

Introductory Report: Decent Work – Safe Work



International
Labour
Organization

XVIIIth World Congress on Safety and Health at Work
Prevention in a Globalized World – Success through Partnerships



Introductory Report: Decent Work – Safe Work

by

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**XVIIIth World Congress on Safety and Health at Work
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“... All too often lives are shattered unnecessarily because of poor working conditions and inadequate safety systems... Let me encourage everyone to join the International Labour Organization in promoting safety and health at work. It is not only sound economic policy, it is a basic human right...”.

(Kofi Annan, Secretary-General of the *United Nations*)


“... Prevention is paying not only in human terms but also in better performance by businesses and national economic strength. Together we can make sure that decent work is safe work ...”.

(Thaksin Shinawatra, Prime Minister of Thailand)

“...Promoting a Safety Culture is the theme of this year’s World Day for Safety and Health at Work. This promotional initiative is an important complement to the normative foundation of OSH at work... [We will] work with other nations to implement the Global Occupational Safety and Health Strategy adopted at the 2003 International Labour Conference...”.

(Tarja Halonen, President of Finland)

(Extracts from video messages and speeches delivered on
World Days for Safety and Health at Work, 2003-2005)



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Introduction

Throughout the world, there is growing acceptance that accidents and ill-health at work impact not only on the lives of individual workers, their families and their potential for future work, but also the productivity and profitability of their enterprises and ultimately the welfare of the society in which they live. In short, safety and health at work makes good business sense, and maintaining acceptable standards is seen as an integral and key component of societal development, poverty alleviation and of 'decent work'.

The ILO firmly believes that work-related accidents and ill-health can and indeed must be prevented, and that action is needed at international, regional, national and enterprise levels to achieve this. Yet, globally, the statistics appear to show an increasing trend in occupational accidents and diseases. As the ILO Director-General said when referring to the Decent Work Agenda, "Decent Work must be Safe Work, and we are a long way from achieving that goal".

The protection of workers against injury and disease has always been a key issue for the ILO since it was founded in 1919, and many of its activities have been directed to that end. Many Conventions, Recommendations and other instruments on occupational safety and health (OSH) have been adopted over the years, and these have helped to improve working conditions throughout the world. This impetus has been maintained, and recent years have seen both the adoption of a Global Strategy for OSH¹, which seeks to integrate and enhance the ILO's activities in this area, and the development of a new promotional framework for OSH, intended for adoption as a Convention in 2006.

This report provides an overview of the most recent estimates of occupational and work-related accidents and diseases, world-wide, some of the causes for recent changes and what the ILO and its member States are doing to improve conditions in the workplace for the millions who are at risk from injury.

¹ ILO: *Global strategy for occupational safety and health - Conclusions adopted by the International Labour Conference, 91st Session, 2003.*

I.

The global picture: latest estimates of occupational accidents and work-related diseases

The impact of occupational accidents and diseases (which are 100% work-related and often compensatable) and other work-related diseases (which are only partly caused by work) can be measured using several different indicators. Reported accident and diseases statistics provide perhaps the most direct indicator, but such data are often very incomplete since under-reporting is common and official reporting requirements frequently do not cover all categories of workers anyway – those in the informal economy for example. Other indicators need to be used as well to obtain a fuller picture, such as compensation data, disability pensions and absenteeism rates, although these too provide incomplete data. For example, no country records and compensates all occupational accidents and diseases, although data for occupational accidents are more comprehensive than those for occupational diseases. These indicators may be linked together, as, for example, when estimating Disability Adjusted Life Years (DALYs).

The latest global estimates of the numbers of work-related accidents and diseases have therefore been based on official statistics from all Regions of the world for 2001, particularly from countries that record such data reasonably well, and extrapolated using a number of indicators as mentioned above. The year of 2001 was chosen, since this is the latest year for which internationally comparable data on occupational accidents and estimates of mortality from the WHO were available. Earlier estimates were based on data from the year 1998.

According to the latest ILO estimates for accidents and diseases, there are globally about

2.2 million work-related deaths annually

which represents about a 10% increase on the estimate given in the Introductory Report to the XVIth World Congress on Safety and Health at Work in Vienna, 2002². The following tables, and Annex 3, give more details, comparing estimates for 2001 with those for 1998 and providing a breakdown by different world regions.

² See http://www.ilo.org/public/english/protection/safework/wdcongrs/ilo_rep.pdf

Table 1. Progress of estimated and reported fatal and non fatal accidents, 1998- 2001 (legend, see Table 2 below)

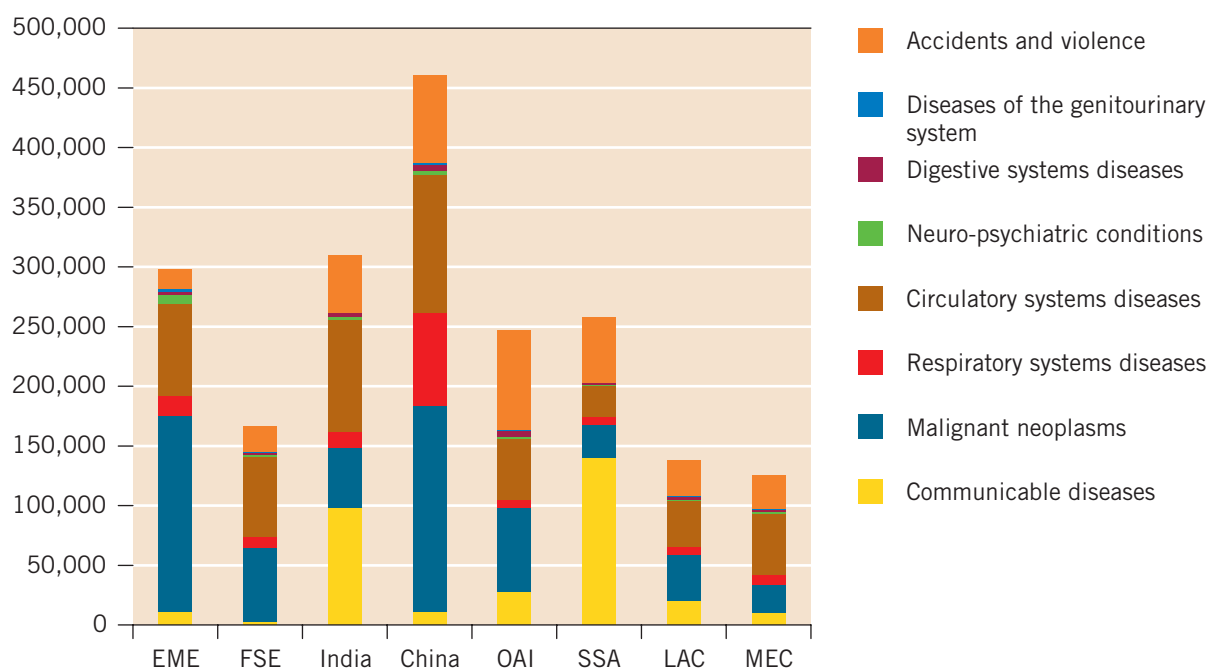
Region	Economically active population (2001)	Economically active population (1998)	Fatal accidents reported to the ILO (2001)	Accidents causing 3+ days' absence reported to the ILO (2001)	Fatal accidents reported to the ILO (1998)	Accidents causing 3 days' (+) absence reported to the ILO (1998)	ILO Global Estimates on Fatal Accidents 2001	ILO Global Estimates on Fatal Accidents 1998	Accidents causing 3+ days' absence Average (2001)
EME	419,732,002	409,141,496	14,316	7,527,083	14,608	7,631,977	15,879	16,170	12,118,393
FSE	183,089,714	184,717,127	7,853	343,004	8,665	582,287	17,416	21,425	13,291,068
IND	443,860,000	458,720,000	222	928	211	0	40,133	48,176	30,627,865
CHN	740,703,800	708,218,102	12,736	61,329	17,804	75,773	90,295	73,615	68,909,715
OAI	415,527,598	404,487,050	3,051	141,349	5,631	252,499	76,886	83,048	58,676,113
SSA	279,680,390	260,725,947	145	27,015	1,675	47,105	53,292	54,705	40,670,012
LAC	219,083,179	193,426,602	2,009	776,938	6,998	1,699,107	39,372	29,594	30,046,941
MEC	135,220,721	112,906,300	1,416	153,785	1,876	191,164	17,977	18,986	13,719,565
WORLD	2,836,897,404	2,732,342,624	41,748	9,031,431	57,468	10,479,912	351,251	345,719	268,059,671

Table 2. Latest Estimates on Work-related Fatalities, caused by both occupational accidents and work-related diseases.

Region	Economically active population (2001)	ILO Global Estimates on Fatal Accidents 2001	Fatal work-related diseases calculated using age structures	Work-related mortality calculated using age structures (accidents and diseases)	Deaths caused by dangerous substances (age)	Fatal work-related diseases calculated using gender structures	Work-related mortality calculated using gender structures (accidents and diseases)
EME	419,732,002	15,879	281,364	297,243	64,019	286,998	302,877
FSE	183,089,714	17,416	148,194	165,610	35,512	153,564	170,980
IND	443,860,000	40,133	261,891	302,024	64,894	325,350	365,483
CHN	740,703,800	90,295	386,645	476,940	102,606	414,024	504,319
OAI	415,527,598	76,886	178,786	255,672	54,811	208,402	285,288
SSA	279,680,390	53,292	211,262	264,554	55,811	387,721	441,013
LAC	219,083,179	39,372	108,195	147,567	31,571	116,135	155,507
MEC	135,220,721	17,977	120,725	138,702	29,817	140,941	158,918
WORLD	2,836,897,404	351,251	1,697,061	2,048,312	438,480	2,033,135	2,384,385

World Bank Regions: EME - Established Market Economies; FSE - Former Socialist Economies; IND - India; CHN - China; OAI - Other Asia and Islands; SSA - Sub-Saharan Africa; LAC - Latin-America and Caribbean; MEC - Middle Eastern Crescent

Table 3. Global Estimated Work-Related Fatalities by Region , absolute numbers, legend see table 2



The methodology

Global estimates of **work-related deaths caused by diseases** have been made using attributable fractions for work-related mortality due to specific disease categories and injuries. Calculations were made using two methods: one used the attributable fractions for different age structures and the second those for different sexes separately. An attributable fraction can be “interpreted as the fraction of a disease [or injury] which would not have occurred had the factor been nonexistent in the population in question”³. These attributable fractions or percentage figures for different disease categories are based on data about existing exposures to known factors of work-related diseases and their proven impact on exposure - outcome relationship and morbidity to these diseases, in particular, in industrialized countries.

Such studies have been carried out only to a limited extent, if at all, in developing countries. However, the exposure/disease relationship is expected to be largely consistent with that in industrialized countries, although a few exceptions may exist (see ILO Introductory Report to the World Congress in Vienna in 2002⁴).

The number of **fatal occupational accidents** was estimated firstly using reported frequency rates of fatal accidents (fatals/100 000 workers) obtained from ILO member States that report their accident data most reliably, in three economic sectors:

1. agriculture/fishing/forestry

³ Nurminen M, Karjalainen A.: Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland. Scand J., Work Environment Health 2001; 27(3):161-213

⁴ www.ilo.org/public/english/protection/safework/wdcongrs/ilo_rep.pdf - ibid

2. manufacturing industries and construction
3. service industries

These rates were complemented by country data when available and then applied to the total employment figures obtaining the fatality figures by the three economic sectors and by country⁵, see Annex 3.

Non-fatal occupational accidents were estimated using the reasonably stable ratio of fatal accidents to non-fatal accidents that cause an absence of 3 days or more. This accident pyramid ratio is roughly 1/1000, or every thousandth accident leads to a fatality when high quality and reliable recording and notification systems are used. Three different estimates were used:

1. the highest estimate was based on the average reporting rates of Finland, France, Germany and Luxembourg,
2. the lowest estimate was 50% of the above
3. the average estimate, shown in the tables above, was 75 % of the country rates between fatal and non-fatal accidents.

Reported and estimated numbers are shown next to each other. Major factors influencing the work-related death figures were listed in the Introductory Report to the World Congress in 2002.

A commentary

These figures represent a small but significant increase in the numbers of work-related accidents and diseases since the previous study. There appear to be several reasons for the increases from previous estimates, the main ones being:

1. The total number of workers (economically active population) has increased.
2. The gender disaggregated results for work-related diseases were clearly higher (2.38 million deaths) than those calculated by both sexes together for specific age groups (2.03 million). These age groups were 15- 29, 30-44, 45-59, 60-69 and 70+. Most workers in the older age groups had already retired and estimates were only made for those suffering from diseases with long latency periods. The age groups calculations are expected to be more accurate while the average value has been taken for the global estimate: 2.2 million.
3. Global figures for fatal accidents were fairly stable and increased only slightly, increasing in developing and decreasing in industrialised countries. Changes, for example in Latin America, reflect new data on both fatal accident rates, better coverage and larger manpower, while the decrease in Indian figures, for example, is largely based on improvements in reference countries as very limited information was available for India itself.
4. According to latest data, accidents account for the biggest share of work-related mortality in Other Asia and Island and China (Table 4). However, work-re-

⁵ Hämäläinen P., Takala J., Saarela K: Global Estimate of Occupational Accidents, *Safety Science*, accepted for publication in 2005.

lated communicable diseases, such as work-related malaria and other infectious diseases create the greatest burden in Sub-Saharan Africa and India as well as in other sub-regions. Furthermore, accident victims on average are much younger than those suffering from work-related diseases and the potential loss of working life is longer.

5. Although exposure to toxic substances in the workplace are now generally better controlled in industrialized countries than they were, many such countries are now witnessing a significant increase in the rate of fatalities from past exposures to certain substances because of the latency of some diseases. This is especially so for asbestos. For example, the UK estimates that at least 3500 people in Great Britain die each year from mesothelioma and asbestos-related lung cancer and that annual deaths are predicted to go on rising into the next decade. There is a big lesson here for those countries that still continue to use asbestos in manufacturing processes.

It is a well-known fact that certain sectors are more dangerous than others. One of the key reasons for the favourable declining fatal accident trend in industrialized countries is the gradual change in patterns of employment: fewer people now work in hazardous sectors, such as steel mills, shipbuilding and ship breaking, agriculture, forestry and mining, and more are employed in the relatively safe service sectors. Conversely, the industrialization of developing countries is often accompanied by a rapid increase in numbers of fatal and non-fatal accident rates, with the growth of new factories and the development of the infrastructure, the construction of new buildings and roads, all of which may employ untrained (and migrant) workers in new environments, exposed to risks hitherto unknown to them. If the experience of industrialized countries is to be repeated, fatal and major accidents and disease will continue to increase until a plateau is reached, as prevention policies and programmes gradually gain momentum, enforcement of legislation begins to take effect and workplace risks become properly managed.

This rapid increase of accidents in industrializing countries may be partly explained by improved recording and compensation systems, which will tend to increase official statistics, although rural and informal economy working populations continue to be outside such systems. This applies to both legal and compensation coverage as well as to that of the inspection and occupational health services. Industrial and service sectors are better covered and thus recording systems produce more realistic figures.

Work-related non-fatal diseases

The causes of work-related diseases are complex⁶. In some cases a work-related factor may be the only cause of the disease, but it is much more common for work-related factors to increase the risk of disease together with other factors. Work-related factors also often aggravate an already established disease. Although the ILO recently established a new list of occupational diseases⁷, the concept of occupational diseases and recording them depends on administrative decisions in each member

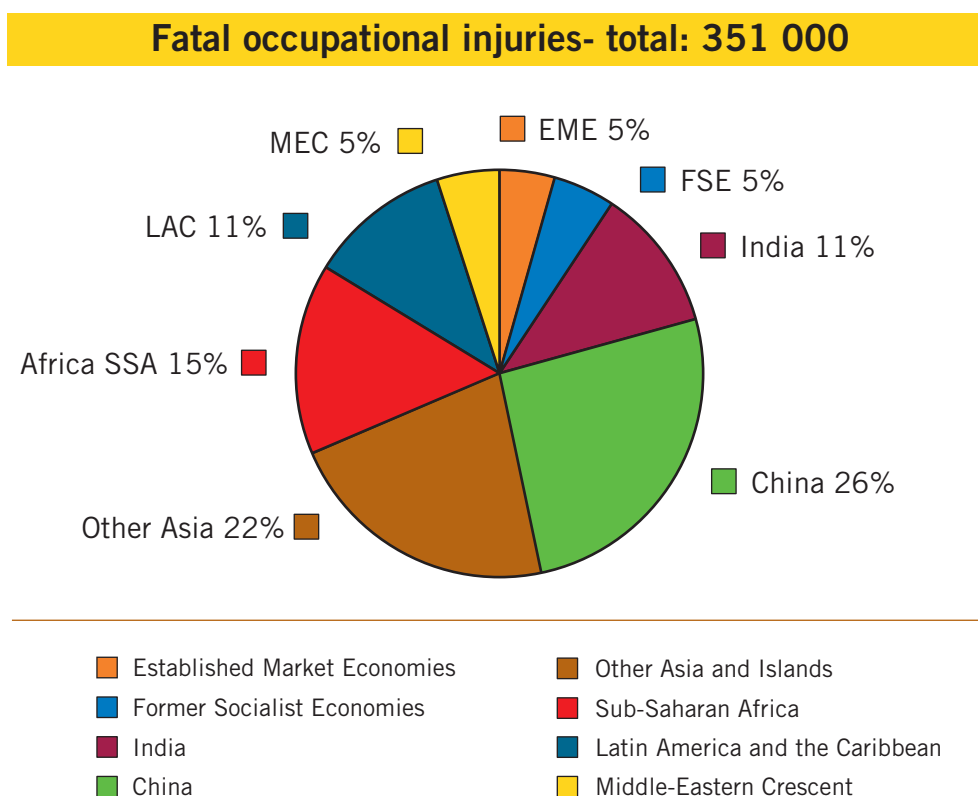
⁶ See, for example, Chapter 3 of Work and Health in the EU, a statistical portrait – Eurostat, European Commission, 2004 (contact eurostat@mail.europa.eu)

⁷ The List of Occupational Diseases Recommendation, 2002 (No. 194) – see <http://www.ilo.org/ilolex/english/recdisp1.htm>

State. It also appears that the member States that report most occupational diseases are those with the best systems of protection, including the recording and compensation of such diseases.

Work-related diseases are a wider concept than occupational diseases and cover all diseases where work is a contributory cause. As a hypothetical example, one could have 10 cases of diseases for which a work-related factor is estimated to have contributed a 30 % increase in risk in each case, the remaining 70 % being due to causes not related to work. Epidemiologically, 10 cases of a disease each with a 30 % contribution from a harmful occupational exposure would equate to 3 cases of the same disease that could have been wholly prevented by avoiding the harmful occupational exposure⁸. The way to identify these diseases is to carry out labour force surveys that take into account the self-reported diseases (and injuries). When these are well done and when the population surveyed is aware of the possible causes of work-related diseases they may provide a good estimate of the magnitude of the problem.

Table 4. Share of absolute figures of fatal occupational injuries, world 2001



The annual number of non-fatal work-related diseases has earlier been estimated to be 160 million. The British (1998) and Finnish (2000) surveys on self-reported work-related illnesses came to the conclusion that 7.3% and 8.3% respectively of those employed report annually one or more work-related illnesses that caused absence from work. This would mean in the world population – provided that workers are not health-

⁸ *Work and Health in the EU, a statistical portrait – ibid.*

ier in other parts of the world – that between 184 and 208 million workers suffer from work-related diseases. About 2.3% or 58 million of those suffer from illnesses that cause 4 days or more absence from work. The EU Labor force survey identified a prevalence rate of 5372 cases per 100 000 persons a year. In Nigeria a much higher percentage was found, probably due to the perception that in the informal economy and in agriculture, people work for a much higher proportion of the day. In the UK, the latest (2003-2004) prevalence rate of all self-reported work-related illness was estimated to be about 4750 per 100,000 workers, with musculo-skeletal disorders and stress, depression and anxiety being the most commonly reported⁹.

Taking into account the under-employment in a number of countries and the increased manpower the earlier estimate of **160 million** work-related diseases is reasonable for the 2.8 billion work force, if also taking into account non-recorded, part-time, child and other informal sector workers.

Occupational injuries

Although fatal occupational injuries caused by accidents are placed third when looking at the main reasons for deaths at work, there are two main aspects that must be kept in mind:

- (a) Fatal accidents usually occur to workers who could still have had a long working career ahead of them and some occur to young and inexperienced workers. A new estimate of 22,000 fatalities among working children has been made in using the number of child workers that are in hazardous occupations, 178 million and the overall fatal accident frequency rate. These deaths thus cause the loss of a large number of lives and working years. In contrast both work-related cancer and work-related circulatory diseases tend to occur quite late in working life, often after retirement.
- (b) While some factors that contribute to work-related diseases are difficult to eliminate, such as genetic and inherited sensitivities, occupational accidents are all caused by preventable factors at the work place. This has been demonstrated by continuously reduced accident rates in industrialized countries. Many companies and some governments have already adopted *zero accident* targets. This means that practically all accidents can be eliminated by a set of known measures. If all ILO member States used the best accident prevention strategies and practices that are already in place and easily available, some 300,000 deaths (out of total 360,000) and 200 million accidents (out of 270 million) could be prevented, not to mention the savings in compensation payments and other economic benefits.

Injuries caused by accidents lead to fatalities only when a number of contributing factors co-exist simultaneously. Fatal accidents are just the tip of the iceberg. Depending on the type of job some 500-2,000 smaller injuries take place for each fatality. The accident pyramid illustrates the issue (data from R. Skiba, Germany)¹⁰.

⁹ See Health and Safety Statistics highlights 2003-2004, Health and Safety Executive, UK - <http://www.hse.gov.uk/statistics/overall/hssh0304.pdf>

¹⁰ R.Skiba: Taschenbuch Arbeitssicherheit 10, new edition, p 37, also in Training Material of Steinbruchs-Berufsgenossenschaft (StBG), 30853 Langenhagen, Germany

Table 5. The relation of fatal accidents, other accidents and incidents

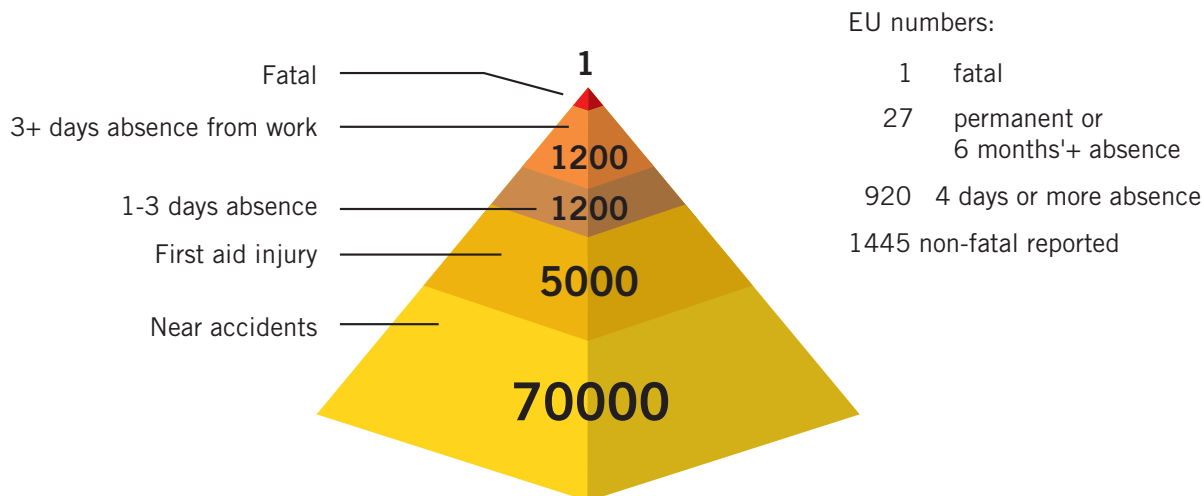
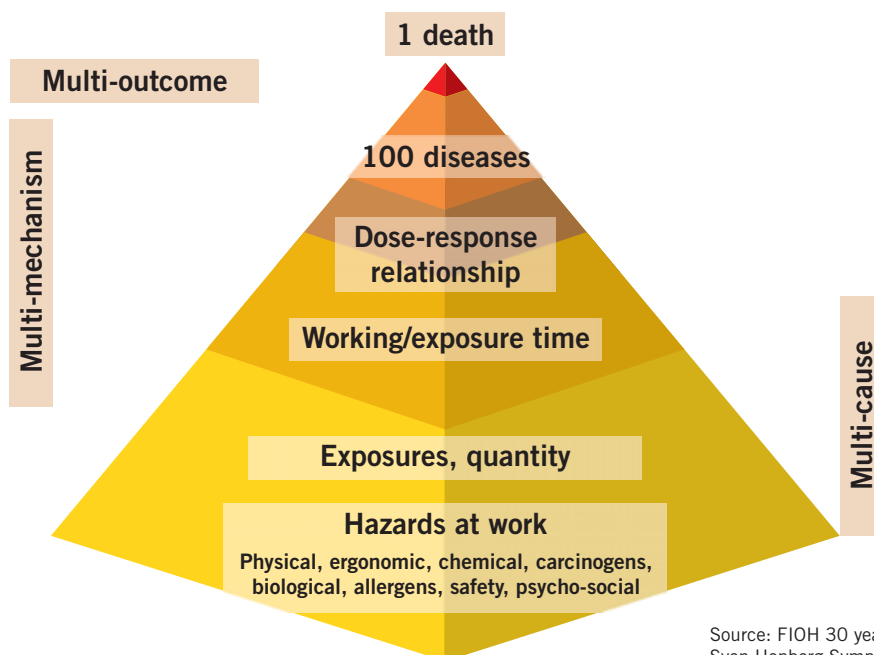


Table 6. Links between hazards, exposures and work-related negative outcomes/diseases



Source: FIOH 30 years of Epidemiology
Sven Henberg Symposium, ILO/SafeWork

Costs of occupational injuries and diseases

The European Union has recently estimated that the costs of occupational accidents in EU15 in the year 2000 was 55 billion euro a year and believes that is likely to be an underestimate. It does not cover costs of work-related diseases that cause 1.6 to 2.2 times more days of temporary incapacity than accidents, while there are 2.4 times more people reporting long-standing health problems at work. It further states that the costs of problems and disability due to work-related diseases may cause at least two times more temporary and permanent incapacity as compared to accidents at work. The ILO has estimated that there are 120.000 (116.000 –124.000 annual deaths in EU15 caused by work related diseases as compared to

some 6000 fatal occupational accidents (see Annex 3 of this report or www.ilo.org/safework). This may indicate that the above costs figures are still radically small if all work-related diseases and problems are taken into account.

WHO has estimated that 37 % of low back pain, 16% of hearing loss, 13% of chronic obstructive pulmonary disease, 11% of asthma, and 8% of injuries are related to work. The ILO has estimated that the attributable fractions are as follows, while in ILO calculations some adjustments were made to compensate different exposure conditions in selected regions:

Table 7. The attributable fractions related work of various diseases. Fractions (%) are based on largely industrial country conditions while application of these fractions was adapted to conditions in selected developing countries

Causes	Attributable fraction	Attributable fraction, men	Attributable fraction, women
Communicable diseases	8.8	4.8	32.5
Malignant neoplasms	8.4	13.8	2.2
Respiratory systems diseases	4.1	6.8	1.1
Circulatory systems diseases	12.4	14.4	6.7
Neuro-psychiatric conditions	3.4	6.6	1.8
Digestive systems diseases	2.1	2.3	1.5
Diseases of the genitourinary system	1.3	3.0	0.4

Furthermore, based on Australian studies related to the work-related attributable fractions of hazardous substances present such fractions listed in Annex 5. The table shows that hazardous substances are a cause of some 20 % of all work-related fatalities and equally a sizeable component of other non-fatal consequences.

All of these attributable fractions give an indication of the magnitude of the costs of work-related problems. Schulte¹¹ has summarized these studies of the Global Burden and attributable fractions in his analysis listing the attributable fractions (attributable risk) from leukemia (2%) to pneumoconiosis (100%), injuries fraction for occupational injuries (of all injuries) was listed as 10%.

The Global Burden of Disease and Injury by Murray and Lopez (WHO/World Bank) estimated that 5 % of the burden is attributed to work in established market economies. This may be also close to the loss of global GDP caused by work-related factors that the ILO earlier estimated to be 4%. Table 8 shows the difference of work-related mortality and the work related Global Burden caused by all diseases and injuries. The share of work related burden increases with the industrial development and reflect the success in eliminating communicable diseases and increasing the role of work-related, usually non-communicable diseases. Accidents are well represented in this calculation while work-related diseases may not have been properly covered. One fatal accident appears to cause an average loss of 14 life years (Murray and Lopez).

¹¹ Schulte P.A.: Characterizing the Burden of Occupational Injury and Disease. JOEM, Vol. 47, No. 6, June 2005, pp. 607-622

Table 8: Global Burden of Disease estimates 1996 (being revised)

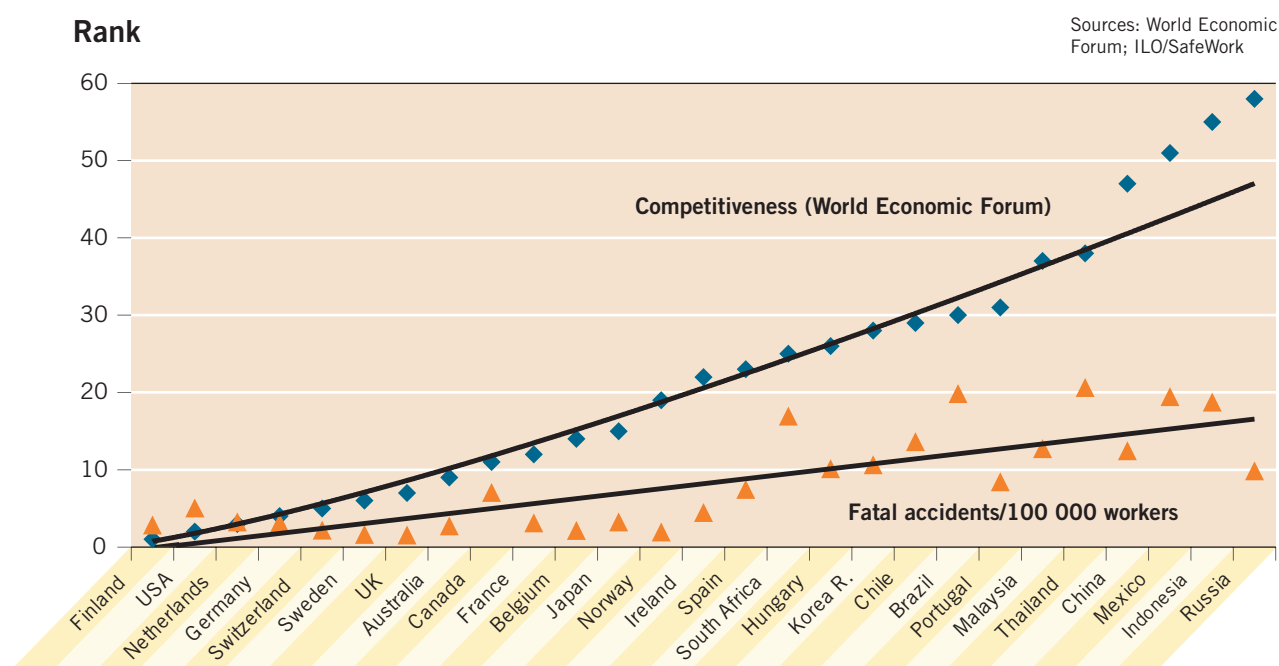
Work as	EME	FSE	IND	CHN	OAI	SSA	LAC	MEC	World
% of total deaths	2.2	2.0	2.0	2.8	2.7	1.4	3.2	2.4	2.2
% of DALY's	5.0	3.8	2.0	3.9	2.8	1.3	3.7	2.6	2.7

DALY's: Disability Adjusted Life Years. For 'EME' etc, see footnote Table 2

Productivity and competitiveness

An often-heard argument is that poor countries and poor companies cannot afford safety and health measures. There is no evidence that any country or company in the long run would have benefited from a low level of safety and health. On the contrary, recent studies by the World Economic Forum and the Lausanne Institute of Management IMD demonstrate that the most competitive countries are also the safest. Selecting a low-safety, low-health and low-income survival strategy may not lead to high competitiveness or sustainability.

Table 9 . Competitiveness and Safety



Employability

A large number of unemployed workers have impaired working capacity, even though their impairment may not be enough for them to be entitled to a personal disability pension or compensation. However, the loss of working ability can be of such magnitude that it can seriously reduce his or her re-employability. A construc-

tion worker whose back does not tolerate carrying normal loads, for example, or a painter who has asthmatic or allergic reactions caused by exposure to solvent-based paints are difficult to employ in the job for which they have been trained. The health of the unemployed is clearly worse than that of the actively employed. An average of one third of the unemployed have such complications. A recent study on ill-health retirement demonstrated that only one third of construction workers reach a normal retirement age while two thirds were placed on ill-health disability pension¹². An average of 2% of construction workers were *hit annually* by ill-health disability that forced them to retire, the more the longer the work exposure.

Gender aspects

Men occupy a large majority of hazardous jobs and therefore they suffer some 80% of occupational deaths. In high-income countries this figure is 86 %. In low-income countries, where communicable diseases are much more common, the division is likely to be balanced.

Recent household surveys carried out in several countries point out that in traditional agriculture the accident and disease rates are more evenly distributed between the twogenders. In particular, those outcomes that are causing long-term disabilities and absences from work, such as musculo-skeletal disorders, are more common for female workers than males. These jobs are often linked to low salary levels.

Age-related aspects

Although the above estimates do not show this, there is evidence that younger workers (aged 15-24) are more likely to suffer non-fatal occupational accidents than their older colleagues, while workers over the age of 55 appear to be more likely to suffer fatal accidents and ill-health at work than others. The causes for the increase amongst young workers are various, including their lack of work experience and understanding of workplace hazards, and better training, supervision and awareness and providing risk education while still at school can address these causes.

For older workers, the causes are probably more psychosocial and stress-related, but musculo-skeletal and other ageing factors may play a role too. In industrialized countries, about 40% of all working age retirements or about 1% of the total employment annually are caused by disability that could shorten working life by some 10 years. An average lowering of retirement age is about 5 years e.g. from 65 to 60, which is 14% of the lifetime working capacity of the employed labour force. Certainly, as the age of retirement increases in some countries and experienced workers are being encouraged to continue in their jobs, issues relating to their safety and health at work are now being actively addressed – as they are, for example, in the USA and the EU¹³.

¹² Arndt V., Rothenbacher D., Daniel U a.o.: Construction work and risk of disability: a ten year follow up of 14 474 male workers. *Occ.Env. Medicine*, pp. 559-566

¹³ See, for example, the Conclusions of the Eurogip Workshop '*Ageing and occupational risks: how to protect workers throughout their lives*', 2004 – www.eurogip.fr/pdf/DW%20Eurogip%20Ageing-cqui.pdf

Absenteeism

With increasing pressures to improve business efficiency and productivity, many employers are becoming increasingly concerned about worker absenteeism arising from accidents and, more especially, chronic ill-health. An average of 5% of the work force is absent from work every day. This may vary from 2% to 10% depending on the sector, type of work and management culture. The occupational safety and health management (OSH) system of the enterprise is in a key position and can radically reduce these absences caused by accidents, occupational and work-related diseases as well as stress and lack of motivation.

Workers' health promotion and well-being at work

Stress can be a major factor in the causes of work-related accidents and ill-health. It may be also linked to the misuse of alcohol and drugs or have links to work place violence, as well as with factors outside the workplace. In many parts of the world there may also be a link with HIV/AIDS.

Smoking is clearly a newly recognized major problem at work and methods to prevent its harmful effects are basically the same as for any other hazards at work. According to one estimate, mortality from occupational exposure to environmental tobacco smoke (passive smoking at work) causes 2.8% of all lung cancers. The attributable fraction of deaths from passive smoking were 1.1% for chronic pulmonary disease, 4.5% for asthma, 3.4% of ischemic heart disease, and 9.4% for cerebrovascular stroke. This totals about 14 % of all work-related deaths caused by disease or 200,000 fatalities. Many of these are people in the restaurant, entertainment and service sectors while the problem can exist in any occupation.

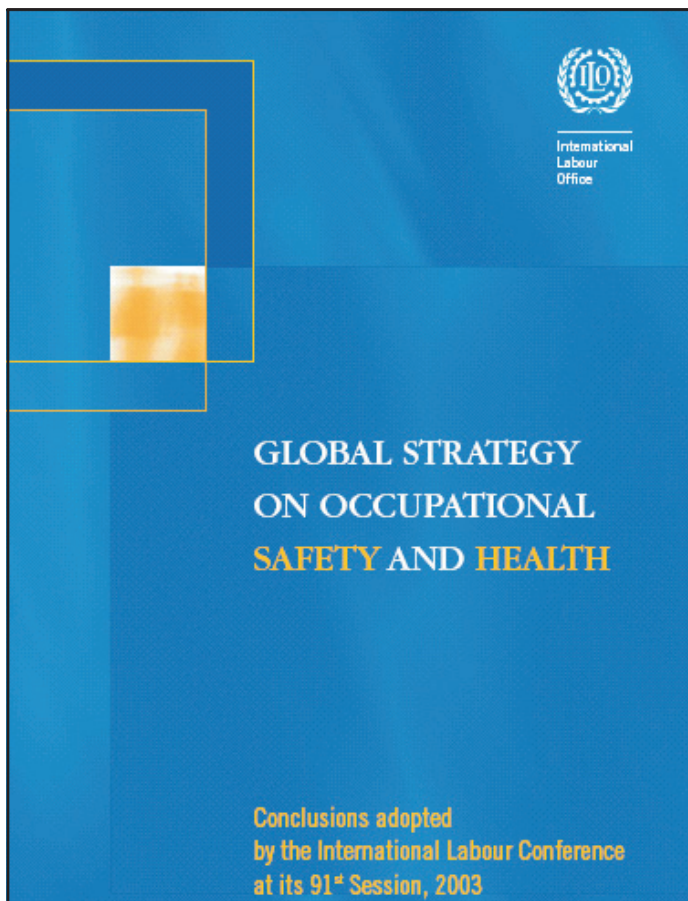
Active smoking causes ill-health figures that are a magnitude higher. Although it may be difficult to influence individual behaviour directly at a work place, the management system has a key role in establishing smoke-free, stress-free, violence-free work places, etc. Similarly, both legal and health promotion measures as well as labour inspection have key roles in such preventive and control measures.

These facts have been the starting point for the preparation of a new training manual for the psycho-social factors at work, called SOLVE, which is considered later.

Meeting the challenges

A Global Occupational Safety and Health Strategy

The International Labour Conference in June 2003 gave fresh impetus and direction to the global cause of occupational safety and health (OSH). It recognised the good work done by the ILO and its constituents over many years, but resolved to promote greater international and national effort to raising standards and reducing work-related accidents and disease worldwide. The Conference Conclusions were widely circulated¹⁴.



The Conference representing all 178 governments and workers and employers organisations adopted a new Global Strategy for Occupational Safety and Health¹⁵, which aims to promote more of a preventive approach to reducing work-related accidents and diseases and to do so through the wider promotion of a preventative safety and health culture and better management of OSH at national and at enterprise levels. The Strategy contains a structure for future action under 5 broad headings, and, using the same structure, this report summarises the activities that have been undertaken so far.

Further details of recent national and international outputs and activities are given in Annex 1, 2 and 4.

¹⁴ See <http://www.ilo.org/public/english/standards/relm/ilc/ilc91/pdf/pr-22.pdf>

¹⁵ See <http://www.ilo.org/public/english/protection/safework/integrat/survindex.htm>
http://www.ilo.org/public/english/protection/safework/globstrat_e.pdf

1 Promotion, awareness raising and advocacy

The ILO Conference Conclusions underlined the importance of the ILO's advocacy role in promoting OSH and endorsed the establishment of an annual international safety and health event.

The World Day for Safety and Health at Work – held on 28 April every year – has now become one of the most important international events for promoting OSH. The World Day builds on the success of the Workers Memorial Day instituted by the International Confederation of Free Trade Unions in 2001, and it was first held under this heading in 2003 and again in 2004 and 2005. The main theme for each year has been on promoting a preventative safety and health culture in the workplace, with different sub-themes. In 2005, for example, sub-themes were the construction sector and both younger (aged 15-24) and older (aged 55+) workers.

Table 10. World Day Poster – and other documentation – is available in many languages



In 2004, 111 countries reported a wide range of activities related to the World Day, while in 2005 the figure rose to 115 countries. In both years, Governments, employers and workers committed themselves to various kinds of events, with Government Ministers and other senior officials, Executive Heads of employers' and workers' organizations playing an active role. There has been considerable enthusiasm for improving OSH, all of which served further to publicise the human and the economic costs of accidents and diseases at work. The occasion was also used to launch some new publications, such as a new two-volume Russian OSH Encyclopaedia by the Minister of Labour.

National TV, radio and newspapers covered World Day activities across the globe, and ILO field offices reported at least 30 media reports on events in 2005, including front-page news articles.

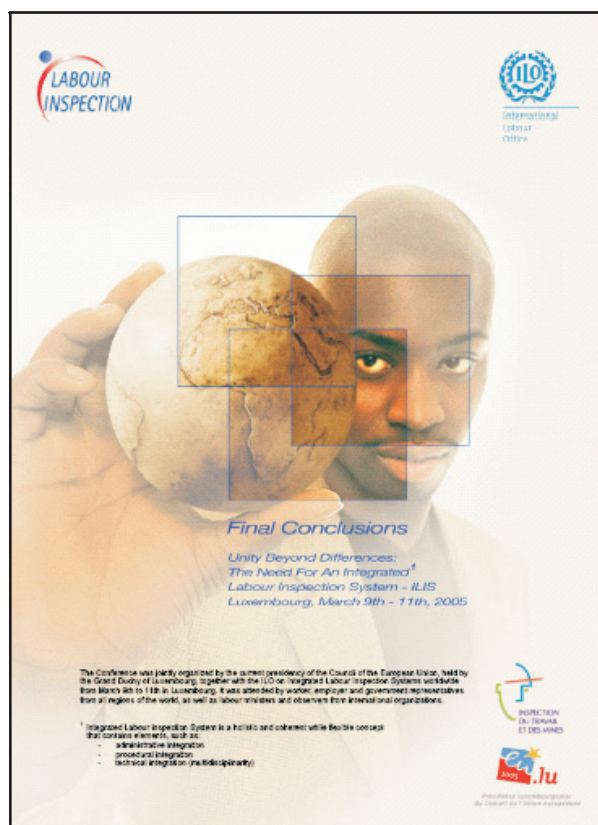
International broadcasting organisations, such as the BBC and CNN, also covered the World Day in their global broadcasts. The Prime Minister of Thailand provided a video message to mark the occasion, while the ILO Director General referred to the

World Day at the China Employment Forum on 28 April, underlining of the importance of OSH as a key component of Decent Work, and a video message from him was also widely distributed and used, both on large screens and on national television, to publicize the World Day. Further details of what took place during the World Day 2005 can be found at www.ilo.org/public/english/protection/safework/worldday/index.htm

This XVIIth World Congress on Safety and Health at Work in Orlando is another key promotional event for safety and health at work, and the ILO is proud to be one of the three organizers of the event, along with the U.S. National Safety Council and the International Social Security Association. Another key event was the Xth International Conference on Occupational Respiratory Diseases that was attended by some 500 participants in April 2005 in Beijing. This major meeting, like others, has served as a forum for the exchange of technical and practical experience as well placing OSH higher on international and national agendas and attracting media attention.

In addition to promoting OSH through such publicity, the ILO also seeks to raise the visibility of its own instruments. It is therefore encouraging to note that many Conventions on OSH and related topics, such as labour inspection, have been ratified in recent years. In 2004-2005, for example, 28 new ratifications of Conventions were received from 17 member States. Many more member States (35 in 2004/05) have updated their legislation on OSH, strengthening their inspection systems, and developed national OSH programmes and systems for carrying the programmes into effect. A special promotional conference on Labour Inspection was jointly organised by the Government of Luxembourg holding the presidency of the European Union in 2005.

Table 11. ILO/EU - Luxembourg Labour Inspection Conference Conclusions

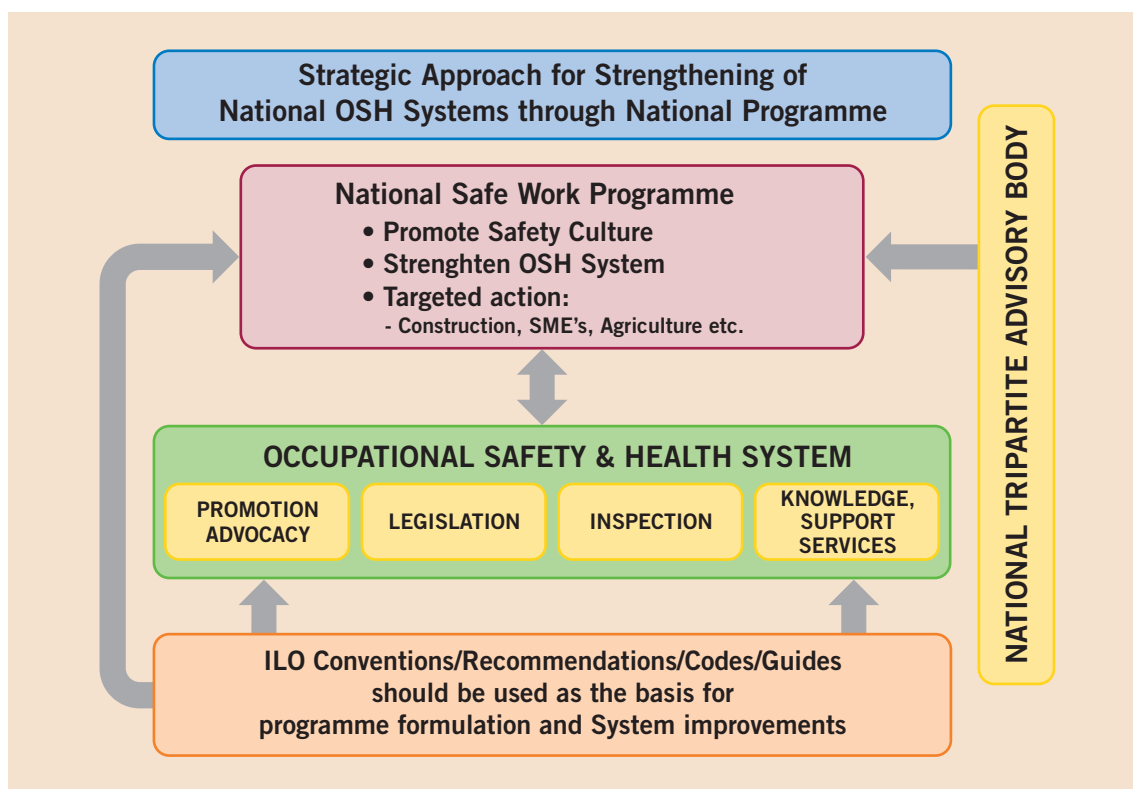


National OSH policies and programmes have been agreed and adopted in many countries, and tripartite groups established to help discuss and formulate sector-specific measures. For example, tripartite national construction safety committees have been set up both in Argentina and Colombia, with the purpose of discussing and formulating the respective national policies and programmes for that sector. The ILO has also been actively supporting initiatives in some countries for developing national policies and programmes, while in others, it has been working closely with governments to establish national tripartite advisory bodies for OSH.

2 Development of new instruments and related guidance

Progress has been made toward adopting new ILO instruments on several topics. In particular, the ILO Conference in 2003 called for the development of a new instrument establishing a promotional framework for OSH, and a first discussion on this took place at the International Labour Conference in June 2005. Two Reports IV (1) and IV (2) were published for discussion at the Conference, both of which are entitled “Promotional framework for occupational safety and health”¹⁶ and are available on the ILO website, as is the Provisional Record of the Conference¹⁷. This will be an important new ILO instrument for promoting OSH at national and enterprise levels, and a second discussion on it is scheduled to take place in June 2006.

Table 12. Strategic Approach on Occupational Safety and Health



The three main components of the proposed Promotional Framework Convention as explained in the Table 12 include:

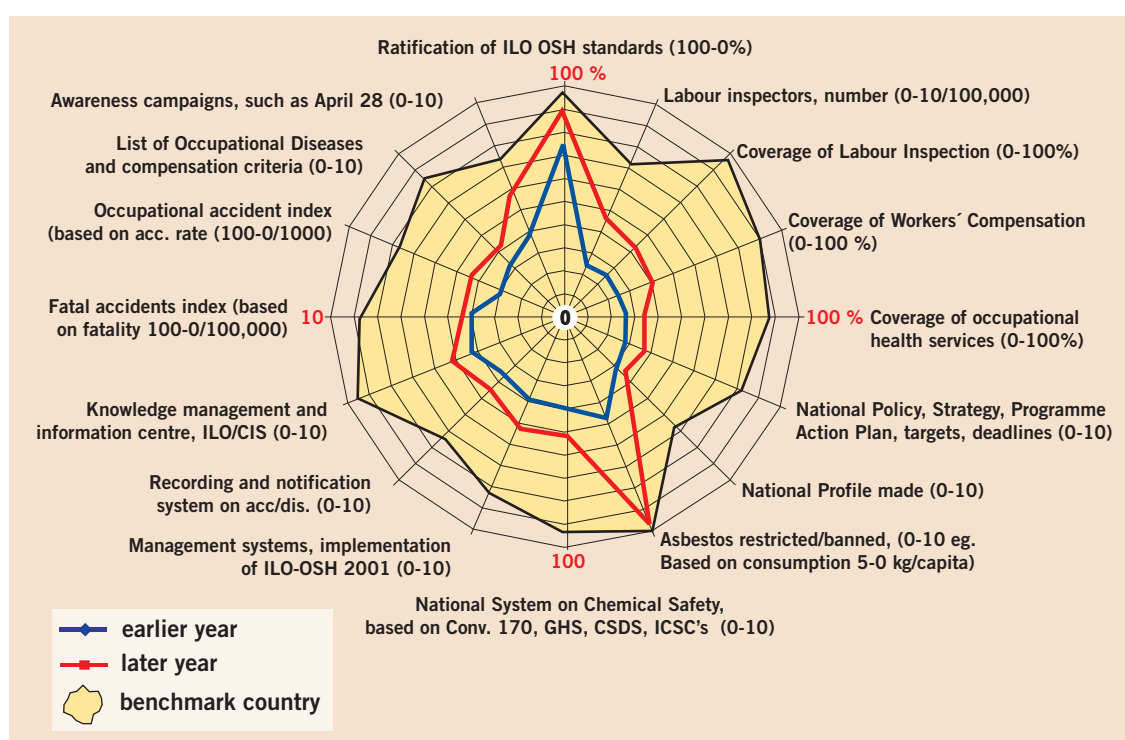
1. Promotion, ratification, adaptation into the national system and implementation of existing ILO instruments, that is Conventions, Recommendations and Codes of Practice and Guidelines;

¹⁶ See <http://www.ilo.org/public/english/protection/safework/promoframe.htm>
www.ilo.org/public/english/standards/relm/ilc/ilc93/reports.htm

¹⁷ See www.ilo.org/public/english/standards/relm/ilc/ilc93/pdf/pr-18.pdf

2. Strengthening of the national occupational safety system: legal provisions, enforcement, compliance and labour inspection capacity and capability, at least basic occupational health services, knowledge management, information exchange, research, and support services. Such a system must be based on tripartite collaboration;
3. Establishing a national programme and strategy¹⁸, that has time-bound targets and indicators to continuously follow up and measure progress through selected indicators. It should be endorsed by highest possible authorities. A starting point for a programme is a national profile, a review of the existing occupational safety and health situation, see Table 13.

Table 13. National profile is a review of existing safety and health conditions in a country



Systematic and continuous progress is vital both at the national level as well as at the enterprise level following the same principles as those expressed in the ILO Guidelines on Occupational Safety and Health Management Systems, ILO-OSH 2001.

The objective is to establish and maintain a preventative safety and health culture based on the workers' right to safe and healthy work environment and the principle of prevention.

A new (brown) report on the Promotional Framework Convention was released in August 2005, which contains a draft Convention and Recommendation for the ILO Conference discussions in June 2006¹⁹.

¹⁸ A good model for a national strategy, see: <http://www.nohsc.gov.au/nationalstrategy/>

¹⁹ <http://www.ilo.org/public/english/standards/relm/ilc/ilc95/reports.htm>

Other topics raised at the 2003 Conference included new instruments on ergonomics and machinery safety, and work has begun on both of these topics. A new study on ergonomics, for example, has been carried out in collaboration with the International Ergonomics Association. The ILO was also requested to convene the first tripartite meeting of experts to update the List of Occupational Diseases Recommendation, 2002 (No.194) and this will take place in December 2005. Scientific and technical developments over the last decade will be further examined to help in the identification and diagnosis of diseases due to work, and in collecting national lists of occupational diseases.

New guidance has been published on several topics, such occupational radiation protection in mining and processing of raw materials and on ship breaking in Asian countries and Turkey. Other guidance has included working papers on smoking at work and on infectious and other communicable diseases, following a request from ASEAN countries for guidance on SARS

Promotion of existing OSH instruments

The need to apply international OSH instruments and other standards in practice has been widely advocated. It was encouraging to note, therefore, that in 2004-2005, 38 new ratifications were received from 19 member States of OSH-related Conventions, reflecting the efforts of constituents and the ILO in previous years. A number of OSH instruments have helped to guide the revision of national legislation, while technical assistance has been provided to member States where ratification of OSH-related Conventions is being seriously considered.

Annex 6 contains further details of selected Conventions ratified by particular countries and other guidance that has been implemented.

3 Technical assistance and cooperation

National OSH Policy and Programmes

The Conference endorsed the importance of launching national OSH programmes by the highest government authorities, for example by Heads of State or parliaments, to help place OSH at the tops of national agendas. The ILO has been working closely with member States in creating tripartite consensus towards the formulation of national OSH programmes as well as the eventual development of the programmes for continual improvements in national OSH mechanisms and performance. Initial steps have included advisory discussions with constituents and the development of national OSH profiles documenting national OSH systems and circumstances as the basis for the identification of priorities.

National OSH policies and programmes have been agreed and adopted in many countries, and tripartite groups established to help discuss and formulate sector-specific measures. The ILO has also been actively supporting initiatives in some countries for developing national policies and programmes, while in others, it has been working closely with governments to establish national tripartite advisory bodies for OSH.

Decent Work programmes

In order to ensure that national OSH issues are addressed at the policy level, the ILO has promoted the inclusion of OSH aspects in the National Plans of Action for Decent Work or Decent Work Country Programmes in several countries. Further information is given in Annex 4.

Technical Cooperation Projects

Several projects are underway in the construction sector, such as ones funded by the Republic of Korea taking place in Cambodia, Laos, Mongolia, Thailand and Vietnam. Another, funded by Spain, covers MERCOSUR countries and Chile and aims to promote tripartite discussion and the formulation on national policies and field programmes. In the agriculture sector, a project was launched in Vietnam with funding from Japan to support the elaboration of a national OSH programme and to promote practical safety measures at local level (WIND).

Several projects have targeted the need to strengthen and modernise labour inspectorates, to ensure that they are technically competent and focus more on prevention. The ILO and its partners have managed a US-funded project aimed at developing a modern labour inspection service in Serbia, for example, and a similar project in Costa Rica was launched with funding from Canada. Another project linked to the UN Global Compact and funded by Germany is being undertaken in partnership with Volkswagen and its suppliers in Brazil, Mexico and South Africa, training labour inspectorates and developing mechanisms to improve OSH as an integral part of corporate social responsibility.

Another important area has been the development and implementation of SOLVE, a training programme addressing psychosocial problems at work, which has continued with financial support from Italy. As at August 2005, 1000 course directors and delegates have been trained from 40 countries, including ten French-speaking African countries. SOLVE has been translated into Italian, Spanish, Russian, Thai, Bulgarian and Portuguese with translations into Chinese and German planned. The second edition of SOLVE is currently under preparation, which involves expanding the programme to cover 6 new subject areas to better meet constituents' needs. The new subject areas are: nutrition, exercise, sleep, gambling, addition to new technologies and economic stress.

4 Knowledge development, management and dissemination

The ILO's International Occupational Safety and Health Information Centre (CIS) continues to play a key role in the international exchange of OSH information through its own information products, through its network of focal points and through its support of ILO projects and experts in the field. Links to Centres' web sites are provided by the CIS through its own pages and through a dedicated portal. Combined web access is estimated to be about 1 million hits per month.

The ILO Encyclopaedia of Occupational Health and Safety has now been made freely accessible via the CIS website²⁰ and also as hard copy in six languages (En/Fr/Sp/Ru/Chi/Jap). A new version of the Encyclopaedia CD-ROM within the “*SafeWork Bookshelf*” also contains the English International Chemical Safety Cards. CIS’s bibliographic database, which is a guide to world literature on OSH, was opened for free Internet access by the end of 2004²¹. The database is fully bilingual English-French, and an exchange of letters with the CIS National Centre for Spain will permit the expansion of its Spanish content.

In 2004, the CIS exhausted the technical cooperation resources provided by the Government of Finland over 10 years ago. As well as contributing to the publication of the African and Asian-Pacific Newsletters²² in collaboration with the Finnish Institute of Occupational Health, CIS used the remaining funds to contribute to producing WIND materials, which help local facilitators carry OSH information to workers who are not served by conventional information channels. From its own resources, CIS also continued to provide literature searches and documentation to ILO experts in regional and sub-regional offices.

Following extensive collaboration with the Arab Labour Organization (ALO) Institute of Occupational Health and Safety, the Institute was named a Regional CIS Centre, an initiative that is expected to initiate more exchange of OSH experience between ILO and ALO. Several CIS Centres in the Arab world helped to translate the International Chemical Safety Cards into Arabic. Training on OSH information management was provided to the staff of CIS National Centre in Morocco.

French, German and Portuguese editions of the ILO International Classification of Radiographs of Pneumoconioses have been prepared in order to help promote the use of this universally recognised ILO standard. Training events have also been organised for occupational physicians in developing countries to upgrade their skills in using this tool in workers health surveillance. Five member States have launched a national programme on the Elimination of Silicosis, which means the national commitment and adaptation of the ILO/WHO Global programme targeted to eliminate gradually this fatal and incurable disease altogether. Evidence in many countries show that it is feasible to do so.

5 International Collaboration

The International Labour Conference 2003 highlighted the importance of international collaboration. One of the ILO’s most important partners in this context is the WHO, and the Joint ILO/WHO Committee on Occupational Health met in December 2003 to discuss ways of reinforcing collaboration between the agencies on topics such as the promotion of integrated approaches to OSH, OSH management systems and priority fields for action in occupational health. The Committee recommended

²⁰ See www.ilo.org/public/english/protection/safework/cis/products/encyclo/index.htm
www.ilo.org/encyclopaedia/

²¹ See www.ilo.org/public/english/protection/safework/cis/index.htm

²² See <http://www.ttl.fi/Internet/English/Information/Electronic+journals/>

that collaboration should focus on: 1) guidance and support for national OSH programmes, 2) enhancing regional collaboration and coordination, 3) coordination and enhancement of information and educational programmes and materials, and 4) awareness-raising activities and instruments through campaigns, events and special days.

ILO/WHO collaboration at the regional and country levels has continued, focusing on the development of national OSH programmes, preparation of country OSH profiles, silicosis elimination, updating national lists of occupational diseases, ratification of OSH conventions, extending OSH services to agriculture, SMEs and informal sector. The WHO/ILO African Joint Effort also gained new momentum when the regional directors of both agencies signed statement of intent and wrote jointly to ministers of labour and health in all their member states to mobilize political support for their joint efforts in improving OSH in Africa. Activities have been organized for information sharing, training and capacity building, and launching of national OSH programmes.

In Latin America, discussions have been held between PAHO, IDB and OEA on OSH policy making at regional level, and a workshop on indicators was organized by PAHO for Latin America and the Caribbean with support from the ILO.

In the field of chemical safety international collaboration is extensive: the International Programme on Chemical Safety, IPCS, an ILO/WHO/UNEP Programme, prepares the International Chemical Safety Cards²³ that have been very popular and are accessed through web and CD-ROMs hundreds of thousands of times, or perhaps close to million times a month. Other products of the IPCS, such as the Environmental Health Criteria supplement this array of information.

The Inter-Organisation Programme for the Sound Management of Chemicals, IOMC²⁴, coordinates the efforts on chemical safety of seven international organizations: ILO, WHO, UNEP, FAO, UNIDO, UNITAR, OECD and World Bank and UNDP as observers. One key part of the collaboration relates to the Strategic Approach on International Chemicals Management, SAICM²⁵, a UN led process that also collaborates with the Intergovernmental Forum for Chemical Safety, IFCS. The Process is expected to have its 3rd UN Preparatory Committee (PrepCom3) in Vienna simultaneously during the World Congress in Orlando, and the final Conference in early 2006. The results will be reported to the ILO Conference – the ILO's highest decision making body of some 4000 delegates and 7000 participants through the Committee on Occupational Safety and Health in June 2006.

International collaboration to reduce exposure to asbestos has also continued. Of note, the International Confederation of Free Trade Unions and Global Union Federations, together with the ILO and WHO participated in consultations during the International Labour Conference in 2005 to intensify action towards the world ban on asbestos. Japan has just decided to ratify the ILO Convention on Asbestos (No. 162)

²³ <http://www.ilo.org/public/english/protection/safework/cis/products/icsc/index.htm>
<http://www.ilo.org/public/english/protection/safework/chemsfty/index.htm>

²⁴ <http://www.who.int/iomc/en/>

²⁵ See: <http://www.chem.unep.ch/saicm/>

and about to be the 35th country to ban asbestos altogether. The ILO has co-arranged a number of meetings and conferences to this end.

The ILO has been collaborating with several international organizations, such as ISSA, ICOH, IOHA, IEA and IALI. For example, collaboration with IALI (the International Association of Labour Inspection) has focused on promoting the global OSH strategy through joint conferences, including ones in South-East Asia and in Africa, targeting the construction sector and the role of labour inspection respectively. One new joint area of work has been on hazardous child labour, for which the ILO is sponsoring IALI to prepare a report on national guidance and practice on this topic.

Collaboration with other international agencies, such as the International Atomic Energy Agency, the International Maritime Organisation and the UN Institute for Training and Research (UNITAR) has continued in their respective fields. For example, the ILO and 7 other international organizations, employers and workers, have collaborated to produce the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). The GHS is now available in English, French, Chinese, Russian, Spanish and Arabic from the UN Economic Commission for Europe; other language and web versions will follow. The ILO and UNITAR jointly implement a capacity building programme on GHS, which was successfully piloted in Zambia and South Africa and is now being piloted in 6 others (Senegal, Nigeria, the Philippines, Thailand and the Gambia). Collaboration with the International Occupational Hygiene Association, WHO, the UK Health and Safety Executive and the US National Institute for Occupational Safety and Health, is also underway to finalise a simple and easy-to-use chemical control toolkit²⁶.

Many Regional OSH conferences and similar events have also taken place, sponsored by the ILO as well as national partners. Some events have been entirely devoted to OSH, while others have covered wider aspects of 'Decent work', as with, for example, a major international conference in Melbourne in April 2005, attended by delegates from the Pacific Island Countries as well as Australia and New Zealand. It is hoped that such international events helps to share positive messages about how workplace conditions can be improved and work-related accidents and ill-health reduced.

Finally, the ILO has made formal agreements with some international and national organisations to improve the exchange of data and to assist technical cooperation. For example, an agreement was reached with the World Bank on the exchange of labour inspection data and the creation of a database on systems, structures and performance indicators for labour inspection and OSH.

²⁶

See: http://www.ilo.org/public/english/protection/safework/ctrl_banding/index.htm



III

Conclusions

The Global Strategy adopted in 2003 has already had a profound impact on OSH policies and programmes at both international and national levels, and the ILO's present Programme and Budget are based on this strategy. The ILO's own performance against the targets set down in this Programme is summarized in Annex 4. Within the ILO itself, there is greater collaboration between the SafeWork programme and others such as those on HIV/AIDS, migrant workers and on the elimination of child labour and forced labour, to ensure coordinated approaches across the ILO.

The systems approach and national programming for OSH are also gaining momentum at the national level, and national profiles including a set of indicators of progress are being progressively developed. Continuous and stepwise improvement of both national OSH systems and national OSH programmes, which have measurable targets and are governed by tripartite dialogue, will also help to achieve better OSH outcomes in reality.

**ILO SafeWork
September 2005**

ANNEX 1

Key recent ILO outputs include: www.ilo.org/safework

- Global Strategy on Occupational Safety and Health, Conclusions adopted by the International Labour Conference, 91st Session, 2003
- Protocol No. 155 on Recording and Notification of Occupational Accidents and Diseases, and Recommendation No. 194 on the List of Occupational Diseases, adopted almost unanimously by the International Labour Conference in June 2002
- 64 ratifications by member States of ILO Conventions on safety and health (of a total of 345 ratifications of any ILO Convention)
- Code of Practice on Shipbreaking, 2004
- Guidelines of Occupational Safety and Health Management Systems, ILO-OSH 2001, translated into some 22 languages, adopted by several member States
- Globally Harmonized System for Classification and Labelling of Chemicals, a joint product of employers, workers and 8 international organizations, UNCED/Agenda 21, available in several languages and adopted by several countries
- SARS Practical and administrative responses to an infectious disease in the workplace
- Workplace Smoking. Working Paper on a Review of National and Local Practical and Regulatory Measures
- World Day Reports on 2003, 2004 and 2005
- Labour Inspection Booklet, in English, French, Spanish, Portuguese, Russian
- ILO-OSH Guidelines on Occupational Safety and Health Management Systems translated into 21 languages
- SOLVE Manuals and action on psycho-social issues in English, French, Spanish, Bulgarian and German
- Labour Inspection, a guide to the profession" translated to several languages: Russian, Ukrainian, Polish, Vietnamese, Chinese, Serbian
- A Training package on psycho-social factors at work called *SOLVE* on stress, work-place violence, alcohol and drugs, tobacco and HIV/AIDS at work
- A new ILO-AIDS Programme established and launched and linked to UNAIDS
- 1, 491 Chemical Safety Cards available electronically and as printed into some 20 languages
- ILO Encyclopaedia on Occupational Health and Safety, translations and various versions (electronic CD-ROMs and Web, and printed) in Spanish, Chinese, Russian, French, Japanese, and large components in Korean, on web and CD-ROMs
- 12 ILO/CIS Bulletins in English and French on world safety and health literature, laws, regulations, training materials, data sheets. Spanish version made in Spain
- 9 issues of both the *Asian-Pacific Newsletter on Occupational Health and Safety* and the *African Newsletter on Occupational Health and Safety*, in collaboration with the Finnish Institute of Occupational Health
- 136 National and Collaboration ILO/CIS Centres
- National SafeWork Programmes established in several member States and tools and methods developed for establishing such Programmes based on a National Profile

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ANNEX 3

Global Estimates of Fatalities Caused by Work-related Diseases and Accidents, 2002
Occupational accident and work-related disease figures by World Bank divisions

Table 1a. World-wide occupational accident and work-related disease figures

	Economically active population (2001)	Economically active population (1998)	Total employment (2001)	Fatal accidents reported to the ILO (2001)	Accident causing 3 days' (+) absence reported to the ILO (2001)	Fatal accidents reported to the ILO (1998)	Accidents causing 3 days' (+) absence reported to the ILO (1998)	ILO Global Estimates on Fatal Accidents 2001	ILO Global Estimates on Fatal Accidents 1998	Accidents causing 3 days' (+) absence Lower limit (2001)	Accidents causing 3 days' (+) absence Upper limit (2001)	Accidents causing 3 days' (+) absence Average (2001)	Average (1998)	Fatal work-related diseases calculated using age structures	Work-related mortality calculated using age structures and diseases)	Deaths caused by dangerous substances (age)	Fatal work-related diseases calculated using gender structures	Work-related mortality calculated using gender structures (accidents and diseases)
EME	419,732,002	409,141,496	394,720,947	14,316	7,527,083	14,608	7,631,977	15,879	16,170	8,357,512	15,879,274	12,118,393	12,340,216	281,364	297,243	64,019	286,998	302,877
FSE	183,089,714	184,717,127	161,762,008	7,853	343,004	8,665	582,287	17,416	21,425	9,166,254	17,415,882	13,291,068	16,350,868	148,194	165,610	35,512	153,564	170,980
IND	443,860,000	458,720,000	402,510,000	222	928	211	0	40,133	48,176	21,122,666	40,133,065	30,627,865	36,765,877	261,891	302,024	64,894	325,350	365,483
CHN	740,703,800	708,218,102	733,705,100	12,736	61,329	17,804	75,773	90,295	73,615	47,523,941	90,295,489	68,909,715	56,179,742	386,645	476,940	102,606	414,024	504,319
OAI	415,527,598	404,487,050	344,569,424	3,051	141,349	5,631	252,499	76,886	83,048	40,466,285	76,885,941	58,676,113	63,378,830	178,786	255,672	54,811	208,402	285,288
SSA	279,680,390	260,725,947	19,347,698	145	27,015	1,675	47,105	53,292	54,705	28,048,284	53,291,739	40,670,012	41,748,723	211,262	264,554	55,811	387,721	441,013
LAC	219,083,179	193,426,602	192,033,807	2,009	776,938	6,998	1,699,107	39,372	29,594	20,722,028	39,371,853	30,046,941	22,584,726	108,195	147,567	31,571	116,135	155,507
MEC	135,220,721	112,906,300	76,443,255	1,416	153,785	1,876	191,164	17,977	18,986	9,461,769	17,977,361	13,719,565	14,489,130	120,725	138,702	29,817	140,941	158,918
WORLD	2,836,897,404	2,732,342,624	2,325,092,239	41,748	9,031,431	57,468	10,479,912	351,251	345,719	184,868,738	351,250,604	268,059,671	263,838,111	1,697,061	2,048,312	438,480	2,033,135	2,384,385

Legend, see: Introductory Report, Table 2

Table 1b. Occupational accident and work-related disease figures for Established Market Economies, EME (2001)

Country	Economically active population		Total employment		Labour structure			Fatal accidents reported to the ILO (2001)	Accidents causing 3+ days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases deaths (age)	Work-related mortality deaths (age)	Deaths caused by dangerous substances number (age)
	number	percent	number		Agriculture	Industry	Service				ILO Estimate Lower limit (0,19 %)	ILO Estimate Upper limit (0,10 %)	ILO Estimate Average			
Andorra	33,000	55	27,000		270	5,670	21,060	-	-				19	19	4	
Australia	9,796,300	64	9,123,900		456,195	2,007,258	6,660,447	210	122,930	236	124,453	236,460	180,456	6,504	6,740	1,452
Canada	16,246,200	66	15,076,800		452,304	3,467,664	11,156,832	919	373,216	1,035	544,628	1,034,794	789,711	10,747	11,782	2,538
Gibraltar	14,800	46	13,931		0	5,572	8,359	-	-					10	10	2
Iceland	162,700	57	159,000		56,286	21,624	94,605	1	1,318	1	593	1,126	859	113	114	25
Japan	67,520,000	53	64,120,000		3,206,000	16,030,000	44,884,000	1,790	132,287	2,016	1,060,811	2,015,540	1,538,175	45,706	47,721	10,278
Malta	155,751	40	145,587		7,279	34,941	103,367	6	5,114	7	3,556	6,756	5,156	104	111	24
New Zealand	1,925,700	50	1,823,400		182,340	455,850	1,185,210	69	21,633	78	40,892	77,694	59,293	1,300	1,377	297
Norway	2,361,000	52	2,278,000		91,120	501,160	1,685,720	37	28,683	42	21,927	41,662	31,795	1,624	1,665	359
San Marino	19,626	68	11,404		114	4,790	6,500	0	864	1	526	1,000	763	8	9	2
Switzerland	4,038,734	56	4,156,000		191,176	1,093,028	2,871,796	72	91,217	81	42,669	81,072	61,871	2,962	3,044	656
United States	141,815,000	50	135,073,000		3,376,825	33,227,958	98,468,217	5,900	2,409,400	6,643	3,496,526	6,643,400	5,069,963	96,282	102,926	22,168
Austria	3,940,300	58	3,799,600		151,984	1,101,884	2,545,732	122	-	137	72,301	137,372	104,837	2,708	2,846	613
Belgium	4,400,720	43	4,051,200		81,024	1,012,800	2,957,376	69	96,321	78	40,892	77,694	59,293	2,888	2,965	639
Denmark	2,862,015	78	2,725,100		109,004	463,267	2,152,829	50	43,644	56	29,632	56,300	42,966	1,942	1,999	430
Finland	2,626,000	51	2,388,000		191,040	661,476	1,535,484	64	58,276	64	33,684	64,000	48,842	1,702	1,766	380
France	26,384,671	44	24,113,225		964,529	6,028,306	17,120,390	730	743,435	730	384,211	730,000	557,105	17,188	17,918	3,859
Germany	39,966,000	49	36,816,000		1,030,848	12,296,544	23,488,608	1,107	1,394,485	1,107	582,632	1,107,000	844,816	26,243	27,350	5,891
Greece	4,362,210	42	3,917,500		783,500	822,675	2,311,325	80	16,742	90	47,411	90,080	68,745	2,792	2,883	621
Ireland	1,781,900	46	1,716,500		137,320	480,620	1,098,560	66	26,200	74	39,114	74,316	56,715	1,224	1,298	280
Italy	23,901,000	42	21,634,000		1,081,700	6,922,880	13,629,420	1,241	615,405	1,397	735,456	1,397,366	1,066,411	15,421	16,818	3,622
Luxembourg	189,218	44	277,000		5,540	22,160	249,300	16	21,605	16	8,421	16,000	12,211	197	213	46
Netherlands	8,150,000	63	7,865,000		314,600	1,808,950	5,741,450	103	-	116	61,041	115,978	88,510	5,606	5,722	1,232
Portugal	5,211,285	52	4,999,800		499,980	1,499,940	2,999,880	368	179,867	414	218,088	414,368	316,228	3,564	3,978	857
Spain	17,814,600	45	15,945,600		956,736	4,624,224	10,205,184	1,030	945,570	1,160	610,411	1,159,780	885,095	11,366	12,526	2,698
Sweden	4,415,000	49	4,239,000		84,780	1,017,360	3,136,860	56	37,405	63	33,187	63,056	48,122	3,022	3,085	664
United Kingdom	29,638,272	50	28,225,400		282,254	7,056,350	20,886,796	210	161,466	236	124,453	236,460	180,456	20,120	20,356	4,384
Total	419,732,002		394,720,947		14,694,748	102,674,951	277,205,306	14,316	7,527,083	15,879	8,357,512	15,879,274	12,118,393	281,364	297,243	64,019
EU-15	175,643,191		162,712,925		6,674,839	45,819,436	110,059,194	5,312	4,340,421	5,740	3,020,932	5,739,770	4,380,351	115,985	121,724	26,217
EU-12	138,727,904		127,523,425		6,198,801	37,282,459	83,882,709	4,996	4,097,906	5,385	2,833,660	5,383,954	4,108,807	90,901	96,286	20,738

The latest information from year 2000

Table 1c. Occupational accident and work-related disease figures for Formerly Socialist Economies, FSE (2001)

Country	Economically active population		Total employment number	Labour structure			Work-related fatal accidents by sector			Fatal accidents reported to the ILO (2001)	Accidents causing 3+ days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases deaths (age)	Work-related mortality deaths (age)	Deaths caused by dangerous substances number (age)
	number	percent		Agriculture	Industry	Service	Agriculture	Industry	Service				ILO Estimate Lower limit (0.19 %)	ILO Estimate Upper limit (0.10 %)	ILO Estimate Average			
Albania	1,347,281	44	1,063,000	531,500	265,750	265,750	56	54	15		125	65,878	125,168	95,523	952	1,077	231	
Armenia	1,411,700	38	1,264,900	569,205	316,225	379,470	60	64	22	16	63	76,826	145,969	111,398	1,133	1,279	274	
Azerbaijan	3,748,200	46	3,715,000	1,523,150	260,050	1,931,800	160	53	112	27	88	170,929	324,765	247,847	3,326	3,651	783	
Belarus	4,519,500	45	4,417,400	839,306	1,369,394	2,208,700	88	278	128	234	6,973	260,115	494,219	377,167	3,955	4,450	954	
Bosnia and Herzegovina	1,900,000	48	-	76,000	969,000	855,000	8	197	50		254	133,830	254,277	194,054	1,503	1,757	377	
Bulgaria	3,412,800	50	2,751,500	715,390	852,965	1,183,145	75	173	69	138	5,778	166,784	316,890	241,837	2,464	2,781	596	
Croatia	1,952,619	44	1,469,500	195,444	617,190	655,397	21	125	38	32	21,705	96,750	183,824	140,287	1,316	1,500	322	
the Czech Republic (1)	5,172,000	60	4,728,000	236,400	1,654,800	2,836,800	25	336	165	231	93,049	276,464	525,281	400,872	4,233	4,759	1,020	
Estonia (1)	660,800	48	577,700	63,547	115,540	398,613	7	23	23	36	3,257	28,025	53,247	40,636	517	571	122	
Georgia	2,113,000	66	1,877,600	751,040	375,520	751,040	79	76	44		199	104,553	198,650	151,601	1,681	1,880	403	
Hungary (1)	4,010,700	52	3,859,500	308,760	1,042,065	2,508,675	32	212	146	124	25,412	204,980	389,462	297,221	3,456	3,845	825	
Kazakhstan	7,052,600	47	6,698,800	1,339,760	2,009,640	3,349,400	141	408	194		743	390,998	742,897	566,948	5,998	6,741	1,445	
Kyrgyzstan	-	-	1,764,300	970,365	264,645	529,290	102	54	31		186	98,058	186,310	142,184	1,580	1,766	379	
Latvia (1)	1,105,500	47	1,037,000	155,550	259,250	622,200	16	53	36	72	1,349	55,288	105,048	80,168	929	1,034	222	
Lithuania (1)	1,793,800	49	1,521,800	304,360	456,540	760,900	32	93	44	81	2,475	88,825	168,768	128,796	1,363	1,531	328	
Macedonia, the former Yugoslav Republic of Macedonia	862,505	40	599,308	47,945	263,696	287,668	5	54	17		75	39,605	75,249	57,427	537	612	131	
Moldova	1,616,700	45	1,499,000	599,600	209,860	689,540	63	43	40	39	603	76,607	145,553	111,080	1,342	1,488	319	
Poland (1)	17,376,000	45	14,207,000	3,906,925	3,139,747	7,160,328	410	637	415	554	80,743	769,945	1,482,895	1,116,420	12,721	14,184	3,041	
Romania	11,446,909	51	10,696,900	4,278,760	2,674,225	3,743,915	449	543	217	440	6,287	636,466	1,209,285	922,875	9,578	10,787	2,313	
the Russian Federation	69,731,000	48	64,710,000	7,765,200	14,883,300	42,061,500	815	3,021	2,440	4,370	6,276	3,303,275	6,276,223	4,789,749	57,941	64,217	13,770	
Slovakia (1)	2,634,100	49	2,123,700	191,133	785,769	1,337,931	20	160	78	100	20,789	135,358	257,180	196,269	1,902	2,159	463	
Slovenia (1)	927,000	49	914,000	27,420	466,140	420,440	3	95	24	34	40,270	64,153	121,891	93,022	818	940	202	
Tajikistan	2,500,000	30	1,143,000	765,810	91,440	285,750	80	19	17		116	60,814	115,546	88,180	1,023	1,139	244	
Turkmenistan	2,340,000	-	-	1,123,200	351,000	865,800	118	71	50		239	126,003	239,405	182,704	1,851	2,090	448	
Ukraine	22,755,000	47	20,238,100	4,857,144	6,476,192	8,904,764	510	1,315	516	1,325	32,616	1,232,181	2,341,143	1,786,662	18,121	20,462	4,388	
Uzbekistan	10,700,000	37	8,885,000	3,909,400	1,777,000	3,198,600	410	361	186		957	503,546	956,737	730,141	7,956	8,912	1,911	
Total	183,089,714		161,762,008	36,052,313	41,946,943	88,192,416	3,785	8,515	5,115	7,853	343,004	17,416	9,166,254	17,415,882	148,194	165,610	35,512	

(1) Presently in EU 25

Table 1d. Occupational accident and work-related disease figures for India and China (2001)

Country	Economically active population		Total employment	Labour structure			Work-related fatal accidents by sector			Fatal accidents reported to the ILO (2001)	Accidents causing 3+ days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases	Work-related mortality	Deaths caused by dangerous substances
	number	percent		number	Agriculture	Industry	Service	Agriculture	Industry				Service	ILO Estimate Lower limit (0,19 %)	ILO Estimate Upper limit (0,10 %)			
India	443,860,000	43	402,510,000	241,506,000	68,426,700	90,564,750	22,895	12,529	4,709	222	928	40,133	21,122,666	40,133,065	30,627,865	261,891	302,024	64,894
China	737,060,000	58	730,250,000	365,125,000	160,655,000	204,470,000	41,624	35,505	12,882	12,554	4,141	90,011	47,374,008	90,010,615	68,692,311			
Hong Kong	3,427,100	51	3,252,300	0	357,753	2,894,547	0	79	182	176	53,543	261	137,589	261,420	199,505			
Macao	216,700	51	202,800	2,028	66,924	133,848	0	15	8	6	3,645	23	12,344	23,454	17,899			
China total	740,703,800		733,705,100	365,127,028	161,079,677	207,498,395	41,624	35,599	13,072	12,736	61,329	90,295	47,523,941	90,295,489	68,909,715	386,645	476,940	102,606

Table 1e. Occupational accident and work-related disease figures for Other Asia and Islands, OAI (2001)

Country	Economically active population		Total employment		Labour structure			Work-related fatal accidents by sector			Fatal accidents reported to the ILO (2001)	Accidents causing 3+ days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases	Work-related mortality	Deaths caused by dangerous substances	
	number	percent	number		Agriculture	Industry	Service	Agriculture	Industry	Service				ILO Estimate Lower limit (0,19 %)	ILO Estimate Upper limit (0,10 %)	ILO Estimate Average				deaths (age)
Afghanistan	10,000,000	37	-	8,000,000	1,000,000	1,000,000	1,000,000	2,488	120	70			2,678	1,409,474	2,678,000	2,043,737	3,939	6,617	1,419	
Bangladesh	60,291,000	47	51,764,000	32,611,320	5,694,040	13,458,640	10,142	683	942				11,768	6,193,426	11,767,510	8,980,468	24,588	36,356	7,794	
Bhutan																				
Brunei	143,400	43	-	14,340	60,228	68,832	4	7	5				17	8,687	16,505	12,596	56	73	16	
Cambodia	6,500,000	45	6,243,329	4,620,063	437,033	1,186,233	1,437	52	83				1,572	827,537	1,572,320	1,199,928	2,966	4,538	973	
Comoros	252,000	37	-	201,600	25,200	25,200	63	3	2				67	35,519	67,486	51,502	99	167	36	
Cook Islands	6,820	46	-	1,978	1,023	3,819	1	0	0				1	529	1,005	767	3	4	1	
Fiji	298,000	38	114,300	50,292	9,144	54,864	16	1	4				21	10,831	20,579	15,705	54	75	16	
French Polynesia	75,000	40	58,149	7,559	11,048	39,541	2	1	3				6	3,392	6,445	4,918	28	34	7	
Indonesia	95,793,161	45	90,807,000	40,863,150	14,529,120	35,414,730	12,708	1,743	2,479				16,931	8,911,034	16,930,965	12,921,000	43,134	60,065	12,877	
Kiribati	33,000	45	-	23,430	990	7,920	7	0	1				8	4,189	7,960	6,075	13	21	4	
Laos	2,600,000	47	-	1,976,000	182,000	442,000	615	22	31				667	351,219	667,316	509,267	1,024	1,691	363	
Malaysia	9,616,100	41	9,535,000	1,525,600	3,432,600	4,576,800	474	412	320		958	84,911	1,207	635,131	1,206,750	920,940	4,529	5,736	1,230	
Maldives	87,987	29	86,246	21,562	13,799	50,885	7	2	4				12	6,276	11,924	9,100	41	53	11	
Mongolia	840,877	37	832,300	332,920	174,783	324,597	104	21	23				147	77,492	147,234	112,363	395	543	116	
Myanmar (Burma)	23,700,000	54	18,359,000	12,851,300	1,285,130	4,222,570	3,997	154	296		15	400	4,447	2,340,289	4,446,550	3,393,420	8,721	13,167	2,823	
Nepal	11,000,000	50	-	8,910,000	330,000	1,760,000	2,771	40	123				2,934	1,544,111	2,933,810	2,238,960	4,333	7,267	1,558	
Pakistan	39,974,000	29	36,847,000	16,212,680	6,263,990	14,370,330	5,042	752	1,006		104	50	6,800	3,578,813	6,799,745	5,189,279	17,502	24,302	5,210	
Papua New Guinea	2,600,000	44	-	1,976,000	260,000	364,000	615	31	25				671	353,272	671,216	512,244	1,024	1,695	363	
Philippines	33,354,000	41	30,085,000	13,538,250	4,512,750	12,034,000	4,210	542	842				5,594	2,944,371	5,594,306	4,269,339	14,291	19,885	4,263	
Korea, Democratic People's Republic of (North Korea)	11,700,000	51	-	4,212,000	3,744,000	3,744,000	1,310	449	262				2,021	1,063,838	2,021,292	1,542,565	4,609	6,630	1,421	
Korea, Republic of (South Korea)	22,181,000	47	21,068,000	2,106,800	4,634,960	14,326,240	655	556	1,003		1,298		2,214	1,165,393	2,214,247	1,689,820	10,007	12,222	2,620	
Singapore	2,119,700	51	2,046,700	20,467	593,543	1,432,690	6	71	100		52	3,738	178	93,620	177,879	135,750	972	1,150	247	
Solomon Islands	30,000	14	33,000	24,750	1,650	6,600	8	0	0				8	4,399	8,357	6,378	16	24	5	
Sri Lanka	6,708,620	42	6,212,400	2,360,712	1,056,108	2,795,580	734	127	196		27	2,157	1,057	556,108	1,056,605	806,356	2,951	4,008	859	
Thailand	34,487,900	55	33,484,000	18,081,360	5,022,600	10,380,040	5,623	603	727		597	50,093	6,953	3,659,273	6,952,618	5,305,945	15,905	22,858	4,900	
Tonga	35,033	36	-	18,918	1,401	17,867	6	0	1				7	3,843	7,302	5,573	14	21	5	
Vietnam	41,100,000	50	36,994,000	25,155,920	4,439,280	7,768,740	7,823	533	544				8,900	4,684,219	8,900,017	6,792,118	17,572	26,472	5,675	
Total	415,527,598		344,569,424	195,718,971	57,716,421	129,876,718	60,869	6,926	9,091		3,051	141,349	76,886	40,466,285	76,885,941	58,676,113	178,786	255,672	54,811	

Comoros and North-Korea, labour structure in industry and service sector are not known, non-agriculture employment by percent divided 50/50%

Table 1f. Occupational accident and work-related disease figures for Sub-Saharan Africa, SSA (2001)

Country	Economically active population		Total employment	Labour structure			Work-related fatal accidents by sector			Accidents causing 3+ days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases	Work-related mortality	Deaths caused by dangerous substances
	number	percent		number	Agriculture	Industry	Service	Agriculture	Industry			Service	ILO Estimate Lower limit (0,19 %)	ILO Estimate Upper limit (0,10 %)			
Angola	6,200,000	50	-	4,278,000	620,000	1,054,000	834	86	183		1,103	580,614	1,103,166	841,890	4,501	5,604	1,208
Benin	2,900,000	43	-	2,030,000	203,000	667,000	396	28	116		540	284,169	539,922	412,046	2,105	2,645	570
Botswana	556,890	35	483,432	239,463	27,845	289,583	47	4	50		101	53,119	100,925	77,022	404	505	109
Burkina Faso	3,800,000	47	-	4,959,000	228,000	513,000	967	31	89		1,088	572,490	1,087,731	830,111	4,138	5,226	1,126
Burundi	3,800,000	64	-	3,534,000	76,000	190,000	689	10	33	6,078	733	385,620	732,678	559,149	2,759	3,491	753
Cameroon	6,200,000	42	-	4,588,000	310,000	1,302,000	895	43	227		1,164	612,625	1,163,988	888,307	4,501	5,665	1,221
Cape Verde	121,000	35	-	62,920	27,830	30,250	12	4	5		21	11,249	21,373	16,311	88	109	24
the Central African Republic	1,800,000	48	-	1,512,000	54,000	234,000	295	7	41		343	180,631	343,008	261,769	1,307	1,650	356
Chad	3,800,000	35	14,522	3,154,000	190,000	456,000	615	26	79		721	379,260	720,594	549,927	2,759	3,479	750
Comoros	252,000	37	-	209,160	15,120	27,720	41	2	5		48	25,103	47,696	36,400	183	231	50
Congo (Brazzaville)	1,300,000	30	-	806,000	156,000	338,000	157	22	59		238	125,005	237,510	181,258	944	1,181	255
Côte d'Ivoire	1,850,000	-	-	1,202,500	1,48,000	499,500	234	20	87		342	179,908	341,825	260,866	1,343	1,685	363
the Democratic Republic of the Congo	21,600,000	41	-	15,552,000	2,808,000	3,240,000	3,033	388	564		3,984	2,096,792	3,983,904	3,040,348	15,680	19,664	4,239
Djibouti	396,000	67	-	304,920	35,640	59,400	59	5	10		75	39,323	74,713	57,018	287	362	78
Equatorial Guinea	103,000	39	148,000	67,980	11,330	23,690	13	2	4		19	9,969	18,942	14,456	75	94	20
Guinea	3,600,000	39	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Eritrea	2,100,000	-	-	1,680,000	210,000	210,000	328	29	37		393	206,905	393,120	300,013	1,524	1,918	413
Ethiopia	28,300,000	50	-	22,640,000	2,264,000	3,396,000	4,415	312	591		5,318	2,799,019	5,318,136	4,058,577	20,544	25,862	5,575
Gabon	600,000	44	-	450,000	66,000	84,000	88	9	15	1,112	111	58,671	111,474	85,072	436	547	118
Gambia	700,000	47	-	588,000	49,000	63,000	115	7	11		132	69,676	132,384	101,030	508	641	138
Ghana	9,400,000	47	-	5,546,000	1,034,000	2,820,000	1,081	143	491		1,715	902,548	1,714,842	1,308,695	6,824	8,539	1,840
Guinea	3,600,000	39	-	2,484,000	360,000	756,000	484	50	132		666	350,318	665,604	507,961	2,613	3,279	707
Guinea-Bissau	600,000	46	-	492,000	24,000	84,000	96	3	15		114	59,931	113,868	86,899	436	549	118
Kenya	15,900,000	52	1,647,400	12,879,000	1,113,000	1,908,000	2,511	154	332		2,997	1,577,364	2,996,991	2,287,177	11,543	14,540	3,134
Lesotho	900,000	32	-	207,000	297,000	396,000	40	41	69		150	79,082	150,255	114,668	653	804	173
Liberia	1,300,000	34	-	962,000	130,000	208,000	188	18	36		242	127,222	241,722	184,472	944	1,185	256
Madagascar	7,600,000	47	-	6,156,000	456,000	988,000	1,200	63	172		1,435	755,400	1,435,260	1,095,330	5,517	6,952	1,499
Malawi	5,100,000	45	-	4,182,000	153,000	765,000	815	21	133		970	510,376	969,714	740,045	3,702	4,672	1,007
Mali	5,400,000	47	-	4,644,000	108,000	702,000	906	15	122		1,043	548,754	1,042,632	795,693	3,920	4,963	1,070
Mauritania	1,300,000	31	-	897,000	117,000	286,000	175	16	50		241	126,750	240,825	183,788	944	1,185	295
Mauritius	538,500	45	490,800	102,315	166,935	269,250	20	23	47	4,268	90	47,283	89,838	68,561	391	481	104
Mozambique	9,400,000	53	-	7,990,000	658,000	752,000	1,558	91	131		1,780	936,685	1,779,702	1,358,194	6,824	8,604	1,854
Namibia	700,000	35	431,849	308,000	154,000	238,000	60	21	41		123	64,592	122,724	93,658	508	631	136
Niger	5,300,000	50	-	4,505,000	159,000	636,000	878	22	111		1,011	532,148	1,011,081	771,614	3,848	4,859	1,047
Nigeria	51,600,000	45	-	23,220,000	2,064,000	26,316,000	4,528	285	4,579		9,392	4,943,008	9,391,716	7,167,362	37,459	46,851	10,098
Rwanda	4,700,000	46	-	4,371,000	141,000	188,000	852	19	33		905	476,061	904,515	690,288	3,412	4,316	930
Sao Tome and Principe	35,000	30	49,000	18,900	2,100	14,000	4	0	2		6	3,374	6,411	4,893	25	32	7
Senegal	4,400,000	44	-	3,564,000	264,000	572,000	695	36	100		831	437,337	830,940	634,138	3,194	4,025	868
Seychelles	28,000	39	33,110	2,800	5,320	19,880	1	1	3	135	5	2,494	4,739	3,617	20	25	5
Sierra Leone	1,900,000	37	-	1,330,000	266,000	304,000	259	37	53		349	183,660	348,954	266,307	1,379	1,728	373
Somalia	3,900,000	39	-	2,964,000	312,000	624,000	578	43	109		730	384,006	729,612	556,809	2,831	3,561	768
South Africa	-	-	11,335,000	1,586,900	2,720,400	7,027,700	309	375	1,223		1,908	1,004,042	1,907,681	1,455,861	8,229	10,137	2,117
Sudan	12,700,000	39	-	8,001,000	508,000	4,191,000	1,560	70	729		2,360	1,241,859	2,359,533	1,800,696	9,220	11,579	2,496
Swaziland	400,000	42	-	296,000	36,000	68,000	58	5	12		75	39,221	74,520	56,871	290	365	79
Tanzania	17,700,000	50	-	14,160,000	1,770,000	1,770,000	2,761	244	308		3,313	1,743,916	3,313,440	2,528,678	12,849	16,163	3,484
Togo	1,900,000	39	49,136	1,216,000	114,000	570,000	237	16	99	850	352	185,280	352,032	268,656	1,379	1,731	373
Uganda	11,200,000	48	-	9,632,000	448,000	1,120,000	1,878	62	195		2,135	1,123,655	2,134,944	1,629,299	8,131	10,266	2,213
Zambia	4,400,000	46	-	1,672,000	352,000	2,376,000	326	49	413		788	414,758	788,040	601,399	3,194	3,982	858
Zimbabwe	5,900,000	42	4,665,449	3,835,000	295,000	1,770,000	748	41	308	13,954	1,097	577,113	1,096,515	836,814	4,283	5,380	1,160
Total	279,680,390		19,347,698	195,081,858	21,727,520	70,415,973	38,041	2,998	12,252	27,015	53,292	28,048,284	53,291,739	40,670,012	211,262	264,554	55,250

Table 1g. Occupational accident and work-related disease figures for Latin America and the Caribbean, LAC (2001)

Country	Economically active population		Total employment		Labour structure				Work-related fatal accidents by sector			Fatal accidents reported to the ILO (2001)	Accidents causing 3 + days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases deaths (age)	Work-related mortality deaths (age)	Deaths caused by dangerous substances number (age)		
	number	percent	number	percent	Agriculture	Industry	Service	Agriculture	Industry	Service	ILO Estimate Lower limit (0,19 %)				ILO Estimate Upper limit (0,10 %)	ILO Estimate Average	deaths (age)				deaths (age)	number (age)
American Samoa	14,000	30	-	-	4,620	4,760	4,620	1	1	1	1,589	3,019	2,304	7	10	2						
Anguilla	6,049	53	5,644	-	226	1,637	3,781	0	0	1	525	998	761	3	4	1						
Antigua and Barbuda	30,000	45	-	-	3,300	2,100	24,600	1	0	4	2,727	5,181	3,954	15	20	4						
Argentina	9,722,581	42	8,143,400	-	1,058,642	2,768,756	4,316,002	295	590	669	817,940	1,554,086	1,186,013	4,588	6,142	1,314						
Aruba	41,501	47	-	-	415	7,055	34,031	0	2	5	3,628	6,893	5,261	20	27	6						
Bahamas	154,500	48	144,360	-	7,218	129,924	129,924	2	20	20	12,468	23,689	18,079	81	105	22						
Barbados	135,730	68	128,800	-	12,880	19,320	96,600	4	15	3	11,938	22,682	17,310	73	95	20						
Belize	76,000	34	77,785	-	21,002	14,001	42,782	6	3	7	8,144	15,473	11,808	44	59	13						
Bermuda	34,000	56	37,597	-	752	1,504	35,341	0	0	5	3,162	6,008	4,585	21	27	6						
Bolivia	3,823,937	46	2,096,000	-	985,120	398,240	712,640	275	85	110	247,438	470,133	358,786	1,181	1,651	353						
Brazil	83,243,239	49	75,458,000	-	17,430,798	17,883,546	40,143,656	4,863	3,809	6,222	7,839,292	14,894,655	11,366,973	42,514	57,409	12,282						
Chile	5,948,830	38	5,479,400	-	767,116	1,479,438	3,232,846	214	315	501	542,230	1,030,237	786,233	3,087	4,117	881						
Colombia	19,516,166	47	16,497,600	-	4,949,280	3,959,424	7,588,896	1,381	843	1,176	1,789,729	3,400,485	2,595,107	9,295	12,696	2,716						
Costa Rica	1,653,321	42	1,552,900	-	310,580	341,638	900,682	87	73	140	157,382	299,026	228,204	875	1,174	251						
Cuba	5,600,000	45	3,843,000	-	922,320	960,750	1,959,930	257	205	304	403,030	765,756	584,393	2,165	2,931	627						
Dominica	26,000	38	-	-	10,400	8,320	7,280	3	2	1	3,054	5,802	4,428	13	19	4						
the Dominican Republic	3,594,308	44	2,652,000	-	450,840	644,436	1,556,724	126	137	241	265,443	504,341	384,892	1,494	1,999	428						
Ecuador	4,121,185	50	3,673,200	-	1,101,960	918,300	1,652,940	307	196	256	399,605	759,250	579,428	2,070	2,829	605						
El Salvador	2,444,959	40	2,451,300	-	735,390	367,695	1,348,215	205	78	209	259,193	492,466	375,829	1,381	1,874	401						
French Guiana	58,800	-	-	-	10,584	12,348	35,868	3	3	6	5,865	11,143	8,504	29	40	9						
Grenada	39,000	40	9,360	-	9,360	24,180	24,180	3	1	4	3,959	7,522	5,741	19	27	6						
Guatemala	3,981,983	35	4,511,600	-	2,255,800	676,740	1,579,060	629	144	245	535,931	1,018,268	777,099	2,542	3,560	762						
Guayana	278,000	39	-	-	75,060	72,280	130,660	21	15	20	29,784	56,590	43,187	137	194	41						
Haiti	3,600,000	39	2,376,000	-	2,376,000	324,000	900,000	663	69	140	458,640	871,416	665,028	1,778	2,649	567						
Honduras	2,437,997	39	2,334,600	-	793,764	490,266	1,050,570	221	104	163	257,224	488,725	372,974	1,315	1,804	386						
Jamaica	1,128,700	44	942,300	-	197,883	179,037	565,380	55	38	88	95,252	180,978	138,115	531	712	152						
Mexico	39,682,845	40	39,386,000	-	7,877,200	9,452,640	22,056,160	2,198	2,013	3,419	4,015,714	7,629,856	5,822,785	22,191	29,821	6,380						
Netherlands antilles	60,765	44	52,237	-	313	6,791	44,924	0	1	7	4,472	8,497	6,485	29	38	8						
Nicaragua	1,900,434	37	1,701,700	-	714,714	255,255	731,731	199	54	113	193,259	367,193	280,226	959	1,326	284						
Panama	1,089,422	-	984,200	-	204,714	177,156	602,330	57	38	93	99,058	188,211	143,634	555	743	159						
Paraguay	2,000,000	-	-	-	960,000	420,000	620,000	268	89	96	238,632	453,400	346,016	988	1,441	308						
Peru	8,271,366	48	7,619,900	-	2,666,965	914,388	4,038,547	744	195	626	823,591	1,564,823	1,194,207	4,293	5,858	1,253						
Puerto Rico	1,156,532	30	1,150,000	-	34,500	230,000	885,500	10	49	137	103,088	195,868	149,478	648	844	181						
Saint Kitts and Nevis	18,172	-	-	-	8,359	4,307	5,488	2	1	1	2,158	4,100	3,129	9	13	3						
Saint Lucia	43,800	-	-	-	9,636	10,950	23,652	3	2	4	4,572	8,687	6,629	22	30	6						
Saint Vincent and the Grenadines	67,000	-	-	-	17,420	11,390	38,190	5	2	6	6,950	13,206	10,078	33	46	10						
Suriname	85,878	35	72,834	-	14,567	14,567	43,700	4	3	7	7,337	13,940	10,639	41	55	12						
Trinidad and Tobago	572,900	-	514,100	-	48,840	105,391	359,870	14	22	56	48,344	91,854	70,099	290	382	82						
Uruguay	1,269,500	47	1,076,200	-	150,668	172,192	753,340	42	37	117	102,885	195,481	149,183	606	802	172						
Venezuela	11,104,779	45	9,404,600	-	1,222,598	2,163,058	6,018,944	341	461	933	913,038	1,734,773	1,323,905	5,299	7,033	1,505						
Virgin Islands (US)	49,000	-	42,550	-	426	8,510	33,615	0	2	5	3,759	7,142	5,450	24	31	7						
Total	219,083,179		192,033,807		48,422,229	45,494,863	104,333,199	13,510	9,690	16,172	20,722,028	39,371,853	30,046,941	108,195	147,567	31,571						

Table 1h. Occupational accident and work-related disease figures for Middle Eastern Crescent, MEC (2001)

Country	Economically active population		Total employment		Labour structure			Work-related fatal accidents by sector			Accidents causing 3+ days' absence reported to the ILO (2001)	ILO Estimate Fatal accidents	Accident causing 3+ days' absence			Work-related diseases	Work-related mortality	Deaths caused by dangerous substances
	number	percent	number		Agriculture	Industry	Service	Agriculture	Industry	Service			ILO Estimate Lower limit (0,19 %)	ILO Estimate Upper limit (0,10 %)	ILO Estimate Average			
Algeria	9,400,000	-	6,228,772		872,028	685,165	4,671,579	229	130	472		831	437,555	831,354	634,455	7,954	8,786	1,889
Bahrain	308,341	47	157,400		4,722	55,090	97,588	1	10	10	10	22	11,350	21,565	16,458	201	223	48
Cyprus (Greek)	315,395	48	309,500		15,475	68,090	225,935	4	13	23	23	40	20,961	39,826	30,394	395	435	94
Egypt	19,253,000	30	17,556,700		5,091,443	3,862,474	8,602,783	1,339	734	869	130	2,942	1,548,316	2,941,801	2,245,058	22,421	25,362	5,452
Iran	21,000,000	-	-		6,300,000	5,250,000	9,450,000	1,657	998	954		3,609	1,899,395	3,608,850	2,754,122	15,161	18,770	4,035
Iraq	6,500,000	-	-		780,000	520,000	5,200,000	205	99	525		829	436,389	829,140	632,765	4,693	5,522	1,187
Israel	2,503,300	-	2,422,300		72,669	678,244	1,671,387	19	129	169	100	317	166,731	316,788	241,760	3,093	3,410	733
Jordan	1,360,000	-	-		68,000	176,800	1,115,200	18	34	113		164	86,374	164,111	125,243	982	1,146	246
Kuwait	23,363,000	41	1,243,126		12,431	111,881	1,118,813	3	21	113		138	72,383	137,527	104,955	1,588	1,725	371
Lebanon	1,362,231	34	-		190,712	367,802	790,094	50	70	80		200	105,179	199,839	152,509	983	1,183	254
the Libyan Arab Jamahiriya	1,500,000	29	-		255,000	435,000	810,000	67	83	82		232	121,855	231,525	176,690	1,083	1,314	283
Morocco	10,604,734	36	9,329,755		4,664,878	1,399,463	3,265,414	1,227	266	330		1,823	959,246	1,822,568	1,390,907	11,914	13,737	2,953
Oman	365,889	20	70,486		35,243	15,507	20,441	9	3	2		14	7,516	14,280	10,898	90	104	22
Qatar	280,122	54	-		8,404	78,434	193,284	2	15	20		37	19,281	36,634	27,958	202	239	51
Saudi Arabia	-	-	5,808,617		697,034	1,452,154	3,659,429	183	276	370		829	436,227	828,832	632,529	7,418	8,247	1,773
the Syrian Arab Republic	5,457,375	33	4,844,020		1,937,608	968,804	1,937,608	510	184	196		889	468,085	889,362	678,724	6,186	7,075	1,521
Tunisia	2,978,334	32	2,704,900		595,078	622,127	1,487,695	157	118	150	159	425	223,667	424,967	324,317	3,454	3,879	834
Turkey	22,269,000	-	20,367,000		8,146,800	4,480,740	7,739,460	2,143	851	782	1,008	3,776	1,987,176	3,775,634	2,881,405	26,009	29,785	6,403
the United Arab Emirates	1,400,000	58	1,779,000		124,530	266,850	1,387,620	33	51	140		224	117,686	223,603	170,644	2,272	2,495	536
Yemen	5,000,000	29	3,621,679		1,448,672	434,601	1,738,406	381	83	176		639	336,397	639,154	487,775	4,625	5,264	1,132
Total	135,220,721		76,443,255		31,320,726	21,929,228	55,182,736	8,237	4,167	5,573	1,416	17,977	9,461,769	17,977,361	13,719,565	120,725	138,702	29,817

ANNEX 4

Some national and international OSH development and activities, 2004-2005

Major progress in the development of national OSH and inspection policies

18 countries have developed national OSH profiles based on ILO guidance, namely Azerbaijan, Benin, China, Egypt, Georgia, Guatemala, Iraq, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Mexico, Mongolia, Pakistan, Uganda, United Republic of Tanzania, Uzbekistan and Yemen while national OSH profiles are being prepared in others: Algeria, Costa Rica, Croatia, Iran, Malaysia, Mozambique, Nicaragua, Panama, Seychelles, Sri Lanka, Tajikistan, Vietnam.

9 countries included OSH aspects in their national plans of action for Decent Work: Bangladesh, Ethiopia, Guatemala, India, Morocco, Nepal, Nicaragua, Panama, Sri Lanka, while Panama, Nicaragua and Guatemala are developing the OSH component of the Decent work national programmes.

35 countries made progress in this area, including:

- the adoption of a new OSH Act or revision of present legislation in Ethiopia, Ireland, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Morocco, Nigeria, Saudi Arabia, Uganda, United Arab Emirates, United Republic of Tanzania
- setting up a National Safety and Health Committees: Algeria has set up a new NIOSH and revitalized its tripartite Conseil supérieur de la Prévention, Argentina, Botswana and Columbia, in the United Arab Emirates, the OSH Unit of the Ministry of Labour is being restructured. Serbia is revitalising its National Council on OSH.
- Signing agreements/accords with a key component on OSH Azerbaijan, Kazakhstan, Russia, South Africa, Tajikistan, and Uzbekistan. An agreement signed with the Gulf Cooperation Council resulted with ILO assistance in the revision of legislation in the field of OSH and the preparation of OSH guides for the oil and petrochemical industries. A collaboration agreement signed by the IAPRP (Inter-Africaine de Prévention des risques Professionnels) with particular focus on the development of a specialised university degree for occupational physicians. Protocols of Cooperation have been signed between the Polish National Labour Inspection and counterparts in Bulgaria, Serbia and Ukraine
- implementation of legislative reform on integrated labour inspection: Armenia, Bulgaria, Chile, Costa Rica, Vietnam, Serbia. Laos included the development of an integrated labour inspection into their 5-year national action plan.

Elsewhere, projects to strengthen the capacity of labour inspectorates have been sponsored by the ILO, its partners and donor organisations. In the Republic of Serbia, for example, a 2-year long project to improve the effectiveness of the labour inspectorate and social partners has almost been finished.

The Nordic countries (Finland, Iceland, Norway, Sweden, and Denmark) developed the so-called "scoreboard", a tool to measure and compare performances of their labour inspectorates but intended for use in other EU countries as well. The idea has been taken up in Africa, where Ministers in ARLAC approved an action plan for strengthening labour inspection and an integrated system, with an African version of the Scoreboard.

Launching of national OSH programmes

National OSH programmes were launched in several countries:

- Brazil and South Africa: a National Programme for the Elimination of Silicosis was launched - for Brazil on the occasion of the World Safety Day 2004
- Kazakhstan: a new national OSH programme was approved
- Kyrgyzstan: the present OSH programme updated, implementing a programme on OSH in agriculture
- Mongolia: launched a national OSH programme in 2005
- Russia: the national OSH programme 2003-2015 was adopted by the Russian Academy of Medical Science & the Ministry of Health.
- Thailand: a National OSH programme was launched in 2003
- Brazil, Mexico and South Africa launched action programmes for OSH and supply chain management, driven by national authorities.
- Moldova: a national programme on labour protection in the agricultural sector was adopted by Parliamentary Resolution in 2003, detailing actions, responsible agencies and a time frame.

Ratification of ILO Conventions and application of code of practices, guides etc

The ILO has received 29 notifications of ratifications from 18 member States for the following Conventions: **No. 81**: Albania, Armenia, Estonia, Indonesia, Ukraine; **No. 129**: Estonia, Ukraine, **No. 148**: Poland, Lebanon **No. 152**: Lebanon, Russian Federation, Turkey, **No 155** : Albania (and P 155), Australia, Finland (P 155), Sao Tome and Principe, Turkey, El Salvador (P 155); **No. 161**: Poland, Turkey; **No.162**: Japan; **No. 167**: Uruguay, **No. 170**: Poland **No. 174**: Belgium, Lebanon; **No. 184**: Kyrgyzstan, Sao Tome and Principe, Sweden, Uruguay.

The European Union adopted the EU "Common principles" which are based on ILO Convention 81 and valid for 25 EU Member/ Accession States. The Minister of Labour of Luxembourg officially declared to ratify 21 OSH conventions as a result of an ILO Labour Inspection Audit.

The 10th International Conference on Occupational Respiratory Diseases (10th ICORD), organized jointly with the government of China (April 2005) paved the way for future ratifications of Conventions No. 139, 161, 162 and 170. It also provided a new impetus for national, regional and international action and strengthened cooperation with WHO, ICOH and IOHA.

OSH Management Systems

The 2003 Conference Conclusions emphasised the promotion and implementation of a systems approach to the management of OSH, using the guidance provided by the ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001). Promotion and dissemination of ILO-OSH 2001 continues with the guidelines now available in 21 languages (Arabic, Bulgarian, Chinese, Czech, English, Finnish, French, Georgian, German, Hebrew, Hindi, Japanese, Korean, Malay, Polish, Portuguese, Russian, Spanish, Thai, Urdu and Vietnamese). SafeWork has expanded its website to include the translated versions for downloading as well as providing links to other sites.

Many countries, such as Argentina, Ireland and Israel, have officially adopted ILO-OSH 2001 as the national basis for their own OSH management systems, while others, such as Japan, China and Malaysia, adopted their own standard based on Guidelines. France

adopted the Guidelines by means of a tripartite resolution by its national standards organisation, AFNOR. Indonesia adopted new legislation requiring every enterprise to apply an equivalent national standard. China promoted their national guidelines and have so far certified 4,000 enterprises and registered 47,000 auditors.

Work Improvement in Neighbourhood Development (WIND) methodology used to improve working and living conditions, safety and health in rural communities:

WIND activities took place in Ethiopia, where the programme is being introduced into the Decent Work Country Programme targeting the reduction of vulnerability of rural communities. In Ethiopia and Kenya, case studies with good practices on workers' nutrition were established to be part of an international publication on workers' nutrition

The WIND methodology was adapted to small-scale rural informal sector in Kyrgyzstan, and a WIND manual is ready in Kyrgyz and Russian. Projects are under development in Moldova and Senegal.

Specific hazards and risks

Asbestos

See also the main body of text on this subject. Several more countries have introduced a partial or complete ban on the use of Asbestos, including Argentina, Australia, Egypt, Gabon and Lithuania. Brazil is in the process of letting it phase out, which will increase the number of countries who have banned and restricted use of asbestos to 34.

Psychosocial issues

In 2004, 20 countries adopted an action programme based on psychosocial issues (SOLVE): Burkina Faso, Belgium, Benin, Brazil, Cameroon, Canada, Cote d'Ivoire, India, Italy, Malaysia, Namibia, Philippines, Senegal, South Africa, Sri Lanka, Swaziland, Switzerland and Thailand, USA, Zambia.

In 2005, 7 additional countries have engaged in programmes related to SOLVE including Bulgaria, Cyprus, India, Ireland, Nepal, Spain and the United Kingdom. In addition, two major North American Trade Unions, the International Association of Machinists and Aerospace Workers and the Quebec Federation of Labour have adopted the SOLVE Programme. Also a number of employers are using SOLVE to address psychosocial problems at work.

HIV/AIDS strategies

Much more information about HIV/AIDS programmes in the workplace is available elsewhere. Here it may be noted that several Regions have been taking positive action to integrate policies and programmes on HIV/AIDS and labour inspection. For example, Jordan, Lebanon and Syria prepared a Regional Strategy for HIV/AIDS prevention, care and reduction of vulnerability in priority areas of action, and labour inspectors have been fully trained on HIV/AIDS using ILO materials.

In 2005, the ILO produced a publication entitled "A handbook on HIV/AIDS for labour and factory inspectors".

Hazardous child labour

Collaboration to combat hazardous child labour has continued at international and national levels. The ILO has given assistance to several countries in the preparation of lists of hazardous work, in developing training manuals on combating hazardous child labour and in setting up child labour monitoring units.

Annex 5

Estimated annual average number of deaths attributable to occupational exposure to hazardous substances by condition, world

Causes of death	No. of deaths		Estimated percentage attributed to hazardous substances		No. of deaths attributed to hazardous substances
	Men	Women	Men	Women	
Cancer (Total)					314,939
Lung cancer and mesothelioma	996,000	333,000	15%	5%	166,050
Liver cancer	509,000	188,000	4%	1%	22,240
Bladder cancer	128,000	42,000	10%	5%	14,900
Leukemia	117,000	98,000	10%	5%	16,600
Prostate cancer	253,000		1%		2,530
Cancer of mouth	250,000	127,000	1%	0.50%	3,135
Cancer of oesophagus	336,000	157,000	1%	0.50%	3,517
Stomach cancer	649,000	360,000	1 %	0.5 %	8,290
Colorectal cancer	308,000	282,000	1%	0.50%	4,490
Skin cancer	30,000	28,000	10%	2%	3,560
Pancreas cancer	129,000	99,000	1%	0.50%	1,785
Other and unspecified cancer	819,000	1,350,000	6.80%	1.20%	71,892
Cardiovascular disease, 15 - 60 years	3,074,000		1%	1%	30,740
Nervous system disorders, 15 + years	658,000		1%	1%	6,580
Renal disorders, 15 + years	710,000		1%	1%	7,100
Chronic respiratory disease, 15 + years	3,550,000		1%	1%	35,500
Pneumoconiosis, estimate	36,000		100%	100%	36,000
Asthma, 15 + years	179,000		2%	2%	3,580
	TOTAL				438,489

Ratifications of ILO Occupational Safety and Health Conventions and Protocols

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	P81 (1995)	P155 (2002)		
Afghanistan	1939	1937								1979													
Albania			2004									2004					2003	2003				2004	
Algeria	1962		1962		1969	1969	1969																
Angola		1976	1976																				
Antigua and Barbuda			1983										2002										
Argentina	1936	1950	1955	1978				1985		1978							1996	1999					
Armenia			2004																				
Australia		1953 ¹	1975									2004											
Austria	1924	1937	1949															1999					
Azerbaijan	1992	1992	2000	1992	1992	1992		2000			1992									2000			
the Bahamas		1976	1976																				
Bahrain			1981																				
Bangladesh		1972	1972																				
Barbados			1967	1967																			
Belarus		1961	1995	1968	1970	1968						2000			2001								
Belgium	1926	1937	1957	1965	1978	1978		1997		1996	1994			1996			2004						
Belize			1983	1983								1999											
Benin	1960		2001																				
Bolivia		1973	1973			1977		1977	1977					1990									
Bosnia and Herzegovina	1993	1993	1993		1993			1993	1993	1993	1993	1993	1993	1993									
Botswana																		1997					
Brazil		1938	1989	1966	1992	1969	1970	1993	1993	1990	1982	1992	1990	1990		1996	2001						
Bulgaria	1925	1949	1949		1965	1978																	
Burkina Faso	1960		1974					1974					1997			1997							
Burundi			1971																				
Cambodia	1969																						
Cameroon	1960	1962	1962											1989									
Canada		1966 ²												1988									
Cape Verde			1979																				
the Central African Republic	1960		1964		1964																		
Chad	1960		1965																				
Chile	1925	1946 ³		1994			1972		1994				1999	1994		1995							
China		1936												2002									
Colombia	1933		1967					1976	1976				2001	2001	1994	1994	1997						
the Comoros	1978		1978																				

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	P81 (1995)	P155 (2002)	
the Congo	1960		1999		1964																	
the Democratic Republic of the Congo			1968		1967	1967																
Côte d'Ivoire	1960	1961	1987					1987	1973													
Croatia	1991	1991	1991		1991			1991	1991	1991	1991	1991	1991	1991								
Cuba	1928	1936	1954		1965	1971			1972			1980	1982							2000		
Cyprus		1960	1960									1989	1992									
the Czech Republic	1993	1993		1993		1993			1993	1993	1993	1993	1993		1993		2000					
Denmark			1958	1974	1989	1970		1972	1978	1978	1988	1995			1995							
Djibouti	1978	1978	1978	1978		1978																
Dominica			1983																			
the Dominican Republic		1957	1953		1965										1998							
Ecuador		1954	1975	1970	1969	1969	1969		1975	1975	1978			1990								
Egypt		1947	1956	1964				2003		1982	1988											
El Salvador			1995					1995				2000										2004
Equatorial Guinea																						
Eritrea																						
Estonia	1922	1937	2005					2005									2000					
Ethiopia												1991										
Fiji		1974																				
Finland	1929	1938 ³	1950	1978	1969	1968		1974	1976	1977	1979	1985	1987	1988	1997			1997	2003	1997		2003
France	1926	1938	1950	1971		1972	1973	1972	1972	1994	1985											
Gabon	1960	1961	1972																			
the Gambia																						
Georgia																						
Germany		1954	1955	1973		1973			1973	1976	1993		1994	1993	1993			1998				
Ghana		1957	1959	1961	1965	1966					1986											
Greece	1926	1936	1955	1982					1977													
Grenada			1976																			
Guatemala	1990	1960	1952		1964	1975	1983	1994			1996		1989	1989	1991							
Guinea	1959	1966	1959	1966	1966	1966			1977	1976	1982											
Guinea-Bissau		1977	1977																			
Guyana		1966	1966	1966				1971	1983	1983										1998		
Haiti		1960	1952																			
Honduras		1960	1983																			
Hungary	1956	1938	1994	1968			1994	1994	1972	1975	1994	1994	1988		1989							
Iceland										1991												
India		1938	1949	1975					1991													
Indonesia		1950	2004			1969																
Iran																						

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ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	P81 (1995)	P155 (2002)	
Iraq	1966		1951	1962	1987	1987			1972	1978	1985				1990							
Ireland		1963 ¹	1951							1995		1995						1998		1998		
Israel			1955						1979													
Italy	1952	1952	1952	1971	1971	1971	1971	1981	1981	1981	1985				2003	2002						
Jamaica			1962																			
Japan		1956	1953	1973	1973	1993				1977				2005								
Jordan			1969		1964	1965																
Kazakhstan			2001					2001			1996	1996										
Kenya		1964	1964					1979														
Kiribati																						
the Republic of Korea			1992												2003							
Kuwait			1964		1964				1974													
Kyrgyzstan		1992	2000	1992	1992	1992					1992								2004			
the Lao People's Democratic Republic	1964																					
Latvia	1924		1994	1993	1993	1993		1994			1993	1994										
Lebanon		1962	1962	1977		1977	1977		2000	2000	2005						2005	2000				
Lesotho		1966	2001									2001			1998							
Liberia			2003																			
the Libyan Arab Jamahiriya			1971																			
Lithuania			1994				1994															
Luxembourg	1928	1958 ¹	1958									2001										
the former Yugoslav Republic of Macedonia	1991	1991	1991		1991			1991	1991	1991	1991	1991	1991	1991								
Madagascar	1960		1971		1964	1966	1971	1971														
Malawi		1965	1965					1971														
Malaysia		1957	1963		1974																	
Mali	1960		1964																			
Malta	1988	1988	1965		1988		1988	1988	1990		1988											
Mauritania	1961		1963																			
Mauritius			1969																			
Mexico	1938	1938		1983		1968									1990	1992						
the Republic of Moldova			1996		2003		1997	1997				1984	1987						2002	2000		
Mongolia												1998										
Morocco	1956	1956	1958		1974			1979	1974													
Mozambique			1977																			
Myanmar																						
Namibia																						
Nepal																						

ILO member countries	C13 (1921)	C45 (1935)	C81 (1947)	C115 (1960)	C119 (1963)	C120 (1964)	C127 (1967)	C129 (1969)	C136 (1971)	C139 (1971)	C148 (1977)	C155 (1981)	C161 (1985)	C162 (1986)	C167 (1988)	C170 (1990)	C174 (1993)	C176 (1995)	C184 (2001)	P81 (1995)	P155 (2002)	
the Netherlands	1939	1937 ⁴	1951	1966				1973				1991		1999			1997					
New Zealand		1938 ⁵	1959																			
Nicaragua	1934	1976		1981	1981		1976		1981	1981												
the Niger	1961		1979		1964						1993											
Nigeria		1960	1960									1994										
Norway	1929		1949	1961	1969	1966		1971	1977	1977	1979	1982		1992	1991	1993		1999				1999
Oman																						
Pakistan		1938	1953																			
Panama	1970	1959	1958		1971	1970																
Papua New Guinea		1976																				
Paraguay			1967	1967	1967	1967				1976												
Peru		1945 ³	1960																			
the Philippines																		1998				
Poland	1924	1957	1995	1964	1977	1968	1973	1995			2004		2004			2005		2001				
Portugal		1937	1962	1994	1983	1985	1985	1983	1999	1999	1981	1985		1999			2002					
Qatar			1976																			
Romania	1925		1973				1975	1975														
the Russia Federation	1991	1961	1998	1967	1969	1967					1988	1998		2000						1998		
Rwanda			1980																			
Saint Kitts and Nevis																						
Saint Lucia																						
Saint Vincent and the Grenadines			1998																			
San Marino				1988							1988		1988									
Sao Tome and Principe			1982									2005							2005			
Saudi Arabia		1978	1978														2001					
Senegal	1960		1962			1966																
Serbia and Montenegro	2000	2000	2000	2000	2000			2000	2000	2000	2000	2000	2000	2000								
Seychelles																						
Sierra Leone		1961	1961		1964																	
Singapore		1965	1965																			
Slovakia	1993	1993		1993		1993			1993	1993	1993	1993	1993						2002			
Slovenia	1992	1992	1992	1992	1992			1992	1992	1992	1992	1992	1992	1992								
Solomon Islands		1985	1985																			
Somalia		1960																				
South Africa		1936										2003						2000				
Spain	1924	1958	1960	1962	1971	1970	1969	1971	1973	1980	1980	1985		1990				1997				
Sri Lanka		1950	1956	1986																		

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the Sudan			1970																			
Suriname	1976		1976																			
Swaziland		1981	1981																			
Sweden	1923	1936 ⁶	1949	1961	1964	1965		1970		1975	1978	1982	1986	1987	1991	1992	1994	1997	2004	1997		
Switzerland		1940	1949	1963	1992	1966			1975	1976				1992								
the Syrian Arab Republic		1960	1960	1964	1965	1965		1972	1977	1979												
Tajikistan		1993		1993	1993	1993					1993											
the United Republic of Tanzania		1962	1962								1983					1999				1999		
Thailand							1969															
Timor-Leste																						
Togo																						
Trinidad and Tobago																						
Tunisia	1956	1957	1957		1970	1970	1970															
Turkey		1938	1951	1968	1967		1975					2005	2005									
Turkmenistan																						
Uganda		1963	1963											1990								
Ukraine		1961	2004	1968	1970	1968		2004														
the United Arab Emirates			1982																			
the United Kingdom		1936 ¹	1949	1962		1967					1979											
the United States		1954 ²	1973	1992	1977	1995		1973	1977	1980	1988	1988	1988	1995	2005			2001	2005			
Uruguay	1933																					
Uzbekistan																						
Vanuatu																						
Venezuela	1933	1944	1967		1971	1984				1983		1984										
Viet Nam		1994	1994	1994	1994							1994										
Yemen			1976																			
Zambia		1964 ⁴							1973		1980							1999				
Zimbabwe		1980	1993					1993				2003	2003	2003	2003	1998	2003	2003				
Number of Countries ratified Convention or Protocol	62	97	129	47	50	49	25	41	36	35	41	40	22	27	17	11	9	20	3	10	3	

1) denounced in 1988 2) in 1978 3) in 1997 4) 1998 5) in 1987 6) in 1967

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