働健康サービス • 労働安全衛生の調査 • 業務上傷害・疾病に関するデータの収集と分析の仕組み • 業務上傷害・疾病に関する保険及び社会保障制度との協力に関する基本条項 • ミクロ・小規模・中規模企業・インフォーマル経済に対する支援メカニズムの前進的な改善

1981年の職業上の安全及び健康並びに作業環境に関する条約(第155号)や第187号条約、またその他一般労働安全衛生の関連措置は、明確な目標を設定しており、包括的で一貫性のある国レベルの労働安全衛生システムの構築と発展に必要な全ての基本条項を含んでいる。あらゆるレベルにおける責任の特定や広いコンサルティングの仕組みの提案、定期検討と科学・技術進展への順応、労働条件・労働環境の継続的な改善、予防的安全衛生文化の構築を提唱している。付属資料2はこれらを含む労働安全衛生に関するILO基準の主な規定をまとめたものである。

国の労働安全衛生プログラム

国のプログラムには戦略性・期間的有限性があり、国の労働安全衛生システムの分析と最新の国家プロファイルに基づいて特定された労働安全衛生のための具体的な国の優先事項を主に扱っている。国のプログラムが目指すのは、予防的安全衛生文化の構築・維持を促し、国の労働安全衛生システムを継続的に改善していくことである。代表的労使団体やその他関係者によるコンサルティングは、国家プログラムの開発・進展・維持の成功にとって不可欠である。また同様に重要なのは、プログラムの公表・承認・実施を、政府の最高

レベルによって行うことである。ILO は技術協力プログラムを通して、国の労働安全衛生システムの前進的向上に献身的に取り組む国々を支援している。

国の労働安全衛生プロフィール

国の労働安全衛生プロフィールの作成は、良好な国家労働安全衛生プログラムの構築において不可欠な最初のステップである。プロフィールは、労働安全衛生の実施とマネジメントにおいてその国で利用可能なあらゆる措置やリソースの一覧であり、職場の安全衛生の前進的・持続的改善における国の優先事項を設定する為に必要な情報を提供する。それは労働安全衛生においてシステムズ・アプローチを応用する上で鍵となるツールである。一旦作成すれば、このプロフィールは活動を実施する上での優先順位を決める基準となる。また定期的な更新を行うことによって活動の経時的な進捗状況が測れ、様々なズレや今後の改善点を特定することができる。そういった意味で、プロフィールが国の労働安全衛生プログラムの継続的改善を目指す上で果たす役割は大きい。国のプロフィールが提供すべきである質的・量的情報の概要を以下に記した。

- 労働安全衛生に関する法律・実施基準・技術基準・集団協定・ガイドラインなどのドキュメント
- 国の基盤整備・取締り機関・監視機関、コンサルティング機関・教育機関・養成機関・研究機関・情報機関・専門職協会など、その機能や活動において国の労働安全衛生プログラムのマネジメントに直接的あるいは間接的に貢献している団体
- 労働災害や職業病に関するデータ。また入手可能であれば事件や通勤中の事故に関する情報。
- 安全衛生のスペシャリスト、労働監督官、産業医など、専門技能人員職業を通して国の労働安全衛生システムの機能や国の労働安全衛生プログラムの遂行に貢献する人的リソースと、予算などの金銭的リソース
- 人口構成・識字率・経済・雇用状況など、国の労働安全衛生システムに関連するあらゆる情報

完成した国のプロフィールはまた、ILO をはじめとする政府間機関や寄付機関がこの分野における技術協力支援プログラムやプロジェクトを計画・実施する上で非常に有益な情報源となる。多くの国が現在、自国のプロフィールを作成済み、あるいは現在作成中である。これらの国の一覧は次章を参照。プロフィールに関する詳細については 2006 年の職業上の安全及び健康促進枠組勧告(第 197 号)の第 14 段落を参照。

III. 将来の展望

近年の雇用形態の変化と技術進歩と共に、新たに今までと異なる仕事関連のリスクが出てきている。それらを効果的に管理していくためには予期がより極めて重要になっている。最近の労働安全衛生(OSH)に対する予見(Foresight)方法の適用により、潜在する危険性とリスクを事前に測定すること、効率的な予防手段を講じることができるようになってきた。更に、長年の労働安全衛生懸念事項が現在の仕事形態と技術の変化を踏まえて再考されている。

予見と労働安全衛生

予測、技術評価、将来の研究などの予見プロセスは長期傾向を特定することで意思決定を導くことを目的としている²⁶。近年では予見プロセス(Foresight Process)が主にヨーロッパで発生してきている。科学技術、社会経済の将来の開発シナリオに基づいた今日の研究やイノベーション(新技術開発、革新)の優先順位を設定するためである。仕事の世界の新興リスク検証に対する予見法(Foresight methods)、あるいは予測プロセスを適用することをEUが決定したのは、“仕事での衛生と安全コミュニティ戦略2005-6”の出版後であった²⁷。2002年、欧州リスク監視所(European Risk Observatory)が欧州労働安全衛生機構によって創設され、“新しい”、かつ“増加している”職業上のあらゆるリスクを“新たな労働安全衛生リスク”と定義した²⁸。

国際的な専門家パネルの研究により、仕事上の身体的、生物学的、心理的リスクの三つの専門予測レポートが作成された。この三つの研究結果については後に言及する。このアプローチを使えば、事故・疾病統計、疫学的データを基にする従来の手法よりもすぐに新興リスクを予測できる。また、世界規模の「OSH Foresight システム」の構築の可能性に関して、新しい職場リスクに対する行政機関の対応速度の向上に非常に効果的であり、そしてILOはCIS(国際労働安全衛生情報センター)ネットワーク²⁹を通して重要な役割を果たすだろう。

²⁶ Community Research and Development Information Service (CORDIS), Development of research/innovative policies, Science and Technology Foresight.

<http://cordis.europa.eu/foresight/home.html>

²⁷ “Adapting to change in work and society: a new Community strategy on health and safety at work(新しい労働安全衛生へのコミュニティ戦略) 2002-2006”, 現在は前述した欧州連合の仕事での衛生と安全コミュニティ戦略 2007-12 に引き継がれた。

²⁸ European Risk Observatory: <http://osha.europa.eu/en/riskobservatory/>

²⁹ ILO International Occupational Safety and Health Information Centre (CIS)
<http://www.ilo.org/cis>

欧州リスク監視所や国内外の機関の調査に基づいて、より重要な労働安全衛生リスクを以下にいくつかリストした。全ての事例に関して、職場で受ける健康上の影響を調査・記録した。変化しているのは、現在の新興リスクが、労働安全衛生の観点を十分に考慮していない新技術の開発と使用、新形式の職場、社会・組織の変化、と密接に関連してきているということである。経済のグローバル化の影響によりこれらの問題は急速な工業化の進む国々でも多くみられる。

新たなリスク

身体的リスク

専門家が特定した主な身体的リスクの予測は、複数の要因から成る問題、特に筋骨格疾患や心理的リスク要素に関する懸念が大きくなっていることを反映している³⁰。悪化原因としては、不安定な労働市場によって引き起こされる仕事の不安定性や将来への懸念、粗末なエルゴノミクス設計（人間工学に基づいた設計）の職場、複雑なヒューマン・システムインターフェイス（人間が機械と交わりやすくするための技術）と一体となっている技術と作業過程、削減された、もしくは存在しない危険労働者への研修、または移民や不法労働者に対する低い雇用形態が含まれている。主な新しい身体的リスクは以下の通りである。

- ・ 身体的能力の欠如
- ・ 農業や建設作業員に特に見られる、熱リスクや熱的不快に関する乏しい認識
- ・ 振動や不自然な姿勢、また重度の肉体労働が組み合わさった労働への従事
- ・ コールセンター等に見られる多要素的なリスク（粗末なエルゴノミクス設計、乏しい作業組織、精神的、感情的な要求）
- ・ 新技術、作業過程、ヒューマンインターフェイスの（人間と機器の間に入って処理を行う物）様な複雑性によって生まれる精神的・感情的緊張感
- ・ 屋外での作業、紫外線新技術の作業、余暇等のアウトドア活動から来る紫外線ダメージの一般的増加
- ・ 女性、若年者、高齢者、低地位、移民労働者等リスクの多いグループに対する不十分な保護

生物学的リスク

生物学的リスクは HIV/AIDS、肝炎、結核、SARS、鳥インフルエンザ、 Dengue 熱の様な伝染病に感染する恐れのある場所、特にヘルスケア関連労働者、農業従事者、廃棄物取り扱い労働者に影響が大きく、懸念が大きくなっている。世界中で32万人の労働者がウイルス性、細菌性、虫、動物関連の生物学的

³⁰ Expert forecast on emerging physical risks related to occupational safety and health, European Agency for Safety and Health at Work, 2005 ISBN 92-9191-165-8.
<http://osha.europa.eu/en/riskobservatory/>

リスクによって死亡している。世界的な貿易の拡大が全ての国に対してこの問題を助長し、効果的な対処を困難にしている。

化学的リスク

この領域では、殆どの国内、国際的な活動は UNCED のアジェンダ21とそれに続くサミットでの協定により設定されたゴール達成を目標としており、有害物の環境に対する影響が主な関心である³¹。特に環境と人間の健康に影響のある有害物として、鉛、カドミウム、水銀のような重金属、有機汚染物質、そして硫黄、窒素、二酸化炭素酸化物等がある³²。殺虫剤や殺菌剤、フタル酸エステル系可塑剤、ダイオキシン、防汚塗料のような内分泌物かく乱物質（環境ホルモン）なども人体や動物の通常ホルモン作用を妨げる物として注意が向けられている³³。たとえ低い濃度でも、労働者は長時間様々な有害物に晒されているため、有毒粉塵、フューム、殺虫剤、溶剤に、喘息、皮膚炎を誘発する物質、発ガン性物質、重金属等の有害物も懸念されている。

この分野において一つの特別な懸念事項は認識(Recognition)である。生理学的な過敏性(physiological sensitivity)の違いにより、若年者、妊婦、出産適齢期の労働者は、毒性研究や職業限度開発のモデルとして通常使われている平均的な体重70Kgの男性労働者よりも、有害物質に対して脆弱である。その脆弱な労働者層が世界の労働力の比率の中で増加しているため、最終的には現在の耐性研究方法の再考が必要になるだろう。

ナノテクノロジーに関連したリスク

もう一つの新しい懸念事項は、ナノ物質生産と、100ナノメートルよりも小さい粒子にさらされることで起こり得る人間と環境への悪影響である。その小さなサイズと広い表面積のため、精製されたナノ粒子は、似たような化学組成の大きめの粒子とは明らかに異なり、化学的、物理的、生物学的性質をもっている。OECDのような政府間組織やいくつかの政府はナノ物質の人間の健康と環境への潜在的な影響を評価するタスクフォースを立ち上げた³⁴。ナノ物質に触れる職業、環境がいくつか報告されたが、未だナノ物質にさらされることに関連した健康と環境の影響を図るデータが不十分である。

労働者の福祉

³¹ UN Conference on Environment and Development (UNCED), Rio de Janeiro, 1992, Agenda for the 21st Century.

<http://www.un.org/esa/sustdev/documents/agenda21/index.htm>

³² UNEP Chemicals, <http://www.chem.unep.ch/pops/newlayout/infpopschem.htm>

³³ OECD environmental outlook for the chemicals industry, 2001. この文書は

<http://www.oecd.org/ehs> にて参照可能

³⁴ Report of OECD Workshop on the Safety of Manufactured Nanomaterials Building Co-operation, Co-operation and Communication Washington D.C., United States, 7th-9th December 2005, OECD environment Directorate, Environment, Health and Safety Division, Document No. ENV/JM/MONO (2006) 19. この文書は

<http://www.oecd.org/ehs> にて参照可能

EUは労働日数損失の50-60%はストレスから来るものであるという見積もりを出しており、それは2002年の経済コストでは200億ユーロに上る。作業設計、組織、経営体制の変化、新たなテクノロジーの導入、または新たな雇用契約方式は全てストレスの増加をもたらす。それに加え、HIV/AIDS、アルコール、薬物、そしてタバコの悪影響は、個人と組織の悪循環を生み出したり、加速させたりする。最もストレスを生む条件としては、不安定な職業、仕事の増大、暴力、ハラスメントである。そのような要素は精神や肉体に深刻な悪影響を及ぼし、仕事のパフォーマンスと私生活、生産性にも影響する。高い作業負荷、自由の利かない勤務時間もまた私生活と仕事との両立を難しくしている。これは特に自宅で家事を抱える女性に厳しくなっている。これらの問題を踏まえると、途上国、先進国共にこれらの問題は健康障害、事故、そして無断欠勤を起こす主な原因であることを示している。

労働力形態の変化

過去21年における世界経済のグローバル化は、多くの職場の問題を明るみに出し、その中で長年未解決だった問題のいくつかを悪化させた。そのような問題の重要性と潜在的影響に関して、労働安全衛生スペシャリスト・規制機関の注目が高まっている。新しい、または大規模な労働団体はこれまでの予防、保護対策では効果的に対応できない労働条件やリスクに直面している。

インフォーマル経済

21世紀の始まりにおいて、世界の大部分の労働人口がインフォーマル経済の、不安定で脆弱な状況の下で生計を立てている³⁵。2002年のILO総会で採用されたディーセントワークとインフォーマル経済に関する決議³⁶で強調されたように、インフォーマル経済下での労働者と経済単位はディーセントワークの不足が最も深刻である。インフォーマル経済下では、危険で不健康な労働条件、低いスキルと生産性レベル、低賃金もしくは不規則収入が支配的であり、また長時間労働や情報、市場、資金調達、トレーニング、テクノロジーへのアクセスの欠如が顕著である³⁷。

インフォーマル経済下での労働者と経済単位への安全衛生の拡大が重要な課題である。アジア、中央アジア、アフリカとしてラテンアメリカにおいて取り組まれたWISE(Work Improvement in Small Enterprises - 小企業職場改善プロジェクト)やWIND(Work Improvement in Neighborhood Development - 住民参加型作業・生活改善プログラム)のような参加型の研修方法が安全衛生拡大の課題となっている。現在、木工業、自動車修理工等特定の職業をターゲットにしたワークショップ等試験的なプロジェクトが西アフ

³⁵ World Employment report:

<http://www.ilo.org/public/english/employment/strat/wer2004.htm>, chapter 5 :

<http://www.ilo.org/public/english/employment/strat/download/wr04c05en.pdf>

³⁶ <http://www.ilo.org/public/english/standards/reim/ilc/ilc90/pdf/pr-25.pdf>

³⁷ Background document of the interregional Symposium on the informal economy - Enabling transition to formalization, ILO Geneva, 27-29 Nov. 2007

<http://www.ilo.org/public/english/employment/policy/events/informal/index/htm>

リカで実行されている。その2008-2009年のプログラムにおいて、ILO はインフォーマル経済を改善し、フォーマルなものに移行するのを手助けするための包括的な政策を展開していくための政労使のキャパシティ(能力向上・育成)増大に対する共同の即時的成果に同意した。労働安全衛生と労働条件の向上がこのプロジェクトを構成する主要な要素である。よい労働安全衛生の実行には、より包括的で、発達したツール、または現在執行されている三者構成アプローチを強調する実用的で強固なプログラムでなければいけない。広いパートナーシップを含む実地的な解決方法は今後更に研究、調査されるべきである。

移民労働者

移民労働者の人口は2005年では1億9100万人と1960年に比べ2倍以上になっている。世界各地で問題となっているディーセントワークの欠如、世界的な人口統計の傾向を見ると、21世紀には国際労働力移動は更に増加しそうである。受入国出身国双方において、移民が国の発展と繁栄に貢献するというコンセンサスが高まっている。しかし、移民労働者は引き続き安全衛生に関して特に脆弱な集団である。すなわち、

- ・ 殆どの移民労働者がハイリスクで非正規(Informal)な部門に雇用されている。これは“3D” – 汚い(dirty)、危険(dangerous)、きつい(demanding) – すなわち、3Kである。
- ・ 言葉や文化的側面により、特定の安全衛生コミュニケーションと訓練手法が求められている。これらは欠如している場合が多い。
- ・ たくさんの移民労働者が長時間働いており、全般に悪い健康状態に苦しんでおり、特に労働災害や職業病の傾向がある。
- ・ 社会保障が充分でない、または全く援助を受けていない。
- ・ 政策立案を導くための移民労働者の安全衛生の問題に関する情報が殆どない。

移民フローの中で、低いスキルの労働者 – 特に女性 –、高い確率の変則的移民、そして殆どの国の国際基準への批准の少なさと低いコンプライアンス、が低スキル労働者を搾取行為に対して極めて脆弱にしている。労働者は自身を防衛する手段が殆ど無いのである。そのため、移民労働者のためにディーセントで安全な仕事を現実にするための安全衛生戦略・政策に関する、世界的に未解決の協議事項がたくさんある。故に移民労働者のための安全衛生は、全ての利害関係者の間での効率的なパートナーシップに基づき、全ての議題のため、人権に基づいた移民政策のためのディーセントワークの一部として推進されるべきである。

性別の側面

労働力の中で女性の割合が増えていることは、職業上のリスクが男女へ及ぼす種々の影響に関する疑問点を提起した。有害物との接触に関する異なる影響についての懸念が表明されている。例えば、生物学因子がもたらすリブ

ロダクティブヘルス(性と生殖に関する健康)、重労働の負荷、エルゴノミクス設計の職場、就業時間(特に家事の時間も考慮に入れられるべきである)などへの影響である。

労働安全衛生リサーチにおいて、労働疫学は、性別によるあらゆる差異を考慮する敏感なものでなくてはならない。現状、一部の化学薬品、トランスジェニック(遺伝子組替)研究所で集菌され培養された遺伝子素材、新たな特性を持った調合薬—これら全ては長期的には男女間で異なった健康影響を持つ可能性がある—に対する性別間での異なるリスクについての情報が不足している。その上、生殖器系疾患の中で解明されていないグループが特定の就労人口に影響を及ぼしているというのが徐々に明らかになってきている。職業的原因の可能性は未だ解明されておらず、職業上の暴露とそのような疾病の関連性を調査する必要がある。

労働者の高齢化

国連人口基金は世界の60歳以上の人口が、現在の10人に1人の割合から、2020年までに8人に1人になると予測している。一方ヨーロッパでは、2020年までに総労働力の半数近くが45～64歳の年齢層になると予測されている³⁸。

加齢とは、各個人が遺伝的特徴とライフスタイル、そしてそれに労働条件の影響が加わって進むプロセスである。年齢と共に進行性の心臓血管、肺、腎臓、内分泌物機能の減退が見られ、免疫システムがいくらか正常に機能しない場合があり、聴覚、視覚、味覚等にも影響する。年配の労働者は高血圧、肺疾患、心臓病、糖尿病等の1つ2つの何かしらの慢性的な内科疾患を抱えている場合があり、他に神経障害など安全性、身体能力に影響を及ぼすものがある。老化作用は重い荷物を手作業で運ぶ、過度の騒音下にいる、不規則な労働時間や過度の組織改変などの厳しい労働条件下で加速する可能性がある。

しかし、年配者のスキル、経験、成熟度等は度々健康問題に対抗する。研究によると年配労働者は職場においてより献身的という結果がわかっている。彼らは長時間仕事に従事し、疾病による欠勤数も少ないという。高齢労働者は後年の仕事において健康と安全に注意を払いながら会社にとって貴重な人材でい続けることができる。彼らは年齢を根拠に差別されることよりむしろ経験や知識、スキルを用いることで雇用者に対してたくさんの貢献ができる。高齢労働者向けの労働安全衛生マネジメントシステムとトレーニングプログラムでは当然そういった要素も考慮すべきである。

³⁸ ILO World Day report, 2005, p9-10
<http://www.ilo.org/public/english/protection/safework/worldday/products05/report05.htm>

結 論

ILOの第一の目標は男女が自由、平等、安全、尊厳の条件においてディーセントで生産的な仕事を得る機会を促進することである。このディーセントワークの形成において、ILO憲章前文に組込まれている労働安全衛生と労働者の疾病、傷害等の労働災害からの保護はILOの最優先事項であり続けている。

このため、ILOは基準設定、技術協力、関連団体を通して労働安全衛生を促進するためかなりの資源を投入し続けている。政府、労働者、使用者からなるILOのユニークな三者構成はコンセンサス主義を通じた労働安全衛生の新しいツール、プログラムを構築し、実行するのに必要な社会対話を促進する強い基盤となる。

将来に向けた重要点は以下の通りである。

- ・ 労働安全衛生に関する知識、効果的な情報の普及そして教育とトレーニングメカニズムの向上は、強力で永続的な予防安全衛生文化を形成し、健全な労働安全衛生マネジメントを達成するための技術手段、戦略、規則を構築する際に必要不可欠である。
- ・ 労働災害や職業病の記録と通知、収集された統計の定期的発行のためのメカニズムの設立は、予防、保護対策執行の優先順位を決める上で不可欠である。
- ・ 自主基準と自己監視システムは有益ではあるが、労働者の安全と健康及び環境保護を確保するためには、有能で十分なリソースが投入された労働監督制度を含む規制及び執行のための強力な仕組みが今もなお必要とされている。
- ・ 労働安全衛生に関する啓発と国の労働安全衛生の正式な承認は、国の全体的な計画立案や予算編成の枠内に労働安全衛生の要求事項が組み込まれるよう促進するのに不可欠である。
- ・ ILOのプログラムを通しての様々な戦略の統合は、インフォーマル経済や移民労働者の関連で労働安全衛生を効率的に扱おうとする場合には特に重要である。労働力形態の変化に関連する事項を含め、新たに出てくる問題に関する新しい協力手段を探ることもまた重要である。
- ・ 労働安全衛生に関する国際的な協力は研究の遂行にかかる負担を分かち合う唯一の道である。

2006年の職業上の安全及び健康促進枠組条約（第187号）とそれに付随する勧告の実施を高めることは、以上の事項に取り組み、世界中の国々に予防的な安全衛生文化を一層促進する上で大きく貢献するものである。

付属資料2

職業上の安全及び健康を促進するための枠組みに関する条約 (第187号)

(日本は2007年7月24日批准登録)

国際労働機関の総会は、
理事会によりジュネーブに招集されて、二千六年五月三十一日にその第九十五回会期として会合し、
職業上の負傷、疾患及び死亡の世界的な規模並びにこれらを減少させるために更に措置をとることの必要性を認識し、
雇用から生ずる疾病、疾患及び負傷に対する労働者の保護が、国際労働機関憲章に規定する国際労働機関の目的に含まれることを想起し、
職業上の負傷、疾患及び死亡は、生産性並びに経済的及び社会的発展に悪影響を及ぼすことを認識し、
国際労働機関が、すべての職業における労働者の生命及び健康の十分な保護を達成するための計画を世界の諸国間において促進する厳粛な義務を有する旨を規定するフィラデルフィア宣言の三(g)の規定に留意し、
千九百九十八年の労働における基本的な原則及び権利に関する国際労働機関の宣言並びにその実施についての措置に留意し、
千九百八十一年の職業上の安全及び健康条約(第百五十五号)、千九百八十一年の職業上の安全及び健康勧告(第百六十四号)その他職業上の安全及び健康を促進するための枠組みに関連する国際労働機関の文書に留意し、
職業上の安全及び健康の促進が、すべての人に対する適切な仕事の確保という国際労働機関の課題の一部であることを想起し、
世界的な戦略としての職業上の安全及び健康の分野における国際労働機関の基準に関連する活動についての結論(国際労働機関の総会が二千三年のその第九十一回会期において採択したもの)、特に国内の課題において職業上の安全及び健康を優先させることを確保することに関連するものを想起し、
各国の安全及び健康に関する危害防止の文化を継続的に促進することが重要であることを強調し、
会期の議事日程の第四議題である職業上の安全及び健康に関する提案の採択を決定し、その提案が国際条約の形式をとるべきであることを決定して、
次の条約(引用に際しては、二千六年の職業上の安全及び健康促進枠組条約と称することができる。)を二千六年六月十五日に採択する。

定義

第 一 条

この条約の適用上、

(a) 「国内政策」とは、千九百八十一年の職業上の安全及び健康条約（第百五十五号）第四条に規定する原則に従って定める職業上の安全及び健康並びに作業環境に関する国内政策をいう。

(b) 「職業上の安全及び健康に関する国内制度」又は「国内制度」とは、国内政策並びに職業上の安全及び健康に関する国内計画を実施するための主要な枠組みを提供する基盤となる制度をいう。

(c) 「職業上の安全及び健康に関する国内計画」又は「国内計画」とは、所定の期間内に達成すべき目的、職業上の安全及び健康の改善のために定める措置の優先順位及び手段並びに進捗を評価する手段を含む国内計画をいう。

(d) 「各国の安全及び健康に関する危害防止の文化」とは、安全かつ健康的な作業環境についての権利がすべての段階において尊重され、一定の権利、責任及び義務に関する制度を通じて政府、使用者及び労働者が安全かつ健康的な作業環境の確保に積極的に参加し、並びに予防の原則が最優先される文化をいう。

目的

第 二 条

1 この条約を批准する加盟国は、最も代表的な使用者団体及び労働者団体と協議した上で国内政策、国内制度及び国内計画を定めることにより、職業上の負傷、疾患及び死亡を予防するために職業上の安全及び健康を不断に改善することを促進する。

2 加盟国は、職業上の安全及び健康を促進するための枠組みに関連する国際労働機関の文書に定める原則を考慮に入れた上で、職業上の安全及び健康に関する国内制度及び国内計画を通じて安全かつ健康的な作業環境を漸進的に達成するための積極的な措置をとる。

3 加盟国は、最も代表的な使用者団体及び労働者団体と協議した上で、職業上の安全及び健康に関連する国際労働機関の条約を批准するためにいかなる措置をとることができるかを定期的に検討する。

国内政策

第 三 条

1 加盟国は、国内政策を定めることにより、安全かつ健康的な作業環境を促進する。

2 加盟国は、すべての関連する段階において、安全かつ健康的な作業環境についての労働者の権利を促進し、及び発展させる。

3 加盟国は、国内政策を定めるに当たり、国内事情及び国内慣行に照らし、かつ、最も代表的な使用者団体及び労働者団体と協議した上で、基本原則（例えば、職業上の危険性

又は有害性を評価し、及びこれに根本的に対処すること並びに情報、協議及び訓練を含む各国の安全及び健康に関する危害防止の文化を発展させること)を促進する。

国内制度

第 四 条

1 加盟国は、最も代表的な使用者団体及び労働者団体と協議した上で、職業上の安全及び健康に関する国内制度を定め、維持し、漸進的に発展させ、及び定期的に検討する。

2 職業上の安全及び健康に関する国内制度には、特に、次のものを含める。

(a) 職業上の安全及び健康に関する法令(適当な場合には労働協約)及び他の関連文書

(b) 職業上の安全及び健康について責任を有する機関又は団体であって、国内法及び国内慣行に従って指定するもの

(c) 国内法令の遵守を確保するための仕組み(監督制度を含む。)

(d) 経営者と労働者又はその代表との間で行われる協力(職場に関連する予防措置の基本的要素であるもの)を企業の段階において促進するための仕組み

3 職業上の安全及び健康に関する国内制度には、適当な場合には、次のものを含める。

(a) 職業上の安全及び健康の問題を取り扱う国内の三者の間の諮問機関

(b) 職業上の安全及び健康に関する情報及び助言に係るサービス

(c) 職業上の安全及び健康に関する訓練の提供

(d) 国内法及び国内慣行に従って提供される職業上の健康に係るサービス

(e) 職業上の安全及び健康に関する研究

(f) 職業上の負傷及び疾患に関するデータの収集及び分析のための仕組みであって、国際労働機関の関連文書を考慮に入れたもの

(g) 職業上の負傷及び疾患を対象とする関連の保険制度又は社会保障制度との協力に関する措置

(h) 零細企業、中小企業及び非公式な経済における職業上の安全及び健康に関する状況を漸進的に改善することを支援する仕組み

国内計画

第 五 条

1 加盟国は、最も代表的な使用者団体及び労働者団体と協議した上で、職業上の安全及び健康に関する国内計画を定め、実施し、監視し、評価し、及び定期的に検討する。

2 国内計画は、

(a) 各国の安全及び健康に関する危害防止の文化の発展を促進する。

(b) 職業上の負傷、疾患及び死亡を予防し、並びに職場における安全及び健康を促進

するため、国内法及び国内慣行に従って、かつ、合理的に実行可能な限り、職業上の危険性又は有害性を除去し、又は最小限にすることにより、労働者の保護に貢献する。

(c) 職業上の安全及び健康に関する国内の状況の分析（職業上の安全及び健康に関する国内制度の分析を含む。）に基づいて定められ、及び検討される。

(d) 目的、対象及び進展の指標を含む。

(e) 可能な場合には、安全かつ健康的な作業環境を漸進的に達成することを支援するその他の補完的な国内計画等によって補強される。

3 国内計画は、広く公表するものとし、可能な範囲で、最上級の国内機関により承認され、及び開始される。

最終規定

第六 条

この条約は、いかなる国際労働条約及び国際労働勧告も改正するものではない。

第七 条

この条約の正式な批准は、登録のため国際労働事務局長に通知される。

第八 条

1 この条約は、加盟国であって自国による批准が国際労働事務局長に登録されたもののみを拘束する。

2 この条約は、二の加盟国による批准が国際労働事務局長に登録された日の後十二箇月で効力を生ずる。

3 この条約は、その効力が生じた後は、いずれの加盟国についても、自国による批准が登録された日の後十二箇月で効力を生ずる。

第九 条

1 この条約を批准した加盟国は、この条約が最初に効力を生じた日から十年を経過した後は、登録のため国際労働事務局長に送付する文書によってこの条約を廃棄することができる。廃棄は、登録された日の後一年間は効力を生じない。

2 この条約を批准した加盟国であって1に規定する十年の期間が満了した後一年以内にこの条に定める廃棄の権利を行使しないものは、更に十年間拘束を受けるものとし、その後は、新たな十年の期間の最初の年に、この条に定める条件に従ってこの条約を廃棄することができる。

第十條

- 1 国際労働事務局長は、加盟国から通知を受けたすべての批准及び廃棄の登録についてすべての加盟国に通報する。
- 2 国際労働事務局長は、通知を受けた二番目の批准の登録について加盟国に通報する際に、この条約が効力を生ずる日につき加盟国の注意を喚起する。

第十一條

国際労働事務局長は、国際連合憲章第百二条の規定による登録のため、登録されたすべての批准及び廃棄の完全な明細を国際連合事務総長に通知する。

第十二條

理事会は、必要と認めるときは、この条約の運用に関する報告を総会に提出するものとし、また、この条約の改正に関する問題を総会の議事日程に加えることの可否を検討する。

第十三條

- 1 総会がこの条約を改正する条約を新たに採択する場合には、その改正条約に別段の規定がない限り、
 - (a) 加盟国によるその改正条約の批准は、その改正条約が自国について効力を生じたときは、第九条の規定にかかわらず、当然にこの条約の即時の廃棄を伴う。
 - (b) この条約は、その改正条約が効力を生ずる日に加盟国による批准のための開放を終了する。
- 2 この条約は、これを批准した加盟国であって1の改正条約を批准していないものについては、いかなる場合にも、その現在の形式及び内容で引き続き効力を有する。

第十四條

この条約の英文及びフランス文は、ひとしく正文とする。

職業上の安全及び健康を促進するための枠組みに関する勧告 (第197号)

国際労働機関の総会は、理事会によりジュネーブに招集されて、二千六年五月三十一日にその第九十五回会期と

して会合し、

会期の議事日程の第四議題である職業上の安全及び健康に関する提案の採択を決定し、その提案が二千六年の職業上の安全及び健康を促進するための枠組みに関する条約（以下「条約」という。）を補足する勧告の形式をとるべきであることを決定して、

次の勧告（引用に際しては、二千六年の職業上の安全及び健康促進枠組勧告と称することができる。）を二千六年六月十五日に採択する。

国内政策

1 条約第三条の規定に基づいて定められる国内政策については、千九百八十一年の職業上の安全及び健康条約（第百五十五号）第二部の規定並びに同条約における労働者、使用者及び政府の関連する権利、義務及び責任を考慮すべきである。

国内制度

2 加盟国は、条約第一条(b)に定義する職業上の安全及び健康に関する国内制度を定め、維持し、漸進的に発展させ、及び定期的に検討するに当たり、

(a) 附属書に掲げる職業上の安全及び健康を促進するための枠組みに関連する国際労働機関の文書、特に、千九百八十一年の職業上の安全及び健康条約（第百五十五号）、千九百四十七年の労働監督条約（第八十一号）及び千九百六十九年の労働監督（農業）条約（第百二十九号）を考慮すべきである。

(b) 条約第四条 1 に規定する協議に他の関係者を加えることができる。

3 職業上の負傷、疾患及び死亡を予防する観点から、国内制度については、すべての労働者、特に、危険性の高い部門の労働者及び被害を受けやすい労働者（例えば、非公式な経済に従事する労働者並びに移民労働者及び若年労働者）の保護のための適当な措置を定めるべきである。

4 加盟国は、男女労働者の安全及び健康を保護するための措置（生殖に係る健康の保護を含む。）をとるべきである。

5 加盟国は、条約第一条(d)に定義する各国の安全及び健康に関する危害防止の文化を促進するに当たり、次のことに努めるべきである。

(a) 国内の啓蒙活動（適当な場合には、職場の及び国際的な発意に基づく活動と関連付けられるもの）を通じて、職業上の安全及び健康に関する職場及び公衆の意識を向上させること。

(b) 特に、経営者、監督者、労働者及びこれらの代表並びに安全及び健康について責任を有する公務員に対し職業上の安全及び健康に関する教育及び訓練を提供するための仕組みの整備を促進すること。

(c) 職業上の安全及び健康に関する概念及び適当な場合にはこれらを実現する能力を、教育計画及び職業訓練計画に導入すること。

(d) 関連する機関、使用者、労働者及びこれらの代表の間の職業上の安全及び健康に関する統計及びデータの交換を容易にすること。

(e) 合理的に実行可能な限り、職業上の危険性又は有害性を除去し、又は最小限にす

る観点から、使用者、労働者、使用者団体及び労働者団体に対し情報及び助言を提供し、並びにこれらの間の協力を促進し、又は容易にすること。

(f) 国内法及び国内慣行に従って、職場の段階において、安全及び健康に関する政策の策定、安全及び健康に関する共同委員会の設置並びに職業上の安全及び健康に関する労働者代表の指定を促進すること。

(g) 職業上の安全及び健康に関する政策及び規則を実施するに当たり、国内法及び国内慣行に従い、零細企業、中小企業及び請負人についての制約に対処すること。

6 加盟国は、職業上の安全及び健康に関する管理の仕組みのための取組（例えば、職業上の安全及び健康に関する管理の仕組みに関する指針（ILO-OSH二千一）に定める取組）を促進すべきである。

国内計画

7 条約第一条(c)に定義する職業上の安全及び健康に関する国内計画は、特に職場の段階における危険性又は有害性の評価及び管理の原則に基づくべきである。

8 国内計画は、措置の優先順位を特定し、並びに定期的に検討され、及び更新されるべきである。

9 加盟国は、国内計画を定め、及び検討するに当たり、条約第五条1に規定する協議に他の関係者を加えることができる。

10 条約第五条の規定を実施する観点から、国内計画は、職場における予防措置並びに使用者、労働者及びこれらの代表の参加を含む活動を積極的に促進するものとすべきである。

11 職業上の安全及び健康に関する国内計画は、適当な場合には、他の国内計画等（例えば、公衆衛生及び経済的發展に関連するもの）と調整されるべきである。

12 加盟国は、国内計画を定め、及び検討するに当たり、自国が批准した条約に基づく義務の範囲内で、附属書に掲げる職業上の安全及び健康を促進するための枠組みに関連のある国際労働機関の文書を考慮に入れるべきである。

国内の概要

13 加盟国は、職業上の安全及び健康に関する現状並びに安全かつ健康的な作業環境の達成に向けた進展を要約した国内の概要を作成し、及び定期的に更新すべきである。この概要は、国内計画を定め、及び検討するための基礎として使用されるべきである。

14(1) 職業上の安全及び健康に関する国内の概要には、適用可能な場合には、次の事項に関する情報を含めるべきである。

(a) 職業上の安全及び健康に関する法令（適当な場合には労働協約）及び他の関連文書

(b) 職業上の安全及び健康について責任を有する機関又は団体であって、国内法及び国内慣行に従って指定するもの

(c) 国内法令の遵守を確保するための仕組み（監督制度を含む。）

(d) 経営者と労働者又はその代表との間で行われる協力（職場に関連する予防措置の

基本的要素であるもの)を企業の段階において促進するための仕組み

- (e) 職業上の安全及び健康の問題を取り扱う国内の三者の間の諮問機関
- (f) 職業上の安全及び健康に関する情報及び助言に係るサービス
- (g) 職業上の安全及び健康に関する訓練の提供
- (h) 国内法及び国内慣行に従って提供される職業上の健康に係るサービス
- (i) 職業上の安全及び健康に関する研究
- (j) 職業上の負傷及び疾患並びにこれらの原因に関するデータの収集及び分析のための仕組みであって、国際労働機関の関連文書を考慮に入れたもの
- (k) 職業上の負傷及び疾患を対象とする関連の保険制度又は社会保障制度との協力に関する措置
- (l) 零細企業、中小企業及び非公式な経済における職業上の安全及び健康に関する状況を漸進的に改善することを支援する仕組み
- (2) さらに、職業上の安全及び健康に関する国内の概要には、適当な場合には、次の事項に関する情報を含めるべきである。
 - (a) 国及び企業の段階における調整及び協力の仕組み(国内計画を検討する仕組みを含む。)
 - (b) 職業上の安全及び健康に関する技術基準、実施基準及び指針
 - (c) 教育及び意識向上のための仕組み(これらを促進するための発意に基づく活動を含む。)
 - (d) 職業上の安全及び健康の各種の側面と連携する技術、医療及び科学に関する専門的な機関(職業上の安全及び健康に関する研究機関及び実験施設を含む。)
 - (e) 職業上の安全及び健康の分野に従事する要員(例えば、監督官、安全及び健康の担当職員、産業医及び労働衛生の専門家)
 - (f) 職業上の負傷及び疾患に関する統計
 - (g) 使用者団体及び労働者団体に係る職業上の安全及び健康に関する政策及び計画
 - (h) 職業上の安全及び健康に関連する通常又は実施中の活動(国際協力を含む。)
 - (i) 職業上の安全及び健康に関連する財源及び予算
 - (j) 入手可能な場合には、人口統計学、識字能力、経済及び雇用に関するデータ並びに他の関連情報

国際協力及び情報交換

15 国際労働機関は、

- (a) 次の目的のため、各国(特に発展途上国)を支援する観点から、職業上の安全及び健康に関する国際的な技術協力を容易にすべきである。
 - () 各国の安全及び健康に関する危害防止の文化の確立及び維持のための各国の能力を強化すること。
 - () 職業上の安全及び健康に関する管理の仕組みのための取組を促進すること。
 - () 条約の批准及びこの勧告の附属書に掲げる職業上の安全及び健康を促進するための枠組みに関連する国際労働機関の文書の実施を促進すること。

(b) 条約第一条(a)に定義する国内政策に関する情報並びに職業上の安全及び健康に関する国内制度及び国内計画に関する情報（適正な慣行及び革新的な取組に関するもの並びに職場における新たな危険性又は有害性の特定に関するものを含む。）の交換を容易にすべきである。

(c) 安全かつ健康的な作業環境を達成することに向けた進展に関する情報を提供すべきである。

附属書の更新

16 附属書は、国際労働事務局の理事会により検討され、及び更新されるべきである。このようにして修正された附属書は、理事会により採択されるものとし、国際労働機関の加盟国に通報された後、従前の附属書に代わる。

附属書

職業上の安全及び健康を促進するための枠組みに関連する 国際労働機関の文書

条約

千八百四十七年の労働監督条約（第八十一号）
千九百六十年の放射線からの保護に関する条約（第百十五号）
千九百六十四年の衛生（商業及び事務所）条約（第百二十号）
千九百六十四年の業務災害給付条約（第百二十一号）
千九百六十九年の労働監督（農業）条約（第百二十九号）
千九百七十四年の職業がん条約（第百三十九号）
千九百七十七年の作業環境（空気汚染、騒音及び振動）条約（第百四十八号）
千九百七十九年の職業上の安全及び衛生（港湾労働）に関する条約（第百五十二号）
千九百八十一年の職業上の安全及び健康条約（第百五十五号）
千九百八十五年の職業衛生機関条約（第百六十一号）
千九百八十六年の石綿条約（第百六十二号）
千九百八十八年の建設業における安全健康条約（第百六十七号）
千九百九十年の化学物質条約（第百七十号）
千九百九十三年の大規模産業災害防止条約（第百七十四号）
千九百九十五年の鉱山における安全及び健康条約（第百七十六号）
千九百四十七年の労働監督条約（第八十一号）の千九百九十五年の議定書
二千一年の農業における安全及び健康条約（第百八十四号）
千九百八十一年の職業上の安全及び健康条約（第百五十五号）の二千二年の議定書

勸告

- 千九百四十七年の労働監督勸告（第八十一号）
- 千九百四十七年の労働監督（鉱業及び運送業）勸告（第八十二号）
- 千九百五十三年の労働者健康保護勸告（第九十七号）
- 千九百五十六年の福祉施設勸告（第百二号）
- 千九百六十年の放射線からの保護に関する勸告（第百十四号）
- 千九百六十一年の労働者住宅勸告（第百十五号）
- 千九百六十四年の衛生（商業及び事務所）勸告（第百二十号）
- 千九百六十四年の業務災害給付勸告（第百二十一号）
- 千九百六十九年の労働監督（農業）勸告（第百三十三号）
- 千九百七十四年の職業がん勸告（第百四十七号）
- 千九百七十七年の作業環境（空気汚染、騒音及び振動）勸告（第百五十六号）
- 千九百七十九年の職業上の安全及び衛生（港湾労働）に関する勸告（第百六十号）
- 千九百八十一年の職業上の安全及び健康勸告（第百六十四号）
- 千九百八十五年の職業衛生機関勸告（第百七十一号）
- 千九百八十六年の石綿勸告（第百七十二号）
- 千九百八十八年の建設業における安全健康勸告（第百七十五号）
- 千九百九十年の化学物質勸告（第百七十七号）
- 千九百九十三年の大規模産業災害防止勸告（第百八十一号）
- 千九百九十五年の鉱山における安全及び健康勸告（第百八十三号）
- 二千一年の農業における安全健康勸告（第百九十二号）
- 二千二年の職業病の一覧表勸告（第百九十四号）