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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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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

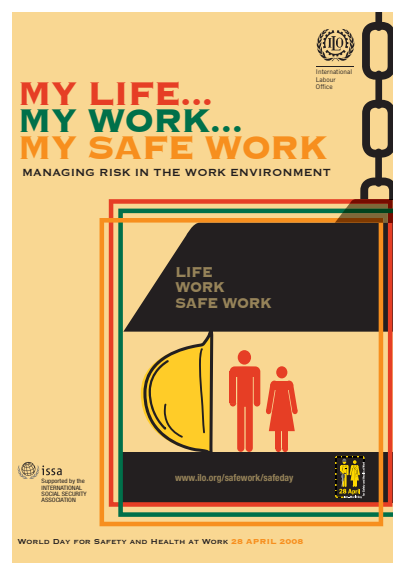
The World Days for Safety and Health at Work

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

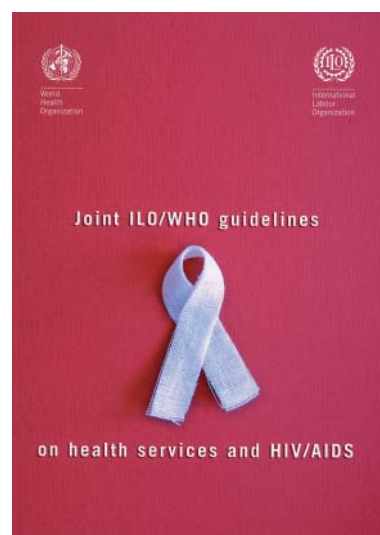
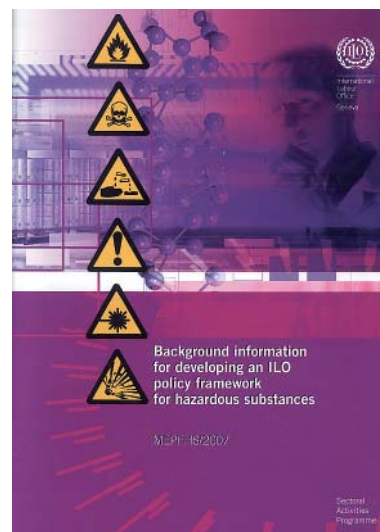
¹⁰ http://www.ilo.org/public/english/protection/safework/health/outline_npead.pdf

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/

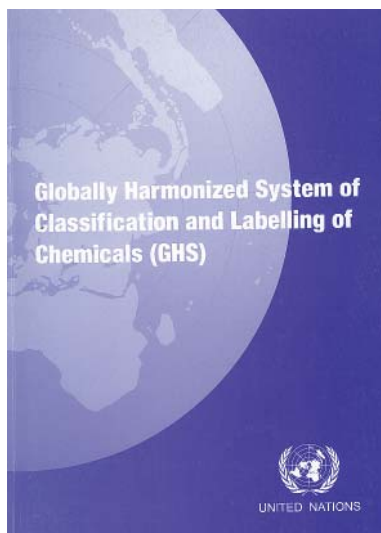
USA and EU member States, have now made a commitment progressively to implement it²¹. A capacity building programme initiated by the United Nations Institute for Training and Research and the ILO provides guidance and educational, training and other resource materials on GHS. During 2005-2007, the programme 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.

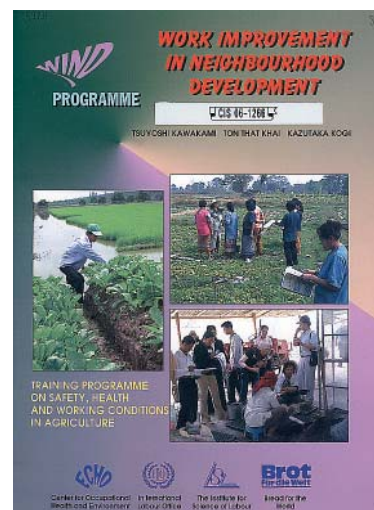
Changing patterns in the workforce

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

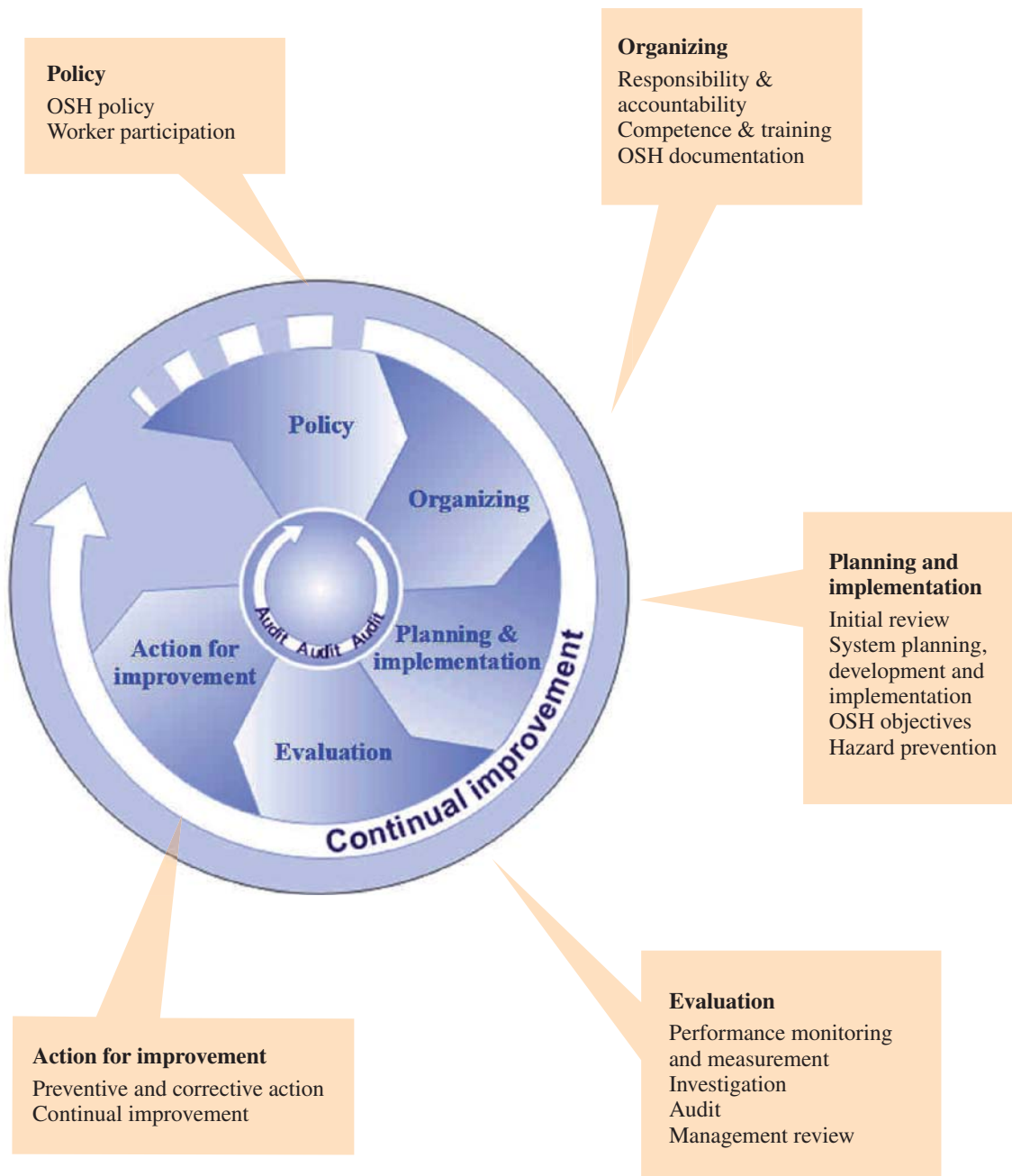
³⁹ Adapted from Annex 1 to Report VI, discussed at the International Labour Conference, 91st Session, 2003. <http://www.ilo.org/public/english/standards/relm/ilc/ilc91/pdf/rep-vi.pdf>

	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								1979													
Albania			2004					2007				2004					2003	2003					2004
Algeria	1962		1962	2006	1969	1969						2006											
Angola		1976	1976																				
Antigua and Barbuda			1983																				
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	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	1966	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	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				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	1973	1976	1993		1994	1993	1993	2007							
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	2005	1988						2005			
Sao Tome and Principe			1982																			
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											
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	