



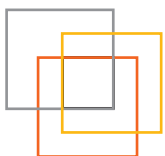
International
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XIX World Congress on Safety and Health at Work:

Istanbul Turkey, 11-15 September 2011

ILO Introductory Report:
Global Trends and Challenges on
Occupational Safety and Health



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from theory and platitudes to conviction and action”.

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List of acronyms

DWCPs	Decent Work Country Programmes
HIV & AIDS	Human Immunodeficiency Virus & Acquired Immune Deficiency Syndrome
IALI	International Association of Labour Inspection
ICOH	International Commission on Occupational Health
ILO	International Labour Office/Organization
LMIC	Lower and Middle-Income Countries
OECD	Organisation for Economic Cooperation and Development
OSH	Occupational Safety and Health
SARS	Severe Acute Respiratory Syndrome
SMEs	Small and Medium-sized Enterprises
WHO	World Health Organization

1. Introduction

Over the past decades significant advances have been made in occupational safety and health (OSH) as many more countries have realised its importance and the need to give higher priority to preventing accidents and ill-health at work. Thus an unprecedented amount of information about occupational risks and how to manage them is now available, much of it on-line, and OSH appears to be better managed in many enterprises. Consequently, numbers of serious accidents appear to be declining globally although the picture for occupational ill-health is less encouraging.

- 1.1 Such advances have been driven partly by greater expectations of the need for Decent Work and partly by a growing acceptance of the heavy burdens that unsafe and unhealthy working conditions impose on human health and well-being, productivity, employment and the economy as a whole. Thus, many governments have modernised their national OSH policies and systems, bringing legislation in line with international standards, as well as providing more resources for OSH inspection and advisory services. Likewise, employers and workers' awareness has risen as they are giving greater priority to prevention taking responsibility for managing OSH more effectively within their enterprises.
- 1.2 Nevertheless, many workers globally still face unhealthy and unsafe working conditions and the recent economic crisis and recession have also threatened to undermine these achievements. Some categories of workers such as migrants, temporary workers and those in the informal economy are facing more dramatic consequences of this situation. Others face greater psychosocial risks at work due to the intensification of work, outsourcing and restructuring and the fear to lose their jobs; the impact of such conditions on workers' stress and mental health and in society at large can be considerable.
- 1.3 Investing in OSH clearly has major implications for enterprises but also for governments, OSH inspection services, occupational health services, social security and educational and training institutions. All stakeholders thus need to be committed to invest in OSH, accepting it as a vital component of good management and performance rather than a burden on businesses.
- 1.4 It was therefore very timely that the *Seoul Declaration on Safety and Health at Work* was adopted in June 2008 during the XVIII World Congress, committing its signatories to "taking a lead in promoting a preventative safety and health culture and placing occupational safety and health high on national agendas". Importantly, for the first time in an international declaration, the Seoul Declaration¹ states that the right to a safe and healthy working environment should be recognized as a fundamental human right and that promoting high levels of safety and health at work is the responsibility of society as a whole; therefore, all members of society must contribute to achieving a preventative safety and health culture. Progress on implementing the Seoul Declaration will be presented at the XIX World Congress in Istanbul, Turkey in 2011.

- 1.5 The XIX World Congress thus builds on what was achieved in 2008 and aims at strengthening global commitment in promoting a preventative safety and health culture. A task that has become vital in the light of the global economic recession. The ILO acknowledges the importance of social dialogue among stakeholders working together promoting OSH and raising awareness throughout society.
- 1.6 This Introductory Report concerns some of the achievements and challenges of the last three years for building such a preventative safety and health culture. How to meet these challenges will be the subject of much discussion and debate at the Congress itself, which it is hoped will be another significant landmark in the history of promoting a preventative safety and health culture across the world.

2. Promoting Occupational Safety and Health in the world of work today: an overview

National OSH policies, systems and programmes

2.1 In recent years, particular emphasis has been given to the need to manage effectively safety and health for all workers. Relevant international guidance on the subject has been available now for ten years² and many countries have now adopted such guidance within their own national policy frameworks. After ten years of their implementation, the debate on the different approaches to the implementation of OSH management systems is still on-going and in April 2011 it was chosen as the focus of the campaign of the World Day for Safety and Health at Work³.



- 2.2 The last three years have seen increased national interest in OSH globally. Many countries have been revitalizing national OSH policies and systems, bringing them in line with modern practice and updating their OSH legislation. OSH inspection services have been strengthened and modernised, so as to be more effective. OSH educational and training opportunities have also increased in many countries.
- 2.3 Recent assessments show that many governments have thus adopted a more systematic approach in managing and promoting OSH nationally. National OSH policies and legislation have been updated and modernised and national OSH systems have been better managed and reinvigorated so as to have greater impact. The approach has also resulted in more OSH advice and information being made available, much of it on-line, while educational and training programmes for OSH have also been expanded in some countries⁴.
- 2.4 Enterprises have also adopted and improved their own OSH management systems in collaboration with their workforce, achieving reductions in work-related accidents and ill-health. Small and medium-sized enterprises (SMEs), who have often had more difficulties than larger ones in keeping up-to-date with OSH legislation and good practice, have been assisted by government-funded and private advisory services. There is a trend among some larger national and multi-national enterprises to assist their SME suppliers and contractors to improve their working conditions by offering them relevant information, advice and training.
- 2.5 Larger enterprises have particular influence with their suppliers or contractors who may well be SMEs. Through carefully considered contractual arrangements, larger enterprises can act as examples and “good neighbours” to their suppliers, ensuring that good standards of OSH are passed on and implemented in supplier enterprises. Several such initiatives have been tried in recent years, one of which is described further below.

A public-private partnership for improving OSH in the supply chain

A major multinational car manufacturer, a national donor and the ILO formed a partnership with OSH inspectorates in South Africa and Mexico to help SMEs in the automobile supply chain to improve OSH in their workplaces. With relevant advice, information and training, attitudes were changed and standards of OSH in the suppliers' workplaces improved. The project, which was linked to the UN Global Compact⁵ and lasted from 2004-2008, also helped to build confidence amongst OSH inspectors and strengthened national cooperation⁶.

- 2.6 More positive attitudes towards occupational safety and health and related areas such as workplace health promotion are being addressed and the world of work is progressively moving away from the belief that unsafe or unhealthy working conditions are an inevitable part of working life for some and moving towards a preventative safety and health culture for all.
- 2.7 Thus the positive benefits of maintaining high standards of OSH have been strongly argued by all stakeholders, governments, employers and trade unions, and especially by the ILO⁷. The principle that 'good safety and health is good business' has now been widely accepted and research increasingly shows that the principle holds good for small and medium sized enterprises (SMEs) as well as large ones. For example, many SMEs report that by investing in OSH they have reduced sickness absences and improved employee morale, their insurance premia have been reduced and their productivity and competitiveness has improved⁸.
- 2.8 Several innovative approaches have been tried in efforts to reach and influence the growing number of small and medium-sized enterprises (SMEs), micro-businesses and also the informal economy. Some have had notable success in changing attitudes towards OSH, especially those that have been part of broader campaigns or programmes and have made good use of the media – TV and/or radio. Organizations such as insurance associations have also sometimes acted as intermediaries to get key messages about OSH across to a broader spectrum of workplaces, including SMEs.
- 2.9 Partnerships for OSH are also becoming more common and many new programmes and initiatives are often now supported by several stakeholders. Governments recognize that they cannot achieve the outcomes of their national OSH strategies and programmes alone and actively encourage interested organizations to work with them and others to achieve common goals⁹. So employers, workers and other stakeholders often undertake joint initiatives, with good results. For example, practical awareness-raising events targeted at specific sectors have proven to be especially effective¹⁰. The International Association of Labour Inspection (IALI)¹¹ and the EU Senior Labour Inspectors Committee¹² have seen an increasing influence on government policy and practice on OSH inspection.

Global professional associations and networks

- 2.10 Global professional associations and networks of OSH specialists (such as occupational medical practitioners, hygienists and safety engineers) have grown in membership and influence in recent years. Such groups include the International Commission for Occupational Health¹³ and the International Network of Safety and Health Practitioner Organisations¹⁴. National institutions such as the US National Institute for Occupational Safety and Health¹⁵ and the UK Institute of Occupational Safety and Health¹⁶, among others, have also helped to spread good practice through the continuous professional development of members. Regional organizations such as ASEAN-OSHNET¹⁷ and ALASEHT¹⁸ also promote good practice on OSH among researchers and practitioners through information exchange as well as cross-regional programmes and training.
- 2.11 Worker OSH representatives likewise have a key role to play in promoting OSH at the enterprise level. Many are members of national organizations that provide relevant OSH training, advice and information, with networks and support that are vital in ensuring that good OSH practice becomes a reality. At the international level, organizations such as the International Trade Union Confederation and associated unions help to promote a preventative OSH culture both globally and nationally, raising awareness through such events as the annual International Workers' Memorial Day and participating in the World Congress on OSH.
- 2.12 All such global networking, information exchange and programmes have been greatly facilitated by the wider availability of the internet as well as the desire to see real improvements in OSH and working conditions across the world. As such, they provide an important means of helping to spread good OSH practice and promoting a preventative safety and health culture globally.

OSH education and training

- 2.13 OSH education and training facilities have expanded in many countries to meet demands, for example, from new OSH legislation requiring OSH training for all workers. In developing countries, such provision is increasing too, often as part of a broader drive to expand tertiary education. Basic education dealing with risk prevention is also gaining ground and is starting to be included in elementary, secondary and technical schools curricula as part of a growing societal awareness of its responsibility to address safety and health issues more generally.
- 2.14 The 'mainstreaming' of OSH into Technical and Vocational Education and Training (TVET) courses is becoming more frequent and certain protocols have been used to ensure the quality of OSH training¹⁹. For example, in Egypt and Morocco, TVET institutions are developing OSH components within their curricula to help meet the needs of front-line OSH practitioners in both the private and public sectors. In Bangladesh, OSH has also become an important component of the TVET Reform Project.

Integrating OSH within Technical and Vocational Education and Training (TVET) courses in countries in North Africa

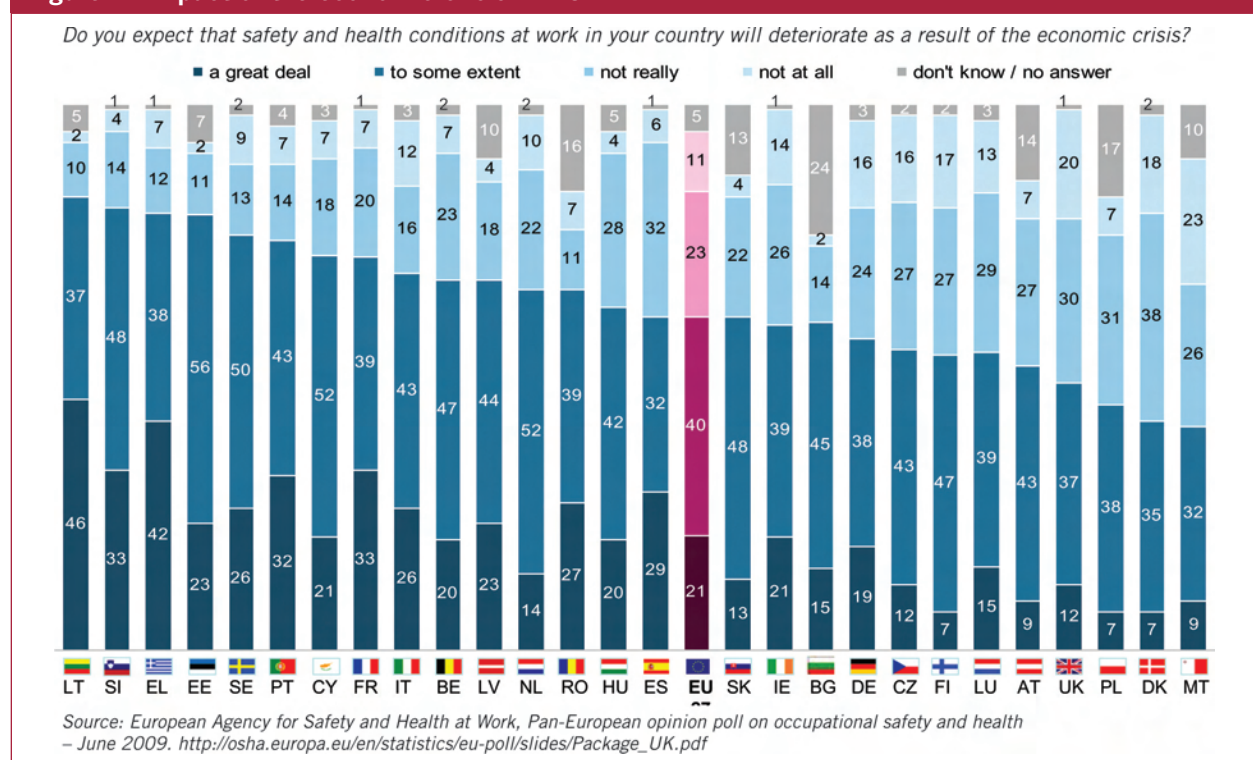
OSH is increasingly being integrated within the curricula of national TVET courses, and in North Africa at least such integration is based on the following principles:

1. To improve the OSH content of TVET courses, the training institutions themselves and affiliated organizations should adopt tailored OSH management systems, based on ILO's *Guidelines on occupational safety and health management systems*, 2001;
2. Within each trade curriculum, special emphasis should be given to OSH as experienced in real working life situations;
3. Technical and professional training programmes should be established for front-line safety practitioners and OSH managers;
4. OSH training should be enhanced through continuing learning activities in enterprises.

3. OSH and the global economic recession

- 3.1 The global economic recession appears to have had a significant impact on worker's safety and health and on their working conditions. While it is too soon to tell what long-term effect it has had on rates of accidents and ill-health, there is evidence that some of the recent advances in terms of promoting OSH are being lost as enterprises struggle to remain productive²⁰. Although future statistics may actually show a decline in numbers of accidents in some sectors or enterprises, this may be because of reduced numbers of people in work. The overall impact of the economic recession will in any case vary markedly from one country and from one employment sector to another²¹.
- 3.2 One recent opinion poll conducted across the EU showed that a majority expected that OSH would deteriorate to some extent during the current economic recession²². The results are summarized in Figure 1 below.

Figure 1: Impact of the economic crisis in EU 27



- 3.3 Governments face major financial constraints during a recession and public services are always likely to be cut at such times. However, if numbers of inspection visits and enforcement are reduced and less OSH information and advice are readily available, enterprises may decide to cut cost of preventive measures to cope with the recession, OSH standards in practice could well deteriorate. Recent research has shown that social security revenue has also been reduced significantly by the economic crisis and that health costs are increasing²³. In spite of the fact that there is still a need to meet the growing demand for relevant OSH education and training, funding for education and training facilities may also be at risk.

Impact of the crisis on the management of OSH

- 3.4 Increased work intensity due to the pressures in enterprises performance can lead to less time being given to prevention and less effective OSH management systems²⁴. Plant maintenance schedules are at risk of being cut back, increasing the risks of accidents through poor maintenance, and lack of investment in newer equipment. This may also mean that workers have to continue working with older and more hazardous installations, equipment and tools.

Psychosocial hazards and mental health

- 3.5 Psychosocial factors, such as stress, harassment and violence at work, have a marked impact on workers' health, as research has shown²⁵. Studies also suggest that stress is a factor in between 50% and 60% of all lost working days, a huge cost in terms of both human distress and impaired economic performance²⁶. Such factors are likely to be more significant as employment becomes more precarious for some, and workloads and working hours often increase for those remaining in employment.
- 3.6 All employment sectors are at risk here, including those with fewer traditional safety and health hazards, such as the financial and services sectors and public administration. Recent research also shows that stress at work and high decision authority increases the risk of depressive and alcohol and drug-related disorders²⁷. All this points to the need for psychosocial hazards to be properly addressed and for appropriate preventive measures to be put in place.

4. Estimates of fatal and non-fatal accidents and diseases

- 4.1 The direct and indirect costs of work-related accidents and ill-health have been extensively researched and documented in recent years. This has clearly demonstrated the great economic burden that such accidents and ill-health place on individuals, on enterprises, on families and on society more generally.
- 4.2 In most countries, vast numbers of workplace accidents, fatalities and diseases are not even reported or recorded. International and national provisions for the recording and notification of occupational accidents and diseases do exist²⁸; however, there is still gross under-reporting in many countries of the world. Global figures can therefore only be estimated, and these are considered below.



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The overall costs of accidents and ill-health are often much greater than immediately perceived. Conversely, investing in OSH reduces both direct and indirect costs, reducing absenteeism and improving worker morale, reducing insurance premia and improved performance and productivity. Nationally, reduced social security and health care costs means lower taxes, better economic performance and enhanced societal benefits.

- 4.3 Data on work-related accidents and diseases is essential for prevention. Global and regional estimates have been prepared for this Report, as for those of previous World Congresses using a methodology developed over the last decade and on this occasion using data from 2008²⁹. Comparisons with estimates from previous years are made below, but it may be noted that these latest estimates are based on the World Health Organization (WHO) regional groupings³⁰ instead of the World Bank divisions as in previous years, since the latter were recently changed.

Fatal accidents and diseases

- 4.4 It is thus estimated that 2.34 million people died from work-related accidents or diseases in 2008, of which 2.02 million were caused by various types of disease and 321,000 from work-related accidents. This equates to an average of more than 6,300 work-related deaths every day. Table 1 below compares current estimates with those of previous years.

Table 1.

Estimated numbers and incidence rates of fatal work-related accidents and diseases: global trends³¹

Year	Numbers of fatal accidents	Fatal accident incidence rates*	Numbers of fatal diseases	Total numbers of fatal accidents and diseases
1998	345,000	16.4	-	-
2001	351,000	15.2	2.03 million	2.38 million
2003	358,000	13.8	1.95 million	2.31 million
2008	321,000	10.7	2.02 million	2.34 million

*Accident incidence rates are the numbers of accidents per 100,000 workers

- 4.5 It is notable that both the overall number of fatal accidents and the fatal accident incidence rates have fallen over the last ten years. There may be a number of factors influencing these figures (discussed below). These figures can be broken down further as shown in Table 2.

Table 2.

Fatal work-related accident incidence rates by WHO regional grouping (2008)³²**

Calculated rates by employment sector			
WHO Regional grouping	Agriculture	Industry	Services
High income countries (global)	10,2	4,3	1,6
LMIC* Africa Region	18,9	21,1	17,7
LMIC Americas Region	10,7	11,1	6,9
LMIC Eastern Mediterranean Region	20,0	10,1	5,3
LMIC European Region	19,1	10,3	4,5
LMIC South-East Asia and Western Pacific Regions	19,1	9,7	6,1

* LMIC – Low and Middle Income countries

** Accident incidence rates are the numbers of accidents per 100,000 workers

- 4.6 As for fatal occupational diseases, these include work-related cancers (29% of the total figure for all work-related deaths), circulatory diseases (21%) and communicable diseases (25%). More details are provided in Annex 1.

- 4.7 More than 900,000 deaths from exposure to hazardous substances at work are also included in these figures. While this appears to be a marked increase on previous years' figures, the actual increase may be much smaller than the Table below implies, since the scientific criteria used in calculating the latest figures have been updated.

Table 3.

Estimated numbers of work-related deaths caused by exposure to hazardous substances: global trends³³

Year	Numbers of fatalities caused by exposure to hazardous substances
1998	-
2001	438,480
2003	651,000
2008	910,000

Non-fatal accidents

- 4.8 In addition, recent research has shown that more than an estimated 317 million workers were injured in accidents at work that resulted in absences from work of four days or more. This equates to an average of 850,000 injuries per day. Table 4 below compares current estimates with those of previous years.

Table 4.

Estimated numbers and incidence rates for non-fatal accidents at work resulting in absences of 4 or more days from work: global trends³⁴

Year	Numbers of accidents causing absences of 4 or more days	Non-fatal accident incidence rates*
1998	264 million	12,500
2001	268 million	12,200
2003	337 million	13,000
2008	317 million	10,600

*Accident incidence rates are the numbers of accidents per 100,000 workers

- 4.9 Patterns of accidents and disease vary markedly from one region to another. For example, most of the estimated 317 million non-fatal work-related accidents occurred in South-East Asia and Western Pacific countries (26% and 38% respectively). More details are given in Annex 1.

5. Evolving patterns of employment and OSH

- 5.1 The nature and degree of occupational risks depends on a range of individual and societal factors as well as labour relations and technological progress. Recent research has been carried out on new and 'emerging risks'³⁵ relating to new and emerging technologies; for example the safety and health implications of nanotechnology, factors causing psychosocial illness such as work-related stress and other mental disorders, exposure to non-ionizing radiation; age-related and gender related risks have also received increasing attention. Further research on these topics will be one of the important tasks for the coming years.
- 5.2 The prevalence of the informal economy and age-related factors are not new, but their influence on occupational risk remains a major concern. In spite of the positive developments mentioned before, poor standards of OSH persist, especially for certain more hidden groups of workers such as those in precarious employment, the informal economy, temporary and migrant work. Hazardous child labour is still prevalent in many countries³⁶. Efforts to address such challenges need to be maintained and sometimes increased, especially due to the impact of the global economic crisis of 2008 and the economic recession we are living.
- 5.3 Poor standards of OSH are by no means confined to the more hidden groups of workers and some well-publicized major incidents have recently taken place in large enterprises. For example, oil rig explosions in the Gulf of Mexico in both April and September 2010 attracted widespread attention, particularly the first which also brought about much environmental damage.

© Photo: The Independent, 14 September 2010



Eleven oil platform workers were killed when the Deepwater Horizon drilling rig exploded in the Gulf of Mexico. Thousands of livelihoods were also affected by the environmental damage. The cost of the incident, including clean-up operations, compensation to local fishermen and loss to the local tourist industry, is estimated to run to many billions of US dollars³⁷.

- 5.4 Serious mining incidents have also attracted much publicity. For example, the technically complex and remarkably successful rescue of 33 miners from a Chilean mine in October 2010 was widely publicized and served to highlight the serious risks that many miners face daily. However, rescue attempts following mining disasters, for example in New Zealand, Peru and China, in 2010 and 2011 were not successful.

© Photo: Mother Nature Network, 26 August 2010



Thirty-three miners were rescued from the San José mine, Chile, after they were trapped underground for 69 days when the main access tunnel collapsed. The complex rescue operation received world-wide press coverage³⁸.

- 5.5 More recently, the Great East Japan earthquake and tsunami in March 2011 devastated the Fukushima nuclear power plant, exposing workers to high levels of radiation, as well as affecting the wider community. Emergency workers engaged in limiting the impact of the event subsequently were particularly at risk and some were hospitalized after high exposures. At the time of writing this report, the economic and environmental impact of the disaster was not yet known, but the authorities' preliminary estimate was that the loss of physical capital amounted to 3.3 to 5.2 percent of Japan's annual GDP.³⁹

© AP Photo/AIR PHOTO SERVICE⁴⁰



Unit 4 of the crippled Fukushima Dai-ichi nuclear power plant in northern Japan. Photograph taken on 24 March 2011, following the major earthquake and tsunami that struck Japan on 11 March 2011. Several rescue workers were exposed to very high levels of radiation.

- 5.6 In June 2011, three months after the disaster, the Ministerial Conference on Nuclear Safety of the UN International Atomic Energy Agency (IAEA) called for stronger national and international measures to ensure the highest and most effective levels of nuclear safety in the wake of the accident at Japan's Fukushima Daiichi power plant. Delegates at the Conference stressed the need to receive from Japan and the IAEA a "comprehensive and fully transparent assessment" of the Fukushima Daiichi accident to enable the international community to act on lessons learned, including a review of IAEA safety standards, particularly those related to multiple severe hazards.
- 5.7 They emphasized "the need to improve national, regional and international emergency preparedness and response to nuclear accidents, including the possible creation of rapid reaction capacity and the development of training in crisis management at the regional and international levels". They encouraged States with nuclear power plants to "conduct, as a response to the accident at the Fukushima Daiichi Nuclear Power Station, comprehensive risk and safety assessments of their nuclear power plants in a transparent manner as the nuclear industry has the responsibility to implement nuclear safety measures and to contribute to international efforts to enhance safety through transparency". Safety standards should be continuously reviewed, strengthened and implemented as broadly and effectively as possible and underline the need for States with nuclear power programmes, as well as the IAEA, to promote capacity-building, including education and training for regulators and operators.

The informal economy

- 5.8 The informal economy accounts for a large proportion of workers especially in developing countries and makes significant contributions to their national economies. However, OSH legislation often does not apply to such workplaces or, if it does, it is not effectively implemented and enforced. Individual workers do not have access to sound OSH advice and training, and are often exposed to risks to their safety and health without adequate protection. Governments, employers' and workers' organizations and other stakeholders are well aware of the challenges of reaching out to and influencing such workers and some are taking positive steps to address the situation. For example, basic occupational health services are expanding in some countries and these could be used by such workers⁴¹. However, the needs are vast and poor working practices persist.

Street-selling of pesticides for domestic use

Poor urban areas are fertile breeding grounds for pests and there is a high demand for cheap and effective pesticides. Pesticides intended for agricultural use are more readily available and these are often supplied to street markets in large containers where they are decanted into smaller ones before being sold to consumers. Street markets are generally unregulated and uncontrolled, agricultural pesticides are predominantly not registered for domestic use and the smaller containers reaching households are usually unlabelled.



Little or no OSH information is available from the suppliers, but the process of handling and decanting of pesticides inevitably creates risks of spillage and contamination. Both adults and young workers are engaged in this work and there are reports of children aged 12-14 being present. There have been reports of young workers being admitted to hospital suffering from severe pesticide poisoning⁴².

Liquid street pesticides mixed with water and decanted into old alcohol bottles. Many containers remain unlabelled.

Migrant workers

- 5.9 International migrants have contributed significantly to economic growth for many years, as have internal migrants moving from one part of a country to another. However, they are often at increased risk of exploitation, they may not have access to health care or social security and are frequently not protected by OSH legislation. They tend to work in high risk jobs and in the informal economy, in conditions that are often dirty, dangerous and demeaning (so-called “3D-jobs”). Many also have to work long hours to obtain an adequate income and may suffer from poor general health. There is increasing evidence that they bear a disparate burden of occupational fatalities, injuries and illnesses as compared to the non-migrant or native workforces⁴³.
- 5.10 Shifting patterns of migration pose a further challenge to both the international community and to national governments and their social partners, who have to ensure that acceptable standards of OSH are provided for migrants wherever they work. The recent economic crisis appears to be slowing migration flows globally and there are regular reports of migrant workers being laid off⁴⁴. Political crises, such as those in North Africa recently, only exacerbate the situation, since while some redundant migrant workers are returning home, others are choosing to stay. In all cases, it seems likely that migrant workers will continue to be at risk of being given “3D jobs” and the challenge of addressing this issue to provide them with the same OSH standards as for national and local workers remains.

Migrant workers in US and in China

The four U.S. industries with the highest occupational injury rates are construction, agriculture, manufacturing, and transportation, and all have a large and increasing proportion of immigrant workers. A study of occupational fatalities of Hispanic construction workers in the U.S. from 1992-2000 found that Hispanics constituted 15% of construction workers in 2000 but suffered 23.5% of fatal construction injuries. Overall, the risk of an occupational fatality among Hispanic construction workers was 1.84 times the risk among non-Hispanics⁴⁵.



© Photo ILO / Crozet M.

In China, internal migration has increased dramatically from 1989 to 2006, with about 23% of the rural workforce in urban employment. However, the economic recession has resulted in about 10 million job losses due to a steep fall in export demand. Worse working conditions for migrants are likely to impact disproportionately women, who are overrepresented in the informal, low-skilled and unregulated sectors of the economy, e.g. domestic and care work⁴⁶.

Internal migrant workers in the construction sector in China. With the economic recession many have now returned home.

Age-related hazards

- 5.11 Age factors can be important in determining occupational risks. Young or inexperienced workers, for example, may be at greater risks of accidents because of a lack of training or supervision, while older workers may be at greater risk of accidents than their younger colleagues because of a decline in physical, sensory or cognitive abilities. With the average age of workforces increasing in many countries, governments and their social partners should be giving more attention to OSH risks for older workers.
- 5.12 Past evidence has shown that in general young workers are more vulnerable to accidents than are adult workers. They lack experience and knowledge of safe working procedures, but also lack the physical and psychological maturity to be able to see dangers ahead of them. They are known to take extra risks, perhaps trying to prove themselves in front of their peers or adults, or to perform tasks for which they have not yet been trained. For all these reasons, the OSH of young workers will continue to pose challenges that need to be addressed in future national OSH strategies and programmes concerning specific preventive and protective measures and adequate training.
- 5.13 Meanwhile, younger workers face different challenges both in terms of finding employment and the nature of OSH risks faced. Recent ILO estimates show that 13% of young people are currently unemployed.⁴⁷ In the current economic climate, some may find that available work tends to be more precarious and/or more hazardous, for which they may also receive insufficient OSH instruction and training. Some may have to accept the kind of informal work that is described above with all the risks involved⁴⁸.

- 5.14 Older workers may be at a higher risk of certain types of work-related injuries or ill-health, such as musculo-skeletal disorders or accidents from tasks requiring good hearing or visual acuity. Thus they tend to suffer greater injuries from work-related accidents with a fatality rate above average, and a greater incidence of chronic occupational illnesses, such as cancers and cardiovascular diseases⁴⁹. They may also find it harder to accommodate to changing working practices or arrangements, such as in shift work, and may require longer time to recuperate from illness and injuries. Nevertheless, it has to be noted that elder workers have superior social and emotional competencies and attitudes than young workers.
- 5.15 Some governments are therefore providing guidance on OSH risks for older workers and how they can be effectively managed⁵⁰, while employers in consultation with their workers can make available appropriate measures maintaining older individuals in their workforces in appropriate conditions, benefiting from their experience. These initiatives should become part of national policies on OSH, in those countries where the age for retirement will be compulsory extended as a result of initiatives by governments to tackle the crisis.

Gender-mainstreaming into OSH

- 5.16 Occupational risks for men are better known since their assessment and prevention had previously focused on dangerous jobs in sectors dominated by male workers. However, today, women represent over 40% of the workforce worldwide, and this increasing proportion has led to a range of gender-related questions about the different effects of OSH risks on men and women.⁵¹ There are well-known gender-related differences concerning the physical demands of heavy work, the ergonomic design of workplaces and the length of the working day; more recent concerns have been expressed about the effects of exposure to hazardous substances and biological agents on reproductive health for both women and men.

Carrying water and wood for household use – heavy physical work

Most women in low-income countries still bear extremely heavy physical loads, carrying weights of more than 35 kg on their heads and backs over considerable distances.



© Photo ILO / Crozet M.

On average, women spend three hours a day carrying water and fuel for home use. They may suffer musculoskeletal or reproductive disorders, such as miscarriages, stillbirths and other health effects.

Collecting and carrying water in rivers expose them to waterborne and water-related diseases and infections. Women who cook over open stoves not only risk burns but respiratory and other effects due to smoke inhalation⁵².

Woman carrying 50 kg of wood from the mountains for sale at market.

- 5.17 Analysing the gender dimension in OSH has implications for policy-making and preventive strategies. Recognition of difference and diversity is essential in promoting safer and healthier workplaces for all workers, as general OSH measures for all workers do not always achieve the desired benefits, especially for women workers. The effects of gender roles on health need to be more carefully explored to develop a better understanding of the relationship between occupational health and the social and economic roles of women and men. Gender-sensitive approaches make the differences more visible and thus help to identify and address specific problems.

6. Emerging risks and new technologies

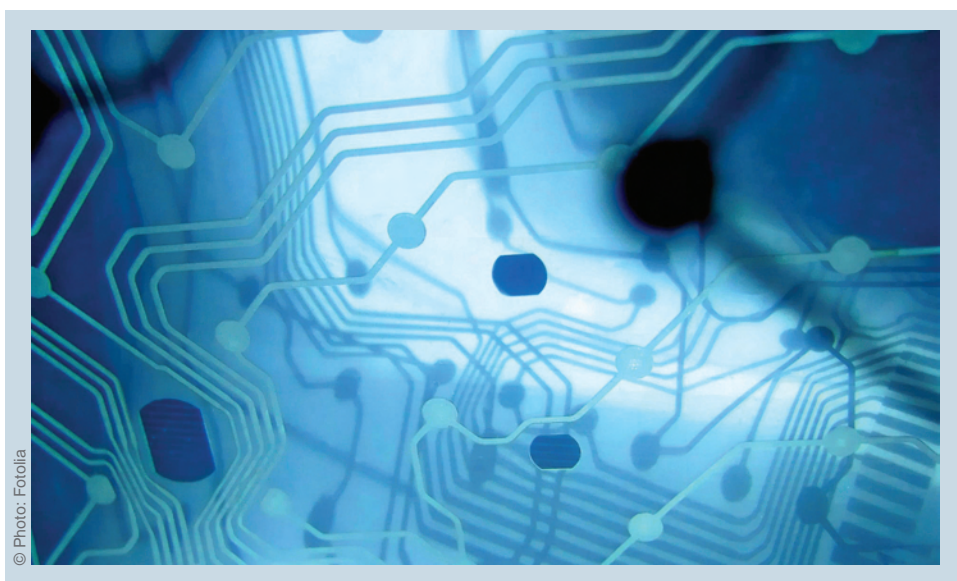
Chemicals

- 6.1 In spite of greater international and national regulations of the management of chemicals, the use of new substances that may be allergenic, sensitizing, carcinogenic and mutagenic, continues to be a cause of major concern.
- 6.2 In the last 20 years there has been an enormous growth in the number of industrial chemicals, many of which have not been adequately tested. The impracticability of systematically testing all new materials means that many risks may go undetected until there is a demonstrable threat to human health or the environment. There are many examples of the impact of known mixed exposures, e.g. multiple pesticides, diesel fumes and other fuels, and mixed solvents. A major gap remains in understanding the potential impact of mixed chemical exposures and how they may interact with non-work exposure, such as cigarette smoking.
- 6.3 There are implications for manufacturers and suppliers as well as governments and their social partners for the sound management of chemicals at work. Research into the safe use of chemicals is vital, especially for new products, as is adequate information, labelling etc., concerning safe usage. International collaboration is also needed to ensure concerted efforts to manage chemicals in the global marketplace.



Nanotechnology and manufactured nanomaterials

- 6.4 Risks from new and emerging technologies have also been the subject of international peer group review. On nanomaterials, for example, task forces comprising government and academic representatives and other organizations aim to evaluate the potential impact of such materials on human health and the environment. These groups are also seeking to agree on hazard classifications and appropriate preventative measures as well as on the regulatory implications of the production and the use of such materials.
- 6.5 Nanotechnology has applications in a number of areas including health care, biotechnology, clean energy production, information and communications, chemical, electronic and military industries, agriculture and construction. It is expected that by 2020 approximately 20 percent of all goods manufactured around the world will be based to some extent on the use of nanotechnology. Nanotechnology, “the science of the small”, and the manufactured nanomaterials have the possibility to change life as we know it. Nanoparticles are measured on the scale of one billionth of a meter or 1/80,000 the width of a human hair. With this technology, a computer can be built to fit on the head of a pin; laptop batteries can have double, triple or longer lives between chargings; and materials such as clothing can be made miraculously stain-proof.⁵³
- 6.6 However, if these tiny particles are released into the workplace or the environment, they pose risks that the scientific community and policy makers are just beginning to study. There is a big knowledge gap between advances in the application of nanotechnology and its impact on health, and risks associated with this emerging technology are largely unknown. Due to the extensive and highly diversified use of nanomaterials in industry, the number of exposed workers is also difficult to estimate.



- 6.7 As nanotechnology today concerns all countries, research and development of manufactured nanomaterials are widespread in developing countries and countries with economies in transition as well as in industrialised ones. Several governments and nanotechnology trade associations from the private sector have established national and industrial taskforces to evaluate the potential impact of nanomaterials on human health and the environment. A significant amount of research is already under way. For example, the OECD Council has established a Working Party on Manufactured Nanomaterials to study the practices of OECD member countries concerning nanomaterials safety and to develop the required assessment methodology⁵⁴. Regulatory bodies such as the US Environmental Protection Agency and the European Commission's Health and Consumer Protection Directorate have also started to investigate the potential risks of nanoparticles. However, much more data is needed to fully characterize the health and environmental effects of such exposures.⁵⁵
- 6.8 Within the UN system, UNITAR is the first UN organization to assist developing countries and countries with economies in transition to address issues related to nanotechnology and manufactured nanomaterials. Under the auspices of the Inter-organization Programme for the Sound Management of Chemicals awareness-raising workshops on nanotechnology and manufactured nanomaterials for developing countries and countries with economies in transition have been organized since 2009. These workshops are being organized in conjunction with the UN regional meetings on the Strategic Approach to International Chemicals Management (SAICM), in which the ILO also participates, following a request for action regarding nanotechnologies and nanomaterials. The workshops informed on potential applications and risks from nanotechnologies and manufactured nanomaterials as well as looked for opportunities for awareness raising activities to be undertaken in those countries⁵⁶.



Green jobs

- 6.9 The 21st century faces two defining challenges: The first is to avert dangerous climate change and a deterioration of natural resources which would seriously jeopardize the quality of life of present and future generations. The second is to deliver social development and decent work for all. Green jobs and the promotion of the green economy have become the key drivers for achieving an economic and social development that is also environmentally sustainable. However, recent investment in environmentally friendly technology creating 'green jobs' in the process, have raised concerns about insufficient attention being given to occupational risks in such jobs and the need to integrate safety and health concerns with environmental considerations. Such risks may range from exposure to lead and asbestos during energy-efficient retrofitting in older buildings, to risks of falling during the construction and maintenance of windmills, typically 80 metres tall. A recent European Risk Observatory report identified a number of drivers for change towards the creation of a 'green economy' in Europe by 2020, commenting on how certain occupational risks may increase with 'green jobs', as in the waste treatment sector⁵⁷. The report calls for further work to be done in this area.

7. Building a global preventative safety and health culture: ILO action

- 7.1 While many governments are trying to find effective and sustainable solutions to the problems caused by the crisis and the current recession, the ILO must continue to stress what could easily be forgotten during these times, but which is part and parcel of the ILO's Decent Work Agenda: the right of everyone to a safe and healthy working environment⁵⁸. This right should not be compromised during times of financial constraints. The right to a safe and healthy working environment should not be eliminated from national and enterprise agendas while waiting for better times. While it is true that the countries of the world should concentrate at the present time on the restoration of sustainable productivity and equity, they need to do this with the full respect of labour standards, including those related to occupational safety and health. Only this will ensure that people live socially and economically productive lives.
- 7.2 The expression 'preventative safety and health culture' and similar phrases have been defined over the years. For the ILO a national preventative safety and health culture is one in which the right to a safe and healthy working environment is respected at all levels, where governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the highest priority is accorded to the principle of prevention. Therefore, building and maintaining a preventative safety and health culture require making use of all available means to increase general awareness, knowledge and understanding of the concepts of hazards and risks and how they may be prevented or controlled for all those involved. This is also one of the main principles behind the ILO Global Strategy on Occupational Safety and Health and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its accompanying Recommendation (No. 197).
- 7.3 Achieving this goal requires good collaboration and cooperation between all stakeholders – governments, employers' and workers' organizations, educational and training institutions and practitioners. Thus social dialogue and the wider partnerships are vital, to build a global preventative safety and health culture in the wider context of promoting 'Decent Work'.



OSH and Decent Work

- 7.4 The Decent Work agenda is about creating jobs that are productive and support sustainable livelihoods, guaranteeing rights at work, extending social protection and promoting social dialogue. To promote Decent Work at the national level, many countries have been developing their own Decent Work Country Programmes (DWCPs) over the last 5-7 years⁵⁹.
- 7.5 More than 70% of DWCPs now integrate OSH in some way or another⁶⁰. Some DWCPs merely refer to OSH within the broader context of improving working conditions or social protection, while others give it greater focus, highlighting the need to manage OSH and to legislate for it, with plans for more effective national OSH policies and inspection and improving standards of compliance within enterprises.
- 7.6 More international efforts are being made by the ILO and its constituents to integrate OSH effectively within DWCPs, for example through projects like the ones described below.

Projects to improve OSH through a Decent Work Agenda

In December 2010, the ILO and the European Union launched a joint project to better address OSH as a vital component of Decent Work, taking place in five countries in Eastern Europe, Africa and Central America⁶¹.

The overall goal of the project is to contribute to a more inclusive and productive society by reducing occupational accidents and work-related diseases. The project will seek to achieve high-level commitment to OSH and persuade officials to include OSH as part of national development plans. National tripartite constituents will be supported in developing national OSH action plans, and seminars for policy-makers will be held to sensitize them on OSH. Good practices learned from the project will be shared more widely.

This project was carried out in parallel with another one funded by the Swedish International Development Cooperation Agency from 2009-2011, which aimed to promote national commitment to OSH, ensuring that its benefits were fully taken into account in developing strategies and programmes.⁶²



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Improving OSH through a decent work project: The floriculture sector, Ethiopia

The floriculture sector involves some serious OSH risks, notably those from exposure to pesticides and other chemicals.

A national project for enhancing decent work and productivity in the Ethiopian floriculture sector included a key element on OSH. The project resulted in the production of a Code of Practice for the sector, which has a considerable coverage of safety, environmental, ethical and social issues. Although compliance with the Code is voluntary, it is certifiable and therefore compliance is independently audited. Compliance with the Code greatly contributes to the rapid growth of the national share in international auctions.

About 20 of the country's flower farms have so far been certified as complying with the Code; most others are requesting support for its implementation⁶³.

International labour standards for OSH

- 7.7 In 2008-09, the ILO undertook a General Survey concerning OSH focusing on the implementation of the Occupational Safety and Health Convention, 1981 (No. 155), its accompanying Recommendation (No. 164) and the 2002 Protocol⁶⁴. It found that OSH remained a priority for many countries and that many developed and developing countries were in the process of formulating or updating their national OSH policies and their regulatory systems. This is a significant development since the assessment on the ratification of OSH Conventions in an ILO report of 2003⁶⁵.
- 7.8 The rate of ratification of OSH Conventions has in fact increased markedly over the last 10 years. For example, although only 13 countries ratified Convention No. 155 in the first decade after its adoption, 21 did so in the second decade and 23 did so in the third. Ratification of Convention No.187 has altogether been much quicker, with 20 countries ratifying it within the first six years after its adoption, compared to only eight countries ratifying Convention No. 155 in the same period⁶⁶. Table 5 provides a summary.



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Table 5:
Ratifications of ILO Conventions on OSH, 1981-2011

(a) All ILO Conventions on OSH ⁶⁷			
2002-2004	2005-2007	2008-2010	2011 to date
37	45	58	13
(b) Convention No. 155			(c) Convention No. 187
1981-1991	1991-2001	2001-2011	2006-2011
13	21	23	20

The Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

- 7.9 Convention No.187 provides a broad systematic approach to promoting a preventative safety and health culture by means of national OSH legislation, policies, systems and programmes. The Convention facilitates the process of ratification of other ILO Conventions on OSH. This is an important aspect for reinforcing national OSH systems and programmes and this new approach appears to have been successful. Where appropriate, the ILO has also provided technical assistance to help countries to implement ILO Conventions on OSH.

Ratification of Convention No. 187

The following countries have ratified Convention No. 187 in the last five years: Austria, Bosnia and Herzegovina, Canada, Chile, Cuba, Cyprus, Czech Republic, Denmark, Finland, Germany, Japan, the Republic of Korea, the Republic of Moldova, Niger, the Russian Federation, Serbia, Slovakia, Spain, Sweden and the United Kingdom⁶⁸.

A new List of Occupational Diseases⁶⁹

- 7.10 The ILO is the only UN Agency which develops an International List of Occupational Diseases. The list allows for the recognition of the occupational origin of diseases, where a link can be established between exposures to risk factors arising from work activities and the disorders contracted by the worker. It includes a range of internationally recognized occupational diseases, from illnesses caused by chemical, physical and biological agents to musculoskeletal disorders and occupational cancer. It is designed to assist countries in the prevention, recording and notification, recognition and compensation of diseases caused by work.
- 7.11 As foreseen by a periodical revision process, the ILO adopted a new List of Occupational Diseases in March 2010, updating the one in the Annex to the List of Occupational Diseases Recommendation, 2002 (No. 194). This new list reflects the latest developments in the identification and recognition of occupational diseases. For the first time, mental and behavioural disorders have been included. Criteria for incorporating diseases in the ILO List

of Occupational Diseases have also been published in the OSH Series (No. 74) in 2010. Such criteria are also useful for the development of national lists.

The HIV and AIDS Recommendation, 2010 (No. 200)

- 7.12 This new Recommendation is dealing with a wide range of issues relating to HIV and AIDS in the world of work. It also specifically calls for safe and healthy working environments in order to prevent the transmission of HIV in the workplace to workers exposed, as well as health promotion measures for all workers, such as organizational measures and engineering controls, OSH education and training. It makes reference to international labour standards for OSH such as the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and, in particular, it states that occupational health services and workplace mechanisms related to OSH should address HIV and AIDS, taking into account the Occupational Health Services Convention, 1985 (No. 161) and its Recommendation (No.171), the Joint ILO/WHO guidelines on health services and HIV/AIDS, the ILO Code of Practice on HIV/AIDS and the World of Work and other relevant guidance documents.

Domestic Workers Convention, 2011 (No.189) and its accompanying Recommendation (No. 201)

- 7.13 This Convention was adopted in June 2011 and addresses a wide range of issues concerning domestic workers, including their rights to a safe and healthy working environment. It provides for effective measures to be taken to ensure the OSH of domestic workers, which may be applied progressively and in consultation with the relevant organizations of employers and workers. The Convention also provides for the establishment of effective and accessible complaint mechanisms and means of ensuring compliance with relevant national laws and regulations, including systems of inspection and enforcement.

Promoting OSH management systems

- 7.14 Over the last 10 years, several countries have adopted national OSH programmes. More recent national programmes have followed the provisions of Convention No. 187 and its accompanying Recommendation No. 197 to assess the efficiency of national structures responsible for OSH policy implementation. Developing national programmes has often been a means of fostering social dialogue and closer collaboration between different stakeholders as they adopt common goals and strategies.
- 7.15 The approach promoted by Convention No.187 is the application of the OSH management system's concept to the management of OSH at the national level. Thus it facilitates practical and continual improvements to OSH as a collaborative effort of all stakeholders. An example of ILO action in this area can be seen in the box below.

Revitalizing national OSH policies, systems and programmes in the Asia and Pacific and Africa Regions.

- Many countries have strengthened their national OSH systems. For example, Brunei, Ethiopia, Kenya, Mongolia and Thailand have enacted new OSH legislation, while Botswana, China, Cambodia, Lao PDR, Liberia, Namibia and Tunisia have improved OSH capacities for inspectors and for employers and workers.
- Many countries have developed their own national OSH programmes. For example, Cambodia, China, Indonesia, Lao PDR, Lesotho, Malaysia, Mauritius, Mongolia, Philippines, South Africa, Singapore, Thailand and Viet Nam have all done so in consultation with social partners and other stakeholders.
- Governments, employers' and workers' organizations have provided more opportunities for OSH training for their staff and members. For example, Trade unions in Indonesia, Lao PDR, and the Philippines have developed their own trade union trainers through POSITIVE workshops⁷⁰ in cooperation with the Japan International Labour Foundation and the ILO.
- Several organizations have been active in promoting OSH across the Regions. For example, the African Regional Labour Administration Centre (ARLAC), ASEAN-OSHNET, ALASEHT and the Korean OSH Agency have provided support for regional and national OSH developments through international events.
- Governments, workers' and employers' organizations have extended their activities into small enterprises and the informal economy. The WISE and WIND programmes have been extensively used to reach and influence small enterprises and farms throughout the Regions.

7.16 One of the key principles behind Convention No. 187 is that OSH needs to be effectively managed, both at enterprise and at the national level. Thus, national OSH systems and programmes need to be properly managed by governments, in collaboration with their social partners, in order to promote a preventative safety and health culture.

7.17 At the enterprise level, much more is being done globally to promote OSH management systems, particularly with reference to the ILO's *Guidelines on occupational safety and health management systems (ILO-OSH 2001)*⁷¹. Many countries have developed their own national guidance on the subject, often based on ILO-OSH 2001.

Promoting OSH management systems in Eastern Europe and Central Asia

With support from the ILO sub-regional office, several Central Asian countries have now adopted the ILO's *Guidelines on occupational safety and health management systems* as an inter-state standard. The Russian Federation and Kazakhstan have also developed four additional national standards on the practical implementation of the ILO Guidelines and are organising nationwide training for enterprises for this. Meanwhile, in Georgia and Armenia, Employer Organizations and Trade Unions are piloting national guidelines on the same subject, utilizing their OSH centres/networks.



Practical support on OSH management systems has been provided for some Russian enterprises by means of a 5-year project managed by the ILO. The project has also succeeded in raising the profile of OSH nationally to such an extent that requests for OSH training exceed availability. The Prime Minister has personally endorsed efforts to promote OSH, stressing the need for higher spending on safety and health so as to prevent accidents and ill-health at work⁷².

Risk assessment training in Murmansk

- 7.18 One important tool of ILO action is its technical cooperation programme. An ILO project funded by the EC “Improving Safety and Health through a Decent Work Agenda” aims to contribute to a more inclusive and productive society through a reduction in occupational accidents and work-related diseases with a systems’ approach. This interregional project is implemented over 2010-2012 in five pilot countries in three regions: Honduras, Malawi, Moldova, Ukraine, and Zambia. The project promotes a systematic approach to improving occupational safety and health by consolidating national systems and incorporating OSH highest in political agendas and national development plans. It supports the development of national OSH profiles and programmes, as well as the establishment of permanent national coordinating bodies on OSH. Training for capacity building on OSH management measures, such as risk assessment and management, are promoted and implemented at enterprise level in accordance with national programmes. The project also promotes global knowledge sharing on OSH tools and good practices towards a systematic and sustainable approach to OSH improvements.
- 7.19 The ILO SIDA funded programme: “Linking safety and health at work to sustainable economic development: from theory and platitudes to conviction and action”. This programme (2009-2011) is focused on supporting SafeWork in the development of global products to help prevent occupational accidents and diseases. Training materials, practical tools and policy guidance are developed to help constituents at national and workplace levels to design and implement OSH policies and programmes and reinforce national and local capacities in OSH. These products include, among others, a training package on the development of national programmes on OSH, a guide on strengthening prevention in employment injury schemes, audit guidance for OSH management systems, a training package on risk assessment and management and guidelines on mainstreaming gender in OSH policies.

International co-operation on chemical safety

- 7.20 A major part of ILO work in the field of chemical safety takes place within the context of established mechanisms for inter-agency co-operation. The International Programme on Chemical Safety (IPCS), a partnership between ILO, the United Nations Environment Programme (UNEP) and the World Health Organization (WHO) was established in 1980 with a mission to develop and disseminate internationally peer-reviewed chemical risk assessments and undertake other activities related to chemical safety. Following the UN Conference on Environment and Development (UNCED) in 1992, the Inter-Organization for the Sound Management of Chemicals (IOMC) was set up in 1995. The IOMC coordinates chemical safety activities of UNEP, FAO, ILO, WHO, UNITAR, UNIDO, OECD and the World Bank, and has the UNDP as observer.

The Globally Harmonized System of Classification and Labelling of Chemicals (GHS)

- 7.21 At the 76th Session of the International Labour Conference (1989), the ILO adopted a Resolution concerning the harmonisation of systems of classification and labelling for the use of hazardous chemicals at work. Work on the GHS started as a follow-up to the adoption of the Chemicals Convention, 1990 (No. 170). The work was co-ordinated and managed under the auspices of the IOMC and the technical focal points were the ILO, OECD and the United Nations Economic and Social Council's Sub-Committee of Experts on the Transport of Dangerous Goods (UN SCETDG). The GHS has been designed to cover all chemicals, including pure substances and mixtures and to provide for the chemical hazard communication requirements of the workplace, the transport of dangerous goods, consumers and the environment. As such, it is a truly harmonized and universal technical system that should have a far-reaching impact on all national and international chemical safety regulations.
- 7.22 The UNITAR/ILO Global Capacity Building Programme GHS provides guidance documents, educational, awareness raising, resource and training materials regarding the GHS to enable countries, especially developing countries and countries with economies in transition, to implement the GHS. Relevant topics include the development of national GHS implementation strategies, legislation, situation/gap analyses, chemical hazards, labelling, safety data sheets (SDSs), as well as related support measures, such as comprehensibility testing. UNITAR and ILO are the designated focal point for capacity building in the UN ECOSOC Sub-Committee of Experts on the GHS (SCEGHS).⁷³

The International Chemical Safety Cards (ICSC)

- 7.23 The ICSC project is an undertaking of the joint WHO/ILO/UNEP International Programme on Chemical Safety (IPCS) and is being developed by the IPCS in cooperation with the European Commission. The Cards are prepared by participating institutions in various countries and go through several steps of consultation and editing before being peer reviewed by a group of international experts. This last step represents a significant asset of

the ICSC as opposed to other packages of information prepared at national, local or professional levels. The information provided in the Cards is in line with the ILO Chemicals Convention (No. 170) and its Recommendation (No. 177), 1990; the European Commission Directive 2001/59/EC; and the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) criteria.

- 7.24 The ICSC summarize essential health and safety information on chemicals and are intended for use by workers and employers in the workplace and in education and training activities. The information on the Cards is expressed as far as possible using standard phrases thereby enabling the use of computer-aided translation into various languages. To date, approximately 1,700 Cards are available and updated periodically. The ICSC have been translated into 15 languages. The ICSC may be the main source of information available for both management and workers in developing countries or in small and medium sized enterprises.⁷⁴

The Strategic Approach to International Chemicals Management (SAICM)

- 7.25 The ILO, as part of the Inter-Organization Programme for the Sound Management of Chemicals (FAO, ILO, UNIDO, WHO, UNITAR, UNEP, UNEP, UNDP, World Bank and OECD), was an active member in the development of the Strategic Approach to International Chemicals Management (SAICM). The SAICM is a policy framework for international action to advance the sound management of chemicals, adopted by the International Conference on Chemicals Management (ICCM) on 6 February 2006 in Dubai, United Arab Emirates.
- 7.26 SAICM aims to encourage governments and other stakeholders to address chemical safety more effectively in all relevant sectors such as agriculture, environment, health, industry, and labour. The Strategic Approach supports the achievement of the goal agreed at the 2002 Johannesburg World Summit on Sustainable Development which ensures that, by the year 2020, chemicals will be produced and used in ways that minimize significant adverse impacts on the environment and human health. To this end, SAICM promotes capacity building for developing countries, countries with economies in transition and small island developing states.⁷⁵
- 7.27 The ILO Governing Body endorsed the SAICM at its 297th Session (November 2006) and approved the follow-up activities proposed by the Office to implement SAICM objectives. This included active involvement of the ILO in the operations of the SAICM Quick Start Programme Trust Fund Implementation Committee, as well as supporting ILO-related activities in the SAICM Global Plan of Action.

Global Programme for the Elimination of Silicosis (GPES)

- 7.28 The ILO has continued to provide policy guidance and expert advice to countries on the implementation of national programmes for elimination of silicosis (NPES)⁷⁶ under the GPES in cooperation with the WHO⁷⁷. To-date, such programmes have been set up in Brazil, Chile, China, India, Peru, South Africa, Thailand, Turkey and Vietnam⁷⁸. There are currently 47 major projects being implemented under the GPES to improve primary and secondary prevention of silicosis. Training workshops conducted in Brazil, Korea, Malaysia, and Peru upgraded skills of occupational physicians in using the ILO Classification of Radiographs of Pneumoconioses and strengthened national systems of health surveillance for dust exposed workers. The Asian Intensive Reader for Pneumoconiosis Project⁷⁹ was set up with the ILO support in Japan to contribute to the implementation of the GPES. The GPES has strengthened national prevention capacities for silicosis in many parts of the world.
- 7.29 Eliminating other respiratory diseases of occupational origin including asbestos-related diseases has also been the focus of international collaboration, as the box below shows.

The ILO policy on asbestos is aimed at eliminating asbestos-related diseases (ARD). It is based on the Occupational Cancer Convention No.139, Working Environment Convention No.148, Asbestos Convention No.162, which have received 117 ratifications to-date, and the ILO Resolution on Asbestos, 2006⁸⁰. Countries are encouraged to establish national programmes for elimination of asbestos-related diseases (NPEAD) in line with the joint ILO and WHO Outline⁸¹. An inter-agency working group was set up between ILO, WHO, Rotterdam and Basel Conventions of UNEP to coordinate activities in this area. An inter-agency workshop on the sound management of industrial chemicals, with special emphasis on asbestos, brought together representatives of the health, labour and environment sectors to address specifically asbestos-related issues in the Asia-Pacific region (Thailand, 2010). The Asian Asbestos Initiative (AAI) was launched in 2008 with the ILO and WHO support to control asbestos risks through knowledge sharing and the transfer of technologies. The ILO policy on asbestos is convergent with the WHO strategy⁸² and the two organizations are actively collaborating to address the challenges of asbestos.

Radiation protection

- 7.30 Radiation protection has been another focus of international collaboration. The ILO, the International Atomic Energy Authority (IAEA), WHO and other agencies have been collaborating on updating basic safety standards for radiation protection and promoting them⁸³. Partly reflecting increased public concern about radiation exposure following such incidents as the recent Fukushima nuclear accident in March 2011, guidance was also published to assist competent authorities and social partners⁸⁴. Additional guidance on approaches to the attribution of detrimental health effects to occupational ionizing radiation exposure and their application in compensation programmes for cancer caused by occupational exposure was published in June 2010.⁸⁵

ILO Policy Guidelines for Gender Mainstreaming in Occupational Safety and Health

- 7.31 Due weight has to be given to analysing risks in female and male dominated occupations and sectors, and to the development of appropriate guidance. The systematic development of sex-disaggregated data is necessary, and findings from OSH research need to be incorporated into policy making and workplace action. Positive changes will come about in OSH policies and practices at national and enterprise levels only as both women and men participate in the decisions affecting their safety and health at work⁸⁶.
- 7.32 SafeWork is developing policy guidelines for gender mainstreaming in occupational safety and health to support efforts in creating a preventative safety and health culture taking into account the needs of both women and men. Indeed the gender division of labour, biological differences, employment patterns, social roles and social structures can all contribute to gender-specific patterns of occupational hazard and risks. The guidelines will thus identify and present in a user friendly manner the necessary measures and mechanisms to incorporate gender dimensions of OSH into policy-making and preventive strategies at both national and workplace levels. They are expected to contribute to the improvement of the competences and capacity of national constituents to develop, adapt and implement gender sensitive policies and strategies on OSH. They will also be used as advocacy tools to raise awareness in ILO member States and promote informed action. The guidelines will be widely disseminated through DWCPs and technical cooperation as from 2012.

Advocacy, information and training

The Seoul Declaration on Safety and Health at Work

- 7.33 Perhaps the most significant example of international collaboration in recent years has been the Seoul Declaration on Safety and Health at Work, summarized in the box below and reproduced in full in Annex 2. Adopted on the occasion of the XVIII World Congress in Seoul, Republic of Korea, in 2008, signatories included high level representatives from governments, employers and workers as well as international and national organizations from all over the world. The signatories of the Declaration committed to take the lead in promoting a preventative safety and health culture and place OSH high on national agendas. The Declaration is the only such instrument to have been adopted in the 56-year history of OSH practice and of the World Congress.
- 7.34 A designated website monitors implementation of the Declaration, providing news of promotional events as well as resources⁸⁷. Since 2008, there has been a significant number of national and international activities to promote the Declaration; for example, recent conferences have taken place in China, Germany, Korea and Spain with support from high-ranking officials⁸⁸.



The Seoul Declaration on Safety and Health at Work:

“Promoting high levels of safety and health at work is the responsibility of society as a whole and all members of society must contribute to achieving this goal...”

Seoul Declaration on Safety and Health at Work, 2008

World Day for Safety and Health at Work

- 7.35 The ILO celebrates the World Day for Safety and Health at Work on the 28 April to promote the prevention of occupational accidents and diseases globally. It is an awareness-raising campaign intended to focus international attention on emerging trends in the field of occupational safety and health and on the magnitude of work-related injuries, diseases and fatalities worldwide. The 28th of April is also a day in which the world's trade union movement holds its International Commemoration Day for Dead and Injured Workers to honour the memory of victims of occupational accidents and diseases. They also organize worldwide mobilizations and campaigns on this date.
- 7.36 The celebration of the World Day for Safety and Health at Work is an integral part of the Global Strategy on Occupational Safety and Health of the ILO and promotes the creation of a global preventative safety and health culture involving all stakeholders. In many parts of the world, national authorities, trade unions, employers' organizations and safety and health practitioners organize activities to celebrate this date. The ILO chooses each year an important topic to draw attention to and produces a thematic report, as well as other materials for use by participating countries for their campaign on the World Day⁸⁹.

Knowledge management

- 7.37 In 2009, the International Occupational Safety and Health Information Centre (CIS) celebrated its 50th anniversary. It continues to process and disseminate knowledge that meets the needs of governments, employers and workers using its worldwide safety and health information network. This extensive network includes over 150 national and regional focal points (CIS Centres). CIS is collaborating closely with other organizations to integrate the ILO information centres and networks into a wider global OSH information network system. It will be designed to provide easy access to quality and multilingual OSH information, particularly in the areas of legislation, technical and scientific guidance, training and education materials, and best practices taking into account modern information needs and trends in information technologies.
- 7.38 The CIS will strengthen its position as the world leader in providing occupational safety and health information by increasing the use of internet and other electronic forms of information dissemination. For this purpose, work is underway to the 4th edition of the *ILO Encyclopaedia of Occupational Health and Safety* to take account of the great expansion of OSH knowledge in recent years. The new on-line edition will be the core of a new global portal for OSH information that can be quickly updated as information in new areas of OSH become available in order to reflect state-of-the-art knowledge. Greater global on-line sharing of such information will also contribute to promote a preventative safety and health culture worldwide. It is expected that the new website with the new on-line edition of the Encyclopaedia will be available for public access in 2012.

OSH education, training and awareness-raising

- 7.39 If all members of society have a responsibility to promote a preventative culture, as the Seoul Declaration states, it is necessary to improve education and training on OSH matters in society at large. This means creating more educational and training opportunities for OSH, including OSH within curricula and providing courses of varying learning levels, recognising OSH as a fundamental human right. Specifically, risk education should be included in schools curricula and more tertiary educational and professional courses should recognise the importance of OSH.
- 7.40 Likewise, greater attention needs to be given to awareness-raising campaigns that aim to increase general public understanding of the impact of work-related accidents and ill-health on business and family life. The damaging effects of such are often not recognized by the general public, and therefore, broadly based media campaigns for example, can help to change attitudes towards the importance of OSH as a means of creating a healthier and fairer society. The role played by World Days for Safety and Health at Work has already been mentioned, and other awareness-raising efforts can be equally important.
- 7.41 The International Training Centre in Turin, Italy, organizes many courses on OSH and working conditions as well as on other labour and social issues. OSH courses last typically one or two weeks and are held either at the Turin Centre facilities or in the countries of the

participants, or through distance learning. Some are aimed at a specific sector, such as construction, while others are more general, like those on OSH management systems. A 6-month diploma course on OSH includes a wide range of modules on occupational safety, occupational hygiene, medicine, physical agents, ergonomics etc., using distance learning and residential tuition. New two-week training activities have been scheduled to take place in 2011 such as the “Labour Inspection Academy” for labour inspectors including OSH aspects or the course on “The employment injury schemes and the prevention of occupational accidents and diseases”. In addition, OSH training is often provided by ILO field specialists in the framework of Decent Work Country Programmes on a wide range of OSH topics in Asia, Africa, Europe and Latin America.

Health promotion and well-being in the workplace

- 7.42 Health promotion in the workplace complements occupational safety and health measures as part of the combined efforts of employers, workers and national authorities to improve the health and well-being of men and women at work. Work-related stress, alcohol and drugs abuse, violence (both physical and psychological) and HIV/AIDS all lead to health-related problems for the worker and lower productivity for the enterprise or organization. Taken together they represent a major cause of accidents, fatal injuries, disease and absenteeism at work in both industrialized and developing countries.
- 7.43 Health promotion and well-being at work programmes focus on the promotion of health among all workers and their families; this is done through preventive and assistance programmes in the areas of prevention of psychosocial factors and their consequences, such as workplace stress, violence at work, drug and alcohol abuse, HIV/AIDS, and the promotion of tobacco-free workplaces, as well as healthy lifestyles by means of good nutrition, adequate sleep and physical activity. In all these areas, the ILO's comparative advantage lies in its experience of using the social dialogue approach, which has led to the implementation of successful workplace and community initiatives, with employers, workers, governments, public services and NGOs, being involved in addressing these problems.

SOLVE: Integrating health promotion into OSH policies

- 7.44 SOLVE is an interactive educational programme based on a training of trainers methodology designed to assist in the development of policy and action to address health promotion measures at the workplace in the framework of an enterprise OSH policy. SOLVE focuses on providing tools for employers and workers in the development of enterprise level policies, preventive programmes and plans of action to deal with workplace health promotion issues. This programme has successfully been implemented for ten years and has been recently updated. It is part of the curricula of the ILO International Training Centre in Turin and it is also developed in the framework of DWCPs.

8. Looking to the future

- 8.1 In spite of all that has been achieved so far, promoting OSH remains a real challenge for most if not all countries and this is especially so where economic recession dominates the employment agenda. Although some workers enjoy good standards of safety and health at work, others face significant occupational risks and the global burden of work-related accidents and ill-health remains unacceptably high. If trends are to be reversed, current efforts to create more of a global preventative safety and health culture need to be better targeted and revitalised.
- 8.2 Perhaps the greatest need here is for the continuing high level of commitment to promoting OSH. Recognizing the benefits of OSH as well as the great human and financial cost of work-related accidents and ill-health, governments should ensure that their national OSH policies and systems are effective and up to date. They should be modernized where needed so that workers in all sectors of the economy are afforded reliable protection.
- 8.3 Governments and their social partners and other stakeholders should work together especially in addressing the more intractable problem areas where poor standards of safety and health persist. Good working partnerships are vital for effective national action, with trust being built between stakeholders over time and through well managed work programmes. In this context, it is important to ‘mainstream’ OSH within broader programmes and initiatives, such as Decent Work Country Programmes, as an aid for the implementation of international labour standards for OSH.
- 8.4 It is important to encourage innovation. For many years, OSH practitioners, employers’ and workers’ organizations have often used innovative approaches to reach and influence groups of employers and workers not normally reached through traditional means (such as inspection), with remarkable success. Such experiences can become benchmarks for good practice. Existing national and international networks provide good channels for exchanging information about such approaches, what works well and what does not; support should be given to the creation and consolidation of such networks so that good practices in this area are shared more widely.
- 8.5 Partnerships are also important as a basis for national OSH programmes. Governments should take a lead in developing such programmes, adapting and extending them as experience grows and broadening their impact. With the Seoul Declaration in mind, it would be helpful if national OSH programmes incorporate awareness raising campaigns and action on the role that everyone has to play in promoting OSH, so that a preventative safety and health culture will become more widely acknowledged⁹⁰.



- 8.6 Partnerships are also vital to achieve greater outreach and impact by working together. This means establishing tripartite mechanisms that can identify OSH issues and target groups that deserve greater priority and resources, and developing programmes that have broad stakeholder support and are thus likely to be more effective. Such partnerships could be especially useful in reaching SMEs and vulnerable groups of workers not normally reached through traditional structures and efforts.
- 8.7 As for specific targets, the more vulnerable groups of workers such as migrants and those in the informal economy as well as SMEs will continue to be a priority for action. Governments will need to consider how they can most effectively reach and influence such groups, changing attitudes and behaviour as well as increasing knowledge and understanding of risks and how they may be addressed. Larger enterprises may be able to make an important contribution here, for example through their supply chains, and be able to influence SMEs within their supply chain through contractual or other obligations.
- 8.8 Education and training institutions also have a key role in promoting positive attitudes towards OSH as well as greater understanding of risks and how they can most effectively be managed. Facilities for OSH education and training should be expanded, and risk education should be more often included within curricula, so that societies generally are better educated about work-related risks and how to manage them.
- 8.9 Meanwhile, research on key areas such as psychosocial issues, ergonomics and the impact of nanotechnology will continue to be necessary. Potentially conflicting areas of interest, such as reconciling 'green jobs' with their impact on OSH, will also need further research and policy discussion. With continuing demographic changes in workforces, the issue of how occupational risks change at both ends of the age scale will also require more careful investigation.
- 8.10 The question has often been raised as to whether governments should introduce financial incentives so as to encourage enterprises to take OSH more seriously. Several countries have had some success in this area and governments may need to consider introducing or expanding such incentive schemes in future. Recent research on this has shown that, for example, insurance institutions might introduce financial incentives for enterprises that have better OSH performance, or governments reduce tax burdens in certain cases⁹¹.
- 8.11 Inter-agency collaboration will also be important for the future agenda for OSH, especially where several international organizations such as UNITAR, UNEP, UNODC, WHO have legitimate interest in the outcomes. This will particularly affect topics such as occupational health and the environment, and achieving broad consensus to addressing those issues will help to ensure their greater acceptance at national level.
- 8.12 International collaboration through professional associations such as the International Commission for Occupational Health (ICOH) and the International Ergonomics Association (IEA) will continue to be important, as will the exchange of best practices and networking through more regional groups. Thus up-to-date knowledge and experience of how to promote

a preventative safety and health culture should be more effectively shared and acted upon amongst an increasing network of committed stakeholders.

8.13 The question remains as to how a preventative OSH culture can be achieved in practice at national level to protect all workers across all employment sectors. This will be the focus of much attention in the coming years, consolidating what has been achieved already and extending the principles of good practice on OSH across all sectors. Fortunately, there is already a comprehensive body of OSH standards, knowledge and experience on which future programmes can be built that provide a solid foundation for promoting a global preventative safety and health culture. In particular:

- International labour standards such as the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Health Services Convention, 1985 (No. 161), the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187);
- The ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001);
- The ILO Global Strategy on OSH⁹²;
- Technical assistance through Decent Work Country Programmes to build modern and effective national OSH policies, systems and programmes provides a sound basis for changing behaviours and attitudes towards OSH and reducing work-related accidents and diseases;
- The Seoul Declaration draws many of the principles enshrined in the ILO international standards in a coherent and concise manner, and has been the means of gaining commitment from a wide range of international and national fora for promoting a preventative safety and health culture throughout society.

The ILO's Plan of Action for 2010 – 2016

- 8.14 On international agendas, there is a real risk of less attention being given to OSH in future and of losing recently gained momentum. Relevant organizations therefore need to continue to give OSH a high profile so that the more difficult challenges can be addressed and advances already made in some areas can be extended to others. One particular issue for the ILO and other international organizations will be the greater implementation of existing international standards.
- 8.15 Governments, employers and workers organizations likewise need to be committed to adopting up-to-date OSH policies, systems and good practices which will help to maximise the impact of their efforts to promote a preventative OSH culture across all sectors of employment. This means there needs to be strong high-level political commitment to OSH so that it is accorded high priority amongst other legitimate economic and societal concerns. The message that 'good safety and health is good investment' needs to be heard more often, particularly in least developed countries and amongst enterprises struggling for survival.
- 8.16 Thus, part of the ILO's Plan of Action for 2010–2016 is to achieve widespread ratification and effective implementation of international labour standards for OSH⁹³. The Plan builds on the ILO Global Strategy as well as key international labour standards for OSH, notably Convention No.155 and Convention No.187, and has five broad strategic goals:
- To promote and support the development of a preventative OSH culture, through effective advocacy so as to increase awareness, knowledge and understanding of risks and hazards and how they may be effectively managed. The World Day for Safety and Health at Work (28 April annually) will be a key feature of this aspect of the plan, as will the development of practical and easy-to-use training materials.
 - To promote and support ratification and implementation of key OSH standards, helping countries to develop their own national OSH policies, systems and programmes. Countries selected for assistance will need to show some political will to taking action in this area through high-level tripartite dialogue and a commitment to improving OSH in practice.
 - To reduce the implementation gap in respect of ratified Conventions, as identified by the ILO's Committee of Experts on the Application of Conventions and Recommendations. Particular attention will be given to following up issues identified by the Committee, helping countries to resolve obstacles to effective implementation.
 - To improve OSH conditions in SMEs and the informal economy, by building on experience gained and research undertaken in this area. Available information on national practice in this area will be systematically collected and analysed in order to determine an appropriate strategy. ILO training programmes and materials such as the Work Improvement in Small Enterprises (WISE)⁹⁴ and the Work Improvement in Neighbourhood Development (WIND)⁹⁵ for small scale agriculture will continue to be promoted.

- To take action to support the positive impact of OSH measures, such as collecting reliable statistical data to face the human and economic burden of work-related accidents and ill-health; developing a methodology for the evaluation of OSH in practice and promoting adequate and appropriate OSH inspection systems. Information will also be collected and shared on best practices in the implementation of OSH measures and in the application of OSH Conventions.



Final remarks

- 8.17 The scope for creating a global preventative safety and health culture is clearly vast. However, while much has already been done to promote OSH, current efforts need to be increased if accident and ill-health trends are to be reversed in the coming years, especially in the light of the many challenges outlined above. In the immediate future, the global economic recession could hold back or reverse some of the recent advances made, particularly for some of the more disadvantaged groups of workers such as migrants and those working in the informal economy.
- 8.18 The ILO's Plan of Action (2010–2016) to achieve widespread ratification and effective implementation of occupational safety and health instruments (Convention No. 155, its 2002 Protocol and Convention No. 187), will be particularly important to frame ILO action to promote a global preventative safety and health culture in the future. The increased ratification of ILO Conventions, for example, will be vital to creating strong and effective national OSH systems with ILO technical cooperation support. The worldwide campaign on the World Day for Safety and Health at Work will continue to help raise awareness about OSH more widely. The development of a global OSH information portal will be very important as will the updating of the The ILO Encyclopaedia on Occupational Health and Safety for the sharing of knowledge and good practices.

- 8.19 The ILO Decent Work paradigm has also been endorsed by the UN system. The ILO and other partner international organizations have committed to promote OSH and uphold relevant international labour standards, recognising that safety and health at work is a fundamental human right. This implies, in the context of each organizations' mandate, giving the subject the priority it deserves when considering broader issues such as promoting decent work and employment, public health policies protecting the environment, poverty reduction programmes and national economic development.
- 8.20 Finally, the Seoul Declaration represents a broadly-based global statement of commitment to promoting OSH. As such, it bridges the aspirations of international and national players, between governments, employers and workers' organizations, national and international organizations and other key stakeholders. In calling for widespread acceptance of responsibility for promoting a preventative safety and health culture, it also provides impetus for further action, especially at the national level. When international and national stakeholders give priority and resources to meeting these needs, a global preventative safety and health culture will become more of a reality for all.

Annex 1

Work-related fatal and non-fatal accidents and diseases – Global estimates

Table A1.
Estimated numbers of occupational injuries in 2008 by WHO Regional grouping

Region	Economically active population	Total employment	Occupational injuries reported to ILO		Occupational injuries causing at least 4 days absence			
			Fatal	at least 4 days absence	Fatal injuries	Lower limit (0.12)	Upper limit (0.08)	Average
High income countries (global)	494 365 003	465 270 658	11 850	4 959 039	14 090	11 732 104	17 598 156	14 665 130
LMIC Africa Region	251 588 449	98 984 676	759	46 616	44 699	37 248 941	55 873 412	46 561 176
LMIC Americas Region	315 509 490	225 696 648	1 944	657 580	25 534	7 092 881	10 639 321	8 866 101
LMIC Eastern Mediterranean Region	152 610 995	123 065 822	0	0	17 912	14 926 339	22 389 509	18 657 924
LMIC European Region	213 740 690	188 216 100	6 777	325 004	16 191	14 474 533	21 711 800	18 093 167
LMIC South-East Asia and Western Pacific Regions	642 390 831	205 151 369	81	1 676	83 096	69 247 025	103 870 537	86 558 781
High income countries (global)	921 078 060	886 578 687	193	43 756	119 058	99 215 356	148 823 034	124 019 195
Total	2 991 283 518	2 192 963 960	21 604	6 033 671	320 580	253 937 179	380 905 768	317 421 474

LMIC – Low and Middle Income Countries

Figure A1.

Global estimated work-related mortality by cause (2008)

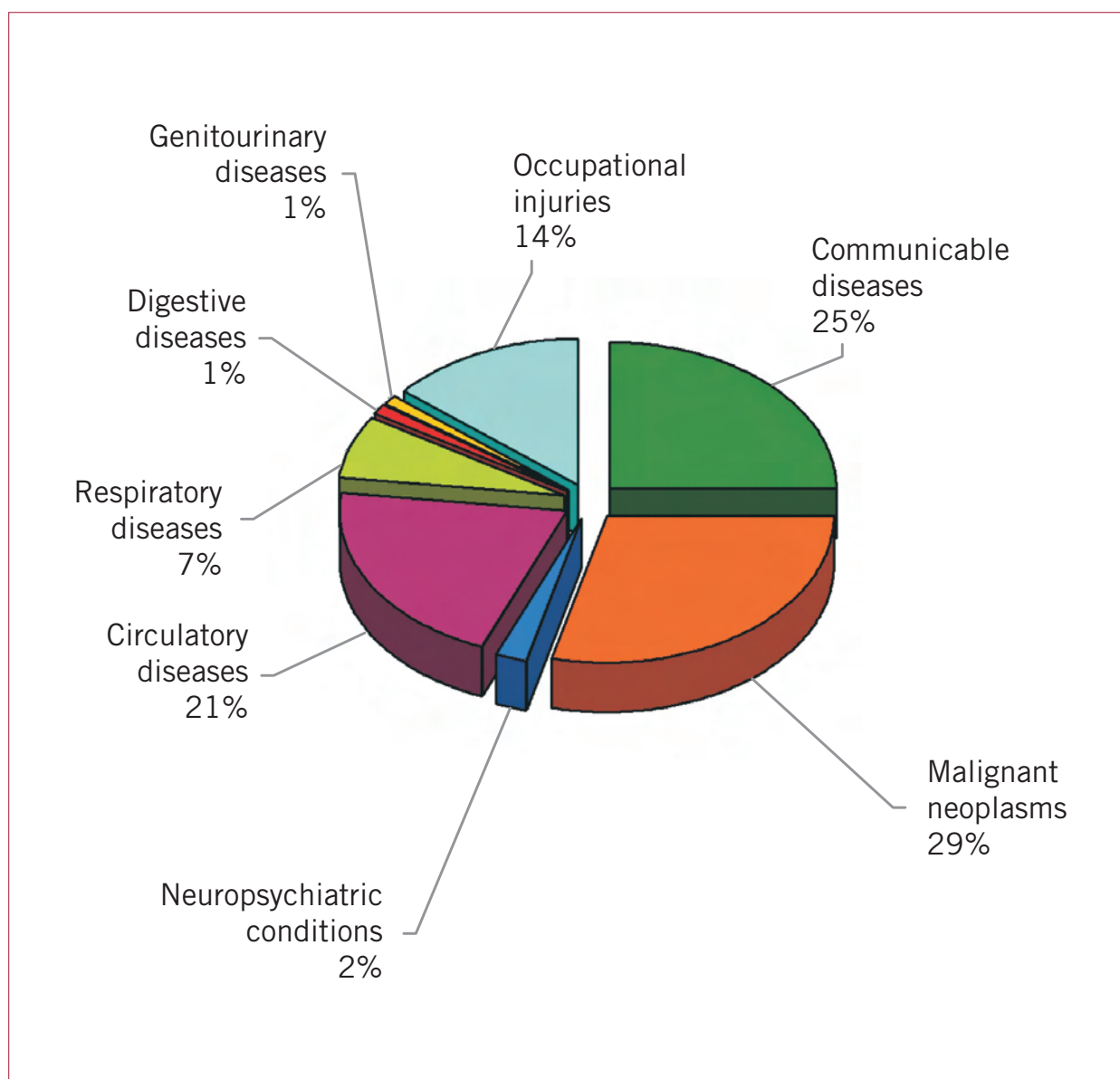


Table A2.

Estimated number of deaths attributed to hazardous substances

Year 2008	No. of deaths		Estimated percentage attributed to hazardous substances		No. of deaths attributed to hazardous substances		
	Men	Women	Men	Women	Men	Women	Total
Cancers					329 754	51 275	381 028
Mouth and oropharynx cancers	257 114	108 153	1,0	0,5	2 571	541	3 112
Oesophagus cancer	363 087	197 601	1,0	0,5	3 631	988	4 619
Stomach cancer	546 815	330 482	1,0	0,5	5 468	1 652	7 121
Colonrectal cancers	363 922	326 124	1,0	0,5	3 639	1 631	5 270
Liver cancer	448 369	204 578	4,0	1,0	17 935	2 046	19 981
Pancreas cancer	147 080	137 537	1,0	0,5	1 471	688	2 158
Lung cancers and mesothelioma	1 020 263	418 653	21,6	5,5	220 377	23 026	243 403
Skin cancers	38 694	32 948	10,0	2,0	3 869	659	4 528
Prostate cancer	346 595	0	1,0		3 466		3 466
Bladder cancer	153 862	53 853	14,2	0,7	21 848	377	22 225
Leukaemia	126 363	102 886	2,7	0,8	3 412	823	4 235
Other and unspecified cancers	618 622	1 570 361	6,8	1,2	42 066	18 844	60 911
Neuropsychiatric conditions	606 391	590 753	1,0	1,0	6 064	5 908	11 971
Cardiovascular diseases	2 083 394	1 236 937	1,0	1,0	20 834	12 369	33 203
Chronic obstructive pulmonary disease	1 826 433	1 513 715	18,0	6,0	328 758	90 823	419 581
Asthma	148 798	129 604	21,0	13,0	31 248	16 848	48 096
Other respiratory diseases	383 096	329 927	1,0	1,0	3 831	3 299	7 130
Genitourinary diseases	498 678	428 960	1,0	1,0	4 987	4 290	9 276
Total							910 286

Annex 2



Seoul Declaration on Safety and Health at Work



Seoul Declaration on Safety and Health at Work

The Safety and Health Summit,

Having met in Seoul, Republic of Korea, on 29 June 2008 on the occasion of the XVIII World Congress on Safety and Health at Work, jointly organized by the International Labour Office, the International Social Security Association (ISSA) and the Korea Occupational Safety and Health Agency (KOSHA), with the participation of senior professionals, employers' and workers' representatives, social security representatives, policy-makers and administrators.

Recognizing the serious consequences of work-related accidents and diseases, which the International Labour Office estimates lead to 2.3 million fatalities per year world-wide and an economic loss of 4 percent of global Gross Domestic Product (GDP),

Recognizing that improving safety and health at work has a positive impact on working conditions, productivity and economic and social development,

Recalling that the right to a safe and healthy working environment should be recognized as a fundamental human right and that globalization must go hand in hand with preventative measures to ensure the safety and health of all at work,

Recognizing the importance of the instruments on safety and health at work of the International Labour Organization (ILO) and the substantial role of the ISSA and its members' contribution in implementing these instruments,

Recalling that the promotion of occupational safety and health and the prevention of accidents and diseases at work is a core element of the ILO's founding mission and of the Decent Work Agenda,

Recalling that the prevention of occupational risks and the promotion of workers' health constitute an essential part of the ISSA's mandate and of its Conceptual Framework of Dynamic Social Security,

Recognizing the importance of education, training, consultation and the exchange of information and good practices on prevention and the promotion of preventative measures,

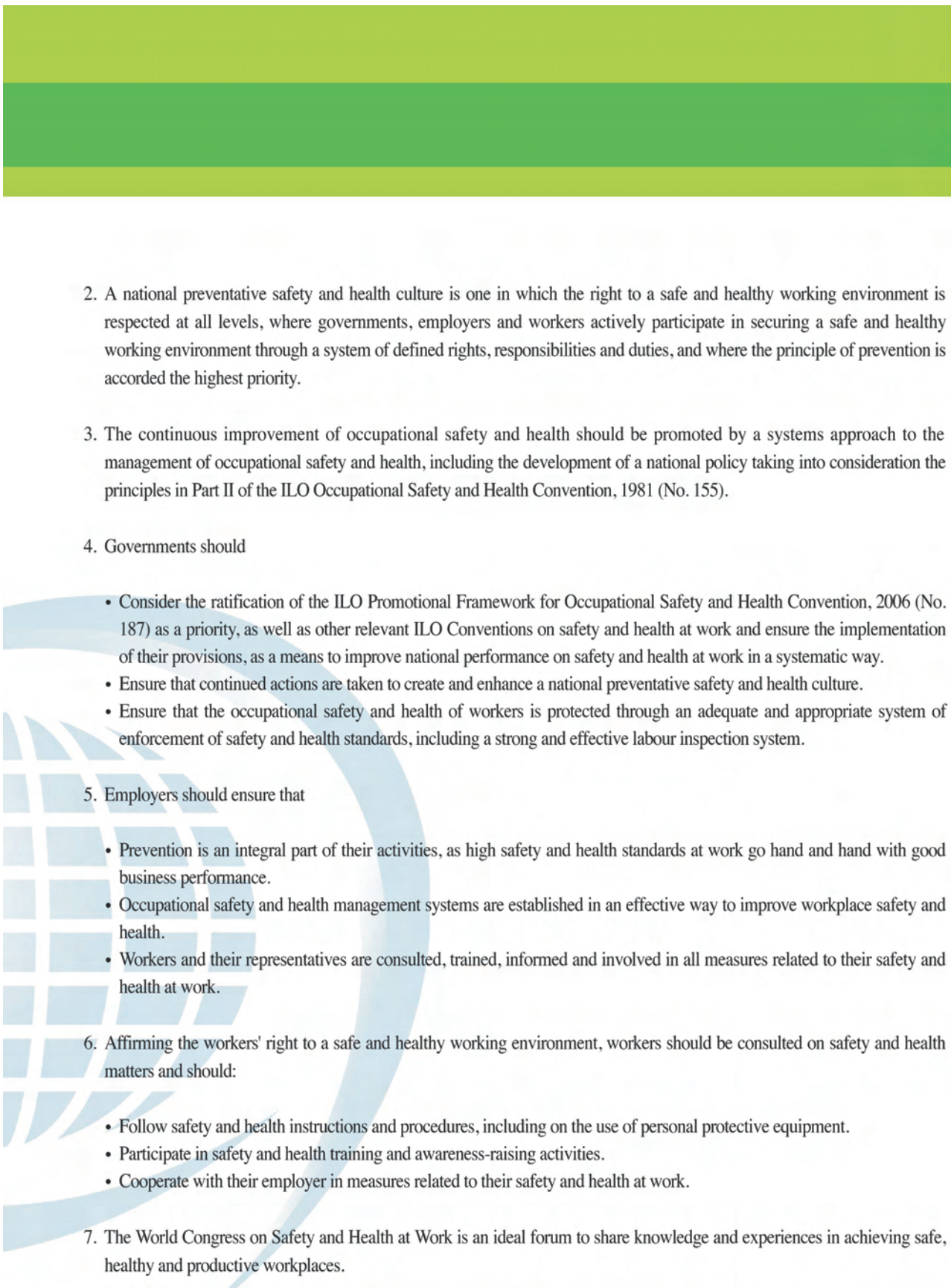
Recognizing the important role played by governments and the social partners, professional safety and health organizations and social security institutions in promoting prevention and in providing treatment, support and rehabilitation services,

Recognizing the importance of cooperation among international organizations and institutions,

Welcoming progress achieved through international and national efforts to improve safety and health at work,

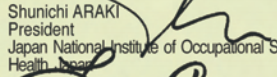
Declares that

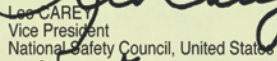
1. Promoting high levels of safety and health at work is the responsibility of society as a whole and all members of society must contribute to achieving this goal by ensuring that priority is given to occupational safety and health in national agendas and by building and maintaining a national preventative safety and health culture.

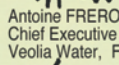
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2. A national preventative safety and health culture is one in which the right to a safe and healthy working environment is respected at all levels, where governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.
 3. The continuous improvement of occupational safety and health should be promoted by a systems approach to the management of occupational safety and health, including the development of a national policy taking into consideration the principles in Part II of the ILO Occupational Safety and Health Convention, 1981 (No. 155).
 4. Governments should
 - Consider the ratification of the ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) as a priority, as well as other relevant ILO Conventions on safety and health at work and ensure the implementation of their provisions, as a means to improve national performance on safety and health at work in a systematic way.
 - Ensure that continued actions are taken to create and enhance a national preventative safety and health culture.
 - Ensure that the occupational safety and health of workers is protected through an adequate and appropriate system of enforcement of safety and health standards, including a strong and effective labour inspection system.
 5. Employers should ensure that
 - Prevention is an integral part of their activities, as high safety and health standards at work go hand and hand with good business performance.
 - Occupational safety and health management systems are established in an effective way to improve workplace safety and health.
 - Workers and their representatives are consulted, trained, informed and involved in all measures related to their safety and health at work.
 6. Affirming the workers' right to a safe and healthy working environment, workers should be consulted on safety and health matters and should:
 - Follow safety and health instructions and procedures, including on the use of personal protective equipment.
 - Participate in safety and health training and awareness-raising activities.
 - Cooperate with their employer in measures related to their safety and health at work.
 7. The World Congress on Safety and Health at Work is an ideal forum to share knowledge and experiences in achieving safe, healthy and productive workplaces.
 8. Progress made on achieving safety and health at work should be reviewed on the occasion of the XIX World Congress on Safety and Health at Work in 2011.
 9. The Summit participants commit to taking the lead in promoting a preventative safety and health culture, placing occupational safety and health high on national agendas.

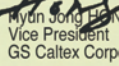
Signatories of Seoul Declaration


Samir ABDALLAH ALI
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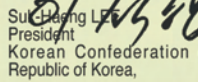

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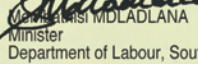

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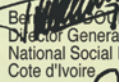

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Hyun Jong HONG
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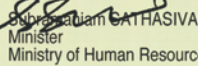

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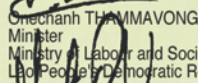

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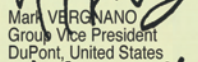

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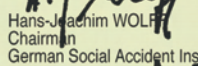

Gerhard PETER
Board Chairman
HOCHTIEF Construction AG, Germany


Subramaniam SATHASIVAM
Minister
Ministry of Human Resources, Malaysia



Chee Seng SOH
Chief Executive Officer
Social Security Organization of Malaysia, Malaysia

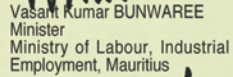

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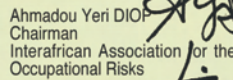

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German Social Accident Insurance, Germany

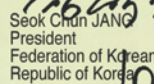

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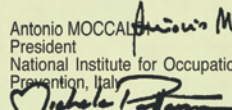

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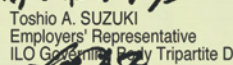

Sang Bai LEE
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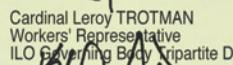

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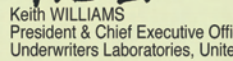

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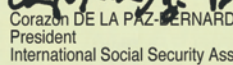

Sudha PILLAI
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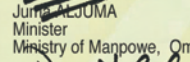

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Employers' Representative
ILO Governing Body Tripartite Delegation

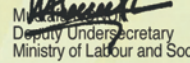

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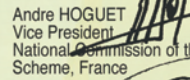

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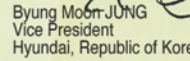

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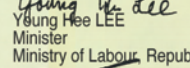

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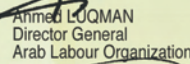

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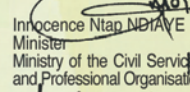

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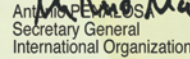

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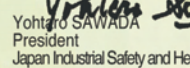

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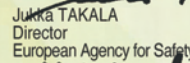

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Director General
Arab Labour Organization



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Antti-Pekka OJA
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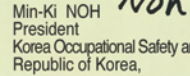

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Asia-Pacific Occupational Safety and Health Organization


Glenis WILLMOTT
Member
European Parliament


Min-Ki NOH
President
Korea Occupational Safety and Health Agency,
Republic of Korea,

End notes

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