

World Day for Safety and Health at Work

28 April 2013

Questions and Answers about the prevention of occupational diseases

Occupational diseases cause huge suffering and loss in the world of work. Yet, occupational or work-related diseases remain largely invisible in comparison to industrial accidents, even though they kill six times as many people each year. What's more, the nature of occupational diseases is altering rapidly: technological and social changes, along with global economic conditions, are aggravating existing health hazards and creating new ones. Well-known occupational diseases, such as pneumoconioses, remain widespread, while relatively new occupational diseases, such as mental and musculoskeletal disorders (MSDs), are on the rise.

What constitutes an occupational disease?

Occupational diseases are diseases contracted as a result of an exposure to risk factors arising from work. Recognition of the occupational origin of a disease, at the individual level, requires the establishment of a causal relationship between the disease and the exposure of the worker to certain hazardous agents at the workplace. This relationship is normally established on the basis of clinical and pathological data, occupational history (anamnesis) and job analysis, identification and evaluation of occupational hazards as well as exposure verification. When a disease is clinically diagnosed and a causal link is established, the disease is then recognized as occupational.

What is the global picture today?

An estimated 2.34 million people die each year from work-related accidents and diseases. Of these, the vast majority—an estimated 2.02 million—die from a wide range of work-related diseases. This means that 5,500 of the estimated 6,300 work-related deaths that occur every day are caused by various types of work-related diseases. The ILO also estimates that 160 million cases of non-fatal work-related diseases occur annually.

Can you give some examples of the magnitude of the impact of occupational diseases?

Millions of workers continue to be at risk of pneumoconioses (especially silicosis, coal-worker's pneumoconiosis, and asbestos-related diseases) due to widespread exposures to silica, coal, asbestos and various mineral dusts in mining, quarrying, construction, and other manufacturing processes. Pneumoconioses have long latency periods and can often go undiagnosed and unreported. Their associated illnesses (chronic obstructive pulmonary disease, silico-tuberculosis, silica- and asbestos-related cancers) often cause permanent disability or premature death.

Concerning asbestos-related diseases, until the 1970s, asbestos was widely used in many industries across different countries to insulate pipes, boilers, and ships, make brakes, strengthen cement and fireproof many materials. People who worked with asbestos during that time are now at risk of developing asbestos-related diseases (ARD), such as asbestosis, asbestos-related lung cancer and mesothelioma. It generally takes from 10 to 40 years for ARDs to develop after exposure. Thus, even in countries where a prohibition on the use of asbestos is already in force,

people will still be developing ARDs for decades to come. Despite bans on the use of asbestos in more than 50 countries, including all Member States of the EU, 2 million metric tons of asbestos are produced every year. Today, asbestos is mainly used in the developing world where preventive capacities, health surveillance, and compensation mechanisms are inadequate, and ARDs are poorly recognised and rarely reported.

What are some of the emerging risks and new challenges?

Emerging risks include poor ergonomic conditions, exposure to electromagnetic radiation, and psychosocial risks. Work-related stress and its health consequences have also become matters of great concern, especially following the economic crisis and recession. Enterprises are increasingly confronted with psychological harassment, mobbing, bullying, sexual harassment and other forms of violence. Workers may turn to unhealthy behaviours, such as the abuse of alcohol and drugs, in an attempt to cope with stress. Links have been found between stress and musculoskeletal, cardiovascular and digestive conditions. If prolonged, work-related stress can contribute to serious mental disorders, such as anxiety, depression, even bringing people to the extreme of suicide. All these new risks are arising without adequate control measures from technological, social and organizational changes in the workplace due to rapid globalization.

What are the costs of occupational and work-related diseases?

Occupational diseases impose enormous costs. They impoverish workers and their families, reduce work capacity and dramatically increase health care expenditures. The ILO estimates that occupational accidents and diseases result in an annual 4% loss in global gross domestic product (GDP), equivalent to US\$2.8 trillion, in direct and indirect costs of occupational injuries and diseases.

Is the incidence of occupational disease increasing?

Official figures seem to suggest that cases of occupational diseases are on the rise. Nevertheless, increases in occupational diseases' statistics do not necessarily imply a real increase in cases. The rise in numbers could be due to several positive factors, such as better systems for recording and notification, improved health surveillance, recognition and compensation mechanisms, growing workers' and employers' awareness of occupational diseases, broadening of the definition of occupational diseases, as well as changes in work processes and organization, and manifestation of long-latency diseases.

Why this is called a "hidden epidemic"?

Occupational diseases are referred to as a hidden epidemic because first of all, occupational or work-related diseases remain largely invisible when compared to industrial accidents, even though they kill many more people than industrial accidents. There are two main reasons for this: symptoms of occupational diseases, unlike occupational injuries, may become manifest months or even years after exposure to the hazard; and there is extensive under-reporting of occupational diseases. Good data remains difficult to obtain. Globally, more than half of all countries still do

not collect adequate statistics for occupational diseases and available data concern mainly injuries and fatalities. Furthermore, only a few countries collect sex-disaggregated data. This does not only make the identification of the specific type of occupational injuries and diseases of men and women more difficult, but also hinders the development of effective preventive measures for all.

What are the problems in collecting data?

There are several factors. Official national statistics are based on reported data on occupational accidents and diseases. Many countries have social security systems that include employment injury benefit schemes. However, their coverage is limited to workers in the formal economy; even there, effective coverage on employment injury benefits is lacking due to inadequate recording and notification systems. The situation concerning occupational diseases is even more complicated: in most countries, in fact, only a fraction of the actual cases are covered, which reflects the challenges of defining, recognizing and reporting them. Meanwhile, rural workers, workers in small-scale enterprises (SMEs) and in the informal economy – representing the vast majority of the global workforce - are likely to face high levels of risk because they tend to be outside of the systems that prevent, report and compensate for occupational diseases. Other factors that may hinder data collection include the long latency periods that characterize occupational diseases, lack of medical doctors trained on their diagnosis, increased movement of workers to jobs with various levels of exposure and in some countries, the splitting of responsibility for health and safety at work between labour and health ministries and social security institutions.

What is happening in the world of work, and is it enough?

Many governments and employers' and workers' organizations are placing now greater emphasis on the prevention of occupational diseases. Even so, prevention isn't receiving the priority warranted by the scale and severity of the occupational disease epidemic. Effective prevention of occupational diseases requires the continuous improvement of national OSH systems, inspection and prevention programmes and compensation systems in all ILO Member States, preferably through collaboration between governments, employers and workers. This should feed into awareness and advocacy programmes, including global and national campaigns, for an improved understanding of the magnitude of the problem and the need for urgent action by all stakeholders, including decision-makers, high-level officials of government authorities, social security institutions, employers and workers and their organizations, OSH inspectors and OSH professionals.

What constitutes a good national OSH system?

A good national OSH system is critical for the effective implementation of national policies and programmes to strengthen the prevention of occupational diseases. It should include laws and regulations and, where appropriate, collective agreements incorporating the prevention of occupational diseases; law compliance mechanisms, including effective OSH inspection systems; cooperation between management workers and their representatives in the implementation of OSH measures; provision of occupational health services; adequate mechanism for the collection and

analysis of data on occupational diseases; OSH information and training; and collaboration between ministries of labour, ministries of health and social security schemes covering occupational injuries and diseases.

What is the role of workers and employers?

The active participation of employers' and workers' organizations is essential for the development of national policies and programmes for the prevention of occupational diseases. Employers have a duty to prevent occupational diseases by taking preventive and protective measures through assessment and control of the risks at work. Managers, supervisors, OSH professionals, workers, safety and health representatives and trade unions, all have important roles to play through effective social dialogue and participation. The inclusion of OSH clauses in collective bargaining agreements is an equally good way to improve workplace OSH. Workers and their organizations have a right to be involved at all levels in formulating, supervising and implementing prevention policies and programmes. Employers and workers' organizations also play an active role in training.

What are the main ILO Conventions relevant to this subject?

The Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Health Services Convention, 1985 (No. 161) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) provide guidance for consolidating national OSH systems, strategies and preventive programmes.

What is happening in the world of work?

The increasing number of ratifications of ILO Conventions provides a good indicator of a growing commitment to address occupational diseases. A 2009 ILO General Survey on Convention No. 155 found that a significant number of countries, particularly in the developing world, were updating national OSH policies as well as improving regulatory and enforcement systems that are key for the prevention of occupational diseases. Others were targeting emerging issues, such as work-related stress and MSDs, providing assistance to SMEs and engaging in the promotion of best practices on OSH that can also support prevention strategies. Even so, prevention is not yet receiving the priority warranted by the scale and severity of the problem.

What can the ILO do to support government efforts in this area?

Most ILO member States have signed on to the Decent Work Agenda and are implementing Decent Work Country Programmes, many of which emphasize the need for enhancing occupational safety and health. To support them in this area, the ILO has developed many technical tools to strengthen national health surveillance systems, improve diagnostic criteria, recording and reporting of occupational diseases and working conditions through preventive and control measures.

In addition, the ILO will continue promoting the ratification and implementation of ILO Conventions on OSH; strengthening international alliances for the prevention of occupational diseases with other institutions, such as the World Health Organization, the International

Commission on Occupational Health, the International Association of Labour Inspection and the International Social Security Association; supporting member States' efforts to strengthen their capacities for the prevention and recognition of occupational diseases; and encouraging the exchange of good practices for the prevention of occupational diseases at national and international levels.

In terms of increasing prevention, where do we go from here?

The fight against occupational diseases is at a critical point. As awareness grows, so does the sense that more urgent and vigorous action is needed to identify the extent of the challenge of occupational diseases and prevent them from taking their toll. We need a comprehensive “paradigm of prevention” that focuses on occupational diseases and not just injuries. Prevention is the key, since it is more effective and less costly than treatment and rehabilitation; and it involves protecting the lives and livelihoods of workers and their families and contributes to ensuring economic and social development. The establishment of a preventative safety and health culture requires social dialogue between governments, workers' and employers' organizations; increase sharing of knowledge, and adequate resources. Stakeholders in the world of work should not wait any longer and take concrete steps. Now is time to launch a major new global effort and intensify the national and international response to the occupational disease epidemic so that the health and lives of workers can be protected.