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# Safety and Health at Work: A Vision for Sustainable Prevention

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**Safety and Health at Work:**  
*A Vision for*  
Sustainable Prevention

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# 1. Introduction

The health and safety of the world's workforce periodically attracts the attention of the national and international media. Industrial disasters, especially those resulting in multiple fatalities, make global headlines. But the reality is that throughout the world, many thousands of people die from their work activities every day, and numerous fatalities are unreported or ignored.

Globally, an estimated 2.3 million workers die every year from occupational accidents and work-related diseases. In addition, many millions of workers suffer non-fatal injuries and illnesses. This represents a colossal social and economic burden for enterprises, communities and countries, not to mention an appalling human and financial problem for workers and their families.

The need for prevention is both obvious and urgent. The great majority of workplace accidents and diseases are preventable, but good intentions have not always been implemented or sustained. While some may be tempted to cut back on occupational safety and health (OSH), especially during an economic downturn, it remains true that "good safety is good business". Prevention is part of a survival strategy; those who sustain their efforts to prevent occupational accidents and diseases will find their efforts rewarded.

The aim of this report is therefore to review what is currently being done to promote sustainable prevention globally and to encourage greater participatory efforts to achieve safer and healthier workplaces. The importance of promoting a national preventative OSH culture has been highlighted in previous years, as has that of governments taking a responsible lead. Such an approach was endorsed by the XVIII World Congress for Safety and Health at Work in 2008 (International Labour Organization et al., 2008) and again by the XIX World Congress in 2011 in its Istanbul Declaration (Appendix VI).

The challenge for all stakeholders is therefore to build on these positive developments and to sustain preventative efforts in a constantly changing world of work. Prevention must remain a high priority for all stakeholders who are motivated to sustain efforts to make workplaces safer and healthier around the globe.



## 2. Global trends in occupational safety and health: An overview

### 1. A renewed focus on prevention

A growing number of countries are now giving higher priority to OSH and preventing accidents and ill health, in spite of the many pressures – economic and other – to cut back on such measures.

There appear to be several reasons for this trend. Perhaps the most important one is that globally many more stakeholders – governments, employers, workers and other actors – now accept that the burden of occupational accidents and ill health is much greater than previously believed. While accurate figures for such occupational issues are still hard to obtain on a global scale, it is much more widely recognized today that occupational accidents and diseases can have a major impact on the productivity, competitiveness and reputation of individual enterprises, as well as on the livelihoods of individuals and their families. Moreover, at the national level, occupational accidents and ill health can engender an intolerable humanitarian and economic burden, damaging any reputation for good business and negatively impacting sustainable economic growth. In short, prevention pays.

Globally, greater attention is now being paid to public health as a prerequisite for poverty eradication and economic development; the former clearly includes occupational health. In fact, occupational diseases contribute very significantly to the overall burden of disease, especially in developing countries. It has recently been estimated that they may account for twice the burden of each of the “headline” diseases of tuberculosis, HIV/AIDS and malaria – and possibly as much as all of the former taken together (International Labour Office, 2012a). Consequently, with high-level discussions now taking place regarding the Millennium Development Goals (MDGs) after 2015, “relevant high-burden non-communicable diseases”, notably those that are occupational in origin, should receive greater attention (The Leadership Council of the Sustainable Development Solutions Network, United Nations, 2013). In particular, the G20 Labour and Employment Ministers’ Declaration made in Moscow on 18–19 July 2013, recommends that G20 leaders ensure decent health and safety working conditions for all workers as part of a range of measures to strengthen labour demand and foster new and better job creation (International Labour Organization, 2013c).

This has served to increase public awareness of the importance of OSH and the need to give greater priority to prevention for the benefit of all concerned.

#### *Global estimates of occupational accidents and work-related diseases*

Due to the limitations of national data collection systems in many countries, there are no consistent global figures on work-related injuries and diseases. Where available, they are gathered from a wide variety of different sources (social security and insurance institutions, labour inspectorates, occupational health services or other authorities and bodies). In addition, under-reporting is common and official reporting requirements, which are guided by





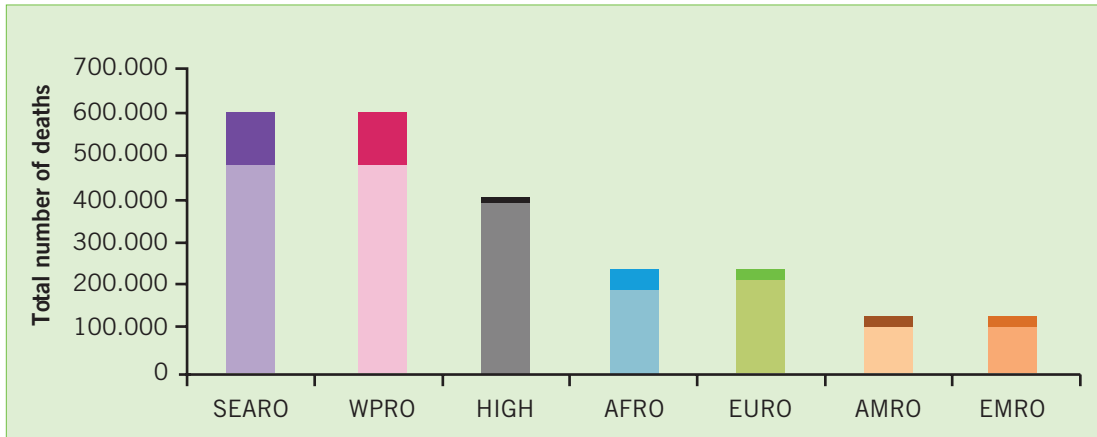
diverse criteria that change over time, frequently do not cover the same categories of workers (those in the informal economy, for example). Even countries with well-established reporting practices often do not report all cases, particularly non-fatal injuries or occupational diseases, and no country reports all work-related diseases. Indeed, many developing countries do not even possess social security systems. Where such systems do exist, they do not cover the informal sector, which together with small and medium-sized enterprises (SMEs) provides the majority of employment. In addition, ill health reporting and recording is often poor for SMEs. Hence, official figures always underestimate the real situation. This causes fewer resources to be allocated to preventive work, which in turn has a negative impact on workers' safety and welfare, industry productivity and workforce availability, especially in countries with a non-favourable demographic situation.

Therefore, to fill this coverage and reporting gap and increase awareness of the problem's real magnitude, we shall provide global estimates of occupational injuries and work-related diseases based on the best sources available: 2010 occupational injury data from selected International Labour Organization (ILO) member States and 2011 data from the World Health Organization (WHO) regarding the global burden of disease.

Annually, occupational accidents and work-related diseases cause over 2.3 million fatalities, out of which over 350,000 are caused by occupational accidents and close to 2 million by work-related diseases. As a result, approximately 6,300 people die every day due to these causes: occupational accidents kill nearly a 1,000 people every day and work-related diseases provoke the death of approximately 5,400 more individuals. There were also over 313 million non-fatal occupational accidents (requiring at least four days of absence from work) in 2010, meaning that occupational accidents provoke injury or ill health for approximately 860,000 people every day. More details are given in Appendices III and IV. Exposure to hazardous substances at work causes nearly 900,000 deaths every year (Appendix V). These numbers have changed slightly from previous estimates.<sup>1</sup> However, we should interpret them with caution, given the changes in the quality of the data sources and the limitations and fine-tuning of the methodology (Hämäläinen, 2010) over the years. So, what can we learn from these figures?

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1 In 2011 (based on 2008 data), the ILO estimated that over 2 million people died from work-related diseases and over 320,000 from work-related accidents. 317 million suffered non-fatal occupational accidents (requiring at least four days of absence from work), and more than 900,000 workers died from exposure to hazardous substances (International Labour Office, 2011a).



**Figure 1.**  
Global work-related mortality by region<sup>2</sup> in 2010 (top segments correspond to fatal occupational accidents and lower segments to fatal work-related diseases)

Work-related diseases are the main cause of death at work in all world regions (see Figure 1). This should highlight the importance of disease prevention. Most work-related deaths and non-fatal occupational accidents occur in low- and middle-income countries in South-East Asia and the Western Pacific region. These countries possess most of the world's working population (see Appendix II), but additionally, as in other developing countries, the proportion of workers occupied in risky jobs is higher. Nevertheless, high-income countries also present a significant number of work-related fatalities, though fatal accidents represent a smaller portion of their death toll. This in part reflects the lower proportion of hazardous jobs in these countries at present, but also illustrates previous efforts made regarding occupational accident prevention. Likewise, a greater number of people live longer in high-income countries, which provides enough time for workers to develop and die from diseases with long latency periods between hazard exposure and onset of disease (for instance, mesothelioma may not appear until 20 to 50 years after exposure to asbestos). Non-communicable work-related diseases account for about 90 per cent of the global fatal work-related disease burden (see Appendix IV): work-related cancers and circulatory diseases are the main causes of death in all regions. While communicable diseases are still of concern in developing countries, the latter are witnessing a distribution of work-related diseases that is increasingly similar to that of developed countries. A new paradigm of prevention is required: one that focuses on work-related diseases and not only on occupational injuries. Recognition, prevention and treatment of both occupational diseases and accidents, as well as the improvement of recording and notification systems are high priorities for improving the health of both individuals and the societies they live in. This can only be achieved by building the capacity of national safety and health management systems.

### *Estimating the economic cost of occupational injuries and illnesses*

In addition to immeasurable human suffering, these fatalities and ill health cause major economic losses for enterprises and societies as a whole, including lost productivity and reduced work

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2 WHO regions and World Bank income categories (low- and middle-income countries by WHO region, and high-income countries as a separate group); see Appendix I.



capacity. It is estimated that around four per cent of the world's gross domestic product (GDP) is lost due to various direct and indirect costs, including compensation, medical expenses, property damage, lost earnings and replacement training (International Labour Office and World Day for Safety and Health at Work, 2003), (International Labour Office, 2012a).

### *The impact of the global economic recession on occupational safety and health*

Much research has been conducted to assess the impact of the recent global recession on occupational safety and health (International Labour Office, 2013a), (International Social Security Association (ISSA), 2011). On one hand, with fewer workers employed in key sectors such as construction, more serious accidents appear to have generally decreased, especially among younger workers. Manufacturing accidents have also reportedly declined. They have done so perhaps more quickly than previously expected, as less experienced workers have lost their jobs and more skilled ones have been retained. This pattern has been described as “pro-cyclical” and has been observed in earlier recessions, as well as the most recent one (Health and Safety Executive, 2005).

On the other hand, many employers have reported that their OSH budgets have been reduced because of the economic downturn. Reductions have taken various forms, such as less time spent on OSH management or less frequent inspection and maintenance of work machinery and plants. This has obvious implications for OSH. Work-related stress and other psychosocial risks are also more significant in these contexts, as work pressure and intensity often increase as businesses struggle to survive. Workers who have managed to hold onto their jobs – “lay-off survivors” – are often forced to work longer hours and increase output because their colleagues have been made redundant, while those whose work is already precarious must cope with the associated uncertainty. However, many employers cooperating with their workforces have responded positively and consequently made good use of the opportunity to promote greater well-being at work (European Agency for Safety and Health at Work (EU-OSHA), 2013b). Others have elected to spend time on OSH training.

Positive steps like these should be welcomed, as it is entirely possible that when economic circumstances improve and business picks up again, accident trends will rise once again. Such a cycle has been noted following previous recessions and it is consequently useful for stakeholders to take positive steps now to prevent such a situation from arising in the future (Economic Analysis Unit (EAU), Health and Safety Executive, 2009).

Meanwhile, many governments have had to curtail the resources allocated to their labour administration systems because of national budget deficits, which has had an inevitable impact on OSH inspectorates. Nevertheless, while resources for OSH inspection have decreased in some countries, in other countries such as Albania, Bangladesh, China, Ethiopia, Fiji, Jordan, The Former Yugoslav Republic of Macedonia, Mexico, Montenegro, Oman, South Africa, Sri Lanka and Viet Nam, resources have increased (International Labour Organization, 2011). With greater national interest placed on prevention, inspectorates have also been able to collaborate more positively with employers' and workers' organizations to promote prevention, while inspectors have focused more on undertaking proactive (preventative) visits as opposed to purely reactive ones.



### *National OSH systems and programmes*

In spite of the recession, many governments and businesses have responded positively to the challenges of promoting OSH and prevention in particular. Governments have made OSH a higher priority in their national agendas, paying attention to the need for effective national OSH systems and programmes. Both are key requirements of the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), which has seen a steady increase in ratification numbers since its adoption.<sup>3</sup> Moreover, in recent years many more governments, in collaboration with their social partners, have adopted their own Decent Work Country Programmes (DWCPs) with OSH included as a key element in over 80 per cent of them.<sup>4</sup>

One of the key aspects of national OSH systems and programmes is that they engage a wider range of stakeholders in promoting OSH and prevention. Thus, educational and research institutions have important roles to play, and both private and public advisory bodies can offer helpful OSH information and advice. All such stakeholders need to work increasingly in partnership in order to achieve common OSH objectives across all sectors, whether these are sector-specific or topic-specific. National campaigns are an important way of bringing together such partners in a common purpose with time-bound programmes.

Government departments are also working more closely together on OSH concerns, although in general, more needs to be done in this area. For example, ministries of labour and ministries of health have begun to collaborate on the prevention of occupational diseases. Social security associations, through their employment injury schemes, are also paying greater attention to prevention in their programmes and developing incentives to help reduce occupational accidents and ill health (International Labour Office, 2013d).

Professional OSH associations also have an important role to play. International organizations such as the International Association for Labour Inspection and the International Commission on Occupational Health, in conjunction with national groups like the UK Institution of Occupational Safety and Health and the US National Institute for Occupational Safety and Health, all help to keep their members updated and provide a platform for the exchange of good practice. Groups such as ASEAN-OSHNET,<sup>5</sup> ALASEHT<sup>6</sup> and SLIC<sup>7</sup> enable similar updating and networking at regional levels.

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3 29 countries had ratified Convention 187 as of 26 February 2014 (International Labour Organization, 2014b).

4 Decent Work Country Programmes aim to improve working conditions and address a range of labour-related issues. See: <http://www.ilo.org/public/english/bureau/program/dwcp/index.htm> [accessed 27 February 2014].

5 ASEAN Occupational Safety and Health Network (ASEAN-OSHNET). See: <http://www.aseanoshnet.org/> [accessed 27 February 2014].

6 Asociación Latinoamericana de Seguridad e Higiene en el Trabajo (ALASEHT). See: <http://www.alaseht.com/> [accessed 27 February 2014].

7 European Union Senior Labour Inspectors' Committee (SLIC). See: <http://ec.europa.eu/social/main.jsp?catId=148&langId=en&intPagId=685> [accessed 27 February 2014].



Lastly, many more university and other tertiary educational and training establishments are including OSH and prevention in their curricula, thus expanding public understanding of the benefits of OSH and of the importance of prevention. Moreover, it is encouraging to note that more OSH diploma and degree courses are being offered in developing countries. Meanwhile, OSH is gradually being introduced into national school curricula.

## 2. Causes for concern

### *Major incidents*

In spite of this progress, much remains to be done to ensure that prevention becomes a reality everywhere. Major industrial accidents are stark reminders of the unsafe conditions still faced by many. For example, the April 2013 collapse of the Rana Plaza building in Bangladesh resulted in the death of 1,129 individuals and injured 2,500 more, mostly factory workers making garments for overseas retail chains (The Guardian, 2013). The international community has since expressed concerns about market pressures which strive to keep basic production costs low, the role of national authorities, and the responsibilities of multinational enterprises and other stakeholders in supply chains towards the safety of workers.



The Rana Plaza building, Greater Dhaka, Bangladesh, which had housed several clothing factories employing about 5,000 on its upper floors. Photo: Reuters.

Several catastrophic factory fires and explosions in the last few years have also caused much concern. The number of these incidents appears to have increased during the last two to three years (or perhaps simply more have been reported). Taken together, these incidents are a reminder that fires and explosions can occur anywhere, not only in sectors usually regarded as “high risk”.



<b>Some major factory fires and explosions, 2011–2013</b>				
<b>Date</b>	<b>Location</b>	<b>Industry</b>	<b>Incident type</b>	<b>Number of deaths</b>
<b>13 Apr. 2013</b>	Texas, USA	Fertilizers	Explosion	<b>15 (160 injured)</b>
<b>24 Nov. 2012</b>	Dhaka, Bangladesh	Garment making	Fire	<b>112</b>
<b>11 Sep. 2012</b>	Karachi, Pakistan	Garment making	Fire	<b>289</b>
<b>11 Sep. 2012</b>	Yegoryevsk, Russia	Garment making	Fire	<b>14</b>
<b>11 Sep. 2012</b>	Lahore, Pakistan	Shoe making	Fire	<b>25</b>
<b>5 Sep. 2012</b>	Sivakasi, India	Firework	Explosion	<b>37 (60 injured)</b>
<b>25 Aug. 2012</b>	Paraguaná, Venezuela	Refinery	Explosion	<b>48 (151 injured)</b>
<b>6 May 2012</b>	Rayong, Thailand	Synthetic rubber	Explosion	<b>12 (100 injured)</b>
<b>20 Nov. 2011</b>	Shandong, China	Chemicals	Explosion	<b>14</b>
<b>17 Oct. 2011</b>	Raidighi, India	Firework	Fire	<b>42 (11 injured)</b>
<b>17 Jan. 2011</b>	Wuhan, China	Garment making	Fire	<b>14 (4 injured)</b>

#### Hazardous sectors

Meanwhile, hazardous sectors such as mining, construction, shipping, and in particular fishing continue to take a heavy toll on human lives and health. In mining, some improvements in OSH have been made in countries such as Chile and China, but the sector continues to witness numerous deaths (China Labour Bulletin, 2013). In construction, while some countries such as Indonesia and Malaysia have developed effective programmes to improve OSH, accident rates remain high in general, especially among small and medium-sized enterprises. In shipping, the countries that have currently ratified the 2006 Maritime Labour Convention represent more than 50 per cent of the world's seafarers and more than three-quarters of the world's gross tonnage of ships (MLC, 2006) (International Labour Office and International Labour Conference, 2006). Ratification of the Convention has prompted countries to establish minimum working and living standards for seafarers. Although the pace of ratification is continually increasing, the maritime industry is often also actively implementing the Convention ahead of governments.

In addition to posing a serious risk to the environment, shipbreaking is also associated with high levels of fatalities, injuries and diseases. Risks include dealing with residual oil and handling heavy steel sections. In addition, an average size ship contains up to 7 tonnes of asbestos, which is often sold on to local communities. In spite of continued international efforts to promote



cleaner, safer and healthier workplaces in this sector, shipbreaking is still regarded as one of the most dangerous activities (International Labour Organization, 2009).



A shipbreaking yard. Photo © ILO.

Meanwhile, the nuclear industry continues to pose serious problems regarding the radiological protection of site workers and the environment. In particular, the protection of emergency workers at the Fukushima Daiichi power plant in Japan has become a focus of international attention since the 2011 East Japan Earthquake, and many lessons have been learned from this tragedy (Yasui, 2013) Tokyo Electric Power Company (TEPCO).

### *Small and medium-sized enterprises (SMEs)*

SMEs are believed to be responsible for over 50 per cent of the new jobs created globally. Moreover, in most developing and emerging countries, they also employ more people than large enterprises do. In the light of this situation, SMEs clearly have the potential to contribute significantly to the social and economic progress of workers and communities, but many of them – especially those in developing and emerging countries – are not achieving their full potential. This is partly because OSH is often less well managed in SMEs, creating working conditions that are less safe and posing greater risks to the health of workers than larger enterprises (Croucher et al., 2013).

In particular, SMEs have less time to devote to providing OSH training and information due to the economies of scale. Research also confirms a common lack of awareness of the cost implications of occupational accidents and diseases amongst SME owners and managers, as well as a tendency for SMEs to be reactive, rather than adopting proactive preventive strategies towards OSH (Croucher et al., 2013).

A number of initiatives have been taken to address these issues. The more effective initiatives have been sensitive to the particular characteristics of SMEs and their sectoral differences. For example,



providing advice and information through intermediaries like financial institutions has proved very helpful and persuasive for some SMEs. Others have benefitted greatly from supply-chain initiatives, such as when larger enterprises provide OSH training for their SME suppliers.

In some countries, the media has had a major impact on attitudes towards OSH among SMEs, self-employed individuals and others beyond the traditional reach of OSH inspection. In particular, TV campaigns highlighting major accidents and what can be done to prevent them have significantly helped to change OSH attitudes and behaviour among such groups.

### *Migrant and domestic workers*

Migrant labour has become one of the determining factors of economic sustainability in many countries. Although cross-border and internal migration have a long history, migration has seen a significant increase in the twenty-first century labour. As a consequence, there is growing concern about migrant workers' health and safety, as the former tend to work in hazardous and labour-intensive occupations: the so-called "3D jobs" that are dangerous, dirty and degrading. Migrant workers often toil in small, unregulated enterprises for long hours and low wages. Language and cultural difficulties may also reduce the value of any OSH information and training that they might receive (Lee et al., 2011).



Migrant workers in a fish market, Dubai. Photo © ILO/P. Deloche

Domestic workers, especially domestic migrant workers, have also been identified as being more prone to certain OSH risks. It is estimated that there are 53 million such workers worldwide (International Labour Organization, 2013d). In addition to working long hours with minimal periods of rest, they may have to carry heavy weights, handle hazardous chemicals and work at





heights with the risk of falling. Many also face risks of physical assault, verbal abuse, violence and sexual harassment. If domestic workers are also migrants, their situation can also be exacerbated by cultural and language barriers.

The Domestic Workers Convention, 2011 (No. 189), which came fully into force in September 2013, addresses many of the issues described above.

### *Hazardous Child Labour*

Hazardous child labour is a particular focus of the Worst Forms of Child Labour Convention, 1999 (No. 182). Although the Convention has been very widely ratified, child labour is still prevalent in many countries and continues to be a major concern. In a recent ILO report, it was estimated that out of an estimated 168 million working children, about 85 million children were engaged in hazardous work (International Labour Office and ILO International Programme on the Elimination of Child Labour, 2013). While this figure marks a significant improvement compared to previous estimates, at the current pace, the targets set for eliminating hazardous child labour by 2016 are unlikely to be met (International Labour Office and ILO International Programme on the Elimination of Child Labour, 2013). Child labour in the mining sector is especially hazardous; it is believed that about 1 million children still work in this sector, many alongside their families or other informal groups in unregulated, artisanal and small-scale mines all over the world (Human Rights Watch, 2013).

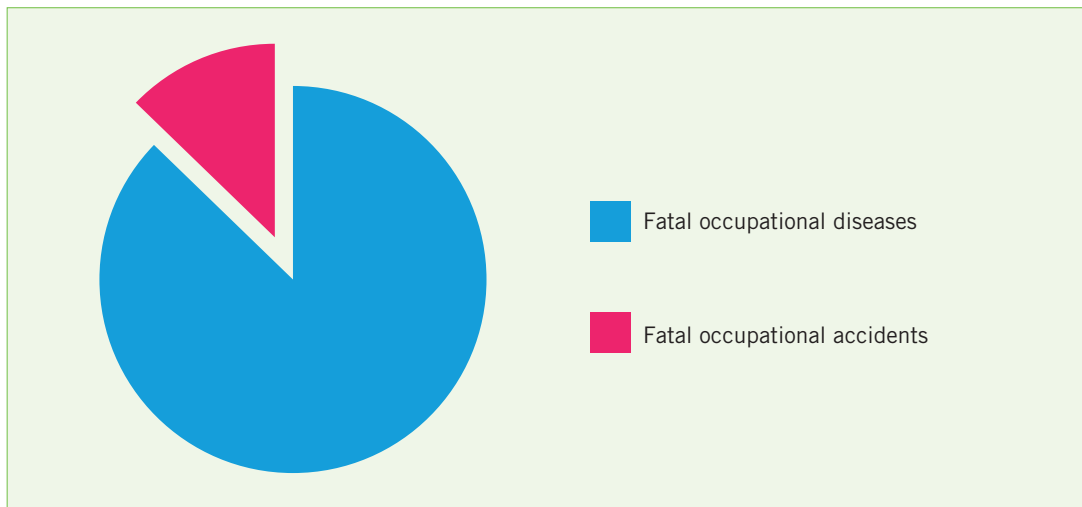


Young boy working in a coal mine, Bolivia. Photo © ILO/M. Crozet



### 3. Occupational health: A priority

Occupational health has recently become a much higher priority, in light of the growing evidence of the enormous loss and suffering caused by occupational diseases and ill health across many different employment sectors. Even though it is estimated that fatal diseases account for about 85 per cent of all work-related fatalities, more than half of all countries do not provide official statistics for occupational diseases (International Labour Organization, 2013e). These therefore remain largely invisible, compared to fatal accidents. Moreover, the nature of occupational diseases is changing rapidly, as new technologies and global social changes aggravate existing health risks and create new ones.



**Figure 2.**

**Total fatalities due to occupational accidents and occupational diseases**

#### *Long-latency diseases*

Long-latency diseases include illnesses such as silicosis and other pneumoconioses, asbestos-related diseases (ARDs) and occupational cancers that may take decades to manifest. Such diseases remain widespread, as they are often undiagnosed until they result in permanent disability or premature death.

Pneumoconioses account for a high percentage of all occupational diseases. For example, in Latin America, there is a 37 per cent prevalence rate of silicosis amongst miners, and this figure reaches 50 per cent among miners over the age of 50. In Viet Nam, pneumoconioses account for 75.7 per cent of all compensated occupational diseases (International Labour Organization, 2013e).

The use of asbestos has been banned in more than 50 countries, including all EU Member States, but the number of deaths from ARDs is increasing in many industrialized countries because of exposure that occurred during the 1960s and later. In the Germany and UK, for example, the number of deaths from asbestos-induced mesothelioma has been increasing for some years and is expected to peak in 2015–16 (Health and Safety Executive, 2009).

Many countries have responded positively to these challenges. For example, in addition to enforcing a ban on any new use of asbestos, EU Member States have adopted stringent measures



to manage risks from asbestos in existing plant and buildings, through national legislation, private compliance initiatives, inspection and enforcement. Brazil, Chile, India, Peru, South Africa, Thailand, Turkey and Viet Nam have all launched national programmes for the elimination of silicosis and the prevention of other pneumoconioses. Globally, efforts have been made to implement the Resolution concerning asbestos adopted by the International Labour Conference in 2006 and to enhance national capacities for recognizing and preventing asbestos-related diseases. For example, the International Commission on Occupational Health has also called for a global ban on the mining, sale and use of all forms of asbestos and the elimination of asbestos-related diseases (International Commission on Occupational Health (ICOH), 2013).

### *Emerging risks and new challenges*

Reports state that cases of musculoskeletal disorders (MSDs) are on the rise in many countries (International Labour Organization, 2013e). For example, in the Republic of Korea, the number of such cases increased sharply from 1,634 in 2001 to 5,502 in 2010. In Great Britain, MSDs represented about 40 per cent of all work-related diseases. In Japan, pneumoconiosis and lower back pain were the most common problems among the 7,779 reported cases of occupational diseases in 2011. In 2011, the World Health Organization reported that MSDs accounted for four per cent of all years lost to disability, compared with 3.1 per cent in 2000 (World Health Organization (WHO), 2014).

Meanwhile, in the United States skin diseases, hearing loss and respiratory conditions were the three leading diseases among the 224,500 reported cases of non-fatal occupational illness in 2009. Argentina likewise reported 22,013 cases in 2010, with noise-induced hearing loss, MSDs and respiratory diseases being the top three problems (International Labour Organization, 2013e).

The number of cases of work-related stress, violence and psychosocial disorders has also been increasing. These have often been attributed at least in part to recession-driven enterprise restructuring and redundancies; there seems to be little doubt that such changes, especially when extreme, can be very damaging psychologically. One European-wide study has shown that a large and rapid rise in unemployment has been associated with a significant increase in suicide rates (Lundin and Hemmingsson, 2009). Meanwhile, a review of mortality studies in 13 countries across the world has also shown an increase in cardiovascular mortality rates by an average of 6.4 per cent in periods of crisis (Falagas et al., 2009).

Finally, there is an urgent need for further research on occupational health in several key areas. One of these is the use of new technologies, where there remains a lack of understanding regarding the associated health risks. This is especially the case with nanotechnology, where applications are rapidly outpacing research on the health effects of nanomaterials. The manufacture, use, maintenance and disposal of nanomaterials may have potential adverse effects on internal organs (European Agency for Safety and Health at Work (EU-OSHA), 2013a).

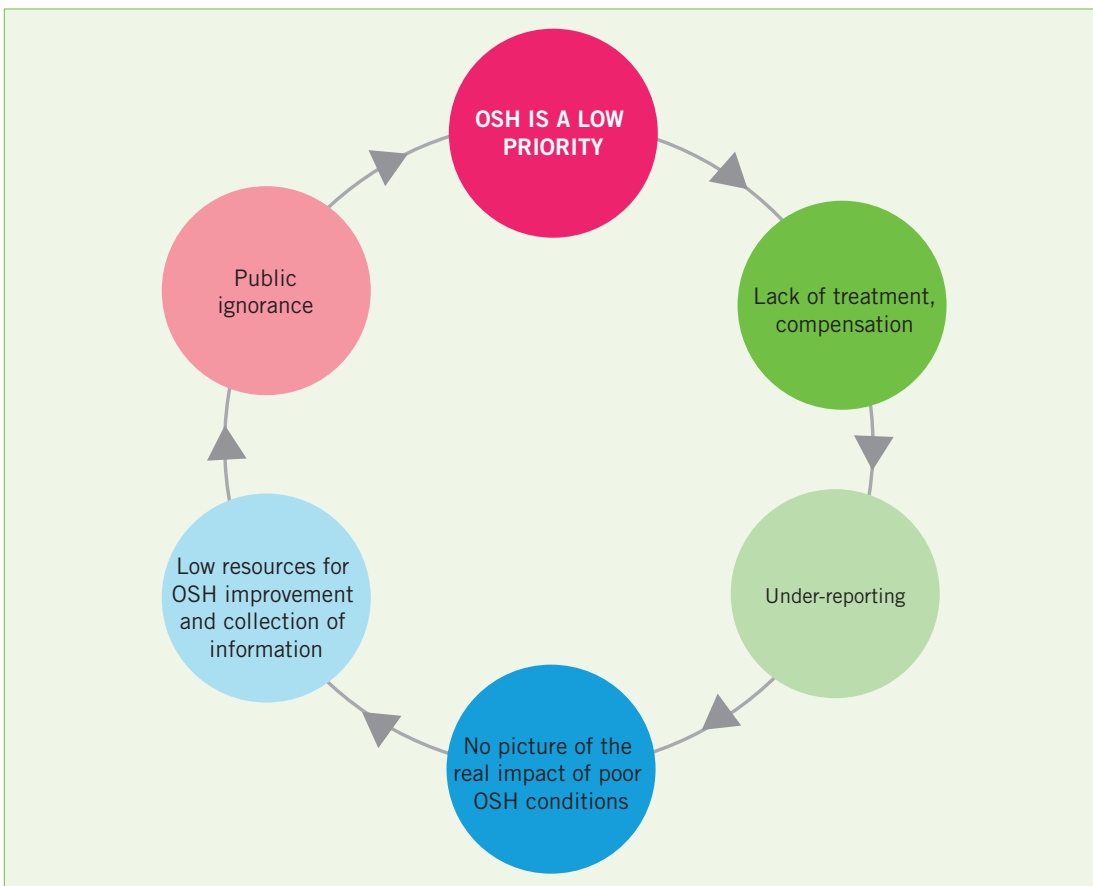


#### 4. A cultural shift is needed

At the heart of prevention lies the conviction that it is both necessary and worthwhile to invest in OSH. This conviction is demonstrated in a commitment to act nationally and internationally, including governments, both small and large enterprises, and running from top management down to the least experienced workers. Yet in spite of some good progress made in recent years, the attitude still persists among some stakeholders that OSH is at odds with competitive advantage and viability and often entails unnecessary costs, whereas in fact the opposite is true. A cultural shift is needed in many workplaces, especially in those that are more poorly regulated.

A negative attitude towards OSH is in part formed out of ignorance regarding the causes of occupational accidents and diseases, and what can be done to prevent them practically. Ignorance can then lead to apathy and less demand for addressing the issues, even in high hazard sectors. It becomes a vicious circle or a “cycle of neglect”, where OSH never seems to get the attention it deserves – until the cycle is somehow broken.

**Figure 3.**  
**A cycle of neglect (International Labour Office, 2013b)**





Due to the lack of data mentioned above, occupational diseases present a particular challenge in this respect, leading to public ignorance, low prioritization and the under-reporting of occupational diseases, quickly begetting a “cycle of neglect”. It also becomes much harder for policy-makers to grant OSH a high priority amidst competing demands for resources, and to justify its targets. Breaking this vicious circle is vital. Likewise, improving the reporting of occupational accidents and diseases in all sectors, including those in the informal economy, would also enhance data quality.

With sound data, governments and their social partners would be in a much stronger position to equitably evaluate prevention needs and develop appropriately targeted national OSH policies and programmes (International Labour Office, 2012d). Only then will attitudes towards OSH and decent working conditions start to change everywhere. A commitment to prevention at the highest national level is vital in order to achieve this.



### 3. Sharing a vision for sustainable prevention: ILO action

#### 1. Promoting OSH Conventions and other ILO standards

ILO activities in this area have been guided by the Plan of action for 2010–2016, at the heart of which has been the need for ratification and implementation of key OSH Conventions and the promotion of a national preventative OSH culture (International Labour Office, 2010b). The Conventions concerned are the Occupational Safety and Health Convention, 1981 (No. 155) (International Labour Conference 1981, C.155), and its Protocol of 2002 (International Labour Office, 2002), as well as the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) (International Labour Conference, 2006).

Working with governments, employers' and workers' organizations, the ILO has placed particular emphasis on the need for countries to draw up their own national OSH profiles, strengthen their national OSH systems and develop national OSH programmes tailored to their specific needs.

One particular focus has been the need for much improved national data collection on accidents and diseases, as required by the aforementioned Protocol of 2002. This is vital for the drafting of accurate national OSH profiles and formulating objective and defensible targets within national OSH programmes. As mentioned earlier in this report, the lack of national data is particularly acute with regard to occupational diseases. Consequently, many countries have made significant progress towards implementing the above



ILO instruments and creating greater awareness of OSH issues through information and training.

In particular:

**In Africa.** Many countries have now developed their own national OSH profiles or programmes, including: Botswana, Egypt, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Namibia, Seychelles, Tanzania, Tunisia, Uganda and Zambia. ILO collaboration projects funded by the EU and Sweden (see box on page 20) have facilitated the publication of training and guidance materials on the development of national OSH programmes and on conducting audits to implement the ILO Guidelines on OSH management systems (ILO–OSH, 2001). OSH training to help with the implementation of Conventions 155 and 187 has also been conducted in many of the above countries, as well as: Benin, Ghana, Nigeria, Senegal, Somalia, South Africa, Sudan, Togo and Zimbabwe.



A 5-day training course in Somalia on risk management, labour inspection and setting OSH standards with particular reference to the construction sector, March 2012

**In the Americas.** ILO training to help with the implementation of Conventions 155 and 187 has been held for representatives from Argentina, the Plurinational State of Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Paraguay, Peru, Uruguay and the Bolivarian Republic of Venezuela. National OSH programmes have also been developed in Barbados, Chile, Honduras and Uruguay. Honduras' programme was developed within the framework of the aforementioned EU and Sweden jointly funded projects.

**In the Arab States.** Several countries such as Iraq, Oman, Jordan and Yemen have now developed national OSH profiles and are taking steps to scale these up. Other countries have focused on OSH training for key personnel, including Saudi Arabia and Bahrain, where the First National Occupational Safety and Health Conference was held in May 2012.

**In Asia and the Pacific.** Many countries have been actively promoting OSH through national OSH systems and programmes, including: Australia, Cambodia, Fiji, India, Indonesia, Japan, Lao PDR, Malaysia, Mongolia, New Zealand, Philippines, Singapore, Thailand and Viet Nam. The ILO has also promoted ratification and implementation of Convention 187 through the ILO/ Japan multi-bilateral programme, the ILO/Korea Partnership Programme and the ASEAN-OSH Network (ASEAN-OSHNET). Training workshops to help with the implementation of Conventions 155 and 187 have been held in several of the above countries, as well as Papua New Guinea and Sri Lanka.

**In Europe and CIS countries.** Many countries have now developed their own national OSH profiles, including: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, the Former Yugoslav Republic of Macedonia, Moldova, Montenegro, Serbia, Tajikistan, Ukraine and Uzbekistan, as well as all EU Member States. ILO training to assist with the implementation of Conventions 155 and 187 has also been held in many of the aforementioned countries.



### *Information and training*

These activities have been underpinned by both technical expertise and a range of OSH information and training available from the International Occupational Safety and Health Information Centre (ILO–CIS) and the International Training Centre in Turin (ITC–ILO).

The ILO provides a wide range of promotional materials, such as the “e-OSH DVD: Electronic library on occupational safety and health” (International Labour Organization, 2013b), videos, slideshows and audio presentations, as well as traditionally available guidance including the *Encyclopaedia of Occupational Health and Safety* (International Labour Organization, 1998) and other publications, available either online or through collaborative centres in many countries.

The ILO is also compiling a global database on occupational safety and health legislation (LEGOSH) to provide constituents and interested parties with a source of reliable and targeted information for making educated decisions. The database allows countries to learn from more advanced laws and criteria and facilitates undertaking comparative research on specific indicators. Policy briefs and fact sheets can be developed based on the available data. LEGOSH can also be used as a tool for monitoring and mapping large-scale trends (International Labour Organization, 2014a).

The International Training Centre of the ILO (ITC–ILO) runs a variety of OSH courses for governments, employers and workers to help with the implementation of Conventions 155 and 187. For example, the National Governance for OSH course embraces the ILO’s Global Strategy on OSH (International Labour Office, 2004), as well as both Conventions. Meanwhile, the longer duration Master’s and Post-graduate courses provide more specialized OSH training to help countries strengthen and sustain their own expertise and prevention programmes.

### *OSH inspection*

The Labour Inspection Convention, 1947 (No. 81), one of the most widely ratified of all Conventions,<sup>8</sup> and the Labour Inspection (Agriculture) Convention, 1969 (No. 129), are two of the four ILO “governance Conventions”, as defined by the Declaration on Social Justice for a Fair Globalization (2008) (International Labour Office and International Labour Conference, 2008). The ongoing importance of labour inspection – including OSH –has been reaffirmed by the Resolution and Conclusions on labour administration and labour inspection adopted by the General Conference of the International Labour Organization at its 100th Session in 2011 (International Labour Office, 2011b). Through technical assistance programmes, the ILO has helped to strengthen and modernize OSH inspectorates, in particular by encouraging them to give priority to preventative inspection. The ILO has also supported regional and international associations such as the International Association of Labour Inspection in their efforts to share best practices and promote more modern preventative approaches.

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8 145 countries had ratified C.81 as of 27 February 2014 (International Labour Organization, 2014c).





### *International collaboration*

International collaboration has been a key feature of ILO activity in the last few years, as three major national and multinational projects have been undertaken jointly with partner organizations in order to promote OSH and the implementation of Conventions 155 and 187.

In particular, two major collaboration projects, outlined in the box below, have helped to ensure that preventative efforts will be sustained in the project countries in question. They have also enabled the publication of some key advocacy and guidance documents, including:

- *Hopes and challenges in development cooperation: the example of an EU–ILO project “Improving safety and health at work through a Decent Work Agenda”, brochure and DVD;*
- *Estimating the Economic Costs of Occupational Injuries and Illnesses in Developing Countries: Essential Information for Decision-Makers;*
- *Protecting Workplace Safety and Health in Difficult Economic Times – The Effect of the Financial Crisis and Economic Recession on Occupational Safety and Health;*
- *Plan Safe, Plan Healthy: Guidelines for Developing National Programmes on Occupational Safety and Health;*
- An ILO Training Package on Development of a National Programme of Occupational Safety and Health;
- An ILO Training Package on Workplace Risk Assessment and Management for Small and Medium-Sized Enterprises;
- An Audit Matrix for the ILO Guidelines on Occupational Safety and Health Management Systems (ILO–OSH 2001);
- *Improvement of national reporting, data collection and analysis of occupational accidents and diseases;*
- *National System for Recording and Notification of Occupational Diseases – Practical guide;* and
- *Strengthening the role of Employment Injury Schemes to Help Prevent Occupational Accidents and Diseases.*



### Promoting Convention 187 through collaboration projects<sup>9</sup>

The aim of the European Union–ILO collaboration project “Improving safety and health at work through a Decent Work Agenda” (2010–2012) was for OSH to be given high priority in national political agendas, thus contributing to a more inclusive and productive society through the reduction of occupational accidents and diseases. It was implemented in five pilot countries in three different regions: Moldova and Ukraine in Eastern Europe, Honduras in Central America and Malawi and Zambia in Southern Africa. The project had a significant impact in the countries involved, resulting in greater public awareness OSH, the development of national OSH programmes and a number of other positive outcomes.

The Swedish International Development Cooperation Agency (SIDA)–ILO project “Linking safety and health at work to a sustainable economic development: From theory and platitudes to conviction and action” (2009–2012) complemented the EU–ILO project. The SIDA–ILO project focused on the development of practical guidance and training materials on issues such as risk assessment for small and medium-sized enterprises, as well as the development of national OSH programmes. It also delivered working papers on the reporting of occupational accidents and diseases, an audit matrix for use with ILO guidelines on OSH management systems and other guidance materials.



Another important collaboration project was the Korea/ILO Partnership Programme (2007–2012), which helped Central Asian countries to reinforce their national OSH systems and programmes, focusing primarily on Kyrgyzstan and Tajikistan.<sup>10</sup> Using existing training materials, the project introduced modern OSH management systems to selected enterprises and trained OSH specialists to help promote sustainability and more of a national preventative culture.

Collaboration with key associations such as the International Commission on Occupational Health (ICOH) and the International Association of Labour Inspection (IALI) has been an important element of ILO activity in recent years. Many of the successes in promoting OSH at national levels have been achieved with the support of these associations and their national members. Conversely, it has also been possible to discuss OSH challenges, especially those caused by the global economic recession, with such associations at an expert level and to reach well-considered conclusions. Such networking with OSH professionals will continue to be vital if the goal of sustainable prevention is to be achieved.

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9 For further details on both projects, see: [http://www.ilo.org/safework/projects/WCMS\\_177172/lang--en/index.htm](http://www.ilo.org/safework/projects/WCMS_177172/lang--en/index.htm) [accessed 27 February 2014] and [http://www.ilo.org/safework/projects/WCMS\\_149534/lang--en/index.htm](http://www.ilo.org/safework/projects/WCMS_149534/lang--en/index.htm) [accessed 27 February 2014].

10 For further details, see: [http://www.ilo.org/safework/projects/WCMS\\_179255/lang--en/index.htm](http://www.ilo.org/safework/projects/WCMS_179255/lang--en/index.htm) [accessed 27 February 2014].



Lastly, collaboration with the International Organization for Standardization (ISO) has been especially important, as an international standard for Occupational Health and Safety Management Systems continues to be discussed.

## 2. Major incidents: ILO response

Following the Rana Plaza incident in Bangladesh, the ILO has worked steadily with Bangladesh's national government as well as employers' and workers' organizations to help address the root causes of the disaster and improve OSH standards in the ready-made garment (RMG) sector. As part of the immediate response actions to improve fire safety, the ILO has published a Fire Risk Management booklet (International Labour Office, 2012b) and a Fire Safety Action Checklist (International Labour Office, 2012c). All RMG factories have been assessed for fire safety and structural integrity, and the commitment had been made both to update legislation and to recruit and train many additional labour inspectors to ensure compliance. Subsequently, the ILO and the government have embarked on a three-and-a-half year initiative to improve working conditions in the RMG sector, focusing on minimizing the threat of fire and building collapse in RMG factories and on ensuring the workers' rights. Activities will be rolled out in the context of a number of ILO projects and programmes on working conditions, fire safety and workers' rights funded by Canada, the Netherlands, Norway, Switzerland, the UK Department for International Development (DFID) and the US Department of Labor (International Labour Organization, 2014d).



*Employment in the RMG sector in Bangladesh has expanded rapidly in recent years, doubling from about 12% of national employment in 1985–6 to 24% in 2010.*



After a major RMG factory fire in Pakistan in 2012, the ILO provided technical assistance to help the government and its social partners adopt a Joint Action Plan on Safety and Health at Work, including fire safety. This built on the ILO's earlier support for the government's updating of OSH and labour inspection legislation and its promotion of ratification of key OSH Conventions as part of the country's Decent Work Country Programme.

### 3. Hazardous sectors

In the last few years, the ILO has adopted some important standards and published guidance materials for hazardous sectors and operations. In particular, two new Codes of Practice have recently been adopted, one on Safety and Health in Agriculture (International Labour Office, 2011c) and another on the Safety and Health in the Use of Machinery (International Labour Office, 2013c). Both documents cover a very wide range of activity and should provide practical guidelines in these areas to governments, employers and workers alike.

#### **A new Code of Practice on Safety and Health in the Use of Machinery**

Machinery accidents occur throughout the world of work and can cause the loss of life or major injury, as well as serious health impairment (for example, due to excessive machinery noise or vibration, or to poor ergonomic design).

The aim of this Code is to protect workers from such risks by providing guidelines to ensure that all machinery is safe and poses no risks to workers' health throughout its life cycle, from design to decommissioning, including second-hand, rebuilt or redeployed machinery. This responsibility is placed on competent authorities, designers, manufacturers, suppliers, employers and workers.

The Code requires machinery to be designed and manufactured in accordance with the relevant safety and health requirements. It also stipulates that employers must be given information from their suppliers to enable them to implement protective measures for workers. The Code also requires employers to ensure that machinery is operated in accordance with those instructions, in particular ensuring that guarding and other protective devices are properly used and maintained.

The Code also sets out technical requirements and information on the protection of workers against hazards, risk assessments, characteristics of guards and protective devices, as well as safety requirements for different types of machinery.

Many countries are also targeting their own hazardous sectors, such as mining and construction, through national OSH programmes combined with ILO technical assistance. For example, an ILO–Japan collaboration project (2012–2014) aims to address OSH in hazardous industries in Viet Nam, and strengthen national OSH systems in line with the already existing national OSH programmes.<sup>11</sup> The project aims to bolster national OSH legislation and training in the construction, mining and chemical sectors, and to address health risks from asbestos and

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11 For further details, see: [http://www.ilo.org/hanoi/Whatwedo/Projects/WCMS\\_205826/lang--en/index.htm](http://www.ilo.org/hanoi/Whatwedo/Projects/WCMS_205826/lang--en/index.htm) [accessed 27 February 2014].



chemicals in the context of internationally agreed standards. The principal beneficiaries will be OSH officials and selected labour inspectors, employers and workers, especially in rural SMEs.

A workshop for selected African countries on the improvement of safety and health in mining was held in the United Republic of Tanzania in 2012. The workshop was attended by government, worker and employer participants from Botswana, Ethiopia, Ghana, Kenya, Malawi, Namibia, South Africa, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

With regard to shipping, the adoption of the Maritime Labour Convention, 2006 (MLC, 2006) (International Labour Office and International Labour Conference, 2006), and the Work in Fishing Convention, 2007 (No. 188) (International Labour Office and International Labour Conference, 2007), and its Recommendation, 2007 (No. 199) (International Labour Office, 2007) have confirmed the importance of these sectors and the need to provide workers' rights and protections in this industry. The ILO has provided targeted support for the ratification and effective implementation of these sectoral Conventions through technical and advisory assistance, as well as through the development of training materials and guidelines on the inspection of labour conditions on ships and fishing vessels. Convention 188 aims to ensure decent working conditions with regard to the minimum requirements for work on board, including occupational safety and health protection, medical care and social security. A major effort is underway in the ILO to achieve widespread ratification and implementation of this Convention.

#### 4. Occupational diseases

The recognition and prevention of occupational diseases has been a high priority for the ILO in recent years. While much progress has been made in addressing the many challenges associated with such diseases, there is an urgent need to focus on their recognition and prevention within a global agenda for health and to strengthen corresponding national capacities. The new List of Occupational Diseases (revised 2010) (International Labour Office, 2010a) has been especially important in this context.

The ILO Governing Body confirmed that prevention of occupational diseases is a central element of the Decent Work Agenda, calling on the International Labour Office to intensify work on the prevention of occupational diseases (International Labour Organization, 2013a).

The World Day for Safety and Health at Work 2013 thus focused on occupational diseases, raising greater global awareness of the risks and what can be done to improve prevention efforts (International Labour Organization, 2013e). Various promotional materials were produced for the event, and numerous seminars and other events were held in many countries throughout the world to publicize relevant issues.

The challenges of occupational diseases have also been widely publicized through international and regional conferences and local groups. In particular, the 2013 ILO International Safety and Health Conference in Düsseldorf had the theme: "Make it Visible: Occupational Diseases – Recognition, Compensation and Prevention".





### *Pneumoconioses and asbestos-related diseases*

The ILO has paid particular attention to the prevention of pneumoconioses such as silicosis<sup>12</sup> and asbestos-related diseases (ARDs),<sup>13</sup> in part by providing technical assistance to countries to help them to recognize and prevent these diseases through national action programmes. To this end, an advanced training programme based on the ILO International Classification of Radiographs of Pneumoconioses<sup>14</sup> (available in several languages) was organized in Brazil, Chile, India, Indonesia, Malaysia, Peru, Thailand, Turkey and Viet Nam.

A comprehensive toolkit for the elimination of ARDs prepared with joint ILO and WHO support has also been made available, both online and as a DVD.<sup>15</sup> The Asian Intensive Reader of Pneumoconiosis Project (AIR Pneumo), which was launched in Thailand in 2008 with ILO support, has expanded to other countries in Asia and Latin America.<sup>16</sup> Meanwhile, a new research project has been initiated with the US National Institute for Occupational Safety and Health, to prepare the next edition of the ILO Classification and its digital standards.

These and other activities have contributed significantly to the expansion of national efforts to prevent pneumoconioses and to making these efforts more sustainable.

## **5. Chemical safety and the environment**

The ILO continues to significantly contribute to several global forums on chemical safety, such as those responsible for the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) and the Strategic Approach to International Chemicals Management (SAICM). In particular, the ILO is engaged with other partners in the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) to develop a toolbox for decision-making in chemicals management. This toolbox is designed for countries wishing to address specific national issues regarding chemicals management, enabling them to identify available IOMC resources and the most appropriate and efficient national actions to take. Special focus is given to identifying simple, cost-effective solutions.

In addition, the ILO collaborates with WHO and the European Commission with regard to the preparation of International Chemical Safety Cards (ICSC), see: [www.ilo.org/icsc](http://www.ilo.org/icsc).

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12 National programmes for silicosis are based on the joint ILO/WHO Global Programme for the Elimination of Silicosis. See: [http://www.ilo.org/safework/info/WCMS\\_108566/lang--en/index.htm](http://www.ilo.org/safework/info/WCMS_108566/lang--en/index.htm) [accessed 27 February 2014].

13 Regarding national programmes for the elimination of ARDs, see: [http://www.ilo.org/safework/info/publications/WCMS\\_108555/lang--en/index.htm](http://www.ilo.org/safework/info/publications/WCMS_108555/lang--en/index.htm) [accessed 27 February 2014].

14 See: [http://www.ilo.org/safework/areasofwork/occupational-health/WCMS\\_108548/lang--en/index.htm](http://www.ilo.org/safework/areasofwork/occupational-health/WCMS_108548/lang--en/index.htm) [accessed 27 February 2014].

15 Available online at: <http://envepi.med.uoeh-u.ac.jp/toolkit/foreword.html> [accessed 27 February 2014].

16 AIR Pneumo aims to upgrade the skills of occupational physicians, chest doctors, radiologists, and pulmonologists to ensure the effective use of the ILO 2011 International Classification of Radiographs of Pneumoconioses. See: <http://airp.umin.jp/index.html> [accessed 28 February 2014].



The ICSC are data sheets intended to complement available chemical safety information at the national or enterprise level by providing up-to-date essential safety and health information in a clear and concise manner for employers, those responsible for OSH at the enterprise level and workers exposed to the chemicals involved. To date, approximately 1700 Cards are available and new chemicals are being added regularly. The information provided in the ICSC is in line with the ILO Chemicals Convention (No. 170) and Recommendation, 1990 (No. 177), with the European Commission Directive 2001/59/EC and with the criteria of the GHS.

“Safety and health in the use of chemicals at work” was the theme selected for the 2014 World Day for Safety and Health at Work (28 April 2014), with the goal of raising awareness and helping governments, employers, workers and their organizations to achieve the sound management of chemicals, ensuring an appropriate balance between the benefits of chemical use and the control measures necessary to prevent potential adverse impacts on workers, workplaces, communities and the environment.

## 6. Radiation protection

As mandated by the Organization’s Constitution, radiation protection is one aspect of ILO involvement in the protection of workers against sickness, disease and injury arising from employment. In a coordinated manner, the ILO’s programme of action on occupational safety and health uses the various means of action available to give governments as well as employers’ and workers’ organizations the necessary help to draw up and implement programmes for the improvement of working conditions and the environment. These means include international standards in the form of Conventions and Recommendations, codes of practice and the dissemination of information and technical cooperation.

ILO activities with regard to radiation protection include the protection of workers against both ionizing and non-ionizing radiations. Over the years, the ILO has developed a number of policy instruments on radiation protection, which include Conventions and Recommendations (e.g., Convention No. 115 and Recommendation No. 114), codes of practice, practical guides and reports. Some of these instruments and publications have been developed and promoted in collaboration with other international organizations such as the IAEA and WHO and with international professional bodies such as IRPA, ICRP and ICNIRP.

The ILO encourages and promotes the active involvement of employers’ and workers’ organizations in the development of international standards on occupational radiation protection and in the implementation of occupational radiation standards at both the national and enterprise levels.

## 7. Workplace health promotion

The ILO programme on health promotion and well-being at work focuses on the promotion of the health of workers and their families within the community, complementing other occupational safety and health measures. The programme strives to encourage personal development and well-being by enabling workers to reach a higher level of self-determination regarding their health and its improvement, to improve work organization and working environments and to stimulate social dialogue and the active participation of social partners in the improvement of working conditions



at the workplace level. It includes specific policy guidance, programmes and technical assistance in the areas of workplace stress, tobacco, drug and alcohol consumption in the workplace and the prevention of violence and HIV/AIDS at work. These risk factors significantly contribute to accidents, injuries, ill health and absenteeism at work in both developed and developing countries.

The ILO has designed the SOLVE training package, which focuses on the prevention and control of the aforementioned problems with the aim of integrating workplace health promotion into OSH policies and programmes and providing tools for action at the enterprise level.<sup>17</sup> This approach has resulted in the implementation of successful workplace and community initiatives with the involvement of employers, workers, governments, public services and non-governmental organizations to address these problems.

The ILO recently published a manual on “Stress Prevention at Work Checkpoints” (International Labour Office, 2012e) to provide enterprises with practical improvements for stress prevention and control in the workplace. The manual includes easy-to-use checklists to identify psychosocial risks and address their harmful effects. Finally, an interregional study on workplace stress recently conducted by the ILO will be used to improve its strategy to support developing countries in this area. The study’s report is forthcoming.

## 8. Promoting OSH in education

The ILO’s SafeWork programme, its International Programme on the Elimination of Child Labour, the International Social Security Association (ISSA) and various European and American partners have collaborated to develop an internationally relevant OSH package that could be mainstreamed within national school curricula.<sup>18</sup> Given that many children have little understanding of occupational risks when they start work, it was believed that developing an OSH package that was internationally relevant would be invaluable in helping to combat hazardous child labour. While some countries have successfully integrated OSH into their school curricula, this is not the case everywhere. It is hoped that after trials in two to four developing countries, this OSH package will soon be available for use by educational authorities worldwide when developing their school curricula.

## 9. Promoting OSH in SMEs

The need to promote OSH in SMEs was discussed in Chapter 2 and future work is discussed below in Chapter 4. Meanwhile, the ILO SCORE Project (2009–2013) (Sustaining Competitive and Responsible Enterprises) has been funded by the Swiss State Secretariat for Economic Affairs and the Norwegian Agency for Development Cooperation. The project has targeted SMEs in Indonesia, helping them to become more sustainable by being cleaner, more productive and more competitive, as well as providing more sustainable decent work. Through the project, OSH training modules in local languages have been developed with the intention that these will

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17 Available online at: [http://www.ilo.org/safework/info/instr/WCMS\\_178438/lang--en/index.htm](http://www.ilo.org/safework/info/instr/WCMS_178438/lang--en/index.htm) [accessed 27 February 2014].

18 For further details, see: [http://www.enetosh.net/webcom/show\\_article.php/\\_c-196/\\_nr-6/i.html](http://www.enetosh.net/webcom/show_article.php/_c-196/_nr-6/i.html) [accessed 28 February 2014].





subsequently be used by trade associations, large employers and business development service providers, thus making OSH benefits more sustainable.<sup>19</sup> The ILO continues to build capacities to develop sustainable practices to manage the OSH in SMEs around the world, using the Work Improvements in Small Enterprises (WISE) methodology, which encourages and supports efforts to improve safety, health, working conditions and productivity in SMEs.<sup>20</sup> Among other materials, the ILO recently published a training package on risk assessment and management at the workplace which aims to empower owners and managers of SMEs to take action to improve safety and health conditions in their workplaces (International Labour Office, 2013e).

## 10. Promoting OSH in rural development

Most people in rural areas face especially poor and hazardous working conditions, coupled with a lack of social protection. Integrated approaches that include promoting rural workers' health and safety are fundamental to ensure decent and productive lives and boost rural development.

The ILO has thus recently produced an action-oriented leaflet entitled “Promoting Rural Development Through Occupational Safety and Health” (Possenti, 2013). The leaflet explains why action is needed and outlines the main options, namely: establishing a preventive culture of OSH in rural areas; promoting OSH; and improving OSH in micro- and small rural enterprises, including informal businesses. These measures to improve OSH are also meant to increase productivity; virtually all of them can be implemented at low cost. The brochure also highlights the major occupational hazards and risk assessment issues in agriculture, as well as participatory workplace OSH mechanisms. The Work Improvement in Neighbourhood Development (WIND) programme is also highly relevant to rural communities. The WIND approach facilitates the voluntary improvement of working and living conditions in rural life through the active participation of farmers and continues to be implemented worldwide.

## 11. Promoting OSH in a green economy

As the green economy expands, there are concerns that OSH is not being fully taken into account in the creation of “green jobs”. The 2012 World Day for Safety and Health at Work thus focused on the promotion of OSH within the green economy.<sup>21</sup> It highlighted the need to address OSH risks within the renewable energy sector – solar energy, wind power, hydropower and bioenergy – as well as waste management and recycling, including shipbreaking. OSH risks in the greening of traditional industries, such as agriculture, forestry and construction, were also addressed.

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19 For more information, see: [http://www.ilo.org/jakarta/whatwedo/projects/WCMS\\_160240/lang--en/index.htm](http://www.ilo.org/jakarta/whatwedo/projects/WCMS_160240/lang--en/index.htm) [accessed 28 February 2014].

20 For further details on the WISE programme, see: [http://www.ilo.org/travail/whatwedo/instructionmaterials/WCMS\\_152468/lang--en/index.htm](http://www.ilo.org/travail/whatwedo/instructionmaterials/WCMS_152468/lang--en/index.htm) [accessed 28 February 2014].

21 For further details, see: [http://www.ilo.org/protection/news/WCMS\\_173690/lang--en/index.htm](http://www.ilo.org/protection/news/WCMS_173690/lang--en/index.htm) [accessed 28 February 2014].



The clear message was that “green jobs” also needed to be safe jobs and that OSH risks should be addressed during all the life cycles of all products and processes used in the green economy. A large number of local and national workshops, seminars and campaigns were held, successfully raising public awareness of these issues.

Related to the issue of waste management is the rapidly expanding amount of electrical and electronic waste (e-waste) that is now being generated. Such waste is hazardous, as well as difficult and expensive to treat in an environmentally sound manner. Currently, most e-waste is being discarded in the general waste stream. Of the e-waste in developed countries that is sent for recycling, 80 per cent ends up being shipped (often illegally) to developing countries to be recycled by hundreds of thousands of informal economy workers. The ILO is currently discussing the risks posed to e-waste workers and the environment and the regulatory frameworks, if any, that link this growing global problem with the International Labour Organization’s current and future work.



## 4. The way forward: A paradigm of prevention

Within global development debates, health and employment are both likely to be of central importance for many years to come. OSH is vital in this context, not only because it helps to reduce the toll of injuries and diseases that account for a large percentage of national ill health, especially in developing countries, but also because it significantly contributes to better prosperity and growth. Investing in prevention pays at many levels. OSH must therefore be maintained as a key element of the Decent Work Agenda and given high priority internationally, nationally and in enterprises.

The need for sustainable prevention is likely to be a guiding principle for ILO activity in the foreseeable future, just as it has been in the past. At a practical level, the ILO Plan of action (2010–2016) will form the basis for specific action in this area, with priority once again being given to the need to ratify and implement core ILO Conventions on OSH, such as Conventions 155 and 187. Additionally, the ILO will remain alert to the need to respond quickly to major incidents of the type seen in the last few years, giving technical assistance and support as needed.

### 1. Areas of critical importance

The ILO has identified a number of areas of critical importance that are relevant to several of its more specific work programmes. Three of these areas of critical importance are relevant to OSH<sup>22</sup> and the promotion of compliance with relevant OSH legislation; they are described below.

#### *Productivity and working conditions in SMEs*

Given the importance of SMEs in the world of work today, the ILO is seeking to address how they can effectively improve working conditions and OSH at the same time as raising productivity. With the right supportive environment, SMEs should be able to boost productivity and competitiveness with a skilled workforce and decent working conditions, thus forming the basis of sustainable enterprise. The ILO will consequently aim to build a programme of policy advice and practical guidance, technical cooperation and capacity building based on evidence of good policies and practices.

#### *Strengthening workplace compliance through labour inspection*

This aspect will focus on developing the capacity of constituents to improve workplace compliance with national OSH legislation and other requirements. It will be done by enhancing employer and worker collaboration regarding compliance; strengthening enforcement and the preventive functions of labour (including OSH) inspectors and labour administration; providing technical assistance to government inspection and enforcement institutions and to social partners; and strengthening capacity building. The ILO will work with constituents to design innovative and complementary approaches to workplace compliance, including private compliance initiatives, which will take into account the informal economy as well as formal employment sectors.

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22 For further details, see: <http://www.ilo.org/safework/areasofwork/lang--en/index.htm> [accessed 28 February 2014].



### *Protection of workers from unacceptable forms of work*

Unacceptable forms of work are conditions that deny fundamental principles and rights at work and put the lives and health of workers at risk, as well as their freedom, human dignity and security, or which keep households in conditions of extreme poverty. Priority attention will go towards the most vulnerable categories of working men and women, depending on country contexts. The ILO will use the full scope of its means and actions to combine empirically based policy advice with technical cooperation, partnerships and capacity building. A primary focus will be addressing gaps in protection and strengthening the capacity to remedy them.

## **2. Promotion, awareness-raising and advocacy**

In accordance with the ILO's Global Strategy on OSH adopted in 2003, the Organization will continue to raise awareness of the importance of prevention through events such as the annual World Day for Safety and Health at Work and high-level conferences. This should help to ensure that OSH continues to be a high priority in those countries where it is already well respected, and to increase its political profile in others. The ILO will also seek to raise awareness of current issues through national and international conferences such as the biennial International Safety and Health Conference in Düsseldorf.

As public misperceptions and ignorance about OSH still persist, the ILO will continue to promote the message that prevention pays, and undertake further research of case studies of where giving greater attention to OSH has paid off, especially amongst SMEs and in the informal economy.

## **3. ILO Instruments**

The ILO will continue to give attention to the need for ratification and effective implementation of key Conventions, especially the Promotional Framework for Occupational Safety and Health, 2006 (No. 187), the Occupational Safety and Health Convention, 1981 (No. 155) and the Labour Inspection Convention, 1947 (No. 81). Other international instruments such as those concerned with safety and health in mining, construction, and agriculture and the use of chemicals will also be promoted as opportunities arise.

## **4. Technical assistance and cooperation**

There is an ongoing need for national capacity building, and especially for stronger national OSH systems and programmes in the area of occupational health. Through technical cooperation and other means, the ILO will continue to help countries to establish national policies and programmes and to strengthen their legal frameworks, prioritizing its action so as to respond efficiently to national needs. Through its field structure, the ILO will endeavour to meet requests nationally and regionally wherever feasible. Training will be held at national and regional centres and at the International Training Centre in Turin.

With regard to governments, OSH is a subject of dialogue for many ministries of labour, health, education, industry and others. Cooperation between ministries of labour and health is vital,



especially where joint programmes are envisaged and where data on occupational accidents and diseases needs to be exchanged. The ILO will work with governments to achieve improved reporting and recording of occupational accidents and diseases as part of its global efforts to improve data quality here.

Prevention should be a core principle for all stakeholders with an interest in addressing the problem of occupational accidents and diseases. In particular, employment injury schemes should mainstream prevention within their programmes; the ILO will work with partners to promote this approach. Prevention should also be mainstreamed into national school curricula, and the ILO will continue its initiative to develop an internationally acceptable module on OSH.

## 5. Knowledge development, management and dissemination

The ILO will continue to provide up-to-date OSH information through its International Occupational Safety and Health Knowledge Network and its participating centres, using modern communication media wherever possible. It will also continue to encourage research on key topics, for example on the OSH implications of the use of new technology.

## 6. International collaboration

OSH is a subject that concerns many international stakeholders as well as national ones, and collaboration is vital both to coordinate efforts and to combine the results of new experiences, research and best practices.

The ILO will collaborate with other UN agencies and organizations concerned with sustainable development, especially the post-2015 Millennium Development Goals, to promote OSH and in particular the need to address occupational diseases within the wider development agenda. The ILO will also maintain strong links with other UN agencies such as WHO, IAEA and UNDP on areas of mutual interest, as well as with other key international organizations such as the International Commission on Occupational Health and the International Association for Labour Inspection and their regional associations. The ILO is also part of the UN Interagency Task Force on the Prevention and Control of Non-Communicable Diseases (NCDs), which supports the realization of the commitments made by Heads of States and Governments in the UN Political Declaration on NCDs to progress with the prevention, control and monitoring of non-communicable diseases.<sup>23</sup>

The Istanbul Declaration on Safety and Health at Work (Appendix VI) provides a solid foundation for the actions described above. While ministries of labour are called on to ensure that priority is given to OSH in national agendas, it is for society as a whole to promote OSH, to encourage and sustain a national preventative safety and health culture. There is no doubt that this will require perseverance and determination on the part of all stakeholders, but with broader ownership of OSH, goodwill and effective collaboration, the dream of sustainable prevention can become more of a tangible reality for all workers in the years ahead.

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23 For further details, see: [http://www.who.int/nmh/events/ncd\\_task\\_force/en/](http://www.who.int/nmh/events/ncd_task_force/en/) [accessed 28 February 2014].



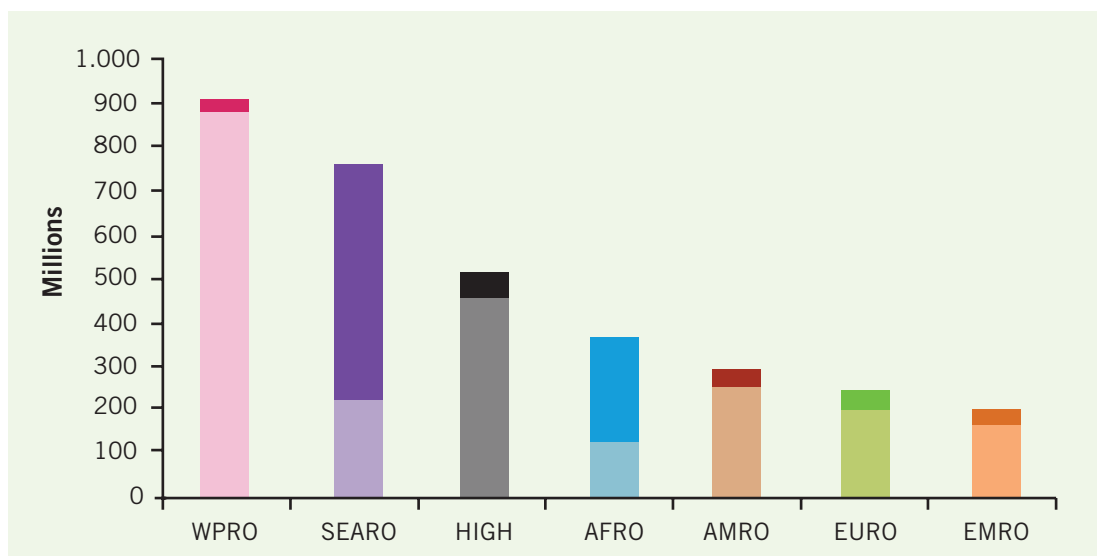
## Appendices

*Appendix I: Regional divisions used for the global estimates of work-related accidents and fatal diseases*

Region code	WHO regions and World Bank income categories
HIGH	High income countries
AFRO	Low- and middle-income countries of the African Region
AMRO	Low- and middle-income countries of the Americas
EMRO	Low- and middle-income countries of the Eastern Mediterranean Region
EURO	Low- and middle-income countries of the European Region
SEARO	Low- and middle-income countries of the South-East Asia Region
WPRO	Low- and middle-income countries of the Western Pacific Region



*Appendix II: Labour force and total employment data by region*



Labour force in millions (top segments correspond to total employment) in 2010.<sup>24</sup>

*Appendix III: Global estimates of occupational accidents in 2010 by region*

Global estimates of occupational accidents				
Region	Fatal	Non-fatal (at least four days' absence from work)		
		Lower limit (0.13)	Upper limit (0.10)	Average
HIGH	11 396	8 766 278	11 396 161	11 222 581
AFRO	59 301	45 616 306	59 301 197	52 458 752
AMRO	18 433	14 179 165	18 432 914	16 306 040
EMRO	19 229	14 791 286	19 228 672	17 009 979
EURO	14 609	11 237 507	14 608 759	12 923 133
SEARO	114 732	88 255 426	114 732 053	101 493 739
WPRO	115 069	88 514 891	115 069 359	101 792 125
<b>TOTAL</b>	<b>352 769</b>	<b>271 360 858</b>	<b>352 769 116</b>	<b>313 206 348</b>

<sup>24</sup> Source: ILOSTAT database. Available at: [http://www.ilo.org/ilostat/faces/home/statisticaldata?\\_adf.ctrl-state=1aweea3cra\\_4&clean=true&\\_afLoop=194837759145284](http://www.ilo.org/ilostat/faces/home/statisticaldata?_adf.ctrl-state=1aweea3cra_4&clean=true&_afLoop=194837759145284) [accessed 3 March 2014].



*Appendix IV: Global estimates of fatal work-related diseases in 2011 by region*

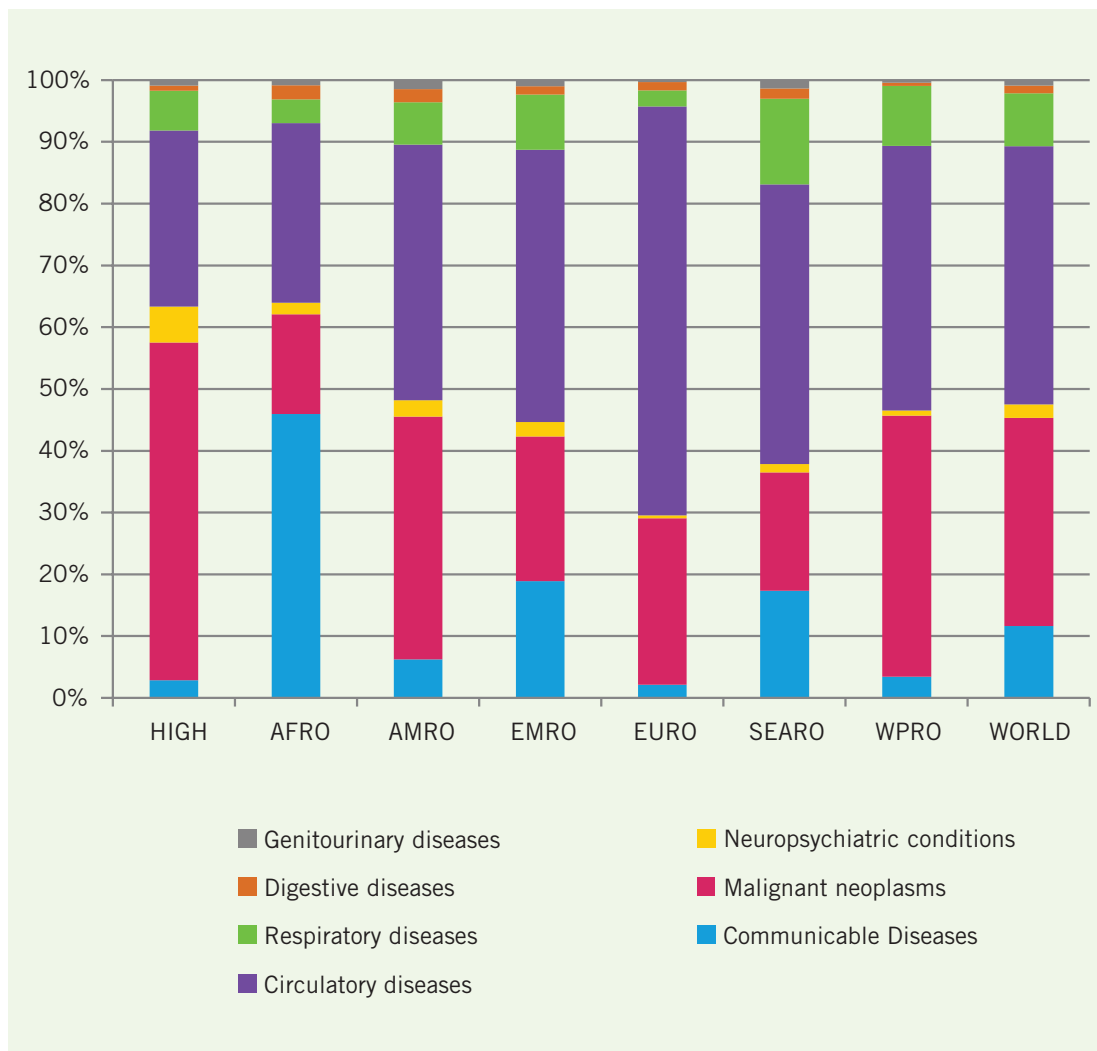
	HIGH	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	WORLD
<b>Communicable Diseases</b>	<b>11 031</b>	<b>85 740</b>	<b>6 972</b>	<b>19 964</b>	<b>4 542</b>	<b>85 743</b>	<b>16 525</b>	<b>230 517</b>
<b>Non-communicable Diseases</b>	<b>376 451</b>	<b>100 809</b>	<b>85 729</b>	<b>104 777</b>	<b>205 674</b>	<b>408 731</b>	<b>466 574</b>	<b>1 748 745</b>
<i>Malignant neoplasms</i>	211 890	30 078	43 931	24 734	56 527	94 834	204 215	666 210
<i>Neuropsychiatric conditions</i>	22 565	3 533	2 945	2 496	1 009	6 505	3 933	42 986
<i>Circulatory diseases</i>	110 399	54 188	46 232	46 563	139 181	223 872	207 025	827 460
<i>Respiratory diseases</i>	24 964	7 128	7 649	9 444	5 364	68 419	46 688	169 657
<i>Digestive diseases</i>	3 113	4 239	2 354	1 409	2 860	8 206	2 476	24 658
<i>Genitourinary diseases</i>	3 520	1 642	1 666	1 081	733	6 896	2 237	17 776
<b>TOTAL</b>	<b>387 482</b>	<b>186 549</b>	<b>111 749</b>	<b>105 692</b>	<b>210 216</b>	<b>494 474</b>	<b>483 100</b>	<b>1 979 262</b>





*Appendix IV: Global estimates of fatal work-related diseases in 2011 by region (cont.)*

**Proportion of work-related mortality by region and cause in 2011**





*Appendix V: Estimated number of deaths attributed to hazardous substances in 2011*

	Number of deaths		Estimated % attributed to hazardous substances		Number of deaths attributed to hazardous substances		
	Men	Women	Men	Women	Men	Women	Total
<b>Cancers</b>	<b>4 118 735</b>	<b>3 229 631</b>	<b>0.07</b>	<b>0.02</b>	<b>298 336</b>	<b>62 773</b>	<b>361 109</b>
<i>Oral and oropharyngeal cancers</i>	215 606	86 654	1.00	0.50	2 156	433	2 589
<i>Oesophageal cancer</i>	287 122	124 286	3.30	1.10	9 475	1 367	10 842
<i>Gastric cancer</i>	453 168	270 164	3.00	0.30	13 595	810	14 406
<i>Colorectal cancers</i>	359 623	323 167	1.00	0.50	3 596	1 616	5 212
<i>Liver cancer</i>	492 308	229 518	0.20	0.10	985	230	1 214
<i>Pancreatic cancer</i>	154 013	148 024	0.02	0.01	31	15	46
<i>Lung cancers and mesothelioma</i>	1 007 244	466 235	21.10	5.30	212 528	24 710	237 239
<i>Skin cancers</i>	49 349	37 715	10.00	2.00	4 935	754	5 689
<i>Breast cancer</i>	0.00	508 477	n.a.	4.60	0.00	23 390	23 390
<i>Cervical and uterine cancers</i>	0.00	288 295	n.a.	0.70	0.00	2 018	2 018
<i>Ovarian cancer</i>	0.00	151 791	n.a.	0.50	0.00	759	759
<i>Prostate cancer</i>	289 149	0.00	1.00	n.a.	2 891	0.00	2 891
<i>Bladder cancer</i>	127 963	43 951	7.10	1.90	9 085	835	9 920
<i>Leukaemia</i>	125 410	111 567	0.90	0.50	1 129	558	1 687
<i>Others and unspecified cancers</i>	557 779	439 790	6.80	1.20	37 929	5 277	43 206
<b>Neuropsychiatric conditions</b>	<b>47 537</b>	<b>63 651</b>	<b>1.00</b>	<b>1.00</b>	<b>475</b>	<b>637</b>	<b>1 112</b>
<b>Cardiovascular diseases</b>	<b>4 179 323</b>	<b>3 367 716</b>	<b>1.00</b>	<b>1.00</b>	<b>41 793</b>	<b>33 677</b>	<b>75 470</b>
<b>Chronic obstructive pulmonary disease</b>	<b>1 647 575</b>	<b>1 292 741</b>	<b>18.00</b>	<b>6.00</b>	<b>296 563</b>	<b>77 564</b>	<b>374 128</b>
<b>Asthma</b>	<b>198 570</b>	<b>155 470</b>	<b>21.00</b>	<b>13.00</b>	<b>41 700</b>	<b>20 211</b>	<b>61 911</b>
<b>Other respiratory diseases</b>	<b>271 236</b>	<b>226 494</b>	<b>1.00</b>	<b>1.00</b>	<b>2 712</b>	<b>2 265</b>	<b>4 977</b>
<b>Genitourinary diseases</b>	<b>526 968</b>	<b>491 666</b>	<b>1.00</b>	<b>1.00</b>	<b>5 270</b>	<b>4 917</b>	<b>10 186</b>
<b>Total</b>	<b>10 989 945</b>	<b>8 827 368</b>	<b>6.25</b>	<b>2.29</b>	<b>686 850</b>	<b>202 044</b>	<b>888 893</b>

*The Ministers of Labour,*

*Having met in Istanbul, Turkey on the occasion of the Summit of the Ministers of Labour for a Preventative Culture hosted by the Minister of Labour and Social Security of Turkey, held on the 11 of September 2011 prior to the opening of the XIX World Congress on Safety and Health at Work, the participants,*

**Recalling** that generating continuous improvement in working conditions is of paramount importance and promoting the rights of workers to a safe and healthy working environment should be recognized as a fundamental human right,

**Recognizing** the importance of strengthening sustainable cooperation among national and international organizations and institutions,

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

**Recognizing** the importance of the instruments on safety and health at work of the International Labour Organization (ILO)

**Recognizing** the historic importance of the Seoul Declaration on Safety and Health at Work adopted by the Safety and Health Summit on 29 June 2008 on the occasion of the XVIII World Congress on Safety and Health at Work,

**Declare that:**

- 1. Promoting high levels of safety and health at work is the responsibility of ministries of labour and society as a whole, and that ministers of labour must contribute in achieving this goal by ensuring that priority is given to occupational safety and health in national agendas and by building strong and sustained national preventative safety and health culture on a continuous basis,*
- 2. The building and promotion of a sustainable national preventative safety and health culture should be ensured through a system of defined rights, responsibilities and duties where the highest priority is accorded to the principle of prevention and where governments, employers and workers are actively involved in securing a safe and healthy working environment at all levels,*
- 3. The Summit participants state their full and unconditional support to the background and objectives of the Seoul Declaration joining the original signatories in support of the Seoul Declaration, and,*
- 4. The Summit participants commit themselves to take the lead in promoting a preventative safety and health culture worldwide, and to place occupational safety and health high in their national and regional agendas.*



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