



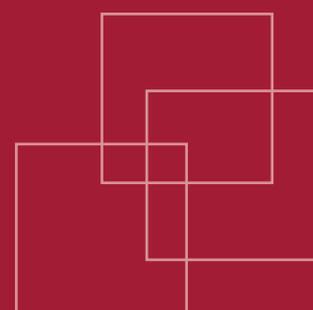
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# ILO Training Package on Development of a National Programme of Occupational Safety and Health

Module 4  
National Programmes  
of Occupational Safety and Health





# ILO Training Package on **Development of a National Programme of Occupational Safety and Health**

## Module 4 **National Programmes of Occupational Safety and Health**



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“If one does not know to which port one is sailing, no wind is favorable.”

*Seneca*

## What this Module is about

This Module provides guidance on the concepts, content and methodology for the drawing up of a National OSH Programme, as well some guidance on the processes of its launching, implementation, monitoring, evaluation and reporting.

## Objectives

The aim of this module is the upgrading of the competencies of OSH specialists and tripartite decision makers, in order to enable them to draw up, implement and evaluate a National OSH Programme. At the conclusion of the module trainees will be able to:

- describe a practical approach for the drawing up, implementation, monitoring, evaluation and review of a National Occupational Safety and Health Programme;
- define the most relevant concepts used in the planning, monitoring, evaluation and review processes;
- participate in the collaborative process for the setting of goals, activities, resources, timelines and so on for the drafting a National OSH Programme;
- monitor implementation and evaluate the National OSH Programme.



This training material was produced under the Swedish International Development Cooperation Agency (SIDA) funded project “Linking safety and health at work to sustainable economic development: from theory and platitudes to conviction and action“. The project promotes the improvement of occupational safety and health for all workers through the development of global products addressing the methodological and informational gaps in this field and through the mobilization of national stakeholders towards the implementation of practical measures at national, local and enterprise levels. The outputs of the project include training materials, practical tools and policy guidance to reinforce national and local capacities in occupational safety and health and to help constituents design and implement occupational safety and health policies and programmes.



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# 1. INTRODUCTION

A National Programme on occupational safety and health (OSH) is any national programme that includes priorities, objectives and targets for improving OSH within a predetermined timeframe, along with indicators for assessing progress.<sup>1</sup>

In the previous module (Module 3), the national OSH situation was analysed based on the National OSH Profile and priority areas for national OSH action were identified. These are the basis to develop and launch the National OSH Programme.

There are many different models for planning National OSH Programmes. Their titles also vary across countries (“National OSH Programme”, “Strategy”, “Strategic plan”, or “Plan of action”). However they have a number of common features in respect of the purpose they serve, their structure and their substantive content. First and foremost, such programmes are formulated, implemented, monitored, evaluated and periodically reviewed in consultation with the most representative organizations of employers and workers.

A national OSH Programme shall<sup>2</sup>:

- (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 OSH, including analysis of the National OSH System;
- (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.

Additionally, the national OSH Programme should:

- be prepared at country level and involve all relevant ministries or agencies concerned with OSH;

<sup>1</sup> Convention 187 Promotional Framework for Occupational Safety and Health Convention, 2006.

<sup>2</sup> Ibidem (Article 5)



- be based on the National OSH Profile and other analytical relevant documents, and address both identified priorities and gaps in the existing framework;
- be developed with due regard to existing ILO OSH instruments (Conventions and Recommendations, as well as of other instruments such as Codes of Practice and Guidelines adopted in this area) - and in the first instance the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its Recommendation (No.197) and other already-ratified ILO Conventions on OSH<sup>3</sup>;
- make better use of the existing structures, procedures and resources in this field;
- enhance coordination between all parties by means of common goals and joint working programmes, with the objectives of more efficient use of resources and better results as a consequence of synergies;

The New Zealand Injury Prevention Strategy is an expression of the Government's commitment to working with organizations and groups in the wider community to improve the country's injury prevention performance. The Strategy provides a strategic framework for injury prevention activity in New Zealand. The framework is a guide for action by a range of government agencies, local government, non-government organisations, communities and individuals. New Zealand<sup>4</sup>

- Be in line with and contribute to the implementation of the National OSH Policy;

The Tripartite Commission on Occupational Safety and Health, established in 2008, represents a framework in the development of a policy for occupational safety and health, a basic social right. Composed equal basis of representatives of government, workers and employers, has been working to define guidelines for a coherent and systematic actions of the State in promoting a healthy and safe work and the prevention of occupational accidents and diseases. (*..on 28 April 2012, was launched..*) the National Plan of Occupational Safety and Health built through dialogue and cooperation between government agencies and representatives of workers and employers. This plan articulates actions of many different social actors in search of practical application of the National Policy of Occupational Safety and Health established by Decree No. 7602 of November 7, 2011. *Brazil*<sup>5</sup>

- be sourced in terms of budget and human resource allocation.

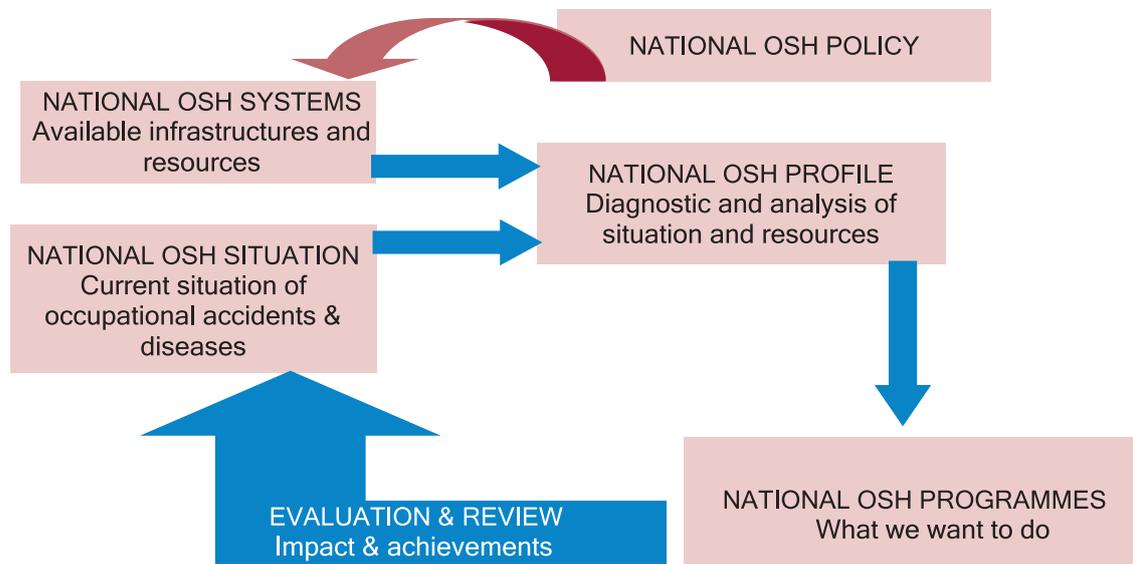


<sup>3</sup> Consult in the Annex 1 the Indicators of the National OSH Profile of Finland in this regard.

<sup>4</sup> New Zealand injury prevention strategy 2003, New Zealand.

<sup>5</sup> National Plan of Occupational Safety and Health (Portuguese) 2012, Brazil.

The following diagram presents the position of a National OSH Programme and its relationships with other elements of the ILO strategic approach:



A national OSH Programme has various steps: Planning, Implementation, Evaluation and Review. In this module the main concepts will be presented along with consideration of these different steps.

## 1.1 Why a National OSH Programme?

Many industrialized countries have reached a plateau in the reduction in occupational accident rates and have perceived a need for strategic and focused action to revitalize national efforts to improve OSH performance still further. On the other hand many developing countries are experiencing an increase in occupational accidents and diseases as a result of rapid industrialization, and require reinforcement of national prevention efforts<sup>6</sup>.

There is also a trend towards expecting government agencies to demonstrate the cost-effectiveness of their programme and budget as part of their accountability to taxpayers.

The development of medium-term strategic plans is one response to such demands. Many countries are increasingly adopting a strategic approach to addressing OSH at national level. In some countries, for example China and Japan, a five-year Programme of OSH is required by law, as part of a government commitment to a strategic approach.

<sup>6</sup> Promotional framework for occupational safety and health, Report IV (1) the International Labour Conference, 95th Session, 2006.



National OSH Programmes of different countries have also identified the advantages of this approach, as for example:

#### First review of the National OHS strategy, Australia<sup>7</sup>

“... the National Strategy is contributing to improvements in OHS because it:

- sets targets based on data;
- provides a focus for national efforts enabling resources to be used to greater effect, and
- establishes a framework which encourages the development of new relationships between governments, businesses and employees.”

## 1.2 International initiatives

The International Labour Organization promotes ratification and implementation of Convention No. 187 and as part of this, the elaboration of National OSH Programmes in the member countries. The World Health Organization (WHO) has also formulated a Global Plan of Action on Worker’s Health 2008 – 2017, which are promoting similar approach.

Supranational initiatives have also been undertaken by the European Union (EU)<sup>8</sup> and ASEAN countries<sup>9</sup>, both requiring of their member countries the adoption of National OSH Programmes. The ASEAN Policy Dialogue on National Occupational Safety and Health (APDNOSH) Frameworks agreed to adopt a Plan of Action on National Occupational Safety and Health Frameworks.<sup>10</sup> This 5-year (2007-2011) Plan of Action is intended to help ASEAN Member Countries make progress in implementing and strengthening national OSH frameworks and in enhancing OSH standards, systems, strategies and programmes in the region. Recognizing the importance of the availability of accurate information on OSH situations when formulating effective and relevant OSH programmes, the Plan of Action focuses on three priority areas:

- a) Development of a national OSH Profile;
- b) Development of a national OSH Strategy and Programme; *and*

<sup>7</sup> The National OHS Strategy 2002-2012, Australia.

<sup>8</sup> Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and United Kingdom.

<sup>9</sup> Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam.

<sup>10</sup> Plan of action on National Occupational Safety and Health Frameworks for ASEAN. ASEAN Policy Dialogue on National Occupational Safety and Health Frameworks, 23 - 25 January 2007, Singapore.



- c) Strengthening regional OSH cooperation within the ASEAN group, as well as collaboration between ASEAN and other partner countries and international organizations.

The European Union (EU) adopted a community strategy for the period 2002-2006<sup>11</sup>, which proved effective, bringing about a significant fall in the rate of accidents at work: over the period 2002-2004 the rate of fatal accidents at work in the EU-15 fell by 17% while the rate of workplace accidents leading to absences of more than three days fell by 20%. The EU then proposed a new community strategy for 2007-2012<sup>12</sup> with the goal of a 25% reduction in the total incidence of accidents at work by 2012. The EU called on its Member States to adopt corresponding national strategies. A new European Health and Safety Strategy (2013-2020) is under discussion<sup>13</sup>.

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<sup>11</sup> Adapting to change in work and society: a new Community strategy on health and safety at work 2002–2006.

<sup>12</sup> Community Strategy on Safety and Health at Work 2007-2012.

<sup>13</sup> “Community Strategy Implementation and Advisory Committee Action Programme”, The Advisory Committee on Safety and Health at Work, 2011.



## 2. THE PLANNING OF A NATIONAL OSH PROGRAMME

Planning is the act of formulating an integrated series of deliberate actions to produce desired results. It requires a prior analysis of the current situation, which in the case of a National OSH Programme is undertaken through the National OSH Profile.

Other key influences on the National OSH Programme include any other national OSH-related policies or supranational guidelines such as the afore-mentioned EU strategies.

Planning also requires a decision-making process as it entails asking what is wanted in the future, taking into consideration the available resources. The planning of a National OSH Programme entails a balanced approach to the following questions:

- What needs to be done?
- What do we want to do?
- What can we do?

### 2.1 Strategic and action planning

Some countries, when formulating their National OSH Programmes, make use of two different but complementary and consecutive planning processes: **strategic** planning and **action** planning.



- **Strategic planning** is a process of setting a broad direction towards the future, by establishing medium and long-term goals to be reached at the end of a specified period of time.
- **Action planning** is the process of setting out the individual actions through which goals will be achieved, and how the involved actors will deploy resources to achieve the goals, including task accountabilities and milestones for monitoring progress.

Thus strategic planning indicates what is intended to be achieved in the future and the general direction towards the chosen goal. Action planning sets the individual concrete steps needed to achieve the goal.



**The difference between where we are (current status) and where we want to be (vision and goals) is what we do (target objectives and action plans).<sup>14</sup>**

## 2.2 National, regional and institutional planning

OSH planning can be carried out in four fundamental spheres: at national level, at sectoral level, at regional level, and at institutional level. The ILO Strategic Approach promotes the adoption of OSH programmes at national level. However, different local situations and conditions in terms of the distribution of responsibilities in the geographical and institutional spheres, as well as differing national traditions, result in different models. This is enlarged on below.

- **At national level:** most countries develop a National OSH Programme under the responsibility of the central coordination body (competent authority of the central government or the National OSH Commission). Sometimes the central coordination body also defines the overall action plan for all the institutions involved in the implementation of the National OSH Programme.
- **At sectoral level:** sometimes the central authority (or sectoral ministries with OSH competences in its sector of activity) promotes sectoral programmes on OSH at the national level, in partnership with the social partners in the sector, mainly in high-risk sector such as construction<sup>15</sup> or mining<sup>16</sup>. These programmes may be coordinated or under a National OSH Programme or be formulated and implemented separately.

<sup>14</sup> Toolkit Education leadership. NSBA's Institute for the Transfer of Technology to Education.

<sup>15</sup> Construction Safety Partnership (Ireland) – Programme of Work 2012.

<sup>16</sup> National Mine Safety Framework – Implementation Plan, 2004 Australia.



- **At regional level:** in countries with a federal structure in which responsibility for OSH is shared between central and federal governments, it is common for OSH programmes to be developed at both national and regional levels. Frequently a strategic plan is designed at national level but concrete action plans are elaborated at regional level (e. g. by the OSH authorities of the autonomous regions of Spain or the inspectorates in the Federal States of Australia). These action plans are in line with the national strategic plans but reflect regional particularities.
- **At institutional level:** sometimes a central authority establishes its priorities and strategic goals through a National OSH Programme and, on the basis of those priorities, each relevant institution sets out its own programme of action. In some countries where there are government organizations with very large mandates on OSH functions, there are no National OSH Programmes as such but instead institutional programmes for each such organization.



## 2.3 Duration of the programme

There are variations in the intended duration of the national OSH programmes, ranging from four to ten years. For those with ten-year duration, most countries have set mid-term targets of four to five years along with a planned review of progress. If sub-programmes within a ten-year strategy can be considered national programmes, then four to five years is the most common duration for national programmes. Such duration is sufficiently long for measuring progress in the OSH situation at national level, the review providing a good basis for continual improvement by reinforcing successful approaches and modifying those with only limited success.

After four to five years a number of factors and conditions affecting national OSH systems and programmes may have changed. Indeed another difficulty with longer-term strategic planning is that political priorities often change with changes of government<sup>17</sup>, and plans have to be adapted accordingly.

There is another important consideration for which needs to be taken into account even with shorter-duration Programmes: there is a learning process on many issues during planning of a National OSH Programme (achievable objectives, resources



<sup>17</sup> In Denmark main politic parties agreed a strategy for working environment efforts up to 2020.

required,), its implementation, coordination with other institutions, and so forth. From a practical point of view, in countries without a tradition of operating a National OSH Programme it may be advisable to start with less ambitious Programmes in terms of duration (even 1-2 years). They may be easier to manage and bring to a successful outcome. This “conservative” approach, if successful, may:

- built trust in the strategic approach;
- built trust and working relations between the involved institutions and social partners;
- help mobilize more human and financial resources;
- effectively provide training as a basis for further developments and more ambitious subsequent Programmes.

## 2.4 The planning process

The process for the formulation of a National OSH Programme requires several steps and the involvement of different entities. The individual steps and the involvement of institutions in each of them will not be the same in each country. However, there are some common features:

- Information collection and situation analysis are the starting points for elaboration of the Programme. As mentioned above, the National OSH Profile is the instrument suggested by the ILO for this purpose.

### The process of National OSH strategy in Denmark<sup>18</sup>

The process of strategy development is as follows: the National Working Environment Authority (Arbejdstilsynet) and the National Research Centre for the Working Environment provide and analyze relevant data and make initial suggestions concerning priorities. Based on this preliminary work the Danish Working Environment Council makes decisions with respect to problem areas that are to be prioritized in the strategy, and sets targets. The Ministry of Employment is the highest-ranking authority in this case; introducing the strategy into the Parliament and arranging for the necessary legal and financial support as well as for accompanying measures.

The responsibility of the competent government authorities as the main driving force behind elaboration of the National OSH Programme and its implementation.

<sup>18</sup> Comparative analysis of national strategies for safety and health at work, BAUA, 2010.



### The process of National OSH planning in Spain<sup>19</sup>

In Spain, the Ministry of Labour and Immigration played a leading role in the creation of the national OSH strategy. Significant preparatory work (OSH system analysis and elaborating the framework of the strategy) was done by a small group consisting of representatives from the Ministry, the national supervisory authorities and technical institutes. The national OSH-institute (INSHT) then provided technical and organizational support for further strategy development which was done by the national OSH commission (invitations to meetings, collecting and preparing commentary and suggestions etc). The responsibility for strategy implementation rests with the national government.

- The national tripartite body plays an important role, from consultation to the final decisions in the diagnostic analysis of the situation, in the setting of priorities, and in the formulation of the National OSH Programme. Sometimes the consultation process is open to the general public, as in the United Kingdom.

### Developing the Strategy<sup>20</sup>

“This strategy has been developed through a process of consultation and the examination of available evidence on the effectiveness of health and safety interventions. We will publish an analysis of these two exercises in full so that others can understand the development of our thinking. Over 200 people responded to our consultation on a draft strategy and, including a telephone survey and regional events, we have spoken to over 2,500 people”.



<sup>19</sup> Ibidem

<sup>20</sup> A strategy for workplace health and safety in Great Britain to 2010 and beyond.

## 3. STRATEGIC PLANNING

Strategic planning is based on an analysis of the current national situation, occupational trends and associated emerging challenges, political priorities, and the available resources. Its main functions are:

- determining medium and long-term strategic goals,
- establishing a context for accomplishing goals, **and**
- providing a framework and direction for the future.

It may last for several years. The most common examples of the use of strategic planning in National OSH Programmes have been of 5-10 years' duration. It generally encompasses several concepts such as vision, strategic goals and targets, strategies, priorities, and baselines.

### 3.1 Concepts in strategic planning

Strategic planning may start with a vision. A vision is an ambitious and challenging statement setting out an ideal picture of the future. It focuses on the final goal and acts as a motivating force in both stimulating and guiding national efforts.

#### Examples of vision statements

“Australian workplaces free from death, injury and disease” (AUSTRALIA)<sup>21</sup>.

“Vision zero approach to accidents” (FINLAND)<sup>22</sup>.

“All workplaces create and promote preventative safety and health culture in the Kingdom of Cambodia”.(CAMBODIA)<sup>23</sup>

“The realization of an Occupational Safety and Health culture in Indonesia” (INDONESIA)<sup>24</sup>.

Strategic goals are broadly defined wide objectives which seek to narrow the gap between a vision and the current situation. They allow institutions to focus on integrating efforts and actions so as to determine next steps.

<sup>21</sup> The National OHS Strategy 2002-2012, Australia.

<sup>22</sup> Promotional framework for occupational safety and health, Report IV (1) the International Labour Conference, 95th Session, 2006.Conference, 95th Session, 2006.

<sup>23</sup> 1st Occupational Safety and Health Master Plan of Cambodia (2009 – 2013)

<sup>24</sup> Vision, mission, policy, strategy and program of national of OSH 2007 – 2010 (Indonesia).



### Examples of goals

- Reduction in WSH incident rates.
- Safety and health is an integral part of business.
- Singapore is renowned as a centre of excellence for WSH.
- A progressive and pervasive safety and health culture (SINGAPORE)<sup>25</sup>
- - -
- Reduction of work-related diseases caused by overwork or stress in the workplace. (JAPAN)<sup>26</sup>

Sometimes the goals are formulated as concrete, quantitative and measurable objectives, specifying when they should be reached. In such cases, they are termed **targets**.

### Examples of targets

- 15 percent decrease in workers exposed to noise at potential hearing impairment level. (DENMARK)<sup>27</sup>
- Reduce industrial accidents by at least 15 per cent by 2004, and the accident rate from 0.74 per cent to 0.61 per cent with a longer term aim of 0.5 per cent by 2010. (REPUBLIC OF KOREA)<sup>28</sup>
- Reduce fatal accidents in construction by 3 per cent and in general industry by 1 per cent over a five-year period, and work-related injury and illness by 4 per cent. (UNITED STATES)<sup>29</sup>
- Reduce serious and fatal occupational accidents. Reduce by 5 per cent the annual occupational accident frequency rate in particularly hazardous sectors – mining, construction, use of electricity. (VIETNAM)<sup>30</sup>

However, in many countries it is still necessary to improve the availability and the quality of OSH data. Better data and analyses contribute to the setting and assessment of targets.

**Priorities.** Problematic areas in which intervention is desirable.

<sup>25</sup> National strategy of workplace safety and health in Singapore, 2018.

<sup>26</sup> 10th Industrial Accident Prevention Plan, 2003-2007, Japan.

<sup>27</sup> Danish OSH strategy 2005-2010.

<sup>28</sup> Promotional framework for occupational safety and health, Report IV (1) the International Labour Conference, 95th Session, 2006.

<sup>29</sup> Ibidem

<sup>30</sup> The National Programme on Labour Protection, Occupational Safety and Occupational Health up to 2010, Vietnam.



Strategies describe the **general** methods or interventions for achieving the goals. Frequently the result of the strategic planning is also termed “strategy”.

#### Examples of general strategies

- Build strong capabilities to better manage workplace safety and health;
- Implement an effective regulatory framework;
- Promote the benefits of workplace safety and health and recognise best practices;
- Develop strong partnerships locally and internationally. (SINGAPORE)<sup>31</sup>

## 3.2 Setting goals and targets

Goals provide a reference for what is expected from national institutions and help focus national efforts in one direction. In the National planning of OSH, two major categories of goal can be differentiated, which we have named:

- Goals for reducing incidents and exposures.
- Goals for strengthening the OSH system.

**Goals for reducing incidents and exposures** (frequently quantifiable or in part actually quantified): many programmes set out targets in the form of a reduction in the occupational accident and disease figures to be achieved by the end of the programme period. The (quantitative) requirements are aimed at reducing the frequency of incidents (work-related illnesses, workplace accidents, health-related absences from the workplace), and of specific illnesses or exposures (work-related musculoskeletal illness, noise in the workplace), frequently indicating targets expressed as percentage reductions. Indicators are based on official statistics or survey data. These types of objective are usually reached through direct interaction with workers, employers and enterprises. The effects of these actions can sometimes be observed in the short and medium term. A percentage reduction over a period of between one and five years is the usual target.

When setting goals of this nature it is necessary to take into consideration the fact that any significant improvement in reporting and registration of occupational accidents and diseases usually results in an increase in the number of accidents or diseases reflected in official statistics. This is because

- under-reporting decreases in the controlled (or insured) sector; *or*

<sup>31</sup> National strategy of workplace safety and health in Singapore, 2018.



- the controlled sector grows (normally by incorporating groups of workers who had previously been excluded, their accident rates being comparatively high)<sup>32</sup>.

**Goals for strengthening the OSH system** (frequently qualitatively defined): The second group of goals refers to the strengthening of the OSH infrastructure and its effectiveness (OSH regulations, technical advice schemes, education systems, information systems, the inspection system, collection of OSH information, etc.). These goals are addressed mainly to improvements and increases in the capacity of the National OSH system. These actions have usually no immediate or short-term effect in terms of a reduction in accidents and diseases<sup>33</sup>. Their observed effects in this regard are likely to be more evident in the medium and long terms. It is therefore necessary to keep in mind the importance of the sustainability of the effects. Actions to strengthen the National OSH System are necessary to ensure the sustainability of the effects. However, the impact of these measures in terms of a reduction in occupational accidents and diseases may only be observable over the longer term.

Categories of goals	Reducing occurrences and exposures	Strengthening the OSH system
<b>Purpose</b>	Reducing accidents, specific illnesses, hazards or exposures.	Strengthening of the OSH infrastructure and its effectiveness.
<b>Goal</b>	Allow easily quantifiable goals (targets)	Typically qualitatively defined.
<b>Type of activities</b>	Direct actions with workers, employers and enterprises.	OSH regulations, technical advice schemes, education systems, information systems, inspection system, OSH information, etc.
<b>Effects</b>	Focused effect on selected enterprises, sectors, hazards, etc.	Systemic effect
<b>Term of impact</b>	Short and medium term	Medium and long term
<b>Durability</b>	Immediate impact	Sustainable impact

The goals selected for the National OSH Programme should be prioritized and will not cover every aspect of OSH.

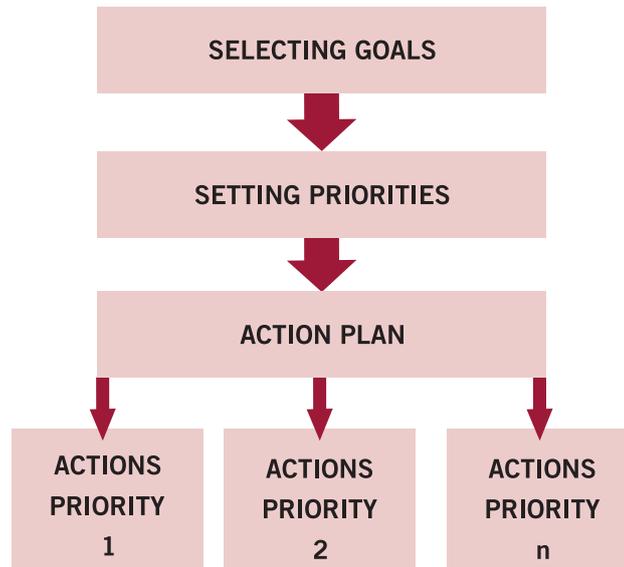


<sup>32</sup> Introductory Guide to National Occupational Safety and Health Systems. Working document ILO, 2002.

<sup>33</sup> There are exceptions as for example regulations prohibiting use of a particular machinery or a chemical product.

### 3.3 Setting priorities and general strategies

In some planning approaches, priorities are set just after the goals have been formulated, as areas (sectors of activity, specific hazards) in which interventions should be concentrated in order to achieve the goals. Sometimes these priorities are called “fields of action”.



#### Example of this approach<sup>34</sup>

##### GOAL:

The main goal of the Strategy on Safety and Health at Work for Bulgaria is: reduction of occupational accidents by 25 %.

##### PRIORITY FIELDS:

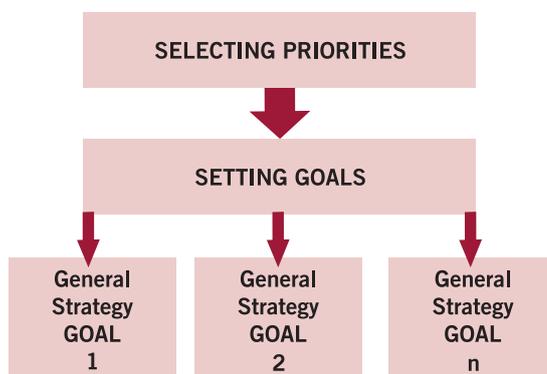
1. Guaranteeing correct application of legislation in the field of safety and health at work.
2. Promoting development and application of sectoral strategies.
3. Occupational risk management.
4. Promoting preventive culture and changes in workers' and employers' behavior aiming the health protection

Another very common planning approach first selects priorities as the problem areas to be addressed by the National OSH Programme and, on that basis, selects the

<sup>34</sup> Strategy on safety and health at work, 2008-2012. (Bulgaria)



goals or objectives for each priority and then the general strategies or interventions needed to achieve these goals.



### Example of this approach<sup>35</sup>

**PRIORITY (Major Plan 2):**

Law Enforcement

**GOAL (Objective):**

To develop appropriate models for safety inspection which are strictly and fairly enforceable in different enterprises by:

**STRATEGIES:**

- Safety inspection of general enterprises
- Safety inspection of high risk enterprises
- Safety inspection of the agricultural and home-based sectors
- Development of an OSH report management system for safety, accidents and work related diseases
- Development of an OSH audit and certification system
- Supervision of safety inspection

As mentioned, strategies describe the **general methods** of achieving the goals. In some countries this is the most precise level of definition of the National OSH Programme that is publicized. Action plans are something internal to the institutions in charge of implementation, for various reasons, but mainly:

- the nature of the priorities selected and the goals formulated;
- the need for flexibility in the actions that should or can be implemented;
- the lack of knowledge, at the time of planning, of support in terms of resources;
- the difficulty of setting very specific activities and outputs at the time of planning.



<sup>35</sup> Master Plan Occupational Safety, Health, and Working Environment, Year 2002 – 2006 (Thailand).

### The four general objectives and the 23 actions of the Health at Work Plan (France)<sup>36</sup>

#### 1. Raising awareness of the dangers, risks and exposure in the work environment.

- Introducing health at work into the health security system.
- Structuring and developing publicly-funded research into health and safety at work.
- Organising access to knowledge.
- Developing and co-ordinating calls for research projects in occupational health.
- Developing occupational health training for health professionals.

#### 2. Strengthening the inspection system.

- Creating regional multi-disciplinary teams.
- Adapting inspection resources to local issues.
- Developing local knowledge and reinforcing the inspection system.
- Reinforcing occupational health and safety training for inspectors.

#### 3. Reforming supervisory bodies and decompartmentalising government action.

- Structuring inter-ministerial co-operation in occupational risk prevention.
- Reforming the higher council for the prevention of occupational risks.
- Creating regional consultative bodies.
- Improving and harmonising regulations.

#### 4. Encouraging companies to play an active part in ensuring health at work.

- Modernising and consolidating the risk prevention work of occupational health departments.
- Mobilising occupational health departments for more effective prevention of psychosocial risks.
- Rethinking aptitude and job security.
- Making the pricing of occupational accident and illness insurance an incentive for preventing risks.
- Encouraging the development of research in business.
- Helping companies in their prior evaluation of risks.
- Promoting the role of hygiene, safety and working conditions committees (CHSCT) in all companies.
- Developing the prevention of occupational road accidents.
- Promoting the principle of replacing the most dangerous chemical substances (CMR).
- Raising engineers' and technicians' awareness of occupational health issues in college and through continuing education.

<sup>36</sup> The Health at Work Plan (France).



### 3.4 Provisions for performance measurement

National OSH Programmes should indicate at the planning stage how they will be monitored and how they will be periodically evaluated. When planning the goals of the programme it is necessary to take into account performance measurement aspects.

**Performance measurement** is the process of collecting and reporting information on the performance of the Programme with a view to measuring its progress and to what extent its objectives has been achieved. Performance data can only be used for monitoring and evaluation if there is something with which they can be compared. It is therefore necessary to set indicators beforehand so as to create a framework for analyzing and benchmarking the performance data.

In general terms, goals are formulated in wide and not-very-specific terms. Goals are good for clarifying the statement of the vision and for enunciating a challenging objective. However, its formulation is not adequate for evaluating its achievement, which is one of the main reasons for undertaking this approach.

Some National OSH Programmes use targets instead of, or in addition to, goals. Targets provide better measurable information than goals on “what” and “how much” and can be directly usable as a benchmark for evaluating achievements.

**Baselines** are data or information referring to current situation or performance. They are used for setting targets and in evaluating progress. Setting baselines for each goal or target provides information both for clarifying the expected results to be achieved and for obtaining a reference for comparing the actually achieved results. In the evaluation process, a baseline serves as a starting point of reference, for comparison once the results after the implementation process.

#### Healthy People 2020, USA. Summary of Objectives<sup>37</sup>

**Goal OSH–10:** Reduce new cases of work-related, noise-induced hearing loss.

**Target:** 2.0 new cases of work-related, noise-induced hearing loss per 10,000 workers.

**Baseline:** 2.2 new cases of work-related, noise-induced hearing loss per 10,000 workers occurred in 2008.

**Target setting method:** 10 percent improvement.

**Data source:** Survey of Occupational Injuries and Illnesses, DOL, BLS.



<sup>37</sup> Healthy People 2020. Summary of Objectives.

Another possibility is setting intermediate or specific objectives to narrow the scope of the goals and to provide more concrete or better information on what outcomes must be achieved. Sometimes these intermediate objectives are set within the framework of strategic planning, at other times as a part of action planning.

In this context, objectives are brief, clear, specific (and sometimes measurable) statements linked to a goal, describing the intended or desired results or consequences of the actions. Reaching a goal typically involves accomplishing a set of objectives (an objective is still a goal, but on a smaller scale).

### Example of setting measurable goals

#### GOAL (National OSH Programme, 2011-2015):

- Reduce the work-related musculoskeletal disorders.

#### BASELINES:

- In the year of reference (2011), 70,000 musculoskeletal injuries cause workers to be off work for 1,000,000 days.
- Sectors with highest prevalence of musculoskeletal injuries are manufacturing, agriculture and construction.

#### TARGET:

- Reduction of the incidence rate of work-related musculoskeletal disorders in all sectors by 35% by 2015.

#### INTERMEDIATE OBJECTIVES:

- Reduction the incidence rate of work-related musculoskeletal disorders in the construction sector by 15% by 2012.
- Reduction the annual incidence rate of work-related musculoskeletal disorders in the manufacturing sector by 10% by 2012.
- Reduction the incidence rate of work-related musculoskeletal disorders in the construction sector by 15% by 2012.

Although intermediate objectives relate to their expected duration (for example in a five-year programme they could relate to shorter periods), objectives can be specific to attaining a part of the goal or be addressed to a specific field of action.

When goals have not been made more specific or measurable, another alternative is to select indirect indicators linked to the goal, to be measured at the end of the period of reference. These indicators provide information on the extent of progress in the direction of the goal, rather than on the achievement or otherwise of a goal. Sometimes general indicators (rather than specific indicators for each goal) are selected to measure the general progress in OSH in the country.<sup>38</sup>

<sup>38</sup> An example of this is in the Annex 2 of the Module 3 of this Training Package.

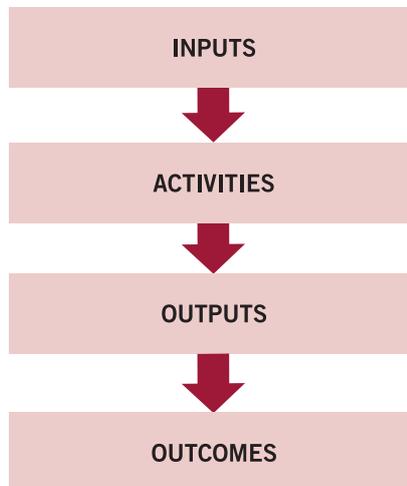


# 4. ACTION PLANNING

National action plans should be built on strategic plans, aiming to implement national priorities by setting out more detailed plans for the immediate future. All aspects of the National OSH Programme should be aligned and maintain clear continuity between any objectives, implementation plan and indicators. Action planning is a tool to transform strategic plans into reality.

Action plans outline the expected outcomes to be reached, the detailed activities and results, the resources involved, the timeframes and responsibilities. The plan should be evidence-based and systematic in its approach, explaining the logic of including such activities in the plan and how they will contribute to generating outputs and outcomes.

One of the most common models of action planning is based on the logical framework approach<sup>39</sup>. This model sets out how an intervention (such as a project, programme, or policy) is understood or intended to produce particular results. The most basic versions of a logical framework model present it as four components in a linear sequence: inputs, activities, outputs, and outcomes.



## 4.1 Concepts in action planning

**Inputs.** There are the financial and non-financial resources used to deliver activities, deliver outputs and produce the required outcomes (funds, personnel, equipment, supplies, physical facilities).



<sup>39</sup> Initially developed for the design, monitoring and evaluation of international development projects, it can be applied to different contexts. More information can be found in Logical Framework Approach, SIDA, 2004. [www.eejp.org/resources/lfa\\_approach.pdf](http://www.eejp.org/resources/lfa_approach.pdf)

**Activities.** The action(s) undertaken to produce one or more outputs under the programme. Activities are sometimes referred to as “processes”, “strategies” or “action steps” (for example, conducting research and analysis, delivering training sessions, consulting activities, engaging stakeholder opinion, conducting inspection visits, etc.).

**Outputs** which are the direct products generated from the activities of the programme and are designed to achieve the desired outcomes. Outputs are tangible and can be measured or counted. For example, an output could be the actual number of enterprises visited during the course of an OSH campaign, number of people trained, or similar.

**Outcomes** are the desired short-term to long-term consequences that the action plan will eventually accomplish, in this context the change(s) or the difference(s) in the OSH situation that results from the programme outputs. Outcomes are not always within the control of a single Programme.

- Using the same example as above, the hoped-for outcome might be a reduction in the number of occupational accidents as a result of the inspection visits made.

#### Example of an intervention

##### EXPECTED OUTCOME (OBJECTIVE):

- The annual incidence rate of work-related musculoskeletal disorders in the manufacturing sector is reduced by 10% by 2012.

##### INPUTS (RESOURCES):

- 25 labour inspectors will be devoted full-time to address this specific problem.
- 5 ergonomists will be devoted full-time.

##### ACTIVITIES (PROCESSES):

- A programme of 3,000 targeted inspections, including investigations and enforcement as necessary to reduce manual handling injuries.
- 100 training programmes will be developed and piloted with stakeholders.

##### OUTPUTS (PRODUCTS):

- 3,000 targeted inspections done.
- 39 training programmes done.

##### ACTUAL OUTCOME (RESULT):

- The annual incidence rate of work-related musculoskeletal disorders in the manufacturing sector was reduced by 6% by 2012.

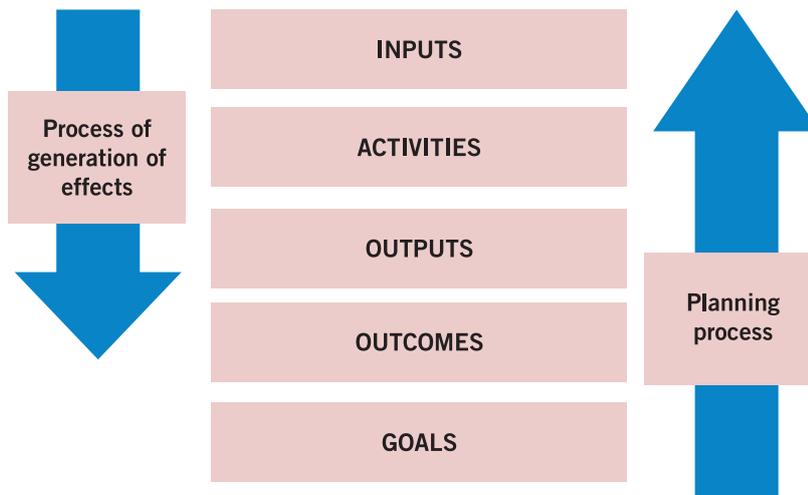


## 4.2 Setting expected outcomes

Outcomes should be directly related to the goals of the Programme. Frequently, to achieve a goal it is necessary to achieve more than one outcome. For setting outcomes, the following questions may be pertinent:

- What outcome(s) would be necessary to achieve a goal?
- Are these outcomes attainable?
- To what extent are these outcomes under the control of the interventions of the Programme?
- Are these outcomes formulated in such a way as to be easy to understand?

It is necessary to differentiate between expected outcomes (that we aim to achieve) and actual outcomes (achieved as a consequence of an intervention). Sometimes the expected outcomes are formulated as objectives. The objective is expressed in terms of an intervention, whereas the outcome is expressed in terms of the consequence of the intervention.



## 4.3 Setting activities and outputs

Unlike outcomes, the activities and outputs should be totally under the control of the institutions responsible for the programme. As mentioned, activities and their outputs should be planned with the purpose of generating the outcomes.

There are some questions that may help us identify the outputs and the activities needed to generate them:

- How would we generate these outcomes?



- What outputs are needed to attain these outcomes?
- Are these outputs enough?
- What activities should be done to generate these outputs?
- Are there alternative (and more efficient or feasible) activities for attaining the outputs?

When planning activities, it is necessary to keep in mind the cause-effect relationships in the activities-outputs-outcomes sequence. For example, occupational accidents and diseases take place in enterprises and only changes (mainly preventive and protective measures) at this level will reduce their incidence. The closer to the working environment an intervention measure is, the higher the impact it will have on reducing occupational accidents and diseases.

It is also important to consider the time necessary to generate an effect: some interventions may require more time than others in this regard.

One of the strengths of the strategic approach is promotion of coordination among different institutions. The best results in terms of improving working conditions are achieved when the various actors involved (supervisory authorities, social partners, or others) work together to the same end, each contributing with its specific yet carefully coordinated methods<sup>40</sup>.

When formulating activities, it is necessary to reduce uncertainty as much as possible. We should have an eye at this planning stage on the real involvement of the institutions in the implementation phase, their actual capacity and the other possible additional resources that the Programme can mobilize. Although goals are challenging objectives that generally require and induce greater effort, action plans need to accommodate them to realities. An action plan is not only what is desired but what can realistically be achieved.

An intervention logic should be articulated, indicating why activities have been included in the implementation plan. They should have a strategic logic, and not merely be a listing of current operations. The evidence base justifying inclusion of activities may be introduced at this stage. An intervention logic is an evidence-based, systematic and reasoned description of the links between outcomes and outputs. It helps management relate their organisational activities to (the Programme) outcomes, and confirms that their business approach is sound<sup>41</sup>.

There are some countries where the National OSH Programme is just a strategic framework of goals in which institutional actions are integrated “a posteriori”, instead of being planned with specific and intended purposes for the Programme. Even if there are many ways in which countries formulate, implement and evaluate their programmes, such a practice is not in the spirit of Convention 187.

<sup>40</sup> Comparative analysis of national strategies for safety and health at work. Federal Institute for Occupational Safety and Health, Germany 2010.

<sup>41</sup> Review of workplace health and safety strategies. WHSS Project Team, Department of Labour, New Zealand, December 2003.



## 4.4 Setting resources, responsibilities and timeframes

To ensure success in implementation, costs estimates of the actions and the necessary resources are required. Nothing can be planned if the necessary resources for implementation are in practice not available. Actions in the absence of resource considerations are condemned in the real world. It is necessary to evaluate the **affordability** and the **feasibility** of any planned action.

**Affordability:** this involves assessing the expenditure and the source of funds. Judgment and experience are essential for identifying the most significant costs. The analysis should clarify who will bear the costs of an action (or set of actions). Questions to be addressed are:

- How much will it cost?
- Who will pay for it?

**Feasibility:** this refers to the availability of human, financial, technical, organizational and administrative resources for implementing the action. The following questions are pertinent:

- Is the proposed action feasible from a technical, organizational and administrative perspective?
- Is there any evidence that the planned action would achieve the expected results?
- What is the timeframe required to implement the action?
- Is the capacity of the existing staff adequate to implement the action? Do they need training and technical assistance?
- Will the staff development costs affect the affordability of the action?

In some countries there are designated budgets for individual activities of the programme. In many cases, however, strategy-related activities are integrated into the regular performance of the existing OSH infrastructure (inspectors, branch committees etc.) and there is no specification of extra budgets for them. For the most part, however, the strategies are organized and financed within the existing infrastructure through the setting of priorities<sup>42</sup>.

Explicit timeframes within which the activities will be completed, including indications of who is responsible for their completion, should be provided.



<sup>42</sup> Comparative analysis of national strategies for safety and health at work, BAUA, 2010.

Responsibilities for and leadership of each activity is frequently assigned to the institution that has the competence for the specific activity, frequently supported by other institutions and social partner organizations. Different institutions can assume responsibility for delivery of one or more activities, and collaborate in the delivery of other activities. Assumption of responsibilities and leadership has to be done **explicitly** by the top management of the institutions once they have verified the availability of resources.

Setting timeframes is not easy and requires experience and consultation. In setting them, especially for activities that require several action steps or which require the contribution of different institutions, it would be adequate to set slightly longer periods as an insurance against possible delays in a particular action step or in the contribution of an institution.

Although the action planning process follows a linear sequence, namely goals → outcomes → outputs → activities → resources → responsibilities → timeframes, this sequence is changed very frequently. For example, a lack of availability of resources may necessitate a revisiting of the activities to be delivered or the timeframes.



## 5. LAUNCHING AND COMMUNICATION

ILO recommends that “the national programme shall be widely publicized and, to the extent possible, endorsed and launched by the highest national authorities”<sup>43</sup> to ensure OSH is placed high on national agendas.

There is general agreement that the protection of workers is of great importance and that OSH is a priority issue, but it is a fact that in practice OSH has not been given sufficient attention in many countries. The launching of the Programme by, for example the Head of State, Government or Parliament would have a significant impact on strengthening national OSH capacities and mobilization of national and international resources.

In many countries Parliaments or high-level government authorities have endorsed recent national OSH programmes. The endorsement or approval of the programme by Parliament, Prime Ministers or other high-level authorities in national governments, implies:

- a strong commitment and an assurance of financial resources over the programme period;
- greater visibility of the programme with more media attention.

### The National OHS Strategy 2002-12 , Australia<sup>44</sup>

In Australia, the National OHS Strategy 2002-12 was launched with the Statement of Commitment signed by the Federal Minister for Employment and Workplace Relations, the Chief Executive of the Australian Chamber of Commerce and Industry, the Secretary of the Australian Council of Trade Unions and eight provincial ministers responsible for OSH in their states or territories.



<sup>43</sup> Article 5.3 of the Convention 187 concerning the promotional framework for occupational safety and health.

<sup>44</sup> The National OHS Strategy 2002-2012, Australia.

There are other alternative or complementary ways of informing and communicating a National OSH Programme. The possibilities range from simple information dissemination (printed or online) all the way to provision of detailed guidance, interactive websites<sup>45</sup>, direct communication (conferences, information or training sessions, etc.), or the mass media. In Australia, the Netherlands and Denmark, the communication strategy includes, among other things, websites and wide-ranging, publicly available analyses and information materials. The selection of the most adequate method takes into account several parameters, for example:

- What target group do we want to reach?
- What level of detail is required for that target group?
- What objective do we want to achieve?
- What is our level of resources?

The target groups for the information are mainly:

- Public officials involved on OSH issues
- OSH specialists and professionals
- Workers, employers and their representatives
- Media
- The general public

Public officials may require a detail explanation of the National OSH Programme as they may be involved in one way or another in its activities. They would also need a communication channel (information or training sessions) to facilitate provision of further clarification of the initial message. OSH specialists could be informed by technical magazines, conferences, and so forth.

For informing employers and workers, wide-ranging information media (brochures) or special internet portals can be designed. Workers' and employers' organizations, in their roles as partners in the national OSH programmes, can play the most relevant role in disseminating information to employers and workers.

For the general public the use of mass media may be justified. This target group requires a clear and easy-to-understand message<sup>46</sup>. Sometimes publicity of the strategy itself is considered less important than clear communication of the OSH details (for example dissemination of specific information and guidance to companies in order to promote the putting into practice of some activities of an OSH campaign).

<sup>45</sup> Comparative analysis of national strategies for safety and health at work. Federal Institute for Occupational Safety and Health, Germany 2010.

<sup>46</sup> In the Annex 2 there is a diagram of the New Zealand injury prevention strategy, June 2003, indicating the mission, goals, actions and principles of the strategy.



## 6. IMPLEMENTATION OF ACTIVITIES

Sometimes the planning process is overemphasized in relation to the subsequent and more important step, the implementation of activities: it is what is done that changes realities.

“Government likes to begin things — to declare grand new programs and causes. But good beginnings are not the measure of success. What matters in the end is completion. Performance. Results.”<sup>47</sup>

The action plan specifies institutional responsibilities, resources and timeframes for the implementation of the activities of the National OSH Programme.

Institutions with leading responsibilities need to undertake the organizational arrangements for the allocation of resources to perform each activity. Management of such institutions has the primary function of monitoring and controlling delivery of the activities.



<sup>47</sup> President's Management Agenda, US Government, Whitehouse (2002).

Monitoring and control of activities are key managerial functions for checking and monitoring current performance in implementing the activities so as to ensure that:

- organizational and individual performance follows the pace, standards and specifications set out during the planning;
- the activities in place are operating effectively;
- they are effective in delivering the expected outputs;
- errors and irregularities are identified;
- corrective action is taken to correct irregularities, when and where necessary, and to prevent them from recurring.

Monitoring and control are two connected and subsequent activities. Monitoring in this context means observing the performance so as to be aware of the current state of the operations; it has an informative purpose. Control makes use of this information to take appropriate action(s); it has a decision-making purpose.

Control of the activities requires that some standards of performance have been previously defined in both quantitative (e.g. how many inspections should be undertaken?) and qualitative (e.g. what issues and with which level of depth should it be inspected?) terms. The actual performance will be compared with these standards to make decisions on eventual corrective actions.



## 7. MONITORING AND EVALUATION

Periodic reviews of the National OSH Programme should be conducted in order to check whether it is delivering the expected results. National OSH Programmes should include provision at the planning stage for how they will be monitored to track their implementation performance and how they will be periodically evaluated. A monitoring and evaluation system should be put in place, with details of:

- the frequency and scope of each type of study;
- the methodology for each type of study;
- the composition of the teams responsible for the studies.

### The Spanish strategy on safety and health at work 2007-2012<sup>48</sup>

A working group comprising representatives of the Central Government, regional communities, employer's organizations and trade unions within the National Commission of Health and Safety at Work was constituted. The Working Group monitored the actions included in the Strategy and assessed the compliance with its objectives. To this end, the Working Group will evaluate indicators to assess the degree of achievement of the objectives of the Strategy.

- the type of mechanism needed for periodic reporting. For example, it is common practice to produce progress reports on National OSH Programmes every year or two years.

### Status reports, New Zealand injury prevention strategy, June 2003.<sup>49</sup>

"The Minister for ACC will report annually to Government on progress against the Implementation Plan for the New Zealand Injury Prevention Strategy. The first report, which will be compiled by ACC, will be available to the public in late 2005.

In addition to reporting on Strategy implementation, ACC will publish a status report, at approximately two year intervals, on New Zealand's injury prevention performance. This report will provide information on measures of safety culture and safe environments, and key injury statistics and trends".



<sup>48</sup> The Spanish strategy on safety and health at work 2007-2012.

<sup>49</sup> New Zealand injury prevention strategy, June 2003.

## 7.1 Monitoring the Programme

It is necessary to plan how the Programme will be monitored including the mechanisms for providing decision-makers with feedback on the operations.

The monitoring system should be designed with the following issues in mind:

- how often performance information will need to be gathered; depending on the performance indicator, it may make sense to collect data on a monthly, quarterly, annual or other basis;
- the need to provide only the information required by the decision-makers;
- the need for timeliness of information provision, in accordance with the decision-makers' schedules;
- its cost-effectiveness.

There may be different levels of monitoring. Most Programmes require (explicitly or implicitly) feedback at two levels:

- activity monitoring, carried out by the management of the institutions in charge of implementation; this involves more immediate and specific monitoring of each activity<sup>50</sup>.
- programme monitoring, carried out by the central coordination body (the competent authority of central government or the National OSH Commission) in charge of assessing progress in compliance with the Programme. Such monitoring requires implementing institutions to prepare and submit progress reports.

### Mechanism for monitoring and evaluation, (Vietnam)<sup>51</sup>

“To comprehensively bring into play the monitoring and evaluation systems:

- self monitoring and evaluation by ministries and sectors presiding over the projects;
- monitoring and evaluation by State agencies by subjects (not by projects) or overall programme;
- independent monitoring and evaluation by consultancy and scientific organizations;
- monitoring and evaluation by representative organizations of workers and employers”.

<sup>50</sup> Already presented in the point 6 “Implementation of the activities”.

<sup>51</sup> National Programme on Labour Protection, Occupational Safety and Occupational Health up to 2010. Hanoi, 2006.



## 7.2 Evaluation parameters

Evaluation<sup>52</sup> is a tool necessary for verifying from the available evidence:

- the degree of generation of the expected Programme outcomes (summative evaluation);
- the extent to which the Programme operated as intended (process evaluation);
- whether the Programme actually fulfils the OSH goals (impact evaluation).

Evaluation also provides information to allow decision-makers to determine whether any adjustments are needed.

Traditionally, government programmes were described only in terms of their budgets. It is easy to measure the amount of money spent on a programme, but this is a poor indicator of mission success. Likewise it is relatively easy to measure the amount of work done (e.g. number of workers employed or number of years spent), but the staff may have just been ‘spinning their wheels’ without achieving much in terms of ultimate results or outcomes. The delivery of outputs is a better indicator that something was delivered to customers, but it is still possible that the outputs did not really meet the customer’s needs, or were not used<sup>53</sup>; hence the importance of measuring final results or outcomes with a view to pinpointing and subsequently avoiding wasted time and money (inputs) work activities with no specific purpose, or outputs that fail to achieve the desired outcomes. This is known as Outcome or Summative Evaluation.

While outcomes are used as the primary indicators of programme success or failure, they are still insufficient. Sometimes outcomes may be achieved through processes independent of the programme and an evaluation of those outcomes would suggest programme success when in fact external factors were responsible. Evaluation studies should therefore also measure how the process indicators (inputs and outputs) affected the outcome indicators. This is known as Process Evaluation.

The most common and important evaluation parameters are:

- **Relevance:** how relevant the Programme is to the national OSH context.
- **Efficiency:** the balance between the inputs and the outcomes (or outputs) of the Programme, that is an analysis of how efficiently the programme has been transforming the human, economic and financial resources into results.
- **Effectiveness:** the extent to which the Programme objectives have been achieved, that is the balance between the outcomes and goals of the Programme.
- **Impact:** the overall change brought about by the Programme in improving OSH in the country, and the extent to which the impact was intended or unintended.

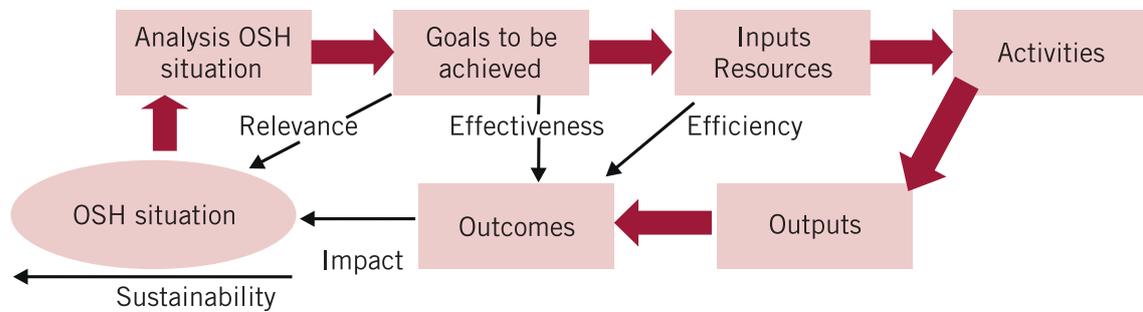


<sup>52</sup> In the following webpage, interesting links on evaluation from different agencies can be found: <http://www.ilo.org/eval/Informationresources/external/lang--en/index.htm>

<sup>53</sup> Evaluating Training - What You Need to Know: Definitions, Best Practices, Benefits and Practical Solutions.

- **Sustainability:** the likelihood that the Programme will bring about durable, long-lasting results.

### Evaluation parameters



For the process evaluation, there are different issues that could be measured such as:

- the quality and magnitude of the efforts;
- the quality and quantity of the outputs generated;
- the relation between the inputs used and the outputs generated (efficiency);
- the extent to which the activities well selected and implemented to generate the outcomes.



## 8. REVIEW AND CONTINUOUS IMPROVEMENT OF THE NATIONAL PROGRAMME

National OSH Programmes should include sustainable mechanisms for review and continuous improvement in the light of experience. These mechanisms have the purpose of:

- evaluating the overall strategy of the National OSH Programme to determine whether it achieves the planned goals and degree of progress in the national OSH situation;
- identifying the need for change and the actions needed to remedy any deficiencies;
- assessing the national OSH programme's ability to meet current and future needs;
- identifying the need to adjust or change national priorities and actions in accordance with current and future challenges;
- designating new priorities for action through the establishment of a new National OSH Programme based on an updated National OSH Profile.

The review makes use of the information provided by the progress reports and evaluation results, along with other external inputs that could affect the national OSH system. It has a political analysis dimension that links the programme strategy, its effects on the OSH situation, and the decision-making apparatus, with a view to planning future steps. In the following table there is a comparison of the monitoring, evaluation and review processes.



	<b>MONITORING</b>	<b>EVALUATION</b>	<b>REVIEW</b>
<b>Definition</b>	Continuous process to assess how well a programme is working.	Periodic or <i>ad hoc</i> studies of programme performance.	Decision-making process to assess the programme's ability to meet national needs.
<b>Scope</b>	Early warning system to manage potential irregularities.	In-depth examination to assess programme performance.	Adjust the programme to new challenges or priorities
<b>Main focus</b>	Process (whether a programme is operating as intended).	Outcomes (whether the programme has achieved its objectives) but also to assess process and impact.	Impact, overall programme strategy and the context.
<b>Who</b>	Those responsible for programme management.	Experts external to the programme.	Decision-makers.
<b>When</b>	Ongoing basis.	Periodic or <i>ad hoc</i> basis.	Periodic or <i>ad hoc</i> basis.

The review is carried out by the central coordination body (competent authority of the central government or the National OSH Commission) after a period of between two and five years. For example reviews of Australia's National OSH Strategy for 2002-2012 were planned to take place every three years. Although the frequency of the reviews should be set according to local needs and conditions, a mid-programme review and an end-of-programme review should be common factors.



# BIBLIOGRAPHY AND REFERENCES

Global strategy on Occupational Safety and Health. Conclusions adopted by the International Labour Conference at his 91st Session, 2003.

[http://www.ilo.org/safework/areasofwork/WCMS\\_111293/lang--en/index.htm](http://www.ilo.org/safework/areasofwork/WCMS_111293/lang--en/index.htm)

Promotional framework for occupational safety and health, Report IV (1) the International Labour Conference, 95th Session, 2006.

[http://www.ilo.org/safework/info/meetingdocs/WCMS\\_111296/lang--en/index.htm](http://www.ilo.org/safework/info/meetingdocs/WCMS_111296/lang--en/index.htm)

Convention 187 concerning the promotional framework for OSH. International Labour Conference, 95th Session, 2006.

[www.ilo.org/ilolex/cgi-lex/convde.pl?C187](http://www.ilo.org/ilolex/cgi-lex/convde.pl?C187)

Recommendation 197 concerning the promotional framework for OSH International Labour Conference, 95th Session, 2006.

<http://www.ilo.org/ilolex/cgi-lex/convde.pl?R197>

Principles and concepts in Nordic occupational safety and health policies. Dimensions of strategic thinking and approaches. Nordic Council of Ministers, Copenhagen 2008.

[http://www.norden.org/da/publikationer/publikationer/2008-594/at\\_download/publicationfile](http://www.norden.org/da/publikationer/publikationer/2008-594/at_download/publicationfile)

Comparative analysis of national strategies for safety and health at work. Federal Institute for Occupational Safety and Health, Germany 2010.

[http://www.baua.de/SharedDocs/Downloads/en/Publications/Expert-Papers/F2234.pdf?\\_\\_blob=publicationFile](http://www.baua.de/SharedDocs/Downloads/en/Publications/Expert-Papers/F2234.pdf?__blob=publicationFile)

Review of workplace health and safety strategies. WHSS Project Team, Department of Labour, New Zealand, December 2003.

<http://www.dol.govt.nz/whss/resources/ReviewWHSstrategies.pdf>

Adapting to change in work and society: a new Community strategy on health and safety at work 2002–2006.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2002:0118:FIN:EN:PDF>

Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0062:FIN:EN:PDF>



- Plan of action on National Occupational Safety and Health Frameworks for ASEAN. ASEAN Policy Dialogue on National Occupational Safety and Health Frameworks 23 - 25 January 2007, Singapore.  
<http://www.aseansec.org/20917.pdf>
- Global Plan of Action on Worker's health 2008 – 2017.  
[www.who.int/gb/ebwha/pdf\\_files/WHA60/A60\\_R26-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf)
- Community Strategy Implementation and Advisory Committee Action Programme. The Advisory Committee on Safety and Health at Work, 2011.  
[http://www.etui.org/content/download/5091/50888/file/acsh2011-strategy\\_\\_EN\\_1.pdf](http://www.etui.org/content/download/5091/50888/file/acsh2011-strategy__EN_1.pdf)
- National Mine Safety Framework – Implementation Plan, 2004, Australia.  
[http://www.dpi.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0005/87260/National-Mine-Safety-Framework-Impelementatio-Plan.pdf](http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0005/87260/National-Mine-Safety-Framework-Impelementatio-Plan.pdf)
- Construction Safety Partnership (Ireland) – Programme of Work 2012.  
<http://www.southsafe.ie/wp-content/uploads/2012/04/The-CSP-Programme-of-Work-2012.pdf>
- Flexibility, consistency and impacts in managing bureaucratic performance: subsidies for a new system of monitoring and evaluating the performance of labour inspection in Brazil / International Labour Office; Brasilia: ILO, 2010.  
[http://www.oit.org.br/sites/default/files/topic/labour\\_inspection/pub/ipea\\_ing\\_283.pdf](http://www.oit.org.br/sites/default/files/topic/labour_inspection/pub/ipea_ing_283.pdf)
- Introductory Guide to National Occupational Safety and Health Systems. Working document ILO 2002.  
[http://library37.library.cornell.edu/public/english/protection/safework/papers/nat\\_systems.pdf](http://library37.library.cornell.edu/public/english/protection/safework/papers/nat_systems.pdf)
- The National OHS Strategy 2002-2012, Australia.  
[http://safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/230/NationalOHSStrategy\\_2002-2012.pdf](http://safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/230/NationalOHSStrategy_2002-2012.pdf)
- 1st Occupational Safety and Health Master Plan of Cambodia (2009 – 2013)  
[http://www.ilo.org/asia/whatwedo/publications/WCMS\\_112931/lang--en/index.htm](http://www.ilo.org/asia/whatwedo/publications/WCMS_112931/lang--en/index.htm)
- Vision, mission, policy, strategy and program of national of OSH 2007 – 2010. Indonesia  
[http://www.ilo.org/jakarta/whatwedo/publications/WCMS\\_117203/lang--en/index.htm](http://www.ilo.org/jakarta/whatwedo/publications/WCMS_117203/lang--en/index.htm)
- New Zealand injury prevention strategy, 2003.  
<http://www.nzips.govt.nz/documents/strategycolour.pdf>



The National Programme on Labour Protection, Occupational Safety and Occupational Health up to 2010, Vietnam.

[http://www.ilo.org/asia/whatwedo/publications/WCMS\\_114400/lang--en/index.htm](http://www.ilo.org/asia/whatwedo/publications/WCMS_114400/lang--en/index.htm)

National Strategy for Well-Being at Work 2008-2012 (Belgium).

[http://osha.europa.eu/en/organisations/osh\\_strategies/list\\_eu\\_strategies#EU](http://osha.europa.eu/en/organisations/osh_strategies/list_eu_strategies#EU)  
Member State strategies and programmes

Strategy on safety and health at work, 2008-2012. (Bulgaria)

<http://osha.europa.eu/en/organisations/bulgarian-strategy-on-safety-and-health-at-work-shw-2008-2012>

The Spanish strategy on safety and health at work 2007-2012.

[http://osha.europa.eu/en/organisations/osh\\_strategies/list\\_eu\\_strategies#EU](http://osha.europa.eu/en/organisations/osh_strategies/list_eu_strategies#EU)  
Member State strategies and programmes

A strategy for workplace health and safety in Great Britain to 2010 and beyond.

[www.hse.gov.uk/consult/condocs/strategycd.pdf](http://www.hse.gov.uk/consult/condocs/strategycd.pdf)

Logical Framework Approach, SIDA, 2004.

[www.eejp.org/resources/lfa\\_approach.pdf](http://www.eejp.org/resources/lfa_approach.pdf)

Danish OSH strategy 2005-2010.

<http://synkron.at.dk/sw75025.asp>

National strategy of workplace safety and health in Singapore, 2018.

[https://www.wshc.sg/wps/themes/html/upload/cms/file/WSH2018\\_lowres.pdf](https://www.wshc.sg/wps/themes/html/upload/cms/file/WSH2018_lowres.pdf)

Joint German Occupational Safety and Health Strategy, 2008-2012.

<http://www.gda-portal.de/en/Objectives/Objectives.html>

Healthy People 2020. Summary of Objectives. NORA, US.

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=30>

A strategy for working environment efforts up to 2020 (Denmark).

<http://arbejdstilsynet.dk/~media/at/at/12-engelsk/rapporter/2020%20engelskpdf.ashx>

Progress in Health and Safety outcomes since 2000, UK.

<http://www.hse.gov.uk/statistics/history/progress-since-2000.pdf>

National Plan of Occupational Health 2008-2012 (Spanish) Colombia.

<http://www.minproteccionsocial.gov.co/Documentos%20y%20Publicaciones/PLAN%20NACIONAL%20DE%20SALUD%20OCUPACIONAL.pdf>

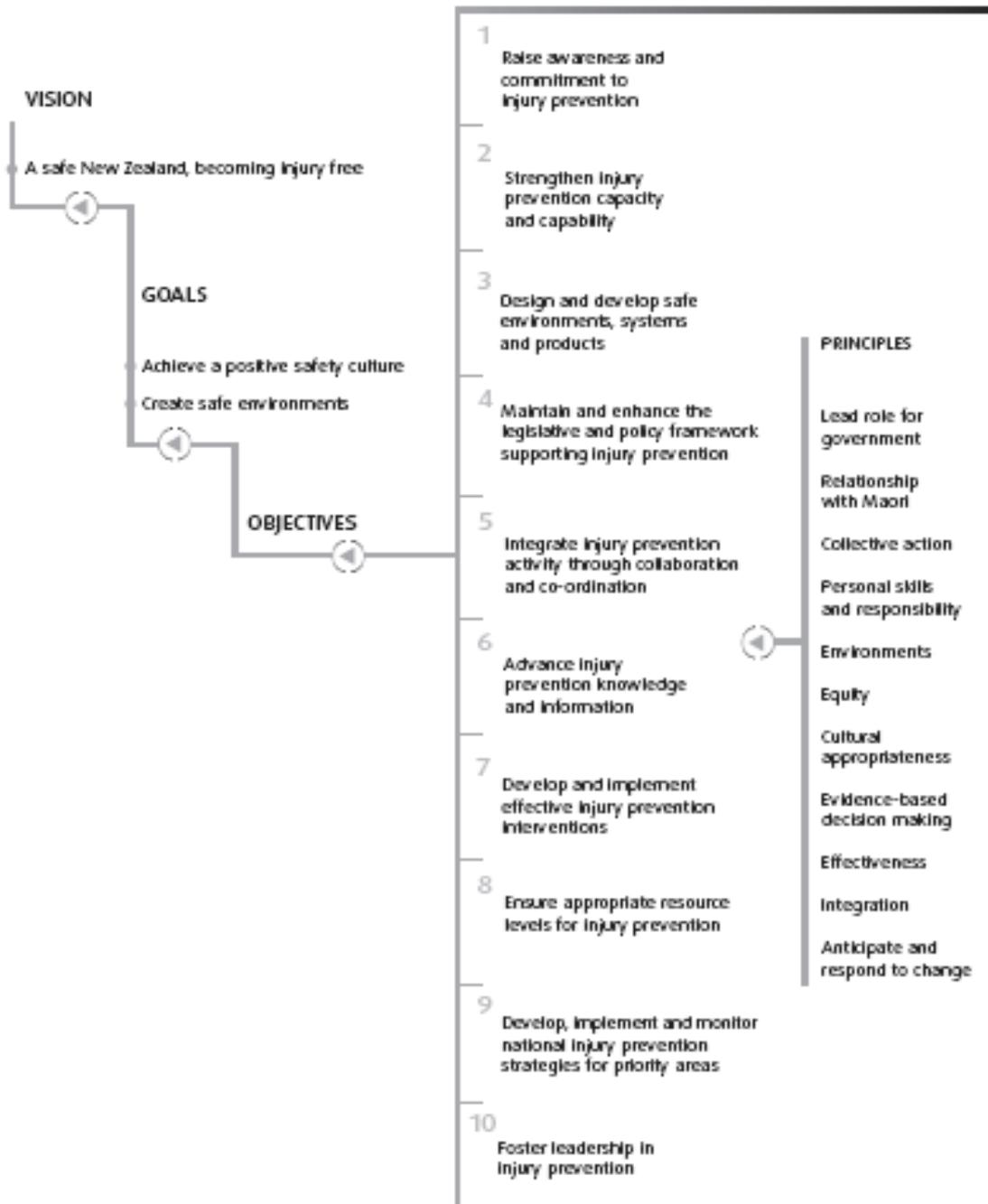
National Plan of Occupational Safety and Health 2012 (Portuguese) Brazil.

[http://www.previdencia.gov.br/arquivos/office/3\\_120503-165451-315.pdf](http://www.previdencia.gov.br/arquivos/office/3_120503-165451-315.pdf)



# Annex 1: Scheme New Zealand injury prevention strategy<sup>54</sup>

## OBJECTIVES AND ACTIONS



54 New Zealand injury prevention strategy, June 2003.



## Annex 2: Example of evaluation strategy<sup>55</sup>

With the intention of evaluating the attainment of the objectives of the Joint German OSH Strategy, the Federal Republic of Germany is following the example of other EU states which are also evaluating their national occupational safety and health strategies.

The three bodies responsible for the Joint German OSH Strategy already agreed in 2007 that “the attainment of the objectives of the Joint German OSH Strategy would be quality-assured and evaluated”. “This applies both to events, campaigns and projects as well as to the routine procedures assigned to the objectives and to the co-operation in occupational safety and health.”<sup>1</sup>). In addition to the evaluation of targeted work programmes across states and responsible bodies, it is also planned to evaluate the Joint German OSH Strategy in its entirety as regards interdisciplinary effects on the occupational safety and health system and safety and health at work (overall evaluation).

A feasibility study on the Joint German OSH Strategy overall evaluation was conducted on behalf of the National Occupational Safety and Health Conference (NOSHC) in the first half of 2009 which formulated requirements placed on a robust evaluation routine. Based on the results of this feasibility study, evaluations were initiated at the following five objective levels:

1. The national OSH objectives (reduction in work accidents, musculoskeletal disorders and skin diseases):  
To what extent have they been achieved?
2. The relevance and effectiveness of institutional OSH in companies:  
To what extent are they improving?
3. The optimisation of co-operation between the bodies responsible in the dual system:  
To what extent is it succeeding?
4. The improvement in co-operation with third parties as part of the Joint German OSH Strategy:

What successes are the Joint German OSH Strategy bodies achieving as part of the networking with health insurance funds, pension insurance institutions,

<sup>55</sup> Overall evaluation of the on-going first period of the Joint German OSH Strategy 2008 – 2012.  
<http://www.gda-portal.de/en/Evaluation/Evaluation.html>



the social partners, associations and organisations for safety and health at work? and

5. Company prevention for health and competitiveness:

To what extent are the activities of the Joint German OSH Strategy making the working conditions in companies healthier and safer?

The overall evaluation also examines, in particular at objective levels 2 and 5, the evaluation results of the 11 national and, where applicable, regional Joint German OSH Strategy work programmes.

The data surveys and evaluations within the work programmes are mainly conducted at two points in time (2010 and 2012). They relate to up to about 250,000 companies in Germany.

An external evaluator will conduct four different surveys: Up to 3,500 supervisors of the accident insurance institutions and up to 3,000 Labour Inspectorate officers of the federal states are to be surveyed. Moreover, at one point in time telephone interviews with up to 6,500 company representatives and workers are planned. In order to examine the commitment to and acceptance of the Joint German OSH Strategy among expert multipliers, the institutions and people working in the Occupational Safety and Health Forum will also be surveyed as part of a random analysis.

Some of the surveys will be conducted by the Joint German OSH Strategy bodies themselves, others by an external contractor, and supported by the systematic reporting section of the NOSHC office.

Two interim reports are planned for 2011 and 2012, the final report on the overall evaluation of the first strategy period for 2013.

The criteria and procedures of primary data surveys and evaluation recognised as the state of the art (standards of Deutsche Gesellschaft für Evaluation e.V.) will be used.



## Annex 3: Example of Progress Report (National OHS Strategy 2002–2012 of Australia) <sup>56</sup>

The National OHS Strategy 2002–2012 of Australia focuses on particular traumatic injury risks, occupational diseases and industry sectors to maximize the impact of its initiatives. The traumatic injury risks targeted are:

- body stressing;
- falls, trips and slips of a person;
- being hit by moving objects; and
- hitting objects with a part of the body.

These four mechanisms of injury account for 90 per cent of injury and musculoskeletal compensated claims across Australia.

To increase the focus on effective prevention of occupational diseases, eight disease groups were identified in consultation with stakeholders. These are:

- Musculoskeletal disorders
- Mental disorders
- Noise-induced hearing loss
- Infectious and parasitic diseases
- Respiratory disease
- Contact dermatitis
- Cardiovascular disease, and
- Occupational cancer.

The four priority industry sectors originally targeted for improvement under the National Strategy were:

- building and construction,
- transport and storage,
- manufacturing, and
- health and community services.



<sup>56</sup> The National OHS Strategy 2002-2012, Australia.

Agriculture, forestry and fisheries were added as a priority sector following the first review of the National Strategy in 2005. These sectors were chosen because they were identified through data analysis as having the highest incidence rates and/or high numbers of workers' compensation claims compared with other industries.

The National Strategy set the following targets:

- to sustain a significant, continual reduction in the incidence of work-related fatalities with a reduction of at least 20 per cent by 30 June 2012 (with a reduction of 10 per cent being achieved by 30 June 2007), and
- to reduce the incidence of workplace injury by at least 40 per cent by 30 June 2012 (with a reduction of 20 per cent being achieved by 30 June 2007).

### Progress so far

From the three-year baseline period (2000–01 to 2002–03) to 2008–09 there was a 22 per cent improvement recorded in the incidence of injury and musculoskeletal claims. This is below the rate required to meet the long term target of a 40 per cent improvement by June 2012. The rate of decline in the incidence of claims will need to accelerate in the remaining years if the target is to be achieved.

Of the five priority industries only the construction industry, with a reduction of 24 per cent, recorded a greater improvement than the 22 per cent average for Australia. The manufacturing and transport and storage industries recorded a slightly lower reduction (21 per cent) and the health and community services industry recorded a 19 per cent decrease. The agriculture, forestry and fishing industry has shown the least improvement with an 11 per cent decrease.

From the baseline period until 2008–09 the incidence rate of compensated fatalities from injuries and musculoskeletal disorders decreased by 25 per cent. The national incidence rate is 'on target' to meet the 20 per cent reduction required by June 2012. However, there is a considerable amount of volatility in this measure and consistent improvement is still required to ensure the target is attained.

Analysis of international data indicates that in 2006–08 Australia recorded the seventh lowest injury fatality rate in the world.

Australia's work-related injury fatality rate decreased from 2000–02 to 2004–06, and has increased slightly during 2005–07 to 2006–08. In comparison many of the best performing countries in the world have experienced greater fluctuations in the rate of work-related fatality. It is unlikely that Australia will meet the aspirational goal.



The Safe Work Australia publication, Occupational Disease Indicators, April 2010, reported that over the seven-year period from 2000–01 to 2006–07, decreasing trends were observed for five of the eight priority disease groups: musculoskeletal disorders; mental disorders; infectious and parasitic diseases; contact dermatitis; and cardiovascular diseases. For three of the eight priority disease groups, noise-induced hearing loss; respiratory diseases; and occupational cancers, rates over the period did not display a clear overall trend of increase or decrease. Although this report is primarily based on workers' compensation data, additional data sources such as hospitalisations, notifiable diseases and cancer registries are also examined.





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