International Labour Organization

Overview of occupational safety and health in Latin America and the Caribbean

Regional information note

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1 A safe and healthy working environment as a fundamental principle and right at work

Governments, employers and workers took a historic step at the International Labour Conference in June 2022 by including a safe and healthy working environment in the ILO framework on fundamental principles and rights at work. This decision was implemented by amending paragraph 2 of the ILO Declaration on Fundamental Principles and Rights at Work (1998).

Two conventions were classified as fundamental:

- **The Occupational Safety and Health Convention, 1981 (No. 155) and**
- **the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)**

The major implication of this crucial decision is that all Member States, even if they have not ratified the Conventions in question, have an obligation, arising from the very fact of membership in the Organization, to respect, to promote and to realize, in good faith and in accordance with the Constitution, the principles concerning the new fundamental principle and right at work.

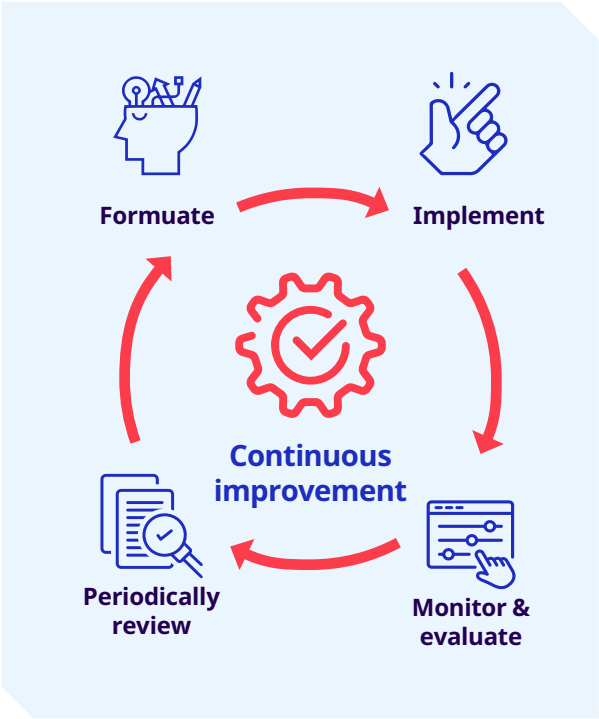
This fact sheet compiles information related to the new fundamental principle and right in Latin America and Caribbean. This region includes the following sub-regions and countries.

However, some pieces of data refer to the Americas region, which includes also North America with Canada and the United States of America.

2 Fundamental conventions on safety and health at work

The fundamental Conventions on occupational safety and health (OSH) numbers 155 and 187 are defined by the following main characteristics:

- They have a universal scope of application that covers all branches of economic activity and all workers.[1]
- They are based on complementary basic principles and, together, they integrate a plan of progressive and sustained improvements to create safe and healthy working environments.
- They focus on the principle of prevention, which seeks to prevent occupational accidents diseases and constitutes the ultimate goal of these conventions.
- They require governance instruments that pursue prevention, such as national policies, programmes and systems on OSH, and a preventive OSH culture.
- They follow a systemic approach that seeks a continuous improvement of OSH through the formulation, implementation and periodic review of the national OSH policy, the formulation, implementation, monitoring, evaluation and periodic review of the national OSH programme and the establishment, maintenance, progressive development and periodic review of the national OSH system. Cyclic iterations of these processes and steps reflect the OSH management approach to be implemented at national level in order to promote continuous improvement of the national OSH situation.
- They create a system of defined rights and duties, which includes information, training, consultation, removal from a work situation that presents a serious and imminent danger, and the provision of personal protective equipment, among others.
- They provide workplace processes for managing OSH, such as the assessment, elimination, and minimization of risks and the control of the remaining risks that cannot be eliminated.
- They require social dialogue on OSH, both at the national and enterprise levels. Work related to governance instruments has to be consulted with employers' and workers' organizations.



1 However, the Conventions are flexible and exceptionally allow for exclusions in case of particular difficulties.

3 Estimates of occupational accidents and diseases

Generating estimates of occupational accidents and diseases is important to diagnose their causes and prescribe specific measures and interventions that are adapted to the specific context and targeted at the root problems. The quantification of occupational accidents and diseases also enables the assessment of the national OSH situation and its evolution over time.

At the international level, there are at least two estimates: those produced by the International Commission on Occupational Health (ICOH) and those produced by the ILO jointly with the World Health Organization (WHO). It must be taken into account that these estimates follow different methodologies, and therefore, their results are not comparable, but rather complementary. The ICOH Global Estimates attempt to calculate the total number of deaths from occupational injuries and diseases worldwide. The joint WHO-ILO estimates, on the other hand, have estimated the fatalities attributed to 41 pairs, linking 19 occupational risk factors to various health outcomes[2], which represent only a limited portion of the total number of occupational risk factors that may exist and health outcomes that may be caused.

The figures and graphs offered below roughly illustrate the OSH situation in the Americas region and compare it with the OSH situation in the rest of the regions of the world.

A. Global estimates (all sectors, all countries), ICOH, 2022[3]

2.9 million

deaths per year due to occupational accidents and diseases

At least

402 million

people suffer non-fatal work injuries

Loss of

5.4%

GDP (approximately 4 thousand billion dollars per year)

2 The term "health outcome" comprises diseases and injuries

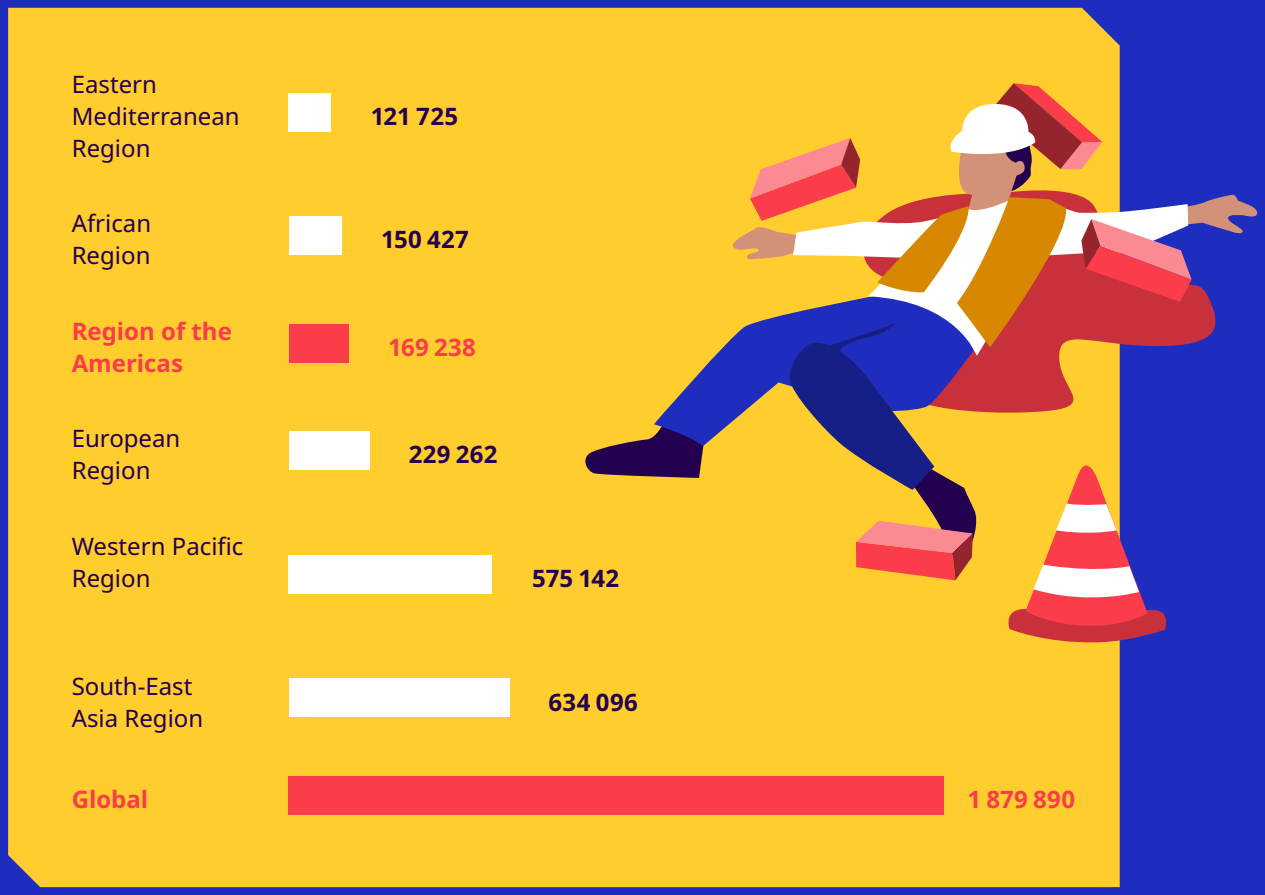
3 Comparative Global Estimates on the Work-related Burden of Accidents and Diseases, Jukka Takala, Päivi Hämäläinen, Clas-Håkan Nygård, Riitta Sauni, Subas Neupane, 2022 https://www.researchgate.net/publication/358385430_Comparative_Global_Estimates_on_the_Work-related_Burden_of_Accidents_and_Diseases

According to the ICOH estimates, approximately 150,000 deaths per year occur in the Americas due to occupational injuries

- Genito-urinary diseases
- Digestive diseases
- Respiratory diseases
- Circulatory diseases
- Neuropsychiatric conditions
- Malignant neoplasms
- Communicable diseases

B. Joint WHO-ILO estimates 2000-2016, 2021[4]

Joint WHO-ILO estimates have calculated that the number of deaths in 2016 attributed to the 41 pairs linking 19 occupational risk factors to various health outcomes is:



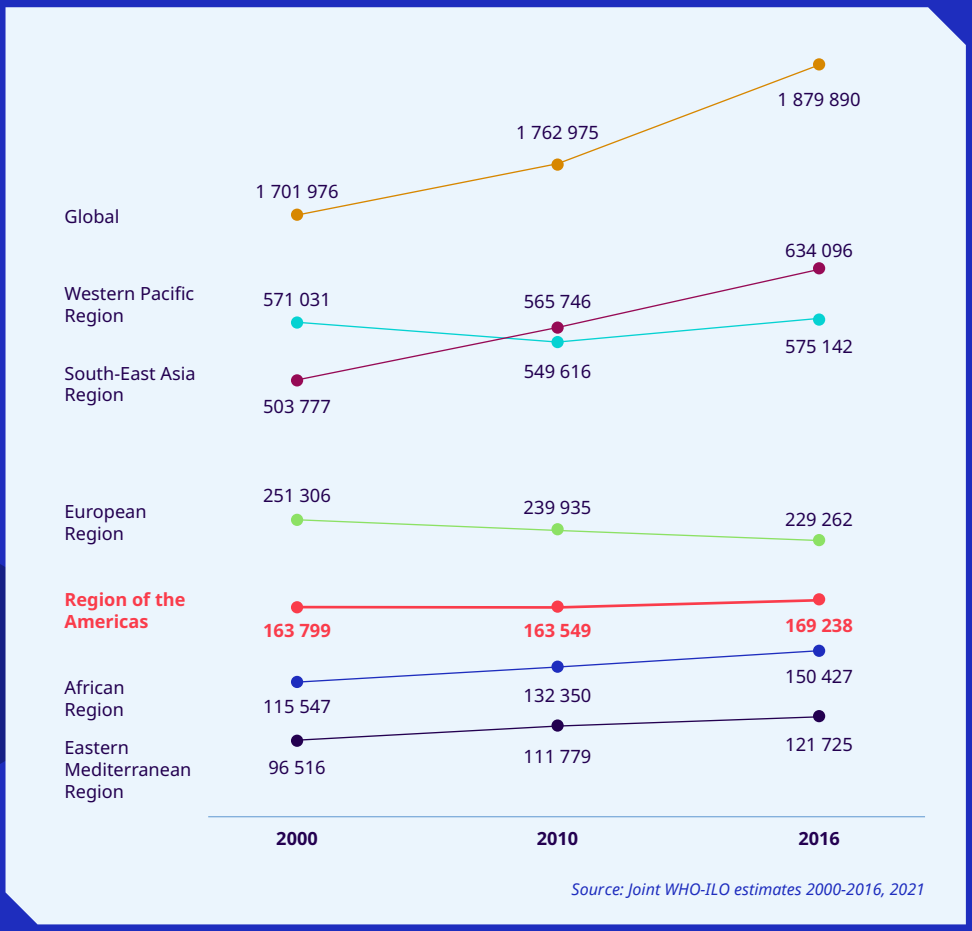
Source: Joint WHO-ILO estimates 2000-2016, 2021

4 WHO/ILO joint estimates of the work-related burden of disease and injury, 2000-2016: global monitoring report, https://www.who.int/publications/i/item/9789240034945

i. The evolution over 16 years (2000-2016) of the number of deaths attributed to the 41 pairs that link 19 occupational risk factors to various health outcomes, indicates an increase of:

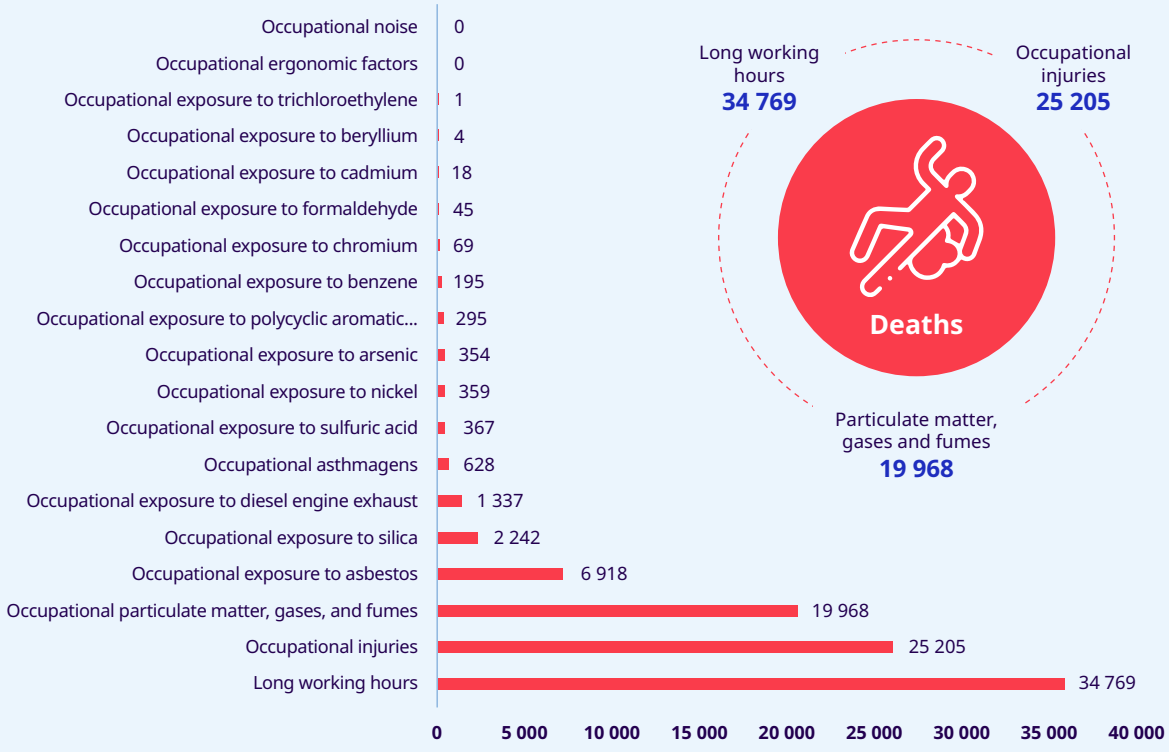
10%
globally

3.3%
in the Americas region



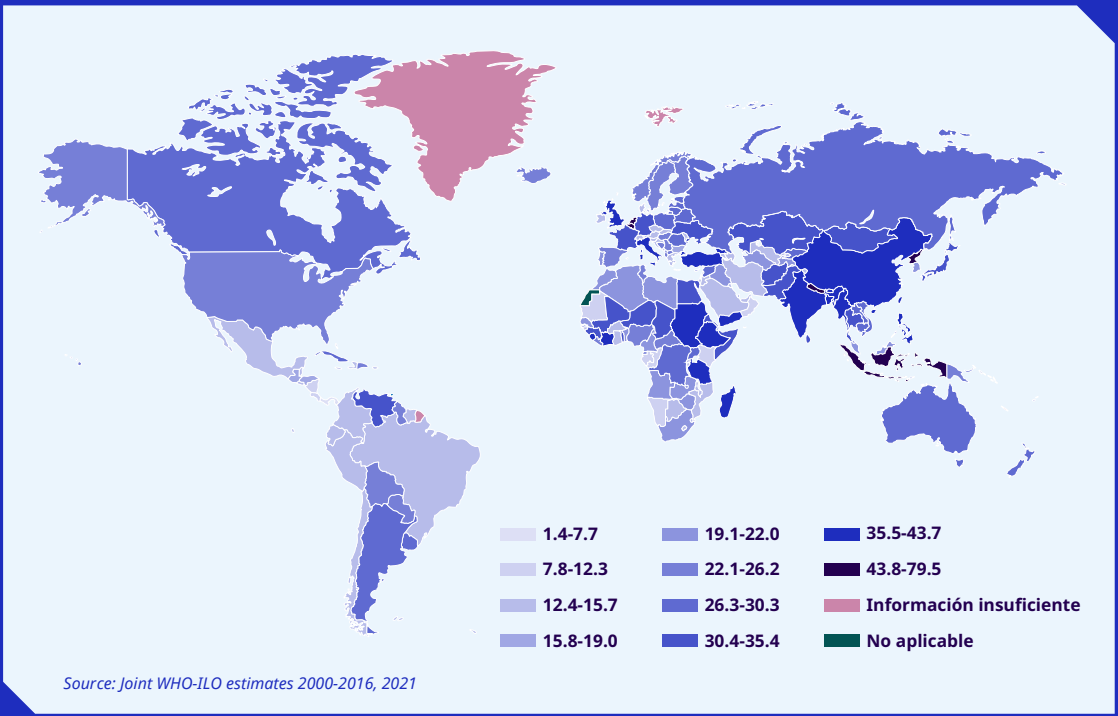
Source: Joint WHO-ILO estimates 2000-2016, 2021

ii. Estimates of deaths in 2016 attributed to the 41 pairs linking 19 occupational risk factors to various health outcomes in Latin America and the Caribbean show that the three occupational risk factors that contribute to a greater number of deaths are:



Source: Produced by ILO with data from joint WHO-ILO estimates 2000-2016, 2021

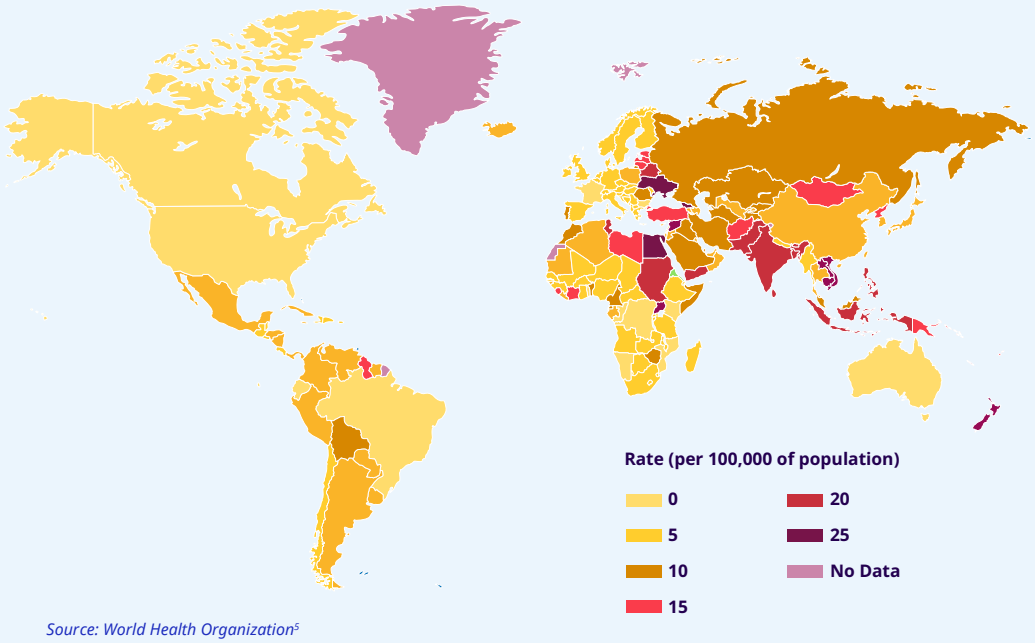
iii. The chart below provides a global comparison of the rate of the total number of deaths per 100,000 people of working age (over 15 years of age) that are attributed to the 41 pairs linking 19 occupational risk factors to various health outcomes, for 183 countries, in 2016.



Source: Joint WHO-ILO estimates 2000-2016, 2021

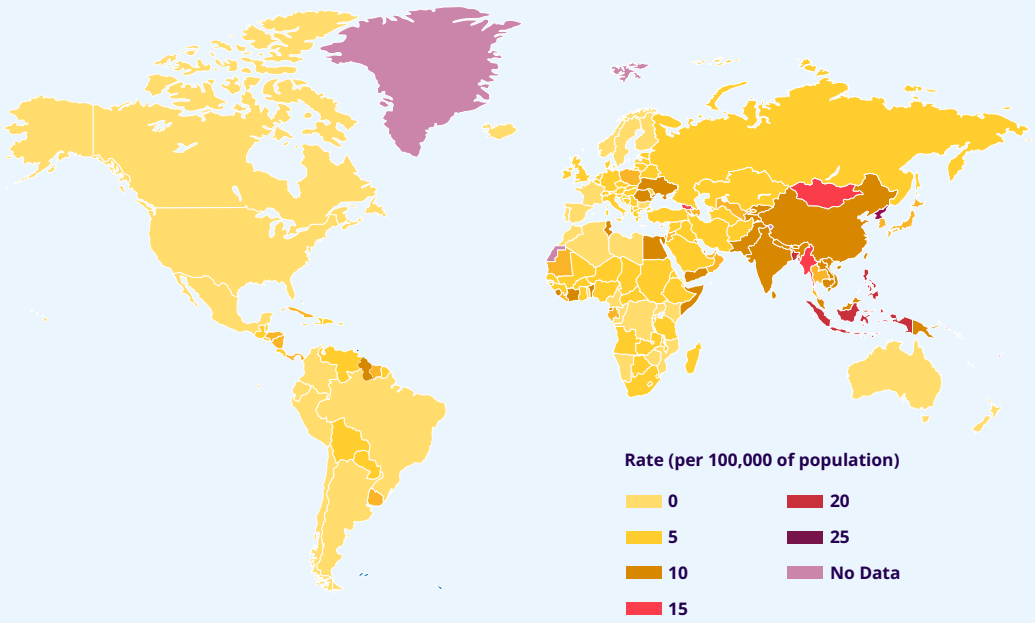
iv. The following graphs offer a global comparison of the rate of deaths caused by diseases linked to long working hours, which is the most lethal occupational risk factor.

Rate of deaths due to ischemic heart disease linked to long working hours



Source: World Health Organization[5]

Rate of deaths due to stroke linked to long working hours



Source: World Health Organization

5 Application to explore and visualize estimates of the burden of occupational disease, by country, sex and age group. Estimates from Pega et al., 2021. Version 1.0. Geneva, World Health Organization, 2021, https://who-ilo-joint-estimates.shinyapps.io/OccupationalBurdenOfDisease/, https://www.who.int/teams/environment-climate-change-and-health/monitoring/who-ilo-joint-estimates

4 Ratification rate

The ratification of the Conventions is extremely important since it represents a formal commitment that an ILO Member State makes with the international community to apply the ratified Convention in its territory. However, the application and compliance with the requirements of a convention at the national level is not a prerequisite for ratification. Some countries prefer to align their law and practice with a convention before ratifying it, while others ratify it and then proceed with internal legal reforms to align their legislation with the provisions of the convention. Both options are viable.

There are no specific provisions in the ILO Constitution regarding the manner of communicating ratifications, which may vary according to the national law and practice of each country. However, in order for a ratification to be registered, the instrument of ratification must:

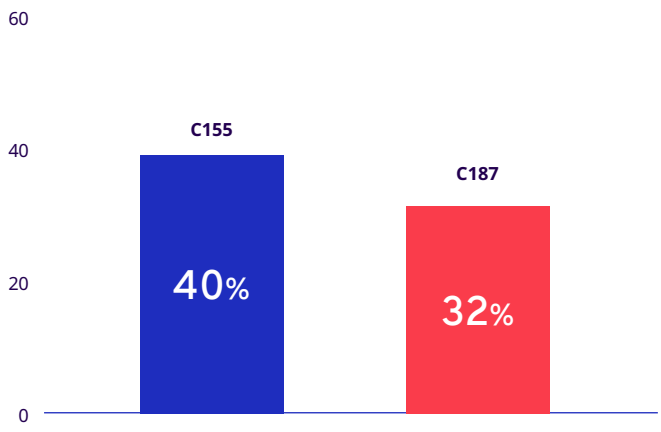
a) clearly identify the Convention being ratified;

b) be an original document (on paper, not a facsimile or photocopy) signed by a person with authority to engage the State (such as the Head of State, Prime Minister, Minister responsible for Foreign Affairs or Labour);

c) clearly convey the Government's intention that the State should be bound by the Convention concerned and its undertaking to fulfil the Convention's provisions, preferably with a specific reference to article 19(5)(d) of the ILO Constitution.[6]

The current rate of ratification of the two fundamental OSH conventions remains relatively low at the global level and very low at the regional level.

i. Percentage of ILO member States that have ratified C155 and C187



Source: NORMLEX, ILO[7]

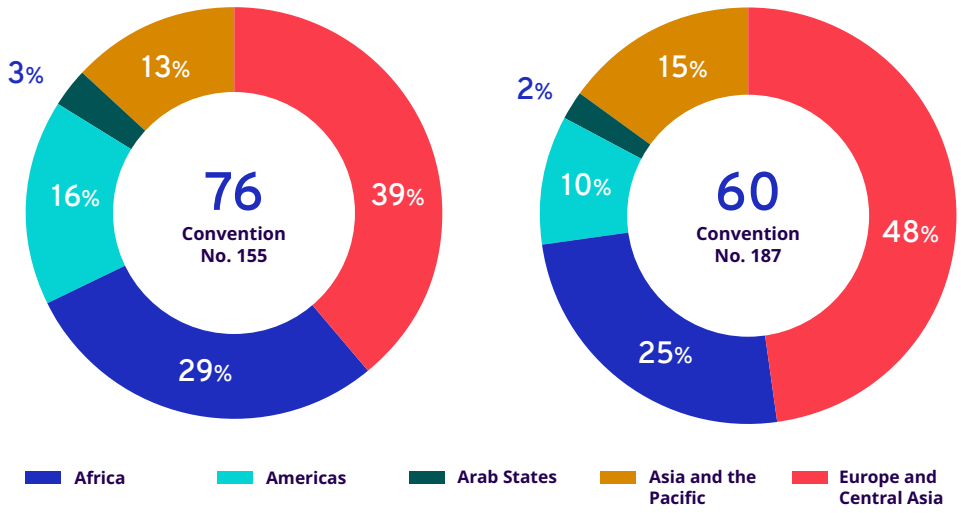
Globally, Convention No. 155 has 76 ratifications, while Convention No. 187 has 60 ratifications.

In Latin America and the Caribbean, Convention No. 155 has 12 ratifications, while Convention No. 187 has 5 ratifications.

6 Handbook of procedures relating to international labour Conventions and Recommendations, ILO, 2019 https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_697949.pdf

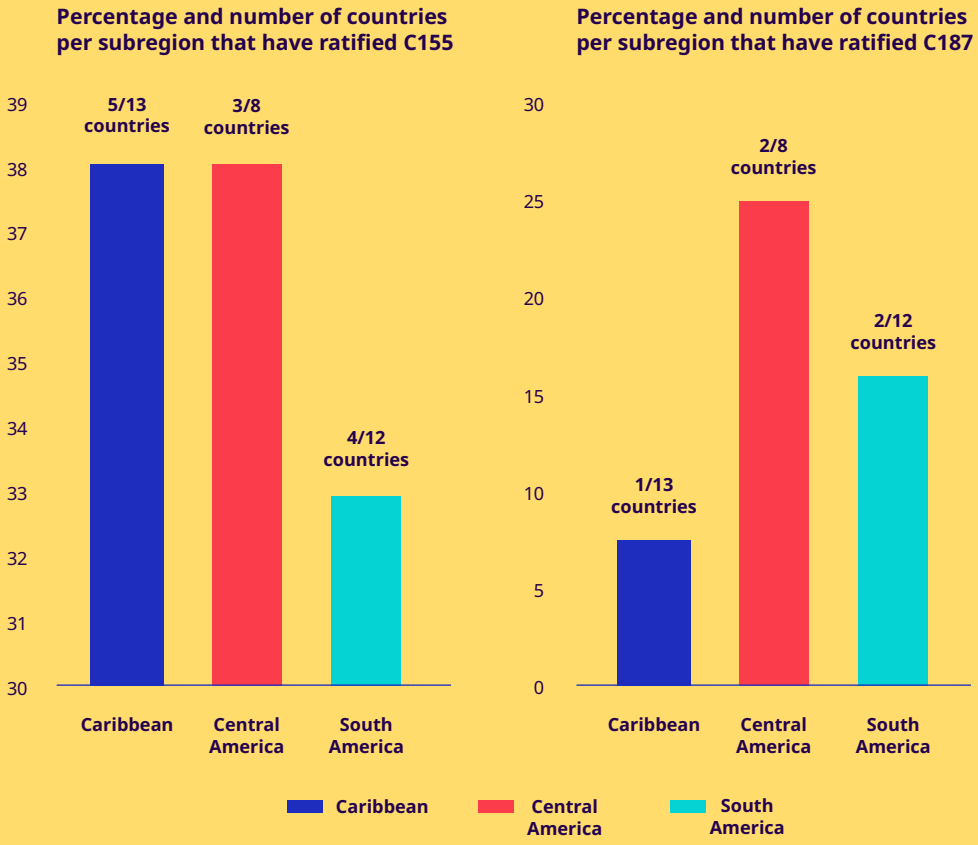
7 https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:1:0::NO:::

ii. Regional distribution of the ratification of Conventions no. 155 and no. 187



Source: SafeDay 2023, ILO[8]

iii. Ratification rate per subregion in Latin America and the Caribbean



Source: NORMLEX, ILO[7]

8 Implementing a safe and healthy working environment: Where are we now? ILO, 2023, https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_876334.pdf

5 A national tripartite body on OSH

Social dialogue is the cornerstone of the fundamental conventions on OSH. These require bipartite consultation between employers and workers within companies and tripartite consultation between governments, employers and workers at the national level.

National tripartite consultation is usually carried out through the national tripartite OSH body, which is one of the elements of the national OSH systems according to Convention No. 187. Along the same lines, Convention No. 155 indicates that where circumstances so require and national conditions and practice permit, arrangements to achieve coordination between the various authorities and bodies with competences on OSH should include the establishment of a central body.

These national consultation bodies tend to have a tripartite-plus composition, since they usually bring together representatives of the various authorities with responsibilities on OSH matters, an equivalent number of representatives from employers' and workers' organizations, and representatives of other partners such as academia and associations of OSH professionals.

National tripartite bodies have the following degree of implementation:

79%

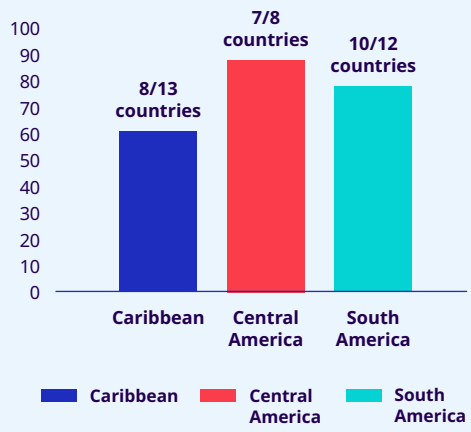
of ILO Member States globally

76%

of ILO Member States in Latin America and the Caribbean

i. Implementation rate of national tripartite OSH bodies per subregion in Latin America and the Caribbean.

Percentage and number of countries per subregion that have a national tripartite body on OSH

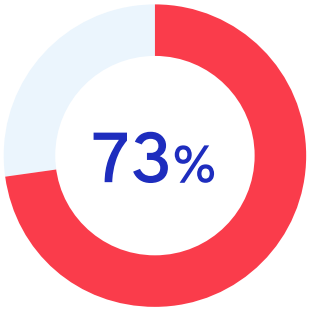


Source: SafeDay 2023, ILO

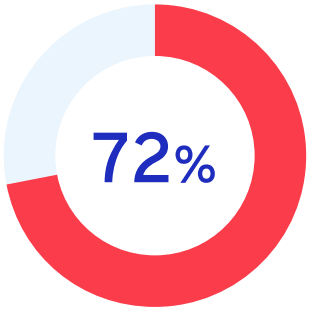
6 Requirement to establish a joint workplace OSH committee

Both Convention No. 155 and Convention No. 187 recognize the importance of cooperation between management and workers and their representatives. According to Convention No. 187 one of the key components of a national OSH system (infrastructure) are provisions to promote cooperation between management, workers and their representatives at the level of the enterprise. Pursuant to Convention No. 155, cooperation between employers and workers or their representatives in the undertaking must be an essential element of the organizational and other measures taken in pursuance of Articles 16 to 19 of the Convention, which refer to the OSH action at level of the undertaking. This cooperation between the employer and workers at company level is often implemented by means of establishing joint OSH committees at the workplace in which both parties are represented.

The requirement to create mixed committees at the workplace is included in the legislation of:



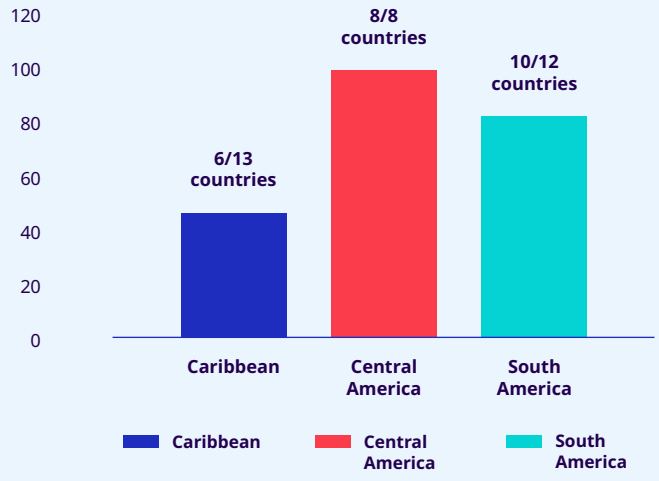
of ILO Member States globally



of ILO Member States in Latin America and the Caribbean

i. Number of Member States whose legislation establishes the requirement to create joint OSH committees at the company level, per subregion in Latin America and the Caribbean.

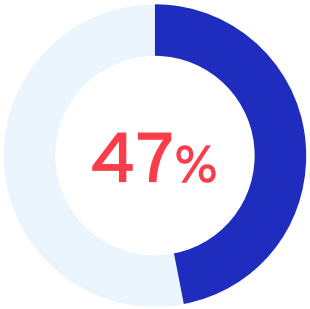
Percentage and number of countries per subregion with a legal requirement to establish a joint OSH committee at the level of the undertaking



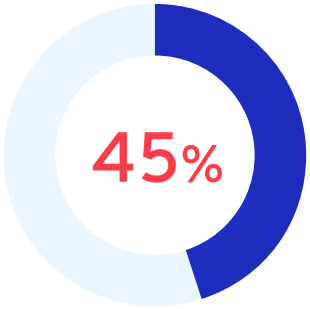
Source: SafeDay 2023, ILO

7 National OSH policy

The national OSH policy is one of the essential governance instruments and consists of a formal document that describes a specific and deliberate course of action adopted by a government or public body to fulfil its mandate in the field of OSH. Both Convention No. 155 and Convention No. 187 require Member States to formulate a national OSH policy, taking into account national conditions and practice and in consultation with employers' and workers' organizations. The national OSH policy aims to prevent accidents and injury to health arising out of, linked with or occurring in the course of work and minimize risks. It also aims to promote basic preventive principles such as: assessing occupational risks or hazards and combating occupational risks or hazards at source. The national OSH policy follows a systemic and cyclical approach for continuous improvement, given that Convention No. 155 requires Member States to formulate, implement and periodically review this policy.



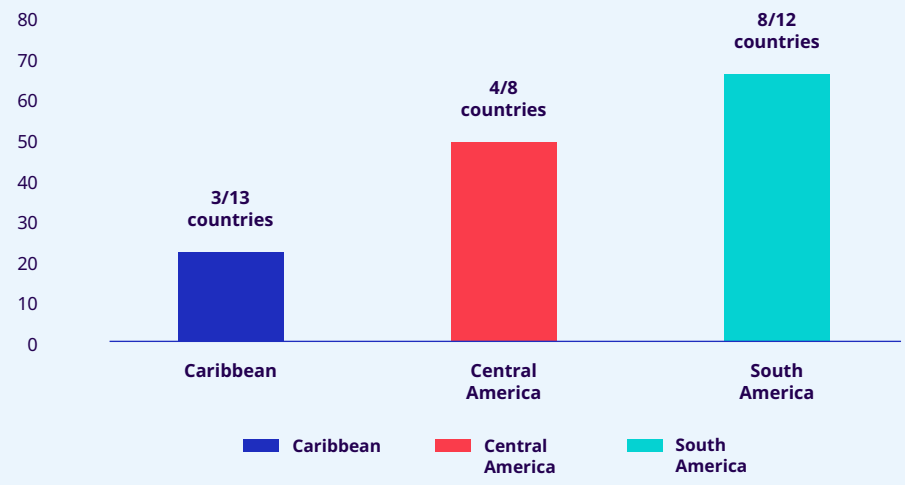
of ILO Member States have a national OSH policy.



of the ILO Member States in Latin America and the Caribbean have a national OSH policy.

i. Number of Member States that have a national OSH policy per subregion in Latin America and the Caribbean.

Percentage and number of countries per region that have a national OSH policy



Source: SafeDay 2023, ILO

8 National OSH Programme

Adopting a national OSH policy is essential but it is not enough to manage OSH at the national level; a national OSH programme is also necessary. Such a programme is a detailed and pragmatic document, based on the policy, that establishes concrete goals and interventions that are to be prioritized, ideally determining the actions and steps that must be carried out to achieve the goals, setting a timeframe and deadlines for the implementation of interventions, identifying the bodies or persons responsible and the resources available, as well as determining the indicators that will be used to measure the level of implementation and impact of the national OSH programme. Similarly to the national OSH policy, the national OSH programme follows a systemic and cyclical approach for continuous improvement and the principle of tripartite consultation, since Convention no. 187 requires Member States to formulate, implement, monitor, evaluate and periodically review this programme in consultation with employers' and workers' organizations.

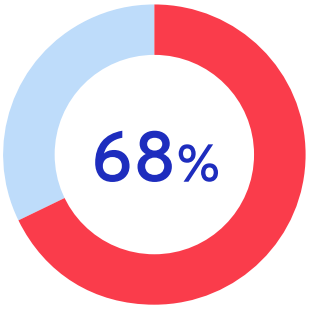
of ILO Member States have a national OSH programme.

of ILO Member States in Latin America and the Caribbean have a national OSH programme

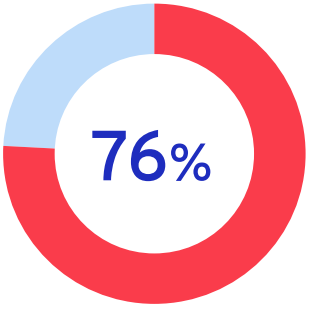
9 Protection against undue consequences for workers who remove themselves from dangerous work situations

The legislative OSH framework must include a series of rights and duties on OSH. The right of workers to remove themselves from situations in which there is imminent and serious danger plays a vital role in preventing work-related deaths and injuries, and therefore, it is one of the key rights that must be enshrined in the national legislation. This is required by Convention No. 155, which dictates that, in accordance with national conditions and practice, workers who have removed themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health shall be protected from undue consequences (article 13).

The degree of implementation of this right is:



of ILO Member States globally



of ILO Member States in Latin America and the Caribbean

10 National system for recording and notification of occupational accidents and diseases

The collection and analysis of data related to occupational accidents and diseases are necessary in order to identify their causes, detect new hazards and emerging risks and develop adapted and targeted prevention measures. Having accurate and reliable data on occupational accidents and diseases is essential to define priorities and design effective prevention strategies in terms of OSH. However, poor compliance with the requirement to report occupational illnesses and injuries remains a problem around the world. For this reason, even when registration and notification systems exist, they are often incomplete and present dysfunctions.

Globally:

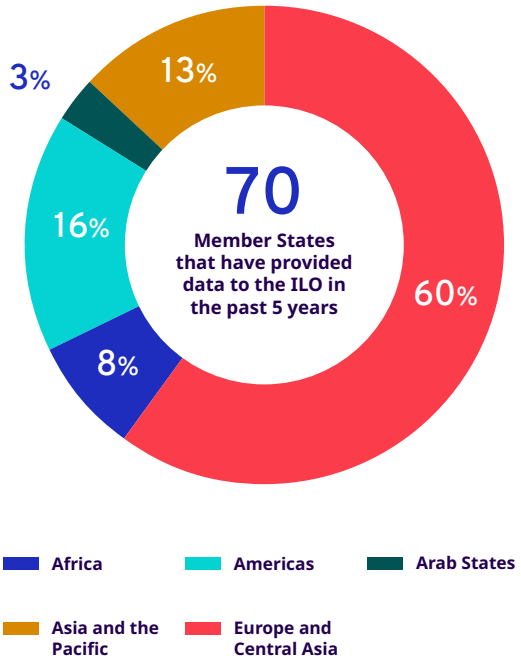
91%

of ILO Member States have developed systems for recording and notification of occupational accidents and diseases.

41%

of the ILO Member States that have a system for recording and notification of occupational accidents and diseases, have provided data to the ILO in the last five years.

Distribution of Member States that have provided data to the ILO in the past five years, by ILO region



Source: SafeDay 2023, ILO

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