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Labour  
Office  
Geneva



# Plan Safe, Plan Healthy: Guidelines for Developing National Programmes on Occupational Safety and Health



Programme on Safety and Health at Work and the Environment  
(SafeWork)

## Plan Safe, Plan Healthy:

Guidelines for Developing National  
Programmes on Occupational  
Safety and Health

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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.



***“Work that respects human dignity is the essence of decent work,  
the mission of the ILO. Decent work must be safe work.”***

*Juan Somavia – ILO Director-General (1999–2012)*



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## Foreword

In 2006 the ILO adopted the Promotional Framework for Occupational Safety and Health Convention, No. 187. One objective was for ratifying members to take active steps towards progressively achieving a safe and healthy working environment through a national system for and national programmes on occupational safety and health.

This guide is part of the ILO's continuing efforts to help with this process, and sets out a framework for the development of national programmes on occupational safety and health (OSH). It provides governments, employers and workers with step-by-step assistance to develop a national programme on OSH. It aims to promote concerted action on OSH issues, based on the commitment of all the actors involved.

The guide has been developed in conjunction with the ILOs' International Training Centre in Turin, who in turn have established an ILO training package entitled *Development of a National Programme of Occupational Safety and Health*.

In particular, the guide is designed to:

- ensure a **common understanding**, among national and international partners, of the processes needed to support countries in preparing national programmes on OSH;
- suggest a **practical, step-by-step approach** to developing national programmes, through a concerted process that draws on and fosters broadly based national ownership;
- provide **guidance** to countries – particularly government officials and the representatives of employers' and workers' organizations and other relevant stakeholders – so that they can **work together** to prepare a balanced, comprehensive national programme on OSH; and
- provide the ILO and other international agencies with a toolkit for a **common substantive approach** to the improvement of OSH.

A national programme helps a country to develop and communicate its strategies for improving OSH. The aim is to reduce work-related accidents, injuries and diseases. The programme provides a point of reference for the organizations responsible for implementing it. For the public, it is a way of monitoring progress towards the goals.

This guide takes you through all the steps required to formulate a national programme on OSH. It is based on the policy cycle approach – that is, analysing the situation and identifying the main problems, generating policy options, and planning for implementation.

The guide is divided into two main sections:

- Part I proposes a step-by-step approach for developing a national programme. It identifies those who should be involved, and their respective roles.
- Part II deals with the programme's content: the development of a national policy on OSH; the composition of the national profile on OSH; and the subsequent steps of strategic planning, implementation, monitoring and review of the national programme on OSH.

National programmes are specific to each country, and therefore we cannot state what must be in your programme; this will depend on your current situation, and on the available resources.

However, I trust this guide will serve as a useful source of information for those involved in preparing national programmes on OSH, and consequently will deliver an improvement in working conditions, and a reduction in work-related accidents and diseases.

Seiji Machida  
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An important source of inspiration for the guide was the ILO's *Guide for the preparation of national action plans on youth employment*, prepared by Mr Gianni Rosas and Ms Giovanna Rossignotti. We appreciated the practical approach of that guide, and believed that it could be replicated in this new area, but with the aim of providing a step-by-step process for developing national OSH programmes that foster national ownership.

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Our appreciation also goes to Mr Felix Martin-Daza of the ILO's International Training Centre, Turin, Italy, who was responsible for developing a training package on developing national programmes on OSH. In this context, the guide and the training package complement each other, and use harmonized language, but can also be used as stand-alone materials.

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Finally, our appreciation goes to Ms Amélie Schmitt, Chief Technical Adviser of the ILO–EU joint project under which the report was produced, for her coordination of this and other related products.



## Abbreviations

<b>CIS</b>	International Occupational Safety and Health Information Centre
<b>COCONASHT</b>	Comisión Consultiva Nacional de Seguridad e Higiene en el Trabajo (Mexico)
<b>COTU (K)</b>	Central Organization of Trade Unions (Kenya)
<b>DOHSS</b>	Directorate of Occupational Health and Safety Services (Kenya)
<b>ESIC</b>	Employees' State Insurance Corporation (India)
<b>FKE</b>	Federation of Kenya Employers
<b>GDP</b>	gross domestic product
<b>GNP</b>	gross national product
<b>HDR</b>	Human Development Report (United Nations)
<b>HSC</b>	Health and Safety Commission (UK)
<b>HSE</b>	Health and Safety Executive (UK)
<b>ILO</b>	International Labour Organization
<b>IPCS</b>	International Programme on Chemical Safety
<b>NGO</b>	non-governmental organization
<b>NOHSC</b>	National Occupational Health and Safety Commission (Australia)
<b>NTT</b>	national tripartite team
<b>OHS</b>	occupational health and safety
<b>OSH</b>	occupational safety and health
<b>SDR</b>	standardized death rate
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>SME</b>	small and medium enterprises
<b>SWOT</b>	strengths, weaknesses, opportunities and threats



# Introduction

Work takes an enormous toll. The ILO estimates that 2.34 million people die each year from work-related accidents or diseases. A further 317 million suffer from work-related injuries. These estimates, if anything, understate the problem, as many of the world's occupational accidents and illnesses are never notified.

However, most of these incidents are avoidable. It will take commitment from governments, employers and workers, but they all have every reason for giving high priority to occupational safety and health (OSH). First and foremost, good prevention policies and practice can reduce human suffering; they also make sound economic sense. About 4 per cent of the world's gross domestic product is swallowed up by the direct and indirect costs of occupational accidents and diseases. That adds up to about US\$1.25 trillion a year.<sup>1</sup>

It is no coincidence that the best figures on OSH are found in the most competitive economies. These days, many governments, employers and workers recognize that higher levels of workplace safety and health protection mean both higher productivity and major savings on social security budgets.

Although some countries have already adopted OSH strategies, and are reaping the benefits, most still have to face major challenges on safety and health at work. How can they design and implement effective strategies? National programmes on OSH are part of the answer.

The ILO has always been strongly committed to developing preventive OSH strategies, and it is well placed to do so. Its unique tripartite structure enables government, employers' and workers' representatives to meet internationally on equal terms. It has already created a global framework for the implementation of national OSH policies, and it is keen to establish a real safety and health culture everywhere.

The concept of promoting a coherent national policy on OSH, expressed in the ILO's Occupational Safety and Health Convention, 1981 (No. 155), was a first step towards avoiding or minimizing occupational accidents and diseases.<sup>2</sup>

Then, in 2006, a global OSH strategy came a step closer with the adoption of the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).<sup>3</sup> This focuses on the progress that countries are already experiencing, and it urges them to make further efforts and improvements, no matter what point they have reached.

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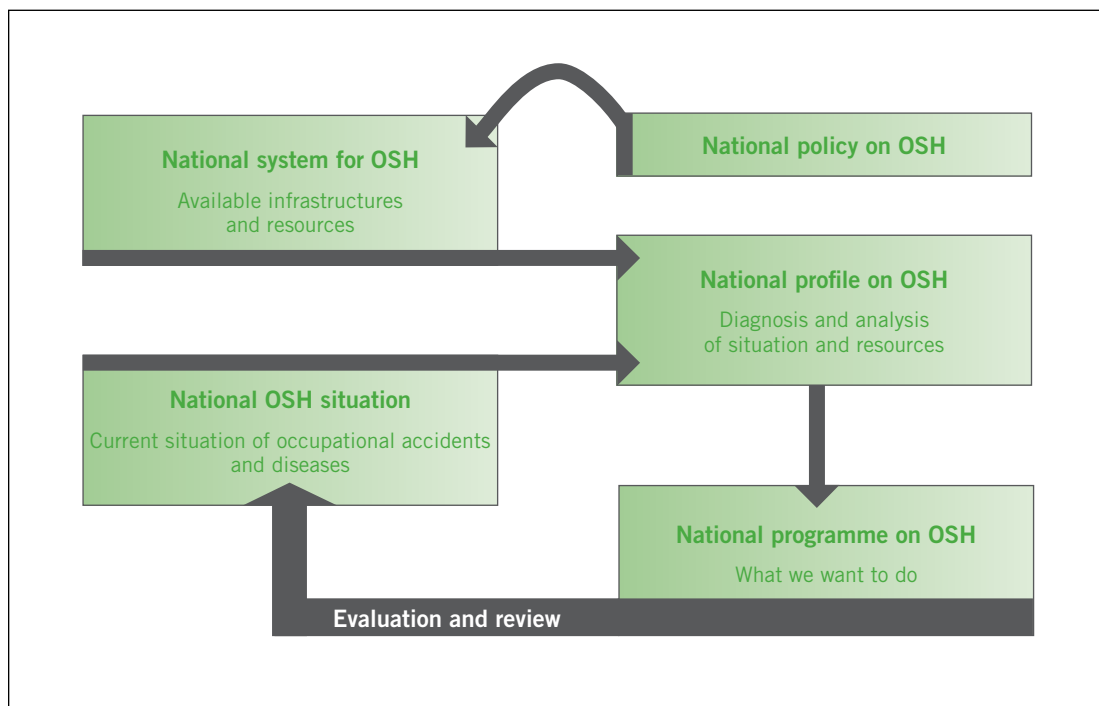
<sup>1</sup> ILO, *Safety in numbers: Pointers for a global safety culture at work*, Geneva, 2003. [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_142840.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_142840.pdf)

<sup>2</sup> See Art.4 of the Occupational Safety and Health Convention, 1981 (No. 155). The texts of ILO Conventions are available online in Arabic, Chinese, English, French, German, Russian, Portuguese and Spanish at <http://www.ilo.org/ilolex/english/convdisp1.htm>

<sup>3</sup> For the full text of the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) see Appendix II.



The development of a national programme on OSH, as illustrated below, has various steps.



There are some relevant concepts in the ILO strategic approach to OSH, and it is important to define and differentiate them:

**National policy on OSH:** A national policy on OSH is a specific, deliberate course of action that a government adopts (in consultation with its social partners) to fulfil its mandate for the prevention of occupational accidents and diseases. Normally it takes the form of a written statement, and includes at least the government's commitment to the prevention of occupational accidents and diseases; the main principles guiding national action on OSH; the spheres of action on OSH; and the functions and responsibilities of the main stakeholders.

**National system for OSH:** This is the infrastructure that provides the main legal and institutional framework for implementing the national policy and national programmes on OSH.

**National profile on OSH:** This is a diagnostic document that summarizes the existing OSH situation, including national data on occupational accidents and diseases, high-risk industries and occupations, and a description of the national system for OSH and its current capacity.

**National programme on OSH:** This takes into account the analysis, conclusions and results of the profile, and thus determines the objectives to be achieved. These objectives should be prioritized with targets to achieve within a predetermined time frame. Indicators should also be identified to assess progress.

**Evaluation and review:** This will identify the programme's effectiveness in terms of the reduction in the numbers of occupational accidents and diseases. It helps in identifying whether the interventions are having the desired or expected results within the predetermined time frame. This supports decisions in a continuous cycle.

Some of the concepts referred to above are used and defined in ILO Conventions, and although this guide uses these meanings, some countries may formulate or define the concepts differently, for example by denoting the national programme on OSH as “strategy”, or “strategic plan”, or “plan of action”.



# ***PART I:***

## ***Process for preparing the national programme on occupational safety and health***

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### 1. Getting everyone on board – and keeping them there

From the outset, a government should be fully committed to **ensuring active cooperation** between the ministries concerned, employers' and workers' organizations, and all the other stakeholders who seek to promote good OSH standards. After all, they are working towards a common goal that benefits everybody – the permanent improvement of OSH conditions. Broadly based ownership of the national programme is vital if support for change is to be gained and maintained.

A national programme will not bear fruit immediately. As for any other reform, its real effects will be in the medium to long term. Therefore a **firm commitment over time** is essential. It is important to be honest and clear about this from the start. Otherwise, disillusionment may erode the broad support needed.

The development of a national programme should be based on a **careful and realistic assessment** of the **constraints** to be addressed, on the one hand, and of the **resources** that are available to do so, on the other. That is why it is important from the outset to identify priorities and dedicate the resources needed to achieve them.

### 2. Setting up a national tripartite team (NTT)

When developing a national programme, the actors to be involved in each step of the elaboration process should be identified. Their respective roles and responsibilities should be clearly defined for each of the following phases:

- setting up the national programme development mechanism;
- identifying its main focus;
- drafting the process and the required actions for the national programme; and
- implementing, monitoring and reviewing the whole programme.

You may wish to consider assembling a national tripartite team (NTT) with the role of coordinating the national programme development mechanism.

## 2.1. Who?

### Government

- ▶ Which governmental body will be in charge of overall coordination?
- ▶ Which relevant ministries are to be involved? Ministry of Labour, Health, Agriculture? Others?
- ▶ Will the Ministry of Finance be responsible financially, and will it be involved in allocating resources to the national programme?
- ▶ Which agencies and institutions – such as labour inspection services, occupational health services and social security – need to be represented?

### Workers

- ▶ Which are the representative trade union organizations in your country? (*Your Ministry of Labour may know of an agreed formula for representation of the various trade union organizations on public bodies. Applying such an existing formula can be a way of avoiding unnecessary complications.*)
- ▶ How many representatives of workers' organizations should take part in the NTT?
- ▶ Should OSH expertise be a requirement for their participation?
- ▶ Will their participation be honorary or remunerated?

### Employers

- ▶ Which are the employers' organizations that it is important to involve in the NTT? (*Again, your Ministry of Labour may be able to inform you of precedents.*)
- ▶ How many representatives of employers' organizations should take part in the NTT? (*Numerically equal representation of employers and labour is often the most satisfactory formula, and is likely to be the least controversial. However, this composition may sometimes need to be varied in the light of national circumstances or particular topics.*)
- ▶ Should OSH expertise be a requirement for their participation?
- ▶ Will their participation be honorary or remunerated?

### National coordinator

- ▶ Who will be responsible for the daily operation of the NTT?
- ▶ Is there room in the budget for a full-time coordinator? Might it be better to engage an OSH expert in developing and implementing the national programme as part of his or her normal duties?

### Experts

Are experts to be designated through consultation with the NTT members?

### Other involvement?

- ▶ Is there a need to ask for ILO technical cooperation?
- ▶ Is it worth involving the general public, through a national survey, to get its feedback? If so, at which stage of the process? Maybe at the stage of drafting the national programme?

- ▶ What efforts, if any, should be made to interest the media in the work of the NTT, and to keep them informed of progress? *(It may be better to let the NTT itself decide this at an early stage.)*

## 2.2. How?

### Recruitment and payment

Should the members of the NTT be recruited by the government body responsible, or should it get another institution to do so? Should they receive a fee? Think about the most convenient solution in terms of costs.

### How should these actors work together?

- ▶ Tripartite consultation?
- ▶ Creation of a tripartite committee?
- ▶ How often should it get together?
- ▶ What provision should be made for representatives to report back to, and consult, their organizations before decisions are taken? *(Bear in mind that the structures of national trade union centres and those of national employers' federations are never entirely comparable. You may find that one group of representatives has a mandate to decide on the spot, whereas another does not.)*

### Assigning responsibilities

Once you have decided who should be involved in the NTT, you should assign clear tasks to each actor at every step of the development of the national programme.

See the example below.

#### Duties, powers and members of the Kenyan OSH National Council

For the purposes of setting up a national OSH programme and a mechanism to oversee its main focus, a legal provision in the Kenyan Occupational Safety and Health Act, 2007, provides for the establishment of a National Council for Occupational Safety and Health.

Under the legislation, the National Council is to advise the Minister on:

- (a) the formulation and development of a national occupational safety and health policy framework;
- (b) legislative proposals on occupational safety and health, including ways and means to give effect to ILO Conventions, and other international conventions and instruments relating to occupational safety, health, compensation and rehabilitation services;
- (c) strategic means of promoting best OSH practice;
- (d) the establishment, maintenance and development of a safety and health preventive culture;
- (e) reviewing the provisions of the Act, rules and regulations, standards, and industry codes of practice;
- (f) statistical analysis of work-related deaths and injuries;
- (g) such other matters affecting occupational safety and health as it considers desirable in the interest of improving the quality of working life in Kenya.

Without limiting the above matters, the Director may advise the Council on the formulation and publication of standards, specifications or other forms of guidance for the purpose of assisting employers, employees and other users to maintain appropriate standards of occupational safety and health.

#### **Powers of the Council**

It is a requirement that the Council shall at the request of the Minister, and may of its own motion, investigate and make recommendations to the Minister on any matter connected with the safety and health of persons at work. The Council may:

- (a) establish committees in respect of different industries for the purpose of assisting the Council to perform its functions in relation to industry codes of practice;
- (b) establish such other committees as it deems necessary for the purpose of assisting the Council to perform its functions.

#### **Membership of the Council**

The Council shall consist of a chairperson who shall be appointed by the Minister by notice in the Gazette. The members of the Council shall be:

- (a) One representative from each of the following ministries – Health, Agriculture, Livestock Development, Industry, Water Development, Local Authorities and Education.
- (b) One representative from each of the following organizations and government departments – The Government Chemist, the Kenya Bureau of Standards, the Kenya National Bureau of Statistics, the Commissioner of Insurance, the Association of Kenya Insurers, the public universities, the National Environment Management Authority, the National Council for Science and Technology, The Kenya Occupational Safety and Health Association.
- (c) The most representative workers' and employers' organizations.
- (d) Three persons with relevant qualifications and experience in occupational safety and health, who shall not be public officers.

Case study prepared by Meshack Khisa – Kenya Plantation and Agricultural Workers Union

### 3. Suggested phases for developing the national programme

#### 3.1. Phase 1. Setting up the national programme development mechanism.

In this first phase:

##### **Government**

Whichever governmental body is chosen for the coordinating role will have at least the following tasks:

- ensuring the full engagement of the social partners and all relevant institutions, both in the process and in its implementation, monitoring and review;
- consulting with the social partners and all relevant institutions, and inviting them to participate in the NTT;

- designating the national coordinator;
- setting up the NTT, to be led by the national coordinator; and
- deciding, through consultation, whether there is a need to invite an international agency to provide technical cooperation during the development of the national programme (e.g. the ILO?).

### Mauritius experience: setting up an Advisory Council for OSH

Mauritius set up an Advisory Council for Occupational Safety and Health, a tripartite body consisting of employers', workers' and government representatives, under the Occupational Safety and Health Act 2005. It addresses new and pertinent issues on OSH, and advises the Minister accordingly.

Case study prepared by Khindev Gunpath, OSH Officer for the Ministry of Labour, Industrial Relations and Employment – Mauritius.

#### The national coordinator:

- sets up the first NTT meeting to explain the requirements for development of the national programme;
- acts as the secretariat of the NTT, issues invitations, organizes the agendas of meetings, and arranges meeting facilities;
- ensures the practical arrangements for carrying out technical surveys to fill data gaps when required by the NTT;
- commissions and/or coordinates preparation of the situation analysis (the national profile on OSH).

### 3.2. Phase 2. Identifying the main focus of the national programme

In this second phase:

#### The national coordinator:

- organizes NTT meetings to draft the national policy on OSH and prepare the national profile on OSH;
- organizes thematic working groups when there is a need to analyse specific policy areas;
- prepares a draft timeline for the completion and subsequent adoption, submission and approval of the draft national programme by the NTT;
- keeps in constant contact with the responsible governmental body.

#### The national tripartite team:

- in coordination with other interested parties, drafts the national policy on OSH, and presents it to the appropriate minister for adoption;
- if necessary, sets up thematic groups of its members based on specific expertise to conduct SWOT analysis (defined below) on the data and issues in the OSH profile;
- drafts and/or approves the final draft of the OSH profile, and presents it to the appropriate minister for adoption.



### SWOT analysis

SWOT stands for **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats. A SWOT analysis is essentially a four-way version of the two-way “pros and cons” list. Graphically, there are several of ways of presenting a SWOT analysis. Here is one matrix that may be appropriate for thematic groups within a national tripartite team:

	POSITIVE/HELPFUL in achieving the goal	NEGATIVE/HARMFUL in achieving the goal
INTERNAL origin <i>Organizational factors that will affect the national programme with regard to the specific issue under consideration</i>	<b>Strengths</b> Things that are good now; maintain them, build on them, and use them as leverage	<b>Weaknesses</b> Things that are bad now; remedy, change or stop them.
EXTERNAL origin <i>Environmental factors that will affect the national programme with regard to the specific issue under consideration</i>	<b>Opportunities</b> Things that are good for the future; prioritize them, capture them, build on them, and optimize them	<b>Threats</b> Things that are bad for the future; put plans in place to manage them or counter them

### How to conduct a SWOT analysis:

**Step 1 – Information collection** – In the here and now. List all strengths that exist now. Then, in turn, list all weaknesses that exist now. Be realistic, but avoid modesty!

You can conduct one-on-one interviews of each other. Or brainstorm as a group. A bit of both is frequently best.

You'll first want to prepare questions that relate to the specific issue you are analysing.

When facilitating a SWOT – search for insight through intelligent questioning and probing.

**Step 2 – What might be** – List all opportunities that exist in the future. Opportunities are potential future strengths. Then, in turn, list all threats that exist in the future. Threats are potential future weaknesses.

**Step 3 – Plan of action** – Review your SWOT matrix with a view to creating an action plan to address each of the four areas: strengths, weaknesses, opportunities and threats.

#### In summary:

- **Strengths** need to be maintained, built upon or leveraged.
- **Weaknesses** need to be remedied, changed or stopped.
- **Opportunities** need to be prioritized, captured, built on and optimized.
- **Threats** need to be countered or minimized and managed.

Source: Adapted from the RapidBi website (<http://rapidbi.com/created/SWOTanalysis.html>), which provides useful tips on SWOT analysis, plus a range of templates.

### 3.3. Phase 3. Drafting the national programme

In this third phase:

#### The national coordinator:

- is the permanent secretary of the NTT throughout the drafting of the national programme;
- circulates the draft programme to relevant government institutions and social partners in agreement with the NTT and the responsible governmental body, and draws the comments together; and
- sends the final draft national programme to the responsible governmental body.

#### The national tripartite team:

- identifies priority areas for action, based on the findings of the national profile on OSH;
- writes the first draft of the national programme;
- consolidates the draft, based on the partners' inputs via the national coordinator;
- identifies the next steps of the national programme;
- conducts a cost-benefit analysis in order to highlight that the implementation of this new programme will lead to cost savings and long-lasting results in terms of improved OSH performance (as the draft may have to be approved by the Ministry of Finance);
- decides whether to involve citizens, through a public referendum, in approving and adopting the draft national programme; and
- after the draft has been approved, proposes a national tripartite plus conference to adopt the national programme in collaboration with the highest political figure (e.g. Prime Minister/ Labour Minister).

The example below shows how this stage was delivered in Kenya.

#### Kenya's choice for national programme development: tripartite consultative meetings

The Ministry of Labour and Human Resources Development, of which the Directorate of Occupational Safety and Health Services is part (government), the Federation of Kenya Employers (employers) and the Central Organization of Trade Unions (workers) participated in developing the national programme by holding tripartite consultative meetings that produced draft legislation. This was then to be tabled in Parliament and included in the Kenya Constitution.

In these tripartite consultative meetings, each party was represented by committees that included specialists in both the legal and OSH fields.

### 3.4. Phase 4. Monitoring, evaluating and reviewing the national programme

In this fourth phase:

#### The national coordinator:

- brings the NTT together for a first audit of the national programme following its implementation, to check whether the outcomes are likely to meet the programme's targets; and
- coordinates the NTT's work to set up mechanisms for the further and continual monitoring of the national programme.

#### The national tripartite team:

- evaluates the results of the first implementation period of the national programme; and
- redefines the national programme priorities accordingly, if it agrees there is a need to do so.

The example below shows how this stage was delivered in Asia.

### Developing and implementing national programmes on OSH in Asia

#### *Common steps taken to develop programmes*

Countries in Asia have taken common, practical steps to develop national programmes on OSH that reflect the views of workers' and employers' representatives, as well as those of the government agencies responsible for OSH.

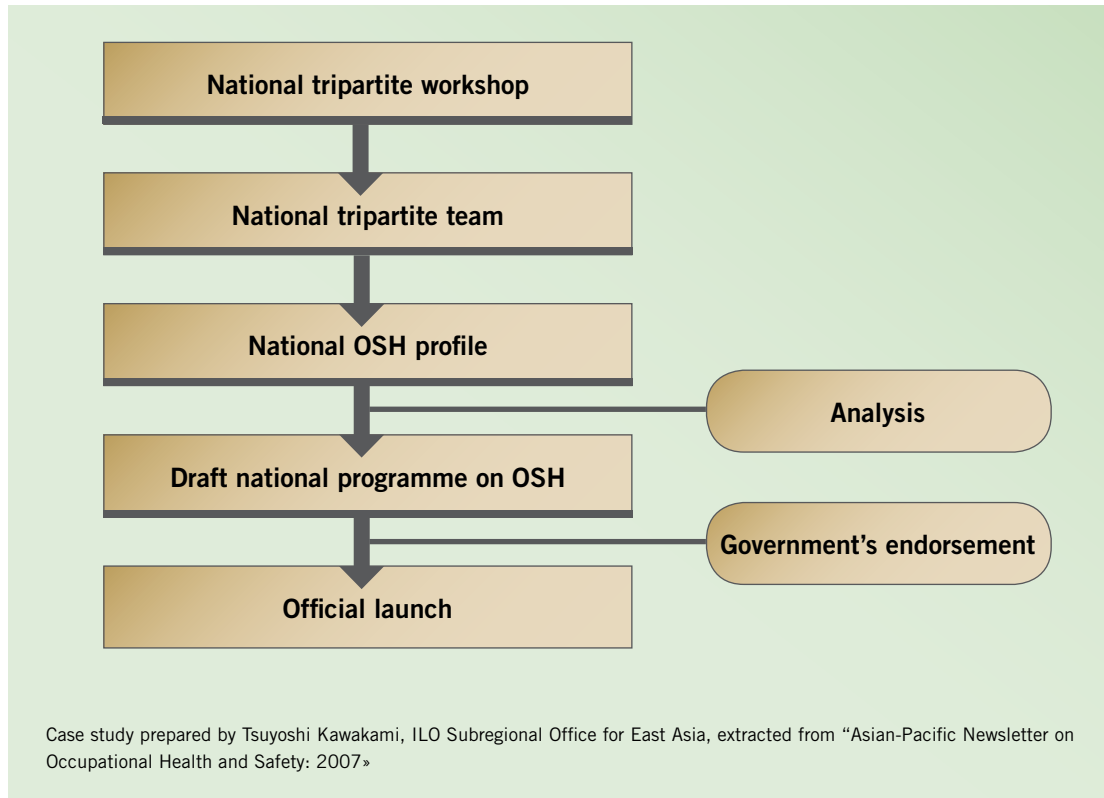
The first step was to organize national tripartite OSH workshops to gather diverse views on the national OSH situation, and discuss priority national actions.

The second step was to set up tripartite and inter-ministerial task forces to prepare the national programme on OSH. The task force members gathered and reviewed available OSH information from different sources. The review results were published as national profiles on OSH.

The third step was for the task forces to analyse the national profiles on OSH, identify the national priority OSH actions and targets, and draft national programmes on OSH. The draft programmes were circulated to the ministries concerned and to workers' and employers' organizations for their comments before finalization. High-level government officials endorsed and officially launched the national programmes on OSH.

In **Vietnam**, the national programme on OSH was endorsed by the Prime Minister, and OSH was noted as a high priority on the national agenda. The exercises to design national programmes on OSH opened up practical opportunities for different ministries and workers' and employers' organizations to work together. They jointly reviewed the national OSH situation, and actively exchanged OSH information and views from different angles.

In **Indonesia**, representatives of the National OSH Council and the Ministries of Manpower, Health, Energy and Mineral Resources, and Agriculture, in consultation with workers' and employers' representatives, jointly discussed and drafted the national programme on OSH. The task force team comprising different ministries and agencies confirmed their continuing collaboration in implementing the programme to meet the national OSH goals.





## ***PART II:***

# ***Guidelines for developing the national programme on occupational safety and health***

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Once the actors who should be involved in preparing the national programme have been identified, and their respective responsibilities have been defined, some basic principles need to be followed in elaborating the programme. As already mentioned, the steps in planning and developing a national programme comprise of:

- drafting and adopting a national policy on OSH;
- ascertaining the national profile on OSH; and then
- moving on to effective and complete planning of the programme.

Remember that, for the national programme to be effective, you should:

- Prepare it at the national level, and involve all relevant ministries and agencies.
- Plan it suitably by taking the current situation into account (ascertaining an accurate national profile). This helps in identifying the strengths and weaknesses of the current situation, and supports the prioritization of actions.
- Be realistic. While you are setting your goals, always bear in mind that one objective should be to improve the effectiveness of your existing resources before you allocate further resources. It is always good to strengthen the government's commitment to the programme by allocating further resources (e.g. funds, personnel) to a project, but first think about low-cost solutions, and how to use your limited resources in the most coherent and effective way possible.
- Place special emphasis on the identified priority areas; they need tailor-made interventions.
- Improve the research and methods for collecting information available in your country, in order to obtain reliable data to work with.

Your decision-making process must be supported by a clear, well-structured analysis of the information obtained. As discussed earlier, we recommend that you use SWOT analysis to summarize the key factors identified during the analysis of each element. The effectiveness of this type of analysis has been widely recognized, but its validity is closely linked to the completeness of the data gathered.

The subject of the evaluation – that is, the OSH situation in the country – is a vast topic. Every element of it should be studied in depth, in order both to assign the right weights to the numerous features of the system, and to identify the links and synergies between its various elements.

SWOT analysis facilitates:

- analysis-based strategies;
- improved effectiveness, by taking into account the relationship between needs and strategy orientation; and
- wide flexibility in the policy-making process.

Relevant key factors identified should be presented in a clear, systematic way by applying a matrix, like the example below. This should be done for each specific element of the national profile on OSH. The four sections outlined in the table contain the critical areas of intervention, and will guide development of the programme.

#### SWOT analysis of the legislative framework in Kosovo

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>■ Laws automatically harmonized with EC Directives and ILO Conventions.</li> <li>■ Increased international presence assists initiation and monitoring of legislation.</li> <li>■ A “greenfield” opportunity to design everything from scratch.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>■ Poor implementation capacity for existing laws.</li> <li>■ Lack of social security schemes.</li> <li>■ Absence of national OSH policy/strategy.</li> <li>■ Obstacles in the Labour Inspectorate Law.</li> <li>■ Limited budget allocation for Labour Inspectorate (below 1 per cent of the Ministry’s budget).</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>■ Preparation of the new Constitution of Kosovo.</li> <li>■ EU mission in Kosovo offers a great opportunity to harmonize laws with EC Directives.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>■ Overlaps among different laws regarding OSH.</li> </ul>

Source: OSH national profile of Kosovo, 2007.

Let us now address the development of a national policy on OSH.

## 1. First step: Developing the national policy on OSH

### 1.1. What is a national policy on OSH?

A policy is commonly defined as a specific, deliberate course of action that an organization adopts to help fulfil its mandate.

A national policy on OSH should therefore demonstrate how the country’s government proposes to fulfil its long-term strategy to prevent occupational accidents and diseases, and control workplace hazards. The policy should document organizational (governmental) commitment to this, focusing on the basic principles, goals and responsibilities of the main stakeholders (government, employers and workers).

The development and implementation of a national policy on OSH is the responsibility of government in **collaboration** with employers’ and workers’ organizations, as well with as other concerned parties. The aim is to produce a written document that provides a clear statement of the government’s goals, and information on how those goals are to be achieved, including delegation of the responsibility for achieving them, and the proposed timescales. The policy also needs to state when it will be revised.

The documented policy helps to provide a clear direction for the government's mandate on OSH. It provides openness, and details the proposed actions for which those people and organizations with delegated responsibilities can be held accountable.

## 1.2. Common elements of a national policy on OSH

National policies will of course vary, depending on several factors, including organizational structures and resources. These factors will also influence policy priorities. However, whatever resources are available, there will usually be common elements within national policies:

- the commitment of public authorities;
- the policy's aim and purpose;
- the principles guiding action on OSH;
- the main spheres of action for OSH;
- the workers covered by the policy;
- the types of action and infrastructure; and
- assignment of the functions and responsibilities of the main stakeholders.

Let us now look at these in turn.

### Commitment of public authorities

An explicit statement of the government authorities' responsibility for and regarding OSH is usually the basis for the rest of the policy elements. In order to emphasize this commitment, it is usual for a government minister to sign the policy statement. For example:

"Government is committed to regulate all economic activities for management of safety and health risks at workplaces and to provide measures so as to ensure safe and healthy working conditions for every working man and woman in the nation." *India*

### Policy aim and purpose

The policy aims and purpose are to prevent occupational accidents and diseases, to control workplace hazards, and to develop a working environment and work that are conducive to workers' health.

"The National Policy on Safety and Health at Work aims at promoting health and improving quality of life of workers and preventing accidents and injury to health arising from, related to work or occurring in the course of it, through the elimination or reduction of risks in the work environment."  
*Brazil*



### Principles guiding action

There is a growing international consensus on the basic principles that should guide national policy on OSH. They include:

- developing a national preventive safety and health culture;
- being proactive rather than reactive;
- assessing occupational risks and hazards, and controlling them at source rather than managing their effects; and
- promoting active consultation between all interested parties.

“The point of departure of the working conditions policy is to prevent risks arising in the first place, preferably by tackling the actual source of the problem. Only if the risk cannot be eliminated at source may the employer consider other preventive solutions, such as providing all workers with personal means of protection and making it compulsory to use them.” *The Netherlands*

### Main spheres of action

It is necessary to review the current OSH situation, and evaluate the information obtained. The review should cover a complete range of OSH matters, including, for example, legislation, inspection, working conditions, professional standards of occupational services, workforce competences, and also accident and disease-reporting procedures. This review serves to identify the national profile on OSH, which we discuss later.

### Workers covered by the policy

The national policy on OSH should address OSH matters for all workers, irrespective of their employment status (employee or self-employed), or their economic sector (e.g. construction, health care), or the size of the enterprise. It should also address those in the informal economy, along with migrant and young workers.

“The principles and statement of this policy apply to all workplaces in the country, and people who work in them.” *El Salvador*

### Types of action and infrastructure

It is government’s responsibility to establish appropriate infrastructures for OSH. The policy should define the different types of action and infrastructure that should be developed and implemented (e.g. regulation, inspection, promotion, support and training).

“The development of an appropriate institutional structure for an integrated national OHS system including a policy-making and standard-setting national OHS authority, inspectorates (including specialist inspectorates in hazardous and technologically demanding sectors) and dedicated research and training institutions.” *South Africa*

### Assignment of functions and responsibilities of the main stakeholders

The functions and responsibilities of all parties involved, particularly public authorities, should be clearly defined: for example, stating which ministry is responsible for OSH, specifying how often the policy will be reviewed, and detailing who or which organizations will be involved in preparing national programmes. Mechanisms for coordination and consultation with all interested parties should also be defined. Although the primary onus for OSH provision is on the employer, the responsibilities of other duty-holders, such as enforcement authorities, workers, designers and manufacturers, should also be specified.

“Governments are responsible for regulating and enforcing workplace safety and health. Employers must provide safe and healthy workplaces and safe systems of work, employees must work in as safe a manner as possible; and suppliers, designers and manufacturers must provide safe products and accurate information about the safe use of materials and equipment.” *Australia*

Once the policy is prepared, the next step in the programme is to ascertain the current national system for OSH with regard to infrastructure and resources, and the current national situation regarding occupational accidents and diseases. Analysing these matters will allow you to produce the national profile on OSH, which will then enable the national programme on OSH to be developed.

## 2. Second step: Developing the national profile on OSH

Preparing an accurate national profile on OSH is a vital step towards developing a realistic and effective national programme on OSH. The profile enables systematic review and evaluation of the entire range of OSH instruments and resources available within the country concerned.

It should include key elements, such as the OSH legislative and organizational framework, OSH services and enforcement mechanisms, coordination mechanisms (at both enterprise and national level), the role of social partners in OSH, regular and on-going activities related to OSH, and evaluation of OSH outcomes.

### 2.1. Key principles

The national profile on OSH should:

- Be prepared at the national level, with input from the national bodies responsible, and from all other relevant bodies involved in OSH – notably employers’ organizations and trade unions.
- Incorporate descriptive and statistical data on any matters relevant to the national, local and enterprise-level management of OSH, including the legal, institutional and cultural frameworks, the legislative authorities, the governmental and other public monitoring mechanisms, labour force distribution, the human and financial resources available for OSH, and enterprise-level OSH initiatives.
- Provide all concerned with information on current activities at the state level (e.g. implementation of international treaties, current and planned assistance projects).

- Help to identify gaps or shortfalls in the country's current economic, legal, social, administrative and technical OSH measures.
- Help to improve coordination between the social partners and other people interested in an effective OSH system.

The very process of preparing a national profile on OSH can mark the start of new cooperation and stronger links between the interested parties, a better understanding of potential problems, and a critical analysis of current OSH action leading on to fresh drives for improvement.

## 2.2. Main contents of a national profile on OSH

Recommendation No. 197, Promotional Framework for Occupational Safety and Health 2006,<sup>4</sup> provides guidance on the basic requirements for information that the national profile should include. This guidance is not exhaustive, and you may wish to include other information.

There is no standard format for the OSH profile. However, it should include the basic requirements referred to in Recommendation 197, and detailed hereunder.

### A. National regulatory framework: laws and regulations

Describe any OSH-related provisions in your country's **constitution**. If there are none, this should be stated.

Describe the main OSH-related provisions in your country's **laws and regulations** – whether specific laws or Labour Code provisions. If none, this should be stated. Laws on work-related risks, workers' compensation for occupational injuries and diseases, health care for the working population and workplace safety should be included here, even if they do not include the phrase "occupational safety and health" in their titles or texts. Describe any OSH-related provisions generally included in collective bargaining agreements in your country. If **collective bargaining** provisions have a legal or regulatory force in your country, note this fact, and the way in which such force is acquired. (For example, does the collective agreement have to be registered and/or ratified by a labour court?)

The following checklist can help you to verify which of your country's laws, regulations and/or collective agreements are relevant to the OSH profile. Put a ✓ where appropriate in the answer boxes.

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<sup>4</sup> For the full text of the Promotional Framework for Occupational Safety and Health Recommendation, (No.197) 2006 see Appendix II.

Is there national legislation – laws, acts, regulations – or legally binding provisions in collective bargaining agreements concerning:	Yes	No	Are they applied?
Identification and determination of occupational hazards?			
Prohibition, limitation or other means of reducing exposure?			
Assessment of risks?			
Prohibition or limitation of the use of hazardous processes, machinery, substances, etc.?			
Specification of occupational exposure limits?			
Surveillance and monitoring of the working environment?			
Notification of hazardous work, and related authorization and licensing requirements?			
Classification and labelling of hazardous substances?			
Provision of data sheets?			
Provision of personal protective equipment?			
Safe methods for handling and disposal of hazardous waste?			
Working time arrangements?			
Adaptation of work installations, machinery, equipment and processes to the capacities of workers (ergonomic factors)?			
Design, construction, layout and maintenance of workplaces and installations?			
Provision of adequate welfare facilities?			

Source: ILO/Stability Pact for South Eastern Europe project on strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007.

List any **laws or regulations on health, agriculture, environment, industry, transport, building standards, etc.** that have a bearing on OSH.

List the **OSH-related ILO Conventions** ratified by your country. Assess whether it has transposed them into national law, or uses them as guidance.

You can do so by filling in the following chart (put a ✓ where appropriate):

Convention	Ratified	Provisions incorporated into national law	Provisions used as guidance	Intention to ratify in near future
Labour Inspection Convention, 1947 (No. 81)				
Protocol of 1995 to the Labour Inspection Convention, 1947				
Radiation Protection Convention, 1960 (No. 115)				
Hygiene (Commerce and Offices) Convention, 1964 (No. 120)				
Labour Inspection (Agriculture) Convention, 1969 (No. 129)				
Occupational Cancer Convention, 1974 (No. 139)				
Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)				
Occupational Safety and Health (Dock Work), 1979 (No. 152)				

Convention	Ratified	Provisions incorporated into national law	Provisions used as guidance	Intention to ratify in near future
Occupational Safety and Health Convention, 1981 (No. 155)				
Protocol of 2002 to the Occupational Safety and Health Convention, 1981				
Occupational Health Services Convention, 1985 (No. 161)				
Asbestos Convention, 1986 (No. 162)				
Safety and Health in Construction Convention, 1988 (No. 167)				
Chemicals Convention, 1990 (No. 170)				
Prevention of Major Industrial Accidents Convention, 1993 (No. 174)				
Safety and Health in Mines Convention, 1995 (No. 176)				
Safety and Health in Agriculture Convention, 2001 (No. 184)				
Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)				

(This list includes up-to-date Conventions only.)

Provide information on the use of the **OSH-related ILO Recommendations** by national competent authorities, employers and trade unions. You can do so by filling in the following chart (put a ✓ where appropriate):

Recommendation	Used by national authorities	Used by employers	Used by trade unions
Labour Inspection Recommendation, 1947 (No. 81)			
Labour Inspection (Mining and Transport) Recommendation, 1947 (No. 82)			
Protection of Workers' Health Recommendation, 1953 (No. 97)			
Welfare Facilities Recommendation, 1956 (No. 102)			
Radiation Protection Recommendation, 1960 (No. 114)			
Hygiene (Commerce and Offices) Recommendation, 1964 (No. 120)			
Labour Inspection (Agriculture) Recommendation, 1969 (No. 133)			
Occupational Cancer Recommendation, 1974 (No. 147)			
Working Environment (Air Pollution, Noise and Vibration) Recommendation, 1977 (No. 156)			

Recommendation	Used by national authorities	Used by employers	Used by trade unions
Occupational Safety and Health Recommendation, 1981 (No. 164)			
Occupational Health Services Recommendation, 1985 (No. 171)			
Asbestos Recommendation, 1986 (No. 172)			
Safety and Health in Construction Recommendation, 1988 (No. 175)			
Chemicals Recommendation, 1990 (No. 177)			
Prevention of Major Industrial Accidents Recommendation, 1993 (No. 181)			
Safety and Health in Mines Recommendation, 1995 (No. 183)			
Safety and Health in Agriculture Recommendation, 2001 (No. 192)			
List of Occupational Diseases Recommendation, 2002 (No. 194)			
Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197)			

(This list includes up-to-date Recommendations only).

## B. National regulatory framework: OSH technical standards, guidelines and management systems

Provide information on the implementation of **OSH management systems** at the enterprise level, and any national regulatory or promotional action to apply these systems, including incentives. Indicate whether the ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001) are or have been used as a basis for action in this area. Mention whether any certification of OSH management systems has been introduced. If so, note details, and describe how this relates to the general system of safety compliance assessment.

Provide information on **technical standards** used or applied, either under existing regulations or on a voluntary basis. Indicate the type and source of each standard (e.g. national specialized institution, industry). Provide examples, and explain their relationship, if any, to regulatory systems.

Provide information on the use of **ILO codes of practice** by national competent authorities, employers and trade unions. You can do so by filling in the following chart (put a ✓ where appropriate):

ILO code of practice	Used by national authorities	Used by employers	Used by trade unions
Occupational exposure to airborne substances harmful to health, 1980			
Safety in the use of asbestos, 1984			
Safety and health in coal mines, 1986			

ILO code of practice	Used by national authorities	Used by employers	Used by trade unions
Radiation protection of workers (ionizing radiation), 1987			
Safety, health and working conditions in the transfer of technology to developing countries, 1988			
Safety and health in opencast mines, 1991			
Prevention of major industrial accidents, 1991			
Safety and health in construction, 1992			
Technical and ethical guidelines for workers' health surveillance, 1992			
Safety in the use of chemicals at work, 1993			
Recording and notification of occupational accidents and diseases, 1996			
Management of alcohol- and drug-related issues in the workplace, 1996			
Protection of workers' personal data, 1997			
Safety and health in forestry work, 1998			
Use of synthetic vitreous fibre insulation wools (glass wool, rock wool, slag wool), 2001			
Ambient factors in the workplace, 2001			
HIV/AIDS and the world of work, 2001			
Safety and health in the non-ferrous metal industries, 2003			
Safety and health in ports, 2003			
Safety and health in the iron and steel industry, 2005			
Safety and health in underground coalmines, 2006			
Safety and health in agriculture, 2011			
Safety and health in the use of machinery, 2012			

### C. National competent authorities

Name the authority, authorities, body or bodies responsible for occupational safety and health in your country. If possible, also give human and economic resource data (e.g. number of staff, budget levels) for each system, agency, competent authority or body.

### D. Mechanisms for ensuring compliance

Describe all types of mechanisms and public control systems for ensuring compliance with national OSH laws and regulations. Whilst this will obviously identify OSH and labour inspectorates there may be other bodies of surveillance and control. If this is the case identify body

and the sphere of activity under control (healthcare, chemical substances, transport, construction, mining, technical equipment etc.).

List and describe any inspectorate or inspection system that plays a significant role in applying national OSH laws and regulations (such as labour inspectorates, factory inspectorates or occupational health inspectorates). State who has responsibility for labour inspection: e.g. the Ministry of Labour or other ministries.

- How is the inspection work organized, and where are the offices located? (*Draw an organizational chart to help you outline the structure and geographic distribution of labour inspection services.*)
- What issues and sectors does the inspectorate cover?
- How are the roles and responsibilities divided?
- What qualifications are required to be an inspector?
- How are the inspectors trained?
- What services does the labour inspectorate provide (e.g. information and advice to employers and employees, training, persuasion)?
- What kind of inspections are carried out (reactive/proactive)?
- What have the results been so far?
- Identify the most serious problems in inspection: are you experiencing a lack of resources?
- Are the available penalties for breaches of laws or regulations sufficient to be effective?

Use the following table to summarize the resources of each inspection service (put a ✓ where appropriate):

Name/coverage of inspection service:	
Total number of staff in labour inspection service	
Number of inspectors	
HQ staff as a proportion of the total (%)	
Ratio of OSH inspections to employment inspections (e.g. 100:0, 50:50, 45:55)	
Percentage of the economically active population covered by labour inspection services	
Inspectors per 1,000 enterprises	
Inspectors per 1,000 employees	
Inspections per 1,000 workers per year	
Visits by one inspector per year	
Inspectors per computer	
Internet access?	
Inspectors per office car	
Own car used?	
Own car use remunerated?	
Inspector salary versus minimum wage (number of times more than minimum wage)	
Inspector salary versus private sector salary (worse, same, better?)	
Average age of inspectors	
Annual report produced for public (yes/no)	



### E. Consultation, coordination and collaboration mechanisms

Provide information on all existing mechanisms to ensure coordination and cooperation among all the social partners with responsibilities for implementing and managing OSH systems at the **national level** (e.g. national tripartite advisory bodies, inter-agency/ministry national boards or committees, employer–worker forums). For each mechanism, include information on scope, membership and powers (advisory, etc.) and lines of communication (to which minister or ministry?). Pay special attention to the level of participation of employer and worker organizations in these mechanisms. Describe any existing structures related to provincial or other territorial jurisdictions.

Provide information on any OSH requirements included in collective bargaining agreements at the **enterprise level**, particularly joint safety or safety and health committees. Indicate whether this inclusion is also regulated, or is by collective agreement only.

### F. National review mechanisms

Name any bodies that have responsibility for periodically **reviewing** national legislation, policies and actions on OSH. Indicate the extent to which national employer and worker organizations are involved or consulted in this process.

### G. Training, information and advice

Provide information on designated OSH training and educational institutions, services or bodies and support mechanisms including those available for SME's and the informal economy.

List national OSH information centres or similar bodies. What capacity levels do they have in, for example, print publishing or internet publishing? Are they linked with the ILO International OSH Information Centre (CIS) network?

List all designated OSH advisory services and mechanisms, such as labour inspection services, OSH centres and dedicated agencies or bodies.

### H. Occupational health services

List those responsible for occupational health services (e.g. Ministry of Labour, Health, other), and give an overview of the **organizational** forms of occupational health services in the country at the level of the enterprise, group of enterprises, public health-care centres or private organizations. Use organizational diagrams to provide schematic representations of the different models of occupational health service. Describe the training and qualifications required of the various health professionals and list the institutions that provide training and education on occupational health.

### I. OSH laboratories

List key national or designated services responsible for analysing worker exposure to various occupational hazards (e.g. analysis of air samples, biological samples, audiometric testing). If possible, provide information on the level of technical capabilities.

Summary of key occupational health service activities (put a ✓ where appropriate):

Activity (functions)	YES (on compulsory basis)	YES (on voluntary basis)	NO
Workplace surveys, workplace visits, exposure assessment			
Risk assessment and management			
Preventive health examinations (general surveillance)			
Risk-based health surveillance			
Registration of health data, reporting of occupational diseases and injuries			
Workplace health promotion, health education, counselling			
Rehabilitation			
First aid, accident management			
Curative services			
Education, training, information campaigns			
Quality assurance for occupational health processes, audits			
Safety inspections			
Initiatives and advice for management of workplace safety and health, safe workplace design			

Summary of occupational health professionals:

Number of occupational health physicians (full-time equivalents)	
Number of occupational health physicians/1,000 employees	
Number of occupational health nurses (full-time equivalents)	
Number of occupational health nurses/1,000 employees	
Number of private OSH services	
Number of companies with own OSH services	
Number of public OSH services	
National institute of occupational health (if applicable)	
Percentage of economically active population covered by occupational health services (if retrievable)	%

## J. Social security, insurance schemes and compensation services

Describe any existing compensation, social security or insurance schemes covering occupational injuries and diseases. Indicate their coverage, the body responsible for them, and any links

to or involvement in collecting and handling statistics on occupational accidents and diseases. Do these compensation bodies provide any financial support for prevention programmes?

### K. Educational, training and awareness-raising structures

Does your country have any OSH-related university or college courses? If so, specify them.

Do **employers' and/or workers' organizations** run OSH-related training courses? If so, on what, and for how many people per year?

Which institutions provide the **legally required training** for OSH specialists such as safety officers and safety committee members, or deliver of certification in specific skills such as erecting scaffolding, or operating special equipment such as cranes or earth-moving equipment? Provide, if available, a list of the skills that require certification training, and information on the institutions that provide this type of training (e.g. number of people trained per year).

List any **national safety councils** and/or associations.

### L. Specialized technical, medical and scientific institutions

List existing **poison control centres**, and indicate any participation in the INTOX Programme of the International Programme on Chemical Safety (IPCS) (see the World Directory of Poisons Centres at [http://www.who.int/gho/phe/chemical\\_safety/poisons\\_centres/en/index.html](http://www.who.int/gho/phe/chemical_safety/poisons_centres/en/index.html)). Describe their links with occupational health services, if any, and the human and financial resources devoted to poison control centres in your country.

List **standardizing bodies** – that is, bodies that produce technical standards, or provide the expertise necessary to certify the conformity of machines, processes and other mechanisms with regulatory OSH requirements. Examples include certification of pressure vessels, electrical tools and machines, and machine-guarding equipment.

List **institutions and laboratories** that specialize in **occupational hazard and risk assessment** related to chemical safety, toxicology, epidemiology, product safety, etc. List designated and private bodies separately.

List **emergency preparedness, warning and response services**, such as civil defence, fire brigades, chemical spill responders, and training to deal with major emergencies.

List **non-governmental bodies** involved in OSH-related activities, such as professional associations of OSH specialists, occupational physicians, chemists, and safety engineers.

### M. OSH statistics

List existing mechanisms, if any, for recording and notifying work-related accidents and diseases. Do they conform to the ILO code of practice on the recording and notification of occupational accidents and diseases?

Is there a national list of occupational diseases? If so, how is it reviewed and updated?

Indicate the number of occupational injuries per year for the last five years (total and per sector of economic activity). How is this figure arrived at? Are injuries under-reported? If so, is it known by approximately how much (percentage)?

Use the following tables to gather data on OSH outcomes:

### Statistical table relating to occupational accidents and diseases

Indicator	Number of cases in each of the last 5 years					Trend (increasing/ decreasing/stable)
	2008	2009	2010	2011	2012	
Fatal accidents						
Injury at work (resulting in more than 3 days absence)						
Compensated workplace accidents						
Commuting accidents						
Serious work accidents causing disability of over 30 days						
Notified occupational diseases (total)						
Compensated occupational diseases						
Repetitive strain injuries						
Workplace noise-induced hearing loss						
Work-related respiratory diseases						
Work-related skin diseases						

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007 (adapted)

### Indicators of working conditions

Indicator	Widespread, serious problem	Serious problem for some workers	Moderate problem	Minor problem	Not a problem
Exposure to noise above legal limit ( <i>indicate legal limit</i> )					
Exposure to vibration					
Exposure to radiation (ionizing)					
Exposure to high temperatures					
Exposure to low temperatures					
Breathing in dangerous vapours, fumes, dusts, infectious materials, etc.					
Handling or touching dangerous substances or products					
Exposure to asbestos					
Exposure to pesticides					
Inadequate lighting					
Regular exposure to solar radiation (e.g. in construction work)					
Painful or tiring positions					

Indicator	Widespread, serious problem	Serious problem for some workers	Moderate problem	Minor problem	Not a problem
Lifting or carrying heavy loads					
Repetitive hand/arm movements					
Non-adjustable workstations (e.g. workbench, desk, chairs)					
Working at high speed					
Working to tight deadlines					
Stressful work					
Changing work organization					
Working time					

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007

## N. Policies and programmes of employers' and workers' organizations

Indicate whether the employers' and workers' organizations in your country have the following (put a ✓ where appropriate):

	Employers' organizations	Workers' organizations
OSH policy statement		
Policy implementation structure (OSH unit, OSH committee)		
OSH training, information programmes for members		
OSH elements in collective bargaining policy		
Participation in national tripartite dialogue		

Use the following tables to summarize employers' and workers' OSH responsibilities in your country.

### Summary table of individual employer responsibility

Does the employer have the responsibility to:	Provided for in law? (yes/no)	Generally taken up in practice? (yes/no/sometimes)
Establish an OSH policy?		
Implement preventive and protective measures?		

Does the employer have the responsibility to:	Provided for in law? (yes/no)	Generally taken up in practice? (yes/no/sometimes)
Provide safe machinery and equipment?		
Use non-hazardous substances?		
Assess risks and monitor them?		
Record risks and accidents?		
Report occupational accidents and diseases to the competent authority?		
Ensure health surveillance of workers?		
Inform workers on hazards and the means of protection?		
Consult with workers' representatives on OSH?		
Educate and train workers?		
Establish joint OSH committees?		

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007

### Summary table on workers' rights and duties

Does the worker have the:	Provided for in law? (yes/no)	Generally taken up in practice? (yes/no/sometimes)
Duty to work safely and not endanger others?		
Right to compensation for hazardous work (e.g. hazard pay, reduced working time, earlier retirement, free food and drink to combat the effects of exposure to hazards)?		
Right to be kept informed about workplace hazards?		
Right to be provided with personal protective equipment and clothing?		
Right to incur no personal costs for OSH training, personal protective equipment, etc.?		
Duty to make proper use of personal protective equipment?		
Right to select worker OSH representatives?		
Right to remove him/herself from danger in case of imminent and serious risk to health?		
Duty to report to the supervisor any situation presenting a threat to safety?		

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007

### Summary table on the rights and duties of workers' representatives on OSH

Do workers' OSH representatives have the right to:	Provided for in law? (yes/no)	Generally taken up in practice? (yes/no/sometimes)
Inspect the workplace for potential hazards?		
Investigate the causes of accidents?		
Investigate complaints by workers relating to OSH or welfare?		
Participate in risk assessments and access information concerning risk assessments?		
Call in the authorities responsible for OSH inspections?		
Participate in/submit observations to inspectors during inspection visits to the work site?		
Obtain information given by inspection agencies responsible for OSH?		
Access to the list of accidents and diseases and reports of these in the enterprise?		
Access to records the employer is obliged to keep?		
Receive information and consultation by the employer in advance concerning measures that may substantially affect OSH?		
Consultation in advance concerning the designation of workers or hiring of external services or people with special responsibility for OSH?		
Submit proposals to the employer with a view to mitigating risks and/or removing sources of danger?		
Appropriate training during working hours?		
Facilities and time off with no loss of pay to be able to carry out their duties as OSH representatives?		
Attend meetings of the OSH committee?		
Access to outside experts?		
Stop dangerous work on behalf of workers?		

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007

### O. Regular and on-going OSH-related activities

List regular activities at the national level designed to improve the level of prevention and protection.

List any national campaigns, such as awareness-raising campaigns, safety days (or weeks) and media campaigns, and how often they take place.

List industry OSH activities and initiatives (such as responsible care programmes or product stewardship, implementation of OSH management system approaches, ISO 9000 and 14000, and certification schemes).

List trade union OSH activities and initiatives.

## P. International cooperation

List internationally supported capacity-building, technical cooperation or other activities in your country directly related to OSH in areas such as the environment, chemical safety management, public health, or the introduction of cleaner/safer technologies. Indicate the international organization involved, such as ILO, World Health Organization, United Nations Environment Programme, Food and Agriculture Organization, United Nations Industrial Development Organization, United Nations Institute for Training and Research, Organization for Economic Co-operation and Development, United Nations Development Programme, or international non-governmental organizations. If details are not readily available, include an address, internet site or contact information for the organization concerned.

## Q. Basic country data

Compile basic information on your country using the tables below. Useful sources for national statistics of this kind include the World Bank (<http://www.worldbank.org/data/countrydata/countrydata.html>), The Economist (<http://www.economist.com/countries>) and the UN statistical yearbook (<http://unstats.un.org/unsd/syb/>).

### Demographic indicators

Indicator	Figure	Remarks
Total population (millions)		
■ Men (%)		
■ Women (%)		
Labour force (millions)		
Employed (millions)		
■ Men (%)		
■ Women (%)		
■ Young workers below 18 years old (millions or %)		
■ in agriculture, forestry, fishing (%)		
■ in primary production (%)		
■ in manufacturing (%)		
■ in construction and energy (%)		
■ in services (%)		
Active in the informal economy (estimated %)		
Unemployed (millions)		
Unemployment (%)		

Source: *Human Development Report. Beyond scarcity: Power, poverty and the global water crisis (HDR)*, United Nations Development Programme, 2006 (adapted)



## Economic indicators

Indicator	Figure	Remarks
Gross national product (GNP) per capita (US\$)		
Gross domestic product (GDP) per capita (purchasing power parity in US\$)		
GDP produced by agriculture (%)		
GDP produced by industry and construction (%)		
GDP produced by services (%)		
Number of enterprises in operation		
Number of small and medium enterprises (SMEs) (less than 50 employees)		

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007

## Health statistics

Indicator	Figure	Remarks
Life expectancy at birth (years)		
■ Men		
■ Women		
Infant mortality per 1,000 live births		
Standardized death rate (SDR), cardiovascular diseases, 0–64 years/100,000		
SDR, respiratory diseases, 0–64 years/100,000		
SDR, cancer, 0–64 years/100,000		
SDR, external causes of injury and poisoning, 0–64 years/100,000		
Total health expenditure (% of GDP)		
Physicians per 1,000 population		
Dentists per 1,000 population		
Nurses per 1,000 populatio		

Source: ILO/Stability Pact for South Eastern Europe project on Strengthening social dialogue for improving occupational safety and health in South East Europe, template for developing National OSH Profiles, 2007

Once all the data have been collected, you can go on to develop the national programme.

### 3. Third step: Developing the national programme on OSH

Once complete, the national profile on OSH should provide all the elements for developing your national programme on OSH.

#### 3.1. Basic planning steps

First, a few points about strategic planning.

The first step is to define:

- your mission/goals – the set of policies you want to implement;
- the actors – the people who will be in charge of publicizing and implementing the programme;
- the stakeholders – the groups of people who will be affected by the programme; and
- critical points – strategic problems that have already emerged from the general SWOT analysis of the OSH profile of your country.

You can then go on to:

- structure your programme;
- decide on the timeframe (this might be 1, 2, or 5–10 years);
- analyse the costs and resources that need to be allocated;
- structure the publicity for the programme, including publicizing the endorsement of the programme by the highest authority;
- constantly monitor and revise your programme on the basis of the impact and the feedback.

#### 3.2. Problem identification and analysis

The data collected in completing the national profile on OSH now needs to be analysed, and any gaps need to be highlighted. This can be done descriptively, and one way to do this is through a general SWOT analysis that takes into account each element identified in the OSH profile.

If you feel that one or more elements of the OSH profile deserve special attention, you might consider a specific SWOT analysis for that sector in particular.

This procedure should help you to identify:

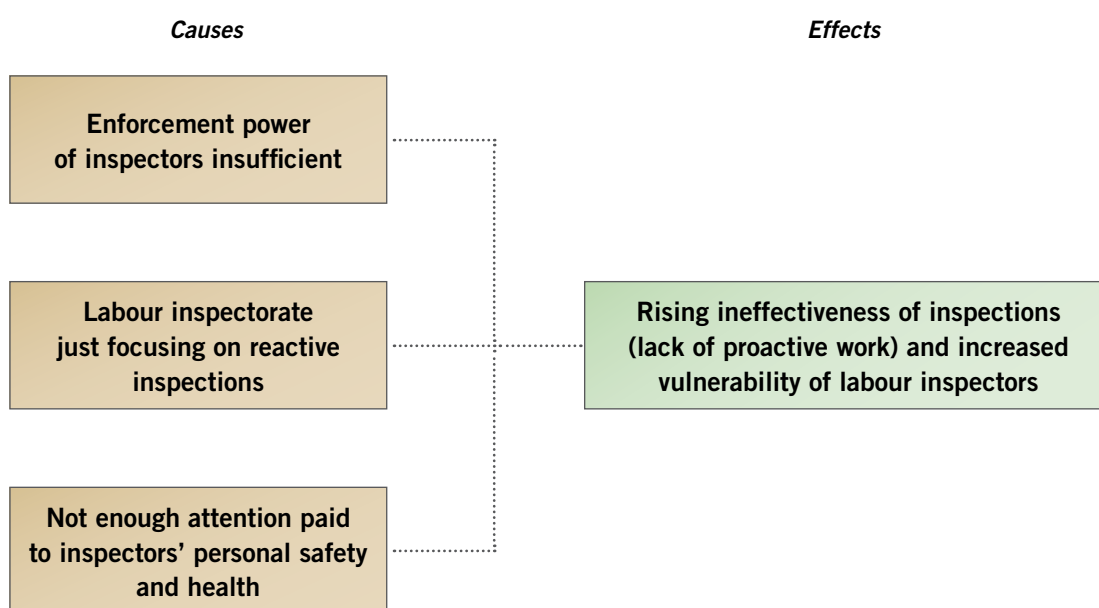
- what/where the weak points are;
- what you should concentrate on; and
- what your priorities should be.

Following is a sample table to help you with your general SWOT analysis. You can also adapt it for specific analysis of any particular points arising from the OSH profile.

SWOT analysis	OSH legislative framework	OSH services and infrastructure	OSH enforcement mechanisms – the labour inspectorate	OSH coordination mechanisms	OSH outcomes
<b>STRENGTHS</b>	<ul style="list-style-type: none"> <li>Legislation harmonized with ILO Conventions</li> </ul>	<ul style="list-style-type: none"> <li>Long experience in occupational health</li> <li>High numbers of trained occupational health personnel</li> <li>Occupational health institute</li> </ul>	<ul style="list-style-type: none"> <li>Experienced senior managers in state labour inspectorate</li> <li>Network of local offices close to industrial centres</li> </ul>	<ul style="list-style-type: none"> <li>Legal provision for national and sectoral tripartite OSH committees</li> </ul>	<ul style="list-style-type: none"> <li>Established occupational health system – diagnosis and treatment good</li> </ul>
<b>WEAKNESSES</b>	<ul style="list-style-type: none"> <li>Poor implementation capacities</li> <li>Absence of OSH policy</li> <li>Grey labour market</li> </ul>	<ul style="list-style-type: none"> <li>Poor preventive activities</li> <li>Lack of accessible information to enterprises</li> </ul>	<ul style="list-style-type: none"> <li>Lack of coordination with other inspection services</li> <li>Lack of recent training</li> <li>No resources for computers, transport</li> <li>Reactive rather than proactive inspections</li> </ul>	<ul style="list-style-type: none"> <li>National OSH council not established</li> <li>Poorly resourced social partners</li> </ul>	<ul style="list-style-type: none"> <li>No list of occupational diseases</li> <li>Reporting weak, work-related diseases vastly under-reported</li> <li>No preventive activities</li> </ul>
<b>OPPORTUNITIES</b>	<ul style="list-style-type: none"> <li>ILO presence offers opportunity to develop relevant legislation/policy</li> </ul>	<ul style="list-style-type: none"> <li>Reorganization of OSH structures – opportunity to “get it right”</li> <li>Commitment of new leadership</li> <li>Better understanding of costs of occupational accidents and diseases</li> </ul>	<ul style="list-style-type: none"> <li>Changes in labour inspection law</li> <li>Donor-funded project for training of inspectors</li> <li>Twinning project</li> </ul>	<ul style="list-style-type: none"> <li>Commitment of new leadership</li> <li>Better understanding of costs of occupational accidents and diseases</li> </ul>	<ul style="list-style-type: none"> <li>Commitment of new leadership to prevention of occupational accidents and diseases</li> </ul>
<b>THREATS</b>	<ul style="list-style-type: none"> <li>Overlapping and contradictory regulations on OSH</li> </ul>	<ul style="list-style-type: none"> <li>Lack of adequate resources</li> <li>Poor economic situation</li> <li>Lessened interest to specialize in OSH</li> </ul>	<ul style="list-style-type: none"> <li>Low wages for inspectors – lack of new recruits</li> <li>OSH seen as burden, to be overlooked in quest for economic development</li> </ul>	<ul style="list-style-type: none"> <li>No history of collaboration and coordination</li> </ul>	<ul style="list-style-type: none"> <li>Poor economic climate tends to take attention away from OSH</li> </ul>

After systematically exploring the weaknesses of each sector, it is important to study the relationship between causes and effects of the problems that have been identified. The next diagram shows a simplified example of a cause–effect relationship in a labour inspectorate.

#### Example of a possible cause–effect relationship in a labour inspectorate



The analysis of cause-effect relationships enables you to get to the root weaknesses of your OSH system. Problems often have several interrelated causes. To be effective and long-lasting, your solution – which of course you will need to identify – will have to take all the underlying causes into account.

### 3.3. Generating policy options – setting priority policies

It is critical to involve all the members of the NTT in the decision-making process; intervention will involve several levels and policies at the same time, such as social, safety and health, macroeconomic, sectoral and labour law policies. There needs to be agreement on the policy areas to be taken into account.

Strategic decisions are critical for policy planning, because they have:

- a huge impact on resource allocation; and
- a high level of irreversibility.

Such decisions need to be:

- constantly monitored and evaluated; and
- periodically adjusted.

Once you have selected the policy areas that need intervention, you should identify alternative scenarios, and evaluate the potential impact they are likely to have.

The process of assessing the effects of your decisions should be:

- consistent with its goals;
- realistic – it should consider the actual possibilities and means of action available.

Before choosing the set of actions to be implemented, it is essential to study the social and economic impact that this policy change is likely to have.

As in other policy areas, safety and health policy options are the result of interventions across several policies (e.g. macroeconomic, sectoral and social, education and training, enterprise development, and labour market).

You can assess policy options by building alternative “scenarios”. Each scenario should anticipate the effects of a policy option, and compare them with other policy options. The policy options should be a set of realistic choices. Desirability, affordability and feasibility could be used as criteria for the likely success or failure of each option. Here is a brief description of each criterion, and some questions that should be asked about it:

### Criteria for prioritizing policy options

<b>Desirability</b>	<p>Refers to the likelihood that a policy option is “acceptable” to various interest groups. Assess this by asking questions such as:</p> <ul style="list-style-type: none"> <li>■ Who might feel threatened?</li> <li>■ Who would benefit?</li> <li>■ What would make the option desirable to all stakeholders?</li> </ul>
<b>Affordability</b>	<p>Assesses the expenditure and the expected returns. Given the wide scope and indirect impacts of some policy changes or new programmes, it may be impossible to factor all costs and benefits into the analysis. Judgement is essential to identify the most significant costs and benefits. Costs and benefits do not necessarily affect the same people. The analysis should clarify who will bear the costs of a policy option, and who will reap the benefits. The source of funds is essential information. Questions to be addressed are:</p> <ul style="list-style-type: none"> <li>■ How much will it cost?</li> <li>■ Who will pay for it?</li> <li>■ Will the benefits outweigh the costs?</li> </ul>
<b>Feasibility</b>	<p>Refers to the resources available for implementing the option. This is affected by the availability of human, financial, technical, organizational and administrative resources. The following questions are pertinent:</p> <ul style="list-style-type: none"> <li>■ Is the proposed policy option feasible from a technical, organizational and administrative perspective?</li> <li>■ Is there any evidence that the policy choice would achieve the expected results?</li> <li>■ What is the time frame required to implement the option?</li> <li>■ Do existing staff have adequate capacity to implement the policy? Do they need training and technical assistance?</li> <li>■ Will staff development costs affect the affordability of the option?</li> </ul>

Source: ILO. 2008. Guide for the preparation of National Action Plans on Youth Employment (adapted from W.D. Haddad: *The dynamics of education policy-making: Case studies of Burkina Faso, Jordan, Peru and Thailand*, World Bank, Washington D.C., 1994 and Canada School of Public Service: *Policy analysis in government. Step 3: Option identification and evaluation*).

Although these three criteria are equally important, assessment of the costs and future returns on a policy (i.e. its affordability) often proves the most challenging. There are various techniques you can use to assess the affordability of a policy option, such as accounting models, cost-benefit analysis, and cost-effectiveness analysis. A simple cost-benefit analysis for each of the actions to be taken will usually be sufficient to give you a good idea of the amount of investment required, and of cost savings or losses avoided in the long term.

Here is a simple matrix for a cost-benefit analysis:

Costs	Monetary value in local currency
.....	.....
.....	.....
.....	.....
Total	
Benefits	Monetary value in local currency
.....	.....
.....	.....
.....	.....
Total	

The numbers of items under “Costs” and “Benefits” can vary, of course. You may have more lines under one heading than under the other. By comparing the two totals, you can see whether or not the benefits outweigh the costs. If, for example, you intend to build into your programme the goal of reducing workplace injuries by 10 per cent over the next decade, items under “Costs” could include campaign materials and additional inspectors. “Benefits” could include reductions in state spending on invalidity pensions and increases in tax revenue from companies, as the injury reductions will have reduced their costs and increased their output.

### 3.4. Setting the objectives of the national programme on OSH

Starting from the analysis of the data in the previous section, you should now establish:

- the goals, objectives and targets of the national programme;
- the outputs, activities and resources of the national programme.

#### The goals, objectives and targets of the national programme

Goals are broadly defined objectives that describe the expected final impact on direct and indirect beneficiaries. Higher-level goals should be linked to the overall national policy on OSH, as well as to other relevant governmental policies, such as labour, social and economic development. You may wish to state why these goals have been chosen, as this may help in justifying resource allocation.

The objectives address identified problems and priorities, and indicate what the national programme aims to achieve by the end of its implementation. The objectives are the specific changes that the programme is expected to bring about by its end, in the quality and quantity of the services provided, and/or in the way in which they are delivered.

Objectives should be set clearly and concisely, and must be realistically achievable within the time frame and the available resources of the programme. They should therefore be described as (or be accompanied by) one or more quantifiable targets to be achieved (results), rather than be stated as actions to be taken.

Targets, just like indicators, have to be SMART:

- **Specific** – clear about what, where, when and how the situation will be changed.
- **Measurable** – either quantitatively or qualitatively.
- **Achievable** – is it something that you know you can do and can commit to?
- **Relevant** – is the change important for your purposes?
- **Time-bound** – what is the time frame for this objective? By when will it be accomplished?

Baselines provide data or information on the current situation or performance. They are used for setting targets, and in evaluating progress.

Example of setting a measurable goal and target:

#### **Goal (national programme on OSH, 2011–2015):**

- Reduce work-related musculoskeletal disorders.

#### **Baselines:**

- In the year of reference (2011), 70,000 workers were off work for a total of 1,000,000 days as a result of musculoskeletal injuries.
- Sectors with the 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 per cent by 2015.

#### **Intermediate objectives:**

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

#### **The outputs, activities and resources of the national programme**

You then need to go on and identify the human, material and financial resources that will be needed to implement the programme or intervention, and what activities these resources will conduct to achieve the desired outcome.

You also need to identify the institution(s) that will provide the resources (e.g. funds, equipment, personnel and physical facilities); these institutions could be public or private.

It may help if you break the inputs down by strategy.

Ask yourself:

- What needs to be done?
- What are the actions or activities to be undertaken?
- Who will be in charge of implementing them?
- What are the resources to be allocated?
- What benefits are these actions likely to bring?
- What will the time frame be?

Once this has been done, an intervention plan can be drawn up. For example, continuing with the goal to reduce work-related musculoskeletal disorders, the following identifies the proposed resources and activities:

#### Expected outcome (objective):

- The annual incidence rate of work-related musculoskeletal disorders in the manufacturing sector will be reduced by 10 per cent 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.

There are of course other ways to document this information, such as the table below.

Type of strategy	Institution responsible for implementation	Other agencies/ organizations participating	Period of implementation	Activities implemented	Resources allocated	Indicators	Expected outcomes

Once the interventions are approved and conducted, monitoring is required to ascertain what actually took place, and what results were achieved.



### 3.5. Monitoring, evaluation and review – towards continual improvement

Governments use management tools such as monitoring to demonstrate transparency on resource allocation, and to provide evidence of outcomes. The results of the national programme on OSH must be reviewed to ensure that the desired outcomes are in fact being realized. If this is not the case, different courses of action will or may need to be identified and followed so that the desired outcomes can be achieved. If the outcomes have been realized, the review should identify whether they are sustainable without further resources; if this is the case, the current resources could then be redirected to other priorities.

In particular, the NTT should put a monitoring system in place, and decide what its duties are to be, by establishing:

- the team responsible for overall monitoring of the programme;
- the type of mechanism needed for periodic reporting;
- the frequency of the audits;
- the scope of the audits;
- the audit methodology.

The audits will provide the data needed for the next stage: evaluating your programme.

Evaluation is a means of verifying whether the goal of your national programme on OSH is being achieved. The aim of your OSH policy was to prevent occupational accidents and disease. Your national programme on OSH detailed the procedure chosen to realize the goal, and you must evaluate this procedure to ensure its effectiveness.

Evaluation measures performance in terms of:

Relevance	How far the programme's objectives consistent with local and national priorities, and with social partners' policies.
Effectiveness	How far the programme's objectives have been achieved.
Efficiency	Whether the outcomes and objectives have been achieved with the minimum possible expenditure of human, economic and financial resources, and whether better results could have been obtained at the same cost.
Utility	How far direct and indirect beneficiaries are satisfied with the results obtained.
Sustainability	The likelihood that your national programme on OSH will bring long-lasting results.
Impact	Whether the impacts of your strategy have been positive or negative, intended or unintended.
Coherence/complementarity	Whether the actions foreseen in your national programme on OSH: <ol style="list-style-type: none"> <li>1. are coherent with the overall OSH system, and with stakeholders' needs;</li> <li>2. work in synergy.</li> </ol>

To sum up, this section of the programme enables you to assess whether:

- the outcomes of the on-going activities are in line with the long-term goal of the national policy on OSH;
- the activities in place are operating effectively;
- the mid-term goals are likely to be met, or whether the indicators need to be adjusted;
- your priorities need to be set differently.

Re-plan your medium and long-term goals accordingly.

### 3.6. Experiences and ideas

This guide cannot tell you what to put in your national programme. The whole point of a **national** programme on OSH is to set goals that match your country's needs and resources. Several countries have already implemented national programmes on OSH or similar strategies. Much can be learnt from these examples. In Appendix I we have highlighted the choices made by Australia, France, India, Indonesia, Kenya, Mauritius, Mexico, Mongolia, New Zealand, the United Kingdom and Vietnam. They represent a wide range of countries and OSH situations, and they may provide you with some ideas.

Designing and implementing a national programme is not an easy task, but the potential rewards are great. Good governance of occupational safety and health can do much to reduce human suffering, and increase prosperity. You start with the great advantage that governments, employers, trade unions and society as a whole fundamentally agree on the need to improve OSH performance, and then keep on improving it.

The ILO stands ready to help you with your national occupational safety and health programme, and we wish you every success.



# Appendix I

## *Countries' experiences with national programmes*

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### Australia – Reducing deaths and injuries

Seen as a step on the way to the “national vision of Australian workplaces free from death, injury and disease”, Australia’s National OHS Strategy 2002–2012 sets two main targets:

- 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);
- 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).

It also identifies five priorities aimed at “short- and long-term OHS improvement” and “longer-term cultural change”:

- Reduce the impacts of risks at work.
- Improve the capacity of business operators and workers to manage OHS effectively.
- Prevent occupational disease more effectively.
- Eliminate hazards at the design stage.
- Strengthen the capacity of government to influence OHS outcomes.

To achieve its aims, the strategy is focusing on particular risks and industry sectors. The risks targeted are musculoskeletal disorders, falls from heights, and hitting or being hit by objects. These three risks account for more than half of workers’ compensation claims across Australia. Building and construction, transport and storage, manufacturing, and health and community services were the four target sectors originally chosen. A fifth has since been added: agriculture, forestry and fisheries.

Preliminary analysis indicated considerable progress towards the National Strategy target for work-related fatalities, with the provisional figures for 2001–2002 and 2003–2004 showing a 25 per cent reduction. But agriculture, forestry and fishing recorded the highest fatality incidence rate for any industry: 10 claims per 100,000 employees, according to the preliminary figures for 2003–2004. This was more than twice the rate recorded in 2001–2002.

The preliminary figures showed that the reduction in the incidence rate of injury and musculoskeletal claims between 2001–2002 and 2003–2004 was 5.4 per cent. This was “well behind the 8 per cent improvement required at this stage to meet the national target”.

Prepared by the National Occupational Health and Safety Commission (NOHSC), the Australian strategy was approved by the federal and state employment ministers, the Australian Chamber of Commerce and Industry and the Australian Council of Trade Unions.

The strategy is being periodically reviewed and evaluated “so that the national priorities and actions may be adjusted or changed to meet current and future needs”. The first review, in

2004–2005, noted that the strategy was contributing to improvements in OHS by setting targets based on data, providing a focus for national efforts, and establishing a framework that encourages the development of new relationships between governments, business and employees. The review identified that all Australian OHS authorities had modelled business plans or strategies on the National Strategy. It also recognized that all member organizations of the Australian Safety and Compensation Council were working on education and compliance campaigns aimed at raising awareness of OHS, and engaging industry in activities that support the National Strategy's goals. As a result of the review, an additional National Strategy target was adopted: to achieve the lowest rate of work-related traumatic fatalities in the world by 2009.

*National OHS Strategy 2002–2012 © Commonwealth of Australia, 2002.*

## France – Four aims, 23 actions

France's Health at Work Plan 2005–2009 had four objectives, subdivided into a total of 23 actions:

### **Develop knowledge of occupational hazards, risks and exposure**

- Build workplace health into the public health surveillance system.
- Structure and develop public research on health and safety at work.
- Organize knowledge access.
- Develop and coordinate calls for research proposals on health at work.
- Develop the OSH training of health-care professionals.

### **Strengthen the effectiveness of inspections**

- Create multidisciplinary regional structures.
- Adapt inspection resources to local conditions.
- Develop local knowledge, and strengthen the inspection system.
- Strengthen the training of OSH inspection staff.

### **Reform the guiding structures, and break down the barriers between different administrations' approaches**

- Structure inter-ministerial cooperation on the prevention of occupational risks.
- Reform the High Council for the Prevention of Occupational Risks (Conseil supérieur de la prévention des risques professionnels).
- Create regional consultative bodies.
- Improve and harmonize technical regulation.

### **Encourage firms to be occupational health actors**

- Modernize and encourage the occupational health services' preventive actions.
- Mobilize occupational health services for better prevention of psychosocial risks.
- Rethink the criteria on fitness for work.

- Reform employer insurance premium tariffs so that they once again become incentives for prevention.
- Encourage the development of in-house applied research.
- Assist firms with the prior assessment of risks.
- Promote the role of health and safety committees in all workplaces.
- Develop the prevention of road accidents on the way to and from work.
- Promote the substitution principle for the most hazardous chemicals.
- Develop, in schools and in continuous training, OSH awareness-building among engineers and technicians.

Each action is structured on the same grid, showing:

- the precise aim that it is to achieve during the plan period, or in the longer term;
- the justification for the action, by taking stock of the current situation;
- the concrete means of achieving the stated aim; and
- an indicative timetable for implementation, enabling all the actors to be given time frames and guidance throughout the duration of the plan.

The French programme is a collective effort. It was drafted by the Labour Relations Directorate under the authority of the Labour Relations Minister, in close cooperation with the High Council for the Prevention of Occupational Risks. Closely associated with this work were the Ministries of Ecology, Health, Research, Agriculture and Transport. Consultations were also held with other ministerial departments and representatives of the organizations concerned.

Evaluation and follow-up were to be structured along the same lines. A mid-term assessment was scheduled for the second half of 2007.

*Plan Santé au travail 2005–2009, Ministry of Employment, Labour and Social Cohesion, France.*

## India – Stakeholder commitment

The Directive Principles of State Policy under the Indian Constitution provide for:

- securing the health and strength of workers, whether men or women;
- opposing the abuse of children/child labour;
- just and human conditions of work;
- securing the participation of workers in management, etc.;
- ensuring that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.

On the basis of these Directive Principles, as well as international instruments, the government of India is committed to regulating all economic activities to ensure management of safety and health risks at workplaces, and to providing measures to ensure safe and healthy working conditions for every working man and woman in the nation.

As a result of consistent persuasion at various levels in tripartite and bipartite forums, as well as various seminars and workshops over the years, the Ministry of Labour and Employment drew

up a national policy on OSH. This was considered on 7 August 2008 by the government and the social partners (employers, trade unions and NGOs). Several ideas and improvements were suggested in order to strengthen the national policy, so as to make it really useful and purposeful in the world of work. 2008 was declared the Year of Industrial Safety and Health.

**Goals:** The Indian government firmly believes that building and maintaining a national preventive safety and health culture is the need of the hour. The policy aims at developing a culture that helps to improve safety, health and the environment at the workplace by meeting certain requirements, such as providing a statutory framework and administrative and technical support.

**Objectives:** The policy seeks to bring the national objectives into focus as a step towards improvements in safety, health and the environment at the workplace. The objectives, *inter alia*, are to achieve:

- reductions in the incidence of work-related injuries, fatalities, diseases, disasters and loss of national assets;
- improved coverage of work-related injuries, fatalities and diseases, and a more comprehensive database to facilitate better performance and monitoring;
- continuous enhancement of community awareness regarding safety, health and the environment in work-related areas.

**Action programme:** To achieve the goals and objectives, an action programme was drawn up and, wherever necessary, time-bound action was to be initiated.

**National standard:** The policy provides for the development of appropriate standards, codes of practice and manuals on health, safety and the environment, consistent with international standards.

**Compliance:** The policy makes provision for encouraging the appropriate state governments to assume the fullest responsibility for the administration and enforcement of occupational safety, health and the environment at the workplace, and for providing assistance in identifying their needs and responsibilities in this field.

**Awareness:** The policy aims to increase awareness of safety, health and the environment at workplaces through appropriate means.

**Research and development:** The policy emphasizes research in the field of safety, health and the environment at the workplace, including the psychological factors involved, and the development of innovative methods, techniques including computer-aided risk assessment tools and approaches for dealing with workplace safety, health and environment problems, so as to help in establishing standards.

**OSH skills development:** The policy provides, *inter alia*, for the development of occupational safety and health skills by building on the progress already made through employer and employee initiatives, providing training, information and advice, establishing occupational health services/centres, and adopting occupational safety and health training curricula in workplace and industry programmes.

**Data collection:** Important parts of the policy are compiling statistics on health, safety and the environment at the workplace, and conducting national studies, surveys or projects through governmental and non-governmental organizations.

**Review:** According to the policy, an initial review and analysis are to be carried out to ascertain the current status of safety, health and the environment at the workplace, and build a national occupational safety profile. It also provides for reviews of National Policy and Action Programmes at least once every five years in order to assess the relevance of the national goals and objectives.

**Conclusion:** There is a need to develop close involvement of social partners in meeting the challenges ahead in the assessment and control of workplace risks, by mobilizing local resources and extending protection to working populations and vulnerable groups where social protection is not adequate. Government stands committed to review the National Policy on Safety, Health and Environment at the Workplace, and the legislation. The National Policy and Programme envisage total commitment by all concerned stakeholders, such as government and the social partners. The goals and objectives will be achieved through dedicated and concerted efforts. The National Policy has only recently been framed. More time will be needed to implement it throughout India, and to assess its effectiveness. However, various relevant existing laws, such as the Factories Act, Mines Act, Dockworkers (Safety Health and Welfare) Act, and social security legislation such as the ESIC Act, are already being implemented effectively.

*Report prepared by B.C. Prabhakar, President of the KEA (Karnataka Employers' Association), India.*

## Indonesia – Synergy for safety

“The coming into being of an OSH culture in Indonesia” – that is the vision part of the country's Vision, Mission, Policy, Strategy and Programme of National Occupational Safety and Health 2007–2010. It is to be achieved through three missions:

- enhancing synergistic coordination among stakeholders in OSH;
- improving the independence of the world of business in applying occupational safety and health; and
- increasing competition among, and the competitiveness of, OSH workers.

Underpinning these commitments are five policies:

- enhancing coordination based on mutually supportive partnership;
- empowering entrepreneurs, workers and the government so that they are able to apply and enhance OSH culture;
- the government playing a role as both facilitator and regulator;
- the application of the OSH management system SMK3 as an inseparable part of company management;
- understanding and application of sustainable OSH norms.

From the policies stem ten strategies:

- increasing the commitment of employers and workers in the field of OSH;
- enhancing the roles and functions of all sectors in the implementation of OSH;
- enhancing employers' and workers' ability, understanding, attitude and behaviour in relation to OSH culture;



- implementing OSH through risk management and the management of risky behaviour;
- developing an OSH assessment system (OSH audit) in the world of business;
- accompanying and strengthening micro, small and medium-scale enterprises in applying and enhancing OSH culture;
- improving the application of an integrated OSH information system;
- instilling understanding of OSH from an early age up to higher education;
- enhancing the role of professional organizations, universities, practitioners and other components of society in improving the understanding, ability, attitude and behaviour associated with OSH culture; and
- enhancing the integration of OSH in all scientific disciplines.

Concrete measures include:

- revitalization of the independent National OSH Council;
- evaluation and harmonization of all OSH laws and regulations;
- the development of OSH guidelines and standards;
- improvements in the role and functioning of OSH inspection agencies;
- encouraging companies to develop OSH policies and establish OSH supervisory committees;
- awards and incentives to companies;
- the establishment of OSH competence standards and OSH training institutions; and
- the establishment of an integrated national OSH information system.

Prepared by the National Occupational Safety and Health Council (DK3N), the Indonesian strategy was facilitated by the ILO and supported by the Association of Indonesian Employers (DPN APINDO).

*Vision, Mission, Policy, Strategy and Programme of National Occupational Safety and Health 2007–2010, National Occupational Safety and Health Council (DK3N), Indonesia.*

## Kenya – A programme anchored in law

Kenya has a national programme on OSH that is entrenched in labour law – the Occupational Safety and Health Act, 2007. This Act of Parliament is a ratification of ILO Convention 155 (Occupational Safety and Health). It provides for the safety, health and welfare of workers and of people lawfully present at workplaces, and also for the establishment of the National Council for Occupational Safety and Health, and related matters.

**Those involved:** In the process of developing the national programme, the OSH issue was approached objectively, with a view to protecting workers’ fundamental rights as well as improving their working conditions. This objective could not be achieved without tripartite involvement: the Directorate of Occupational Health and Safety Services (DOHSS), the Federation of Kenya Employers (FKE), and the Central Organization of Trade Unions (Kenya), COTU (K).

They adopted a proactive ideology of “prevention and control of workplace risks” as an effective method for the prevention and control of accidents.

**How it was developed:** According to the Department of Labour report for 2005, 296,416 work accidents were taken into account by people claiming compensation for medical expenses

and other economic losses. For this and other reasons, there was a need to protect health and safety and maintain the Kenyan labour force's ability to work until well beyond pension. So the DOHSS (government), FKE (employers) and COTU (K) (workers) each committed themselves to rights and duties in connection with preventive and control mechanisms.

*Case study prepared by Meshack Khisa, for and on behalf of the Kenya Plantation and Agricultural Workers Union.*

### Mauritius – Tripartism for safety and health

Mauritius adopted its first health, safety and welfare regulation in 1980. Then a comprehensive Act on OSH was created in 1988. This legislation was replaced by a modern piece of legislation in 2005 – the Occupational Safety and Health Act 2005.

Mauritius has had a national occupational safety and health policy since 2001, when it was prepared through national tripartite consultation. A National Occupational Safety and Health Profile for Mauritius has been prepared with the help and support of ILO consultants. The National Occupational Safety and Health Profile was validated at a tripartite workshop held in cooperation with the ILO. The workshop also developed a National Occupational Safety and Health Programme.

The Ministry of Labour, Industrial Relations and Employment currently has a department, the Occupational Safety and Health Inspectorate, that enforces occupational safety and health legislation in order to ensure compliance by employers. This is achieved through such activities as:

- preventive inspections at workplaces;
- investigations into complaints and accidents;
- ensuring that some dangerous machines are subject to regular examinations;
- health surveillance, including medical surveillance for employees exposed or liable to be exposed to a substance hazardous to health;
- prosecution of employers for breach of the law.

Furthermore, a special unit provides training to employers and employees. It also manages a CIS information centre and a documentation unit, and gives information on occupational safety and health to any person who requests it.

A tripartite Advisory Council for Occupational Safety and Health was set up under the Occupational Safety and Health Act 2005. It addresses new and pertinent issues on occupational safety and health, and advises the Minister. With a view to creating a safety culture in the Mauritian workforce, the Occupational Safety and Health Inspectorate has, in cooperation with the ILO, organized several national seminars on subject areas such as accident prevention, chemical safety and electrical safety. Furthermore, programmes on occupational safety and health are regularly broadcast on the radio and TV. Posters, stickers and information pamphlets are also prepared and distributed widely among employers and trade unions with a view to creating general safety awareness. Every year the Ministry of Labour, Industrial Relations and Employment celebrates the World Day for Safety and Health at Work. The two public universities of Mauritius, which were previously running an occupational safety and health diploma programme, are now running the course at degree level, so that future safety professionals are well qualified and competent to perform their duties.

The efforts made over the years have had a positive effect on occupational safety and health at national level. One of the indicators, workplace accidents (accidents reported to the Ministry of Social Security, National Solidarity and Senior Citizens Welfare and Reform Institutions), has shown a downward trend, decreasing from 10,234 (1991) to 2,659 (2007).

*Case study prepared by Khindev Gunputh, OSH Officer for the Ministry of Labour, Industrial Relations and Employment, Mauritius.*

### Mexico – Enterprise quality labelling

Mexico does not have a national programme on OSH in place; however, it does have a National Advisory Committee on Occupational Safety and Hygiene called COCONASHT (Comisión Consultiva Nacional de Seguridad e Higiene en el Trabajo), which dates back to 1970.

The coordinators responsible for this committee are the Secretary of Labour and Social Security and the Mexican Institute of Social Security. They act as consultants, giving advice to enterprises and helping them to achieve a self-managed OSH system.

COCONASHT acts as an advisory body for the government. It is also in charge of conducting research and proposing new laws on occupational safety and health. Its tripartite structure allows it to meet both workers' and employers' demands.

Mexico also has a self-managed programme on occupational safety and health that is responsible for deciding whether enterprises deserve a "Safe Enterprise" (*Empresa segura*) quality label. This practice is aimed at promoting an OSH policy through the provision of technical assistance frameworks and the implementation of administrative systems.

Any enterprise or activity can join the programme on a voluntary basis. There are different types of "Safe Enterprise" quality labels, depending on the type of standard that should be met: that is, the level of legal compliance, the efforts for continuous progress on the issue, and the results obtained in administration of OSH. This latter recognition is renewable after three years for the first time, and then every five years with the quality label of "effective OSH administration".

*Case study prepared by Leticia del Rocio, legal consultant, Mexico*

### Mongolia – ILO links for a national programme

Mongolia aims to build and maintain a preventive safety and health culture. Its national programme on improving occupational safety and health and the working environment also sets out to:

- decrease the number of work-related injuries and occupational diseases;
- provide favourable conditions for safety and health at work;
- develop a legal environment for protecting employees from work-related hazards and risks; and
- promote social protection and tripartism in the OSH area.

A two-phase programme was implemented in 1997–2000 and 2001–2004. During that period, Mongolia ratified ILO Convention 155 on OSH, and developed the OSH Article within its Labour Code in line with that ILO instrument. The 2005–2010 programme was drawn up

in accordance with ILO recommendations and Mongolia's present OSH needs. It is being implemented with the active participation of government authorities at all levels, the tripartite constituents, NGOs, employers, employees and the general public. The plan mobilizes national and local financial and human resources, as well as expanded international support.

The programme is structured around six objectives, each with a corresponding expected outcome:

**Objective:** Implement the ILO Declaration on Fundamental Principles and Rights at Work, and improve the legal environment for OSH in line with the OSH-related ILO Conventions. **Outcome:** OSH legal environment improved, and increased employer, employee and public awareness of this issue.

**Objective:** Develop and implement the legislation on OSH and the prevention of work injuries and occupational diseases. **Outcome:** Legislation implemented, and number of work injuries and occupational disease cases reduced.

**Objective:** Establish an OSH information system; develop OSH research. **Outcome:** Development of OSH information and statistics, and expansion of OSH-related research and development.

**Objective:** Improve knowledge development and raise public awareness of OSH, meeting employers' and employees' needs. **Outcome:** Systematic development of OSH training and advocacy.

**Objective:** Improve the national OSH management and monitoring system. **Outcome:** National OSH management and organizational structure improved appropriately.

**Objective:** Strengthen tripartite OSH mechanisms at the national and sectoral levels; capacity-building for the social partners' representative organizations at the local level; improve public awareness of social partnership. **Outcome:** Social partnership in OSH expanded.

Outputs from the programme are expected to include an efficient and flexible dual labour inspection system, improved OSH statistics, and an annual OSH report.

The plan is to be monitored and evaluated with broad participation. Its overall management and organizational structure are to be reviewed, lessons are to be drawn from its experiences, and donors are to receive reports on its financial efficiency.

*National Programme on Improving Occupational Safety and Health and the Working Environment (2005–2010), Mongolian Government.*

## New Zealand – Motivating OSH self-management

The strategy of New Zealand's Occupational Safety and Health Service (OSH) for 2004–2009 is to create social and economic motivation for workplace participants in New Zealand, so that an increasing percentage of enterprises actively self-manage occupational safety and health in order to achieve best practice. The action plan falls under five main headings. (*In what follows, "OSH" means the NZ Occupational Safety and Health Service.*)

### Engage

Society will demand healthy and safe workplaces and will be intolerant of poor health and safety practices in New Zealand.

- OSH will lead the development of national initiatives across government and industry sectors to promote health and safety in workplaces.
- OSH will invest a greater proportion of its current and future funding in raising general awareness of the benefits of workplace health and safety.

*Results expected by 2009:*

- Higher levels of public awareness of the social and economic benefits of best-practice health and safety in the workplace.
- Heightened intolerance of poorly performing workplaces/industry sectors, in terms of community, government and industry support.

## **Educate**

Workplace participants and sectors will be knowledgeable about the benefits of, and approaches to, health and safety.

- OSH communications will be more relevant, understandable and accessible to target audiences.
- OSH advice and assistance will be practical and relevant.
- OSH will encourage and support key influencers to promote workplace health and safety.
- OSH will facilitate the promotion of best practice across workplaces, sectors and clusters.

*Results expected by 2009:*

- Higher levels of health and safety knowledge and skills among workplace participants.
- Comprehensive guidance materials developed and promoted by targeted sectors, with support from OSH.
- A move from seeing good health and safety as a cost to business, to regarding it as an investment in productivity.

## **Enable**

Workplace participants, sectors and clusters will take proactive actions towards improving health and safety in and around the workplace.

- OSH will work collaboratively with other agencies.
- OSH will target key client groups and market segments.
- OSH will provide added-value support for industry health and safety groups.

*Results expected by 2009:*

- An increase in the number of industry sectors or enterprise clusters that are actively working together to promote best-practice health and safety.
- Systematic management of health and safety by an increased proportion of businesses.

## **Enforce**

Purposeful or serious breaches of minimum standards will reduce as a result of targeted enforcement actions.

- OSH enforcement activity will be strategically focused on purposeful or serious breaches.
- OSH will apply penalties that will lead to changes in behaviour.
- OSH-administered sanctions will be fairly applied, consistent and transparent.

*Results expected by 2009:*

- Organizations that blatantly disregard health and safety will be publicly acknowledged as industrial criminals.
- Significant reduction in repeat prosecutions across industry sectors and employers.

### Capability

OSH will be a high-performance service within the NZ Department of Labour, with the capability and capacity to deliver world-class health and safety outcomes in the New Zealand context.

- OSH will actively seek opportunities to work with other Department of Labour services to enhance service delivery and client outcomes.
- Staff will be client-focused in everything they say and do.
- Staff and services will be responsive to the needs of all client groups, including Maori, Pacific people and people with disabilities.
- Resources will be efficiently and effectively deployed to maximize outcomes.
- OSH will consult positively with all key stakeholders.
- OSH will be a model of excellent health and safety work practice.

*Results expected by 2009:*

- OSH being confirmed as a credible, fair and valued government service.
- OSH taking a full leadership role for workplace health and safety throughout New Zealand.
- OSH recognized as an international leader in best-practice health and safety.

### United Kingdom – Consulting for change

A strategy for change in the UK's OSH system up to 2010 and beyond was developed by the country's Health and Safety Commission (HSC). The aim was to debate with others how the system might be strengthened and, where there are gaps and limitations, how they might be filled.

The key drivers for change are:

- A perception that there is no coherent direction to the overall OSH and system. The HSC, the Health and Safety Executive (HSE) and Britain's local authorities, which are also responsible for enforcing OSH regulations, "cannot/should not do it all".
- HSE and local authority resources are limited, are spread too thinly, and need to be targeted where they can have the most impact.
- HSC, HSE and the local authorities "have done a great job on safety but there is still a huge job to do on health." Forty million British working days were lost to occupational ill health and injury in 2001–2002. Of these, 33 million were attributable to ill health. "Our traditional interventions may be less effective when dealing with health than when dealing with safety."

- Research shows that many organizations do not contact HSE or the local authorities about OSH matters. Some are fearful of doing so.

The mission for HSC and HSE, working with local authorities, is to “protect people’s health and safety by ensuring that risks in the changing workplace are properly controlled”.

They intend to do so by continuing with their present aims of:

- protecting people by providing information and advice, promoting and assuring a goal-setting system of regulation, undertaking and encouraging research, and enforcing the law where necessary;
- influencing organizations to embrace high OSH standards and recognize the social and economic benefits;
- working with business to prevent catastrophic failures in major hazard industries;
- optimizing the use of resources.

To these, they add the new aims of:

- developing new ways to establish and maintain an effective OSH culture in a changing economy, so that all employers take their responsibilities seriously, the workforce is fully involved, and risks are properly managed;
- doing more to address the new and emerging work-related health issues;
- achieving higher levels of recognition and respect for OSH as an integral part of a modern, competitive business and public sector, and as a contribution to social justice and inclusion;
- exemplifying public sector best practice in the management of their own resources.

The strategy was developed through a consultation process and the examination of the available evidence on the effectiveness of OSH interventions. Over 200 people responded to the consultation on the draft strategy. A telephone survey and regional events were also held, so that HSC spoke to more than 2,500 people in all about the strategy.

*A strategy for workplace health and safety in Great Britain to 2010 and beyond, Health and Safety Commission (HSC), UK.*

## Vietnam – Five aims by 2010

Through its programme, Vietnam has set itself five specific targets to reach by 2010:

- reducing serious and fatal occupational accidents – to include a 5 per cent decrease in the annual occupational accident frequency rate in particularly hazardous sectors (mining, construction, electricity supply);
- a 10 per cent reduction in newly contracted cases of occupational disease, and ensuring that more than 80 per cent of workers in production units with a high risk of occupational disease have health checks;
- ensuring that 100 per cent of workers diagnosed with occupational accidents and occupational diseases are treated and are provided with health-care and rehabilitation services;
- ensuring that more than 80 per cent of workers in sectors and jobs with strict OSH requirements, and OSH officers, are trained in OSH;
- ensuring that 100 per cent of fatal occupational accidents and serious occupational accidents are investigated.

The lifespan of each project within the five-year programme is based on the objectives, and can be adjusted.

Implementation policies are:

- continuing to implement and institutionalize the policies and guidelines of the Communist Party and the State on labour protection, revising the Labour Code provisions on OSH, developing an Act on Occupational Safety and Health, and establishing a Compensation Fund for occupational accidents and diseases;
- setting up policies to encourage workers to improve working conditions;
- studying and consolidating policies to reward achievements and penalize violations as regards OSH;
- studying and developing policies and mechanisms to encourage the development of services for consultancy, verification, education and training in OSH.

There is to be self-monitoring and evaluation by ministries and state agencies, independent monitoring and evaluation by consultancy and science organizations, and monitoring and evaluation by representative organizations of workers and employers. Evaluation indicators are built into the project activities.

*National Programme on Labour Protection, Occupational Safety and Occupational Health up to 2010, Government of Vietnam.*





# **Appendix II**

## ***ILO Convention and Recommendation on a Promotional Framework for Occupational Safety and Health***

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ILO Conventions are ratifiable by Member States and are binding once ratified. ILO Recommendations, often linked to a Convention, fill in extra detail and give additional advice.

### **Promotional Framework for Occupational Safety and Health Convention No. 187, 2006**

The General Conference of the International Labour Organization,

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

Recognizing the global magnitude of occupational injuries, diseases and deaths, and the need for further action to reduce them, and

Recalling that the protection of workers against sickness, disease and injury arising out of employment is among the objectives of the International Labour Organization as set out in its Constitution, and

Recognizing that occupational injuries, diseases and deaths have a negative effect on productivity and on economic and social development, and

Noting paragraph III(g) of the Declaration of Philadelphia, which provides that the International Labour Organization has the solemn obligation to further among the nations of the world programmes which will achieve adequate protection for the life and health of workers in all occupations, and

Mindful of the ILO Declaration on Fundamental Principles and Rights at Work and its Follow-Up, 1998, and

Noting the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Safety and Health Recommendation, 1981 (No. 164), and other instruments of the International Labour Organization relevant to the promotional framework for occupational safety and health, and

Recalling that the promotion of occupational safety and health is part of the International Labour Organization's agenda of decent work for all, and

Recalling the Conclusions concerning ILO standards-related activities in the area of occupational safety and health – a global strategy, adopted by the International Labour Conference at its 91st Session (2003), in particular relating to ensuring that priority be given to occupational safety and health in national agendas, and

Stressing the importance of the continuous promotion of a national preventative safety and health culture, and

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

Having determined that these proposals shall take the form of an international Convention;

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

## I. DEFINITIONS

### *Article 1*

For the purpose of this Convention:

(a) the term **national policy** refers to the national policy on occupational safety and health and the working environment developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155);

(b) the term **national system for occupational safety and health** or **national system** refers to the infrastructure which provides the main framework for implementing the national policy and national programmes on occupational safety and health;

(c) the term **national programme on occupational safety and health** or **national programme** refers to any national programme that includes objectives to be achieved in a predetermined time frame, priorities and means of action formulated to improve occupational safety and health, and means to assess progress;

(d) the term **a national preventative safety and health culture** refers to a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.

## II. OBJECTIVE

### *Article 2*

1. Each Member which ratifies this Convention shall promote continuous improvement of occupational safety and health to prevent

occupational injuries, diseases and deaths, by the development, in consultation with the most representative organizations of employers and workers, of a national policy, national system and national programme.

2. Each Member shall take active steps towards achieving progressively a safe and healthy working environment through a national system and national programmes on occupational safety and health by taking into account the principles set out in instruments of the International Labour Organization (ILO) relevant to the promotional framework for occupational safety and health.

3. Each Member, in consultation with the most representative organizations of employers and workers, shall periodically consider what measures could be taken to ratify relevant occupational safety and health Conventions of the ILO.

## III. NATIONAL POLICY

### *Article 3*

1. Each Member shall promote a safe and healthy working environment by formulating a national policy.

2. Each Member shall promote and advance, at all relevant levels, the right of workers to a safe and healthy working environment.

3. In formulating its national policy, each Member, in light of national conditions and practice and in consultation with the most representative organizations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventative safety and health culture that includes information, consultation and training.

## IV. NATIONAL SYSTEM

### *Article 4*

1. Each Member shall establish, maintain, progressively develop and periodically review

a national system for occupational safety and health, in consultation with the most representative organizations of employers and workers.

2. The national system for occupational safety and health shall include among others:

(a) laws and regulations, collective agreements where appropriate, and any other relevant instruments on occupational safety and health;

(b) an authority or body, or authorities or bodies, responsible for occupational safety and health, designated in accordance with national law and practice;

(c) mechanisms for ensuring compliance with national laws and regulations, including systems of inspection; and

(d) arrangements to promote, at the level of the undertaking, cooperation between management, workers and their representatives as an essential element of workplace-related prevention measures.

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

(a) a national tripartite advisory body, or bodies, addressing occupational safety and health issues;

(b) information and advisory services on occupational safety and health;

(c) the provision of occupational safety and health training;

(d) occupational health services in accordance with national law and practice;

(e) research on occupational safety and health;

(f) a mechanism for the collection and analysis of data on occupational injuries and diseases, taking into account relevant ILO instruments;

(g) provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases; and

(h) support mechanisms for a progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy.

## V. NATIONAL PROGRAMME

### *Article 5*

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

2. The national programme shall:

(a) promote the development of a national preventative safety and health culture;

(b) contribute to the protection of workers by eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace;

(c) be formulated and reviewed on the basis of analysis of the national situation regarding occupational safety and health, including analysis of the national system for occupational safety and health;

(d) include objectives, targets and indicators of progress; and

(e) be supported, where possible, by other complementary national programmes and plans which will assist in achieving progressively a safe and healthy working environment.

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

## VI. FINAL PROVISIONS

### *Article 6*

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

### *Article 7*

The formal ratifications of this Convention shall be communicated to the Director-

General of the International Labour Office for registration.

#### *Article 8*

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

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

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

#### *Article 9*

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

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

#### *Article 10*

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

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

#### *Article 11*

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

#### *Article 12*

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

#### *Article 13*

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

(a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 9 above, if and when the new revising Convention shall have come into force;

(b) as from the date when the new revising Convention comes into force, this Convention shall cease to be open to ratification by the Members.

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

*Article 14*

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

### **Promotional Framework for Occupational Safety and Health Recommendation, No. 197, 2006**

The General Conference of the International Labour Organization,

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

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

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

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

#### I. NATIONAL POLICY

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

#### II. NATIONAL SYSTEM

2. In establishing, maintaining, progressively developing and periodically reviewing the national system for occupational safety and

health defined in Article 1(b) of the Convention, Members:

(a) should take into account the instruments of the International Labour Organization (ILO) relevant to the promotional framework for occupational safety and health listed in the Annex to this Recommendation, in particular the Occupational Safety and Health Convention, 1981 (No. 155), the Labour Inspection Convention, 1947 (No. 81) and the Labour Inspection (Agriculture) Convention, 1969 (No. 129); and

(b) may extend the consultations provided for in Article 4(1) of the Convention to other interested parties.

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

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

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

(a) to raise workplace and public awareness on occupational safety and health through national campaigns linked with, where appropriate, workplace and international initiatives;

(b) to promote mechanisms for delivery of occupational safety and health education and training, in particular for management, super-

visors, workers and their representatives and government officials responsible for safety and health;

(c) to introduce occupational safety and health concepts and, where appropriate, competencies, in educational and vocational training programmes;

(d) to facilitate the exchange of occupational safety and health statistics and data among relevant authorities, employers, workers and their representatives;

(e) to provide information and advice to employers and workers and their respective organizations and to promote or facilitate cooperation among them with a view to eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks;

(f) to promote, at the level of the workplace, the establishment of safety and health policies and joint safety and health committees and the designation of workers' occupational safety and health representatives, in accordance with national law and practice; and

(g) to address the constraints of micro-enterprises and small and medium-sized enterprises and contractors in the implementation of occupational safety and health policies and regulations, in accordance with national law and practice.

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

### III. NATIONAL PROGRAMME

7. The national programme on occupational safety and health as defined in Article 1(c) of the Convention should be based on principles of assessment and management of hazards and risks, in particular at the workplace level.

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

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

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

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

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

### IV. NATIONAL PROFILE

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

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

(a) laws and regulations, collective agreements where appropriate, and any other relevant instruments on occupational safety and health;

(b) the authority or body, or the authorities or bodies, responsible for occupational safety and health, designated in accordance with national law and practice;

- (c) the mechanisms for ensuring compliance with national laws and regulations, including the systems of inspection;
  - (d) the arrangements to promote, at the level of the undertaking, cooperation between management, workers and their representatives as an essential element of workplace-related prevention measures;
  - (e) the national tripartite advisory body, or bodies, addressing occupational safety and health issues;
  - (f) the information and advisory services on occupational safety and health;
  - (g) the provision of occupational safety and health training;
  - (h) the occupational health services in accordance with national law and practice;
  - (i) research on occupational safety and health;
  - (j) the mechanism for the collection and analysis of data on occupational injuries and diseases and their causes, taking into account relevant ILO instruments;
  - (k) the provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases; and
  - (l) the support mechanisms for a progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy.
- (2) In addition, the national profile on occupational safety and health should include information on the following elements, where appropriate:
- (a) coordination and collaboration mechanisms at national and enterprise levels, including national programme review mechanisms;
  - (b) technical standards, codes of practice and guidelines on occupational safety and health;
  - (c) educational and awareness-raising arrangements, including promotional initiatives;
  - (d) specialized technical, medical and scientific institutions with linkages to various

aspects of occupational safety and health, including research institutes and laboratories concerned with occupational safety and health;

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

## V. INTERNATIONAL COOPERATION AND EXCHANGE OF INFORMATION

15. The International Labour Organization should:

- (a) facilitate international technical cooperation on occupational safety and health with a view to assisting countries, particularly developing countries, for the following purposes:
  - (i) to strengthen their capacity for the establishment and maintenance of a national preventative safety and health culture;
  - (ii) to promote a management systems approach to occupational safety and health; and
  - (iii) to promote the ratification, in the case of Conventions, and implementation of instruments of the ILO relevant to the promotional framework for occupational safety and health, listed in the Annex to this Recommendation;
- (b) facilitate the exchange of information on national policies within the meaning of Article 1(a) of the Convention, on national



systems and programmes on occupational safety and health, including on good practices and innovative approaches, and on the identification of new and emerging hazards and risks in the workplace; and

(c) provide information on progress made towards achieving a safe and healthy working environment.

# **Appendix III**

## ***ILO instruments on occupational safety and health***

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### **Conventions**

- Labour Inspection Convention, 1947 (No. 81)
- Radiation Protection Convention, 1960 (No. 115)
- Hygiene (Commerce and Offices) Convention, 1964 (No. 120)
- Employment Injury Benefits Convention, 1964 (No. 121)
- Labour Inspection (Agriculture) Convention, 1969 (No. 129)
- Occupational Cancer Convention, 1974 (No. 139)
- Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)
- Occupational Safety and Health (Dock Work) Convention, 1979 (No. 152)
- Occupational Safety and Health Convention, 1981 (No. 155)
- Occupational Health Services Convention, 1985 (No. 161)
- Asbestos Convention, 1986 (No. 162)
- Safety and Health in Construction Convention, 1988 (No. 167)
- Chemicals Convention, 1990 (No. 170)
- Prevention of Major Industrial Accidents Convention, 1993 (No. 174)
- Safety and Health in Mines Convention, 1995 (No. 176)
- Protocol of 1995 to the Labour Inspection Convention, 1947 (No. 81)
- Safety and Health in Agriculture Convention, 2001 (No. 184)
- Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No. 155)
- Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

The texts of ILO Conventions are available online in Arabic, Chinese, English, French, German, Russian, Portuguese and Spanish at <http://www.ilo.org/ilolex/english/convdisp1.htm>

### **Recommendations**

- Labour Inspection Recommendation, 1947 (No. 81)
- Labour Inspection (Mining and Transport) Recommendation, 1947 (No. 82)
- Protection of Workers' Health Recommendation, 1953 (No. 97)
- Welfare Facilities Recommendation, 1956 (No. 102)
- Radiation Protection Recommendation, 1960 (No. 114)
- Workers' Housing Recommendation, 1961 (No. 115)
- Hygiene (Commerce and Offices) Recommendation, 1964 (No. 120)
- Employment Injury Benefits Recommendation, 1964 (No. 121)

- Labour Inspection (Agriculture) Recommendation, 1969 (No. 133)
- Occupational Cancer Recommendation, 1974 (No. 147)
- Working Environment (Air Pollution, Noise and Vibration) Recommendation, 1977 (No. 156)
- Occupational Safety and Health (Dock Work) Recommendation, 1979 (No. 160)
- Occupational Safety and Health Recommendation, 1981 (No. 164)
- Occupational Health Services Recommendation, 1985 (No. 171)
- Asbestos Recommendation, 1986 (No. 172)
- Safety and Health in Construction Recommendation, 1988 (No. 175)
- Chemicals Recommendation, 1990 (No. 177)
- Prevention of Major Industrial Accidents Recommendation, 1993 (No. 181)
- Safety and Health in Mines Recommendation, 1995 (No. 183)
- Safety and Health in Agriculture Recommendation, 2001 (No. 192)
- List of Occupational Diseases Recommendation, 2002 (No. 194)
- Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197)

The texts of ILO Recommendations are available online in Arabic, Chinese, English, French, German, Russian, Portuguese and Spanish at <http://www.ilo.org/ilolex/english/recdisp1.htm>

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