



Creating Safe and Healthy Workplaces for All

International Labour Organization

Report prepared for the G20 Labour and Employment Ministerial Meeting
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1. Global trends and emerging issues on OSH

Magnitude of occupational accidents and work-related diseases, including major accidents

The International Labour Organization (ILO) estimates that occupational accidents and work-related diseases cause over 2.3 million fatalities annually, of which over 350,000 are caused by occupational accidents and close to 2 million by work-related diseases.² 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 almost 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 around the world work provokes injury for approximately 860,000 people every day.³

As a group, G20 economies account for about 85% of the gross world product (GWP), 80% of world trade and two-thirds of the world population⁴ but they also account for nearly 70% of work-related mortality (Figure 1).⁵ Every year, almost 1.3 million people die from a work-related disease in the G20 countries and about 221,000 suffer a fatal occupational accident. The G20 also experienced around 196 million non-fatal occupational accidents (with at least four days absence) in 2010.

Major industrial accidents continue to occur and remind us of the unsafe conditions still faced by many workers. In G20 countries, an August 2014 explosion at a factory in China killed 75 workers, a May 2014 fire at a coal mine in Turkey killed 301 workers while the Great East Japan earthquake and tsunami in March 2011 devastated the Fukushima Daiichi nuclear plant, exposing workers to high levels of radiation, as well as affecting the wider community. Decommissioning of the nuclear plant will require careful measures for the protection of workers and the community from radiation exposure for many years to come.

In other countries, recent major accidents include the April 2013 collapse of the Rana Plaza building in Bangladesh which resulted in the death of 1,129 workers and injured 2,500 more. A garment factory fire in Pakistan killed 289 workers (Karachi, September 2012) and a garment factory fire in Bangladesh led to 112 fatalities (Dhaka, November 2012). The frequency of these recent major incidents is a reminder of the human cost of workplace accidents.

¹ This report is based on an outline prepared by the G20 Task Force on Employment Occupational Safety and Health Sub-group and has benefitted from comments by the Sub-group co-chairs and the OECD.

² *Safety and Health at Work: A Vision for Sustainable Prevention*. ILO, 2014. (This ILO Report for 2014 World Congress on Safety and Health at Work will be available on the ILO web site at the end of August 2014.)

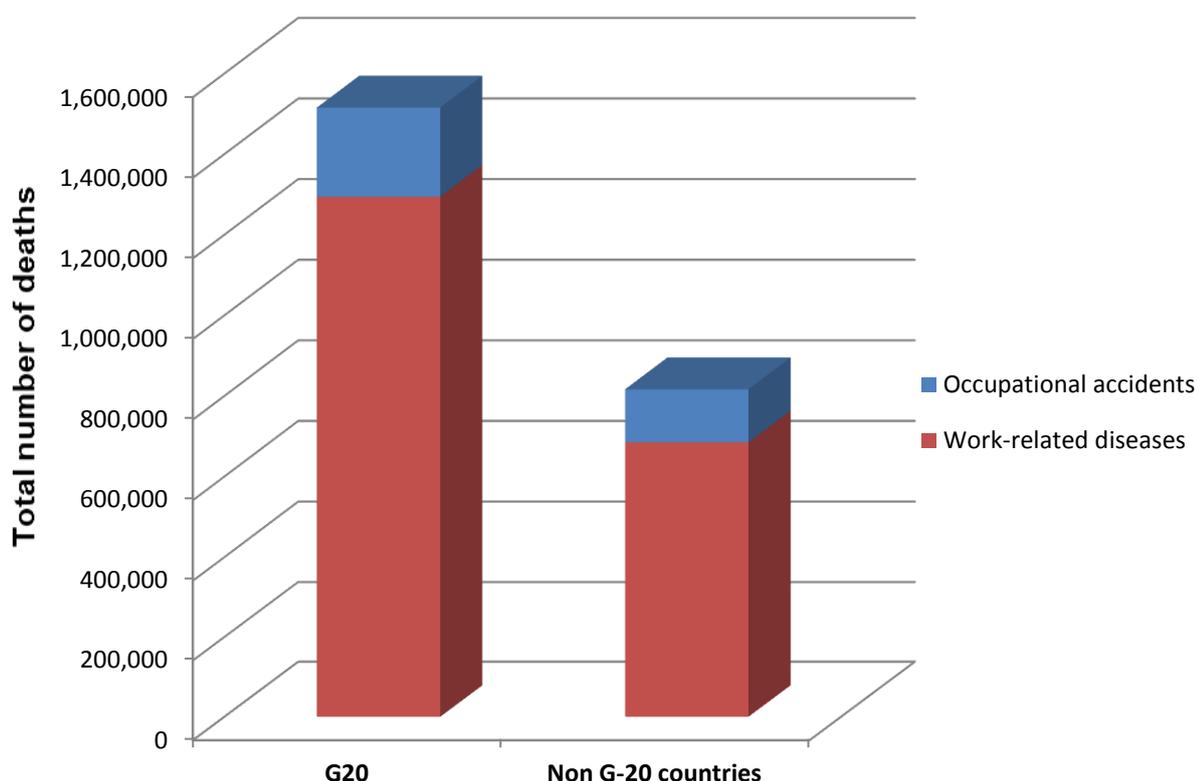
³ The ILO provides global estimates of occupational injuries and work-related diseases based on the best sources available. These include 2010 occupational injury data from selected ILO member States and 2011 data from the World Health Organization (WHO) regarding the global burden of disease, including occupational disease. The estimates fill reporting gaps caused by the limitations of national data collection systems in many countries.

⁴ G20 Australia. 2014. Available at: https://www.g20.org/about_g20/g20_members

⁵ Including all 28 EU members.



Figure 1: Estimated global work-related mortality in 2011 for G20 and non-G20 countries ⁶



Source: Global Estimates of Occupational Accidents and Fatal Work-Related Diseases. ILO, 2014.

Emerging work-related diseases and concerns on work-related ill health

Alongside long-standing workplace hazards, new occupational risks are emerging as a result of technical innovation and social changes. When technological changes are introduced, they are often not accompanied by prevention measures. In the last 20 years there has been an enormous growth in the number of new chemicals used in the industrial environment, many of which have not been adequately tested. New materials in the workplace, such as nano-materials, pose new challenges.

Emerging risks also include poor ergonomic conditions at work, electromagnetic radiation and high psychological and mental demands and constraints. For example, the European Commission reports that musculoskeletal disorders (MSDs) account for the highest number of work absences (49.9 per cent of all absences of more than three days) and cases of permanent incapacity for work (60 per cent).⁷

Work-related stress is a growing source of work-related ill health in many countries and in different kinds of workplaces. Stress has many negative health impacts including circulatory and gastrointestinal diseases and other physical problems and it can lead to significant loss of productivity. Working

⁶ Rest of the world including members of the EU not individually represented in the G20.

⁷ *Second stage of consultation of the social partners on work-related musculoskeletal disorders*. European Commission: Available at: ec.europa.eu/social/BlobServlet?docId=2183&langId=en [Accessed: 8 July 2014].

conditions can contribute to poor mental health when they involve considerable job stress resulting from high job demands combined with little autonomy, few learning opportunities and insufficient support from co-workers and supervisors.⁸

There is growing concern about these broader forms of work-related ill health, which go beyond well-known occupational hazards. This has significant implications for workers, employers, communities and economies as a whole.

Costs of work-related accidents and diseases and contribution of OSH to increasing productivity and economic growth

In addition to causing immeasurable human suffering to victims and their families, occupational injuries and illness entail major economic losses for enterprises and economies as a whole, measured in terms of health care costs, time compensated but not worked, lost productivity, reduced work capacity and lower workforce participation.

Globally, the ILO estimates that around 4 per cent of the world's gross domestic product (GDP), or about US\$2.8 trillion, is lost annually in direct and indirect costs owing to occupational accidents and work-related diseases.⁹ At the national level, several governments have conducted studies on the economic impacts of occupational injuries and ill health.¹⁰

- The United Kingdom estimates that the total cost associated with workplace injuries and ill health in 2010/11 to be some £13.8 billion in 2011 prices (1 % of GDP), not including occupational cancers. Costs for social security attributable to sickness or accidents produced an estimated net cost to the UK Government of £2381 million for fiscal 2010/11.¹¹
- Safe Work Australia estimated that the costs of work-related injuries and illnesses for Australia were AUD 57.5 billion (5.9% GDP) for 2005–06¹² and AUD 60.6 billion (4.8% GDP) for 2008–09.¹³
- In Germany, 460 million days' sick-leave per year resulted in an estimated loss of productivity of 3.1% of GDP.¹⁴
- Singapore estimates that the total cost of work-related injuries and ill health to workers, their employers and the Singaporean community is SGD 10.45 billion, equivalent to 3.2% of the

⁸ *Sick on the Job? Myths and Realities about Mental Health and Work*. OECD, 2012.

⁹ *Safety and Health in the Use of Chemicals at Work*. International Labour Office, 2013. Available at http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_235085.pdf [Accessed: 8 July 2014].

¹⁰ The share of GDP figures in the national studies are not strictly comparable as different methods of calculation were used.

¹¹ *Costs to Britain of workplace fatalities and self-reported injuries and ill-health, 2010/11*. Health and Safety Executive, 2013.

¹² *The Cost of Work-related Injury and Illness for Australian Employers, Workers and the Community: 2005-06*. Australian Safety and Compensation Council, 2009. http://www.safeworkaustralia.gov.au/sites/SWA/about/Publications/Documents/178/CostsofWorkRelatedInjuryAndDisease_Mar2009.pdf [Accessed: 8 July 2014].

¹³ *The Cost of Work-related Injury and Illness for Australian Employers, Workers and the Community: 2008-09*. Safe Work Australia, 2012. Available at <http://www.safeworkaustralia.gov.au/sites/SWA/about/Publications/Documents/660/Cost%20of%20Work-related%20injury%20and%20disease.pdf> [Accessed: 8 July 2014].

¹⁴ BAuA and Labour Ministry report on Safety and Health at Work, 2011.



nation's GDP for 2011.¹⁵ The distribution of the costs was estimated to be SGD 2.31 billion (22.1%) borne by employers; SGD 5.28 billion (50.5%) by workers, and S\$2.87 billion (27.4%) by the community.

- European research also found that most of the costs due to occupational accidents and ill-health are borne by workers, government and the society rather than employers.¹⁶ This depends on various factors including the way accident insurance systems are financed but much of the burden of after care and lost productive potential is carried by individuals and government.

Reducing the incidence of workplace injuries and illness also contributes to the sustainability of social security systems by keeping workers employed rather than receiving disability benefits or pensions and reducing avoidable costs to health care systems.

While employers bear less of the burden of injuries and illness than workers and society, the cost to individual firms is nonetheless very significant and a considerable body of evidence confirms that occupational injuries and illnesses impact negatively on productivity at the enterprise level as well as at the macroeconomic level.¹⁷ On the other hand, investing in occupational safety and health improves companies' productivity and competitiveness. This is especially true for medium and large-sized companies.¹⁸ A European Union (EU) report on the socio-economic costs of accidents at work and work-related ill health based on multiple case studies found that each euro invested in prevention produced a return in profits in a range between 1.29 and 2.89.¹⁹

Outsourcing and supply chain issues in the areas of OSH

In an increasingly globalized economy, the production of many goods involves the collaboration of a number of enterprises through supply chain networks. Such chains are often driven by a major multinational enterprise and they may involve both direct subsidiaries and other businesses, both large and small. These arrangements include the outsourcing of work to enterprises in countries where occupational safety and health legislation and practices may be inadequate. Recent fires and building collapse accidents in garment factories drew global attention as the products of these factories were primarily for export to industrialized countries often under well-known brand names. It is important to ensure that work is carried out under safe and healthy working environment at all the links in supply chains and leading firms in supply chains, including multinational enterprises and international brands

¹⁵ *Economic Cost of Work-related Injuries and Ill-health in Singapore*. Workplace Safety and Health Institute, Singapore, 2013. Available at <http://www.wshi.gov.sg/files/Economic%20Cost%20of%20Work-related%20Injuries%20and%20Ill-health%20in%20Singapore.pdf> [Accessed: 8 July 2014].

¹⁶ *Socio-economic costs of accidents at work and work-related ill health*. European Commission, 2011

¹⁷ Ibid.

¹⁸ *Can better working conditions improve the performance of SMEs? An international literature review*. Croucher et al. International Labour Office, 2013. (Geneva). For businesses wishing to make a cost-benefit analysis of safety and health protection, a number of practical guides are available. See for example US OSHA's Safety Pays Program. Available at: <https://www.osha.gov/dcsp/smallbusiness/safety Pays/index.html> [Accessed: 8 July 2014]. Prevention balance sheets can be used by companies to assess a corporate return on spending on prevention of health and safety hazards in the workplace. See Institut für Arbeit und Gesundheit der DGUV. 2008. *Prevention balance sheets from a theoretical and empirical point of view*. Available at: http://www.dguv.de/medien/iag/de/forschung/forschungsprojekte_archiv/qdp/qdp_abschluss/_dokumente/qdp_ab05_e_n.pdf [Accessed: 8 July 2014].

¹⁹ *Socio-economic costs of accidents at work and work-related ill health*. European Commission, 2011.

and retailers, are increasingly expected by consumers and the public to play a leading role in this connection. Many are responding positively to this challenge.

The OECD's Guidelines on Multinational Enterprises and the ILO's Tripartite Declaration of Principles on Multinational Enterprises and Social Policy (MNE Declaration) both set out requirements that multinational enterprises ensure that contracting arrangements do not undermine their responsibilities under the instruments, which include the promotion of high standards of occupational safety and health.²⁰

2. Major challenges to achieving safe and healthy work

Limited national statistics on occupational accidents and particularly on occupational diseases

Occupational safety and health data are gathered from a wide variety of different sources (social security and insurance institutions, labour inspectorates, occupational health services or other authorities and bodies). Official national reporting requirements are guided by diverse criteria which change over time. The available data frequently do not cover all categories of workers (those in the informal economy, for example). Even countries with well-established reporting practices often face problems of under-reporting, particularly of non-fatal injuries or occupational diseases. Many developing countries have not yet created social security systems that would cover workplace injuries and illness and where such systems do exist, they often do not reach to the informal economy, which together with small and medium-sized enterprises (SMEs) provides the majority of employment. OSH reporting and recording is often poor for SMEs. Hence, official figures always underestimate the real situation.

Although major accidents and the global estimates on occupational accidents and work-related diseases remind us the importance of protecting workers' lives at work, the majority of workplace injuries and deaths are not officially reported in many countries. There are particularly serious data limitations in the area of work-related diseases due to factors including long latency of many diseases before the symptoms are detected and the weakness in the national capacity for identification, diagnosis and compensation of occupational diseases. Globally, more than half of all countries do not provide official statistics for occupational diseases. This lack or limitation of national data on occupational accidents and work-related diseases hampers awareness of the problems and the formulation of better informed business practices and appropriate national policies and programmes.

Inadequate resources for national OSH systems, including resources for enforcement

In many countries, human and financial resources for national OSH systems are inadequate. This is particularly true in developing countries where the level of national resource allocation for OSH programmes and inspectorates is sometimes very low.

The lack of knowledge about the extent of the problems and the inadequate appropriation of financial and human resources can create a vicious and self-reinforcing circle. Occupational diseases present a

²⁰ The OECD Guidelines were adopted by the Organization's Council and are relevant for multinational enterprises that operate in or from the 46 OECD and non-OECD adhering countries. The Business and Industry and Trade Union Advisory Committees (BIAC and TUAC) have welcomed the Guidelines. The ILO MNE Declaration was adopted by the tripartite Governing Body of the ILO and subsequently endorsed by the International Labour Conference. It thus has global backing from governments and social partners.

particular challenge in this respect leading to public ignorance and the subject being accorded a low priority by governments and legislators. Breaking this vicious circle is an essential step.

OSH prevention and enforcement in SMEs, informal economy and for vulnerable groups of workers

SMEs provide between 60-80% of formal employment (even more if informal employment is included). They clearly have the potential to contribute significantly to social and economic development, but many— especially those in developing and emerging countries – are characterized by working conditions that are less safe and pose greater risks to the health of workers than in larger enterprises. Research also confirms a common lack of awareness of the cost implications of occupational accidents and diseases amongst SME owners and managers and a tendency for SMEs to be reactive rather than adopting preventive strategies towards OSH.²¹

A number of initiatives have been undertaken to address these issues in ways that are sensitive to the specific characteristics of SMEs and their sectoral differences. For example, providing advice and information through intermediaries like financial institutions has proved helpful and persuasive for some SMEs. Others have benefitted from supply chain initiatives, such as larger enterprises providing OSH training for SME suppliers. In some countries, the media has had a major impact on attitudes towards OSH amongst SMEs, the self-employed and others beyond the usual reach of OSH inspection. In particular, TV campaigns highlighting accidents – and what can be done to prevent them – can change OSH attitudes and behaviour among such groups.

The informal economy accounts for a large proportion of workers, especially in developing countries, and is often a significant share of their national economies. The protections created by OSH legislation sometimes do not reach undeclared workplaces and where it does, is often not effectively implemented. Workers in the informal economy typically do not have access to sound OSH advice and training and are often exposed to risks to their safety and health without adequate protection. Some countries have taken steps to address this huge challenge, for example by expanding basic occupational health services to the informal economy.

Some groups of workers are more vulnerable to occupational safety and health risks than others, due to the sectors in which they work or their own legal or personal status. For example, migrant workers tend to work in more hazardous and labour-intensive occupations. They often work in informal, unregulated enterprises for long hours. Language and cultural difficulties may reduce the value of any OSH information and training that they might receive.²² If they do not have full legal status they may be particularly vulnerable to unsafe and unhealthy working conditions.

Domestic workers have also been identified as being more vulnerable to certain OSH risks. It is estimated that there are 53 million such workers worldwide, many of whom work very long hours with minimal periods of rest.²³ They may be required to carry heavy weights, handle hazardous chemicals and

²¹ *ibid* Croucher et al. 2013

²² *Research on occupational safety and health for migrant workers in five Asia-Pacific countries: Australia, Republic of Korea, Malaysia, Singapore and Thailand.* Lee, K.; McGuinness, C.; Kawakami, T.; ILO, DWT East and South-East Asia and the Pacific (Bangkok), 2011.

²³ *Landmark treaty for domestic workers comes into force.* International Labour Organization, 2013. [Online]. Available at: http://www.ilo.org/global/standards/information-resources-and-publications/news/WCMS_220793/lang--en/index.htm?shared_from=media-mail [Accessed: 8 July 2014].

work at heights with risks of falling. Many also face risks of physical assault and verbal abuse, violence and sexual harassment. If they are also migrants, their situation can again be made worse because of cultural and language barriers and precarious legal status.

Hazardous child labour is still prevalent in many countries. The ILO recently estimated that out of an estimated 168 million children in work, about 85 million children were engaged in hazardous work.²⁴ While this represents significant progress compared to earlier estimates, targets set for eliminating hazardous child labour by 2016 are unlikely to be met at the current pace of reduction.²⁵ Child labour in mining is especially hazardous and it is believed that about 1 million children still work in this sector, many alongside their families or informal groups in unregulated, artisanal and small-scale mines.²⁶

3. Positive national and international practices

Improvements in OSH legislation

Sound OSH legislation is an indispensable foundation for national OSH policy implementation. Reinforcement, expansion and modernization of national OSH legislation have been undertaken by many countries. An emerging pattern in recent OSH legislation is the promotion of systems for prevention through hazard identification, risk assessment and introduction of preventive measures based on these diagnostic exercises. The process of improving OSH legislation can be particularly effective where it is based on national tripartite discussions, as government, employers and workers' organizations are all involved in the practical aspects of achieving safe and healthy workplaces.

Many developing countries and emerging economies in particular have made significant advances in their OSH legislation over the last decade, including Trinidad and Tobago (2004), Barbados (2005), Kenya (2007), Nicaragua (2007), the Former Yugoslav Republic of Macedonia (2007), Mongolia (2009), Zambia (2010), Thailand (2011), and Turkey (2012). Substantial improvements of OSH provisions as a part of overall national labour laws were carried out in Saint Lucia (2006), Afghanistan (2007), Maldives (2008), Timor Leste (2012), and Bangladesh (2013). Further development of OSH legislation is under way in Antigua and Barbuda, Belize, Jamaica, Kiribati, Maldives, Myanmar, Papua New Guinea, Sri Lanka, St Vincent and Grenadines, Suriname, Vanuatu, and Vietnam. These national efforts to improve OSH legal frameworks are important steps toward safer and healthier workplaces.

Strong engagement with social partners

The Seoul Declaration on Safety and Health at Work adopted at the 18th World Congress on Safety and Health at Work represents a renewed commitment to OSH of global leaders representing governments, employers' and workers' organizations, international organizations and other key stakeholders.²⁷ In addition to the original signatories, the Seoul Declaration has been supported and followed by many more national institutions, social partners and enterprises. The adoption of the Istanbul Declaration by

²⁴ *Marking progress against child labour: global estimates and trends 2000-2012*. ILO, International Programme on the Elimination of Child Labour, 2013

²⁵ Ibid.

²⁶ *Ghana: Mine Accident Highlights Risk to Children*. Human Rights Watch, 2013. Available at: <http://www.hrw.org/news/2013/06/13/ghana-mine-accident-highlights-risk-children> [Accessed: 8 July 2014].

²⁷ Seoul Declaration on Safety and Health at Work, 2008. Available at <http://www.seouldeclaration.org> [Accessed: 8 July 2014].

33 ministers on the occasion of the Summit of Ministers of Labour for a Preventative Culture in September 2011 was another important milestone in recognizing the importance of active involvement of employers and workers in achieving prevention and compliance. Following consultations with social partners, a new EU Strategic Framework on Health and Safety at Work 2014-2020 was adopted by the European Commission in June 2014.²⁸

After tragic fires and factory building collapses in Bangladesh, the Government of Bangladesh and national employers' and workers' organizations adopted an integrated national action plan on fire safety and structural integrity of buildings in the garment sector. The action plan identifies activities that the tripartite partners agree fall within their individual and/or collective responsibility. It sets out legislative and policy improvements, administrative and practical activities and a timeframe for implementation. Initiatives were also developed at the international level to respond to the collapse of the Rana Plaza building. The Accord for Building and Fire Safety in Bangladesh and the Alliance for Bangladesh Worker Safety are new models for providing support by the international brands and retailers to their supplier factories in developing countries. The Accord is an agreement between more than 150 international brands and retailers with suppliers in Bangladesh and the global unions IndustriALL and UNIGlobal. The Alliance brings together 26 North American retailers and brands importing ready-made garments from Bangladesh.

Innovative initiatives for compliance, including OSH promotion at workplaces

In recent years many companies have integrated health promotion in the workplace into occupational safety and health programmes and systems at work. The ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001) foster such integration and are used by many countries to promote enterprise good practice and compliance with national legislation. Health promotion not only complements traditional occupational safety and health measures but also addresses psychosocial risks including stress prevention at work. Integrating health promotion measures into OSH policies and management systems at the workplace level contributes to building a culture of prevention and health. It benefits both workers and employers by improving the long-term well-being of workers and their families, increasing productivity and performance, and reducing pressure on health, welfare and social security systems.

In the UK, the Health and Safety Executive (HSE) introduced a Fee for Intervention (FFI) cost recovery scheme in 2012. Under the scheme, those who violate occupational safety and health laws are liable for reimbursement of HSE's related costs including inspection, investigation and taking enforcement action. A review of FFI is planned within 3 years to assess its effectiveness.

In the US, the Occupational Safety and Health Administration (OSHA) introduced a Voluntary Protection Program (VPP) to recognize employers and workers who have implemented effective safety and health management systems and maintain injury and illness rates below national Bureau of Labor Statistics averages for their respective industries. Under the Program, management, workers and OSHA work cooperatively and proactively to prevent fatalities, injuries, and illnesses through a system focused on: hazard prevention and control; worksite analysis; training; and management commitment and worker involvement. To participate, employers must submit an application to OSHA and undergo a rigorous

²⁸ Available at <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332>

onsite evaluation by a team of safety and health professionals. Trade union support is required for applicants where workers are represented by a bargaining unit. VPP participants are exempt from OSHA programmed inspections while they maintain their VPP status and thus the government can allocate resources to inspecting other workplaces. Participants are re-evaluated every three to five years to remain in the Program. As of April 2014, a total of 2,295 industrial sites are participating in the VPP Plans.²⁹

Studies on workers' health

In addition to administrative sources of data on injuries and occupational diseases, some countries include OSH modules in their labour force surveys. For example, the 2007 Labour Force Survey (LFS) carried out in 27 EU countries found that 8.6% of the persons aged 15 to 64 who worked had reported a work-related health problem in the past 12 months, corresponding to approximately 23 million persons.³⁰

A European survey of enterprises on new and emerging risks (ESENER) is another example of a survey which helps fill an important information gap on health and safety at work.³¹ The ESENER carried out in 2009, involved nearly 36,000 interviews with managers and health and safety representatives in private and public sector establishments with ten or more employees in the 27 EU Member States, as well as Croatia, Turkey, Norway and Switzerland. It provided policy makers with cross-national comparable information relevant for the design and implementation of new policies.

International and sub-regional alliance/networks

IALI (The International Association of Labour Inspection) is a global professional association for labour inspection with membership from over 100 countries, covering a wide range of labour laws including OSH legislation. IALI, in close partnership with the ILO, has been active in: i) promoting the professionalism of its members on all aspects of labour inspection, ii) holding international and regional conferences and similar events at which members can exchange ideas and experience about how best to promote compliance with labour law and good practice; iii) providing information to its members about professional issues through the Association's website, newsletters, reports and other publications; iv) promoting closer collaboration between its members, through regional networking and activities.

ASEAN-OSHNET is a collaboration network of national OSH centres of ASEAN member countries that exchanges OSH information and materials, organizes training courses and provides mutual support in such area as government inspection capacity building. It has worked on research, standards, national OSH frameworks and work on SMEs and the informal economy. In view of on-going work for the ASEAN free trade agreement, ASEAN-OSHNET has worked on harmonization of OSH standards and guidelines.

²⁹ *Industries in the VPP Federal and State Plans*. Available at: <https://www.osha.gov/dcsp/vpp/sitebynaics.html> [Accessed: 8 July 2014]

³⁰ *Health and safety at work in Europe (1999-2007) – A statistical portrait*. Eurostat, 2010. Available at: epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-31-09-290/EN/KS-31-09-290-EN.PDF [Accessed: 8 July 2014]

³¹ *Enterprise survey on new and emerging risks (ESENER)*. Available at: <https://osha.europa.eu/en/esener-enterprise-survey/enterprise-survey-esener> [Accessed: 8 July 2014]

OIC-OSHNET is an OSH network among the member countries of the Organization of Islamic Cooperation (OIC). Launched in 2011, it conducts joint research and training, exchanges good practices and organizes initiatives, projects and programmes in the field of OSH among similar local, national and regional institutions, OSH researchers and practitioners, national authorities, policy makers, social security institutions and employers' and workers' organizations active in this field.

ALASEHT is a network of Latin American countries with the aim of promoting safety and health at work through sharing of information and experience and developing joint initiatives for the prevention of occupational accidents and diseases.

EU-SLIC (Senior Labour Inspectors Committee) is a mechanism for the labour inspectorates of EU member States for collaboration and exchange of programmes and information. SLIC defines common principles on OSH inspection and develops methods of assessing national systems of inspection in relation to those principles.

The Baltic Sea Network on Occupational Health and Safety (BSN) is a regional network of ten countries around the Baltic Sea. The Network facilitates the exchange of information among the participating countries and offers easy and immediate access to country information in the Baltic Sea region also for users in other countries.

International Organisation (IO) initiatives and recent activities/products

ILO, as the specialized agency of the international system responsible for labour issues, has for decades been a leader in providing support to governments, employers and workers on workplace safety and health. ILO activities on OSH are guided by a Global Strategy on Occupational Safety and Health adopted by the 2003 International Labour Conference. On the occasion of the annual World Day for Safety and Health at Work (28 April), the ILO has helped stimulate debates and actions in over 100 countries on themes such as prevention of occupational diseases (2013) and safety in the use of chemicals at work (2014), reinforcing national and enterprise level prevention programmes. ILO also helps to organize international conferences on OSH such as the World Congress on Safety and Health at Work, to be held this year in Frankfurt, Germany in August 2014.

The ILO promotes widespread ratification and effective implementation of key occupational safety and health instruments, including Convention No.155 and its 2002 Protocol and Convention No.187.³²

Experts in ILO field offices and at Geneva headquarters collaborate to support countries in their adoption and implementation of national OSH policies and programmes, including by preparing national OSH profiles. In a number of countries, the ILO has provided technical advice on drafting OSH legislation. ILO tools often used by countries include the ILO List of Occupational Diseases, ILO International Classification of Radiographs on Pneumoconiosis, Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001), “Work Improvements in Small Enterprises” (WISE),

32 *Plan of action (2010-2016): to achieve widespread ratification and effective implementation of the occupational safety and health instruments (Convention No. 155, its 2002 Protocol and Convention No. 187): adopted by the Governing Body of the International Labour Organization at its 307th Session (March 2010)*. International Labour Office, 2010. Available at http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/policy/wcms_125616.pdf [Accessed: 8 July 2014]

and a training programme addressing psychosocial factors through health promotion in the workplace (known as SOLVE).

The ILO works with donor country partners to provide technical cooperation and support to developing and transition countries. For example, a recent European Union–ILO collaboration project covered five pilot countries: Moldova and Ukraine in Eastern Europe, Honduras in Central America and Malawi and Zambia in Southern Africa. The project resulted in greater public awareness of OSH, the development of national OSH programmes and a number of other positive outcomes. The recently completed 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”, focused on the development of practical guidance and training materials on issues such as risk assessment for small and medium-sized enterprises and on the reporting of occupational accidents and diseases, an audit matrix for use with ILO guidelines on OSH management systems and other guidance materials.

The International Occupational Safety and Health Information Centre (ILO–CIS) provides a wide range of promotional materials, such as the “e-OSH DVD: Electronic library on occupational safety and health”, videos, slideshows, audio presentations and the *Encyclopaedia of Occupational Health and Safety* 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). All the ILO OSH products are available on the Organization’s web site at www.ILO.org.

The International Training Centre of the ILO (ITC–ILO) runs a variety of OSH courses for governments, employers and workers. For example, the *National Governance for OSH* course embraces the ILO’s Global Strategy on OSH, as well as relevant Conventions. 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.

The ILO has also developed codes of practice and technical guidelines on particular OSH issues or to address specific sectors. Recent codes of practice include Safety and Health in Agriculture (2011) and Safety and Health in the Use of Machinery (2013). Both documents provide practical guidelines in these areas to governments, employers and workers. Other recent practical check lists and manuals include Ergonomic Checkpoints (second edition, 2010), Stress Prevention at Work Checkpoints (2012), Ergonomic Checkpoints in Agriculture (second edition, 2013) and Global WIND manual (2013). Guidelines for diagnosis of occupational diseases are under preparation.

The ILO and OECD also have long-standing instruments regarding corporate social responsibility which cover working conditions and occupational safety and health. The OECD Guidelines for Multinational Enterprises provide a comprehensive set of government-backed recommendations for responsible business conduct. These recommendations cover occupational safety and health issues as well as business ethics, including human rights, disclosure, employment and industrial relations, environment, combatting bribery, consumer interests and taxation. The ILO’s MNE Declaration includes a section promoting high standards of occupational health and safety and the exchange of information on best practices internationally. It also covers a range of other employment, labour and social policy issues.

The OECD and ILO cooperate in follow-up activities regarding their respective instruments, which are based on complementary principles. On 29-30 September 2014, the OECD and the ILO are organising a joint High-level Roundtable on Responsible Supply Chains in the Textiles and Garment Sector to foster an open and constructive exchange of information among policy-makers, donors, the private sector, practitioners and civil society organisations so as to strengthen implementation of textile and garment sector supply-chain initiatives.

As well as these two official international instruments, there are many private codes which often reference ILO labour standards and either or both the OECD Guidelines and ILO MNE Declaration.

4. Recommendations for possible G20 actions

A. National level actions

Reinforcing national commitments on OSH

G20 members could consider making commitments to strengthen OSH in their national context, perhaps by adding OSH commitments to their G20 Employment Action Plans or through a G20-wide high-level statement by Ministers or Leaders. These commitments could take the form of assuring adequate resources for OSH compliance or launching of new national strategies, policies or programmes where appropriate and according to national specificities.

The formulation and publication of a national OSH policy or strategy, in line with ILO Convention No.155, should be pursued in all countries where such a policy does not already exist. The formulation of national OSH programmes, promoted by ILO Convention No.187, is an effective way to consolidate national tripartite efforts in improving national OSH systems. The endorsement and launching of such national programmes by high government authorities, for example by Heads of State, government, or parliament, can have a significant impact on strengthening national OSH capacities and mobilization of public and private resources. It is essential to ensure active participation of employers, workers and all relevant government institutions in formulation and implementation of the programme. The programmes should be developed on the basis of the specific situation and challenges of each country.

Improving OSH data collection at the national level

National data on occupational accidents and work-related diseases are an essential basis for analysis and planning of national OSH policy formulation and strategies and effective and better resource allocation for OSH inspectorates. Even in countries where a considerable volume of data exists, continuous efforts are needed to improve data collection systems and G20 governments could consider additional action to improve their data. National OSH data collection should be supplemented by systematic studies, particularly in areas where there is significant risk. One of the practical ways to collect data is through work-injury or illness insurance schemes. If no such social insurance schemes exist, consideration should be given to their establishment, including the coverage of work-related diseases. It is critical to have proper insurance schemes covering diseases with long-term latency period.

Reinforcing advocacy and awareness programmes on OSH

A concerted effort is needed at international and national levels to raise awareness of the significance of workplace hazards and need for preventive action. The fight against occupational accidents and work-

related diseases and establishment of preventive safety and health cultures must feature more prominently within the global and national agendas. Greater efforts are required to compile relevant data and carry out research on local situations, which can feed into awareness and advocacy programmes, including global and national campaigns, for action in support of prevention and compliance. The target audience for such campaigns should include high-level officials of governments and social security institutions, labour inspectors, employers and workers and their representative organizations, OSH professionals, the media and the public.

The ILO's World Day for Safety and Health at Work marked every year on April 28th is an existing focal point for such work and could be an occasion for annual G20 action. It is observed in more than 100 countries with activities such as memorial ceremonies, national workshops and information campaigns. For the 2013 World Day, the Prime Minister of Singapore issued a statement calling for global action to reaffirm commitment to OSH.³³

Incentivizing private sector investments in OSH, particularly for SMEs and developing public-private partnerships

Various components of national OSH systems require investment by the private sector, for example the provision of adequate safeguards in the workplace and training for managers and workplace safety and health officers. Governments can provide various incentives to encourage adequate investment by private firms, for example by requiring mandatory OSH training. Some governments have experimented with financial incentives such as tax exemption or reduction for purchasing technical OSH equipment or services. Targeted government support such as subsidy schemes for SMEs might be considered to stimulate investment by such firms. G20 governments might consider such actions as part of their national OSH strategies and commitments in their Employment Action Plans.

Effectively targeting hazardous sectors and works, including enforcement efforts and support for vulnerable workers)

Given that all national OSH programmes face challenges to meet demand with available resources, it is important to develop an effective understanding of the sectors, occupations and activities that pose the greatest or very significant risks and to identify the types of workers who are most vulnerable. This mapping can help officials to develop specific programmes for hazardous industries (e.g. mining and construction) or to address significant hazards or growing health challenges. Targeted programmes can cover a wide-range of components, such as awareness raising, prevention education, targeted training for inspectors and strategic analysis of the drivers of risks and non-compliance. It is important that targeted programmes provide sufficient attention and support to workers who may be most vulnerable to the risks, such as migrants and young workers. G20 governments might consider such actions as part of their national OSH strategies and commitments in their Employment Plans.

Strengthening OSH legislation and improving compliance assurance mechanisms where appropriate according to national specificities

OSH legislation is a fundamental tool for implementing national OSH policy. Legislation clarifies the responsibilities of employers, the rights and duties of workers and their representatives, as well as roles

³³ Statement is available at http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/statement/wcms_211661.pdf

of other institutions such as OSH authorities and service providers. Recent OSH legislation often includes the setting up of national tripartite advisory bodies on OSH and the responsibility of the government to formulate national OSH strategies and programmes. OSH legislation sometimes includes specific requirements for competencies of inspectors or workplace safety and health officers, operation of hazardous machinery, handling of hazardous substances and OSH training for workers. Thus OSH legislation provides the support for the establishment and functioning of national OSH systems.

However, many countries, particularly developing countries, do not have sufficient OSH legislation for the protection of workers from workplace hazards. All countries should review and ensure basic OSH legal requirements are provided reflecting provisions of ILO Conventions No.155 and No.187 as well as other relevant OSH Conventions. Improvements in OSH legislation could also take the form of simplifying legislation where overly complicated provisions exist.

Effectively involving workers and employers in OSH compliance efforts

The actions taken at workplaces by employers and workers are the starting point for achieving safe and healthy workplaces. It is essential that employers, in collaboration with workers involved and their representatives take the necessary preventive measures to avoid occupational injuries and illness. This principle should be understood by all, including government inspectors. While governments have the responsibility to monitor and ensure compliance with OSH legislation and sound practices, employers should be empowered and required to take all necessary preventive actions and workers and their unions should be empowered and trained on how to ensure their own workplace health and safety and that of their co-workers.

Improving support services for workplace OSH capacity building

The front line responsibility for workplace actions on OSH has to be taken by employers, with the engagement of workers. This should begin with OSH management systems at each enterprise.³⁴ Many workplaces will also require external technical support. For example, managers, union representatives and workers may need training in OSH knowledge including prevention principles and legal requirements, which may require support services in terms of information and training. For key OSH hazards such as dangerous chemicals and machinery, there is a need for appropriate OSH competence at each workplace with additional specialist support provided by external experts. These support services should be available throughout the country. Mobilization of the private sector, including experts and workers' and employers' organizations, to provide these services can be considered as a way to expand the reach of services beyond that which the public administration can provide.

B. Collective G20 and voluntary international action

Global knowledge sharing on OSH good practices, including through bodies such as the ILO

Knowledge and information about safety and health at work are key pillars for developing and implementing activities for the prevention of occupational accidents and diseases. Thus global knowledge sharing on OSH good practices will be helpful for national and enterprise level actions. Good practices could be identified and shared in the areas of OSH legislation, compliance improvement, national OSH strategies and targeting mechanisms, national OSH systems operations and effective OSH

³⁴ *Guidelines on occupational safety and health management systems* (2nd edition). ILO, 2009.



awareness programmes. Further sharing of innovative approaches for mobilizing national human and financial resources, as well as new ways to utilize modern information technology and data, could be productive areas for knowledge sharing. Additional knowledge on practical OSH measures at the workplace level to support prevention is always useful and should be shared. Such knowledge could cover information on hazardous chemicals, machinery and processes, low-cost prevention measures, new inventions for prevention, and training materials and methods.

Technical and advisory support for reinforcing national OSH systems

Continual updating, adaptation and improvement of national OSH systems are necessary in all countries. In addition to sharing of good practices among G20 countries, provision of technical and advisory support to non-G20 developing countries could provide vitally important help to reinforce their national OSH systems. Such support could address the improvement of national data collection as the basis for planning and targeting. It could include capacity building of key national units such as OSH inspectorates and OSH institutes and training centres. Peer-to-peer support provided by national officials and experts of G20 countries to developing or transition countries in their regions could be a relatively low-cost way of improving OSH systems and results. Further technical support in such areas as diagnosis of occupational diseases, industrial hygiene laboratories and technical inspection of machinery is needed by many countries.

The ILO is currently developing a Global Initiative on OSH to mobilize and expand support to developing countries and emerging economies that wish to improve the health and safety of their workplaces. This will involve mobilization of both financial resources but also technical peer-to-peer exchanges. G20 countries may consider joining this initiative on a voluntary basis.

Effective coordination of exchanges and technical cooperation

While there is more demand for technical support on OSH in developing countries than can be supplied with currently available resources, nonetheless technical cooperation programmes are sometimes implemented in the same countries or regions at the same time by different governments, donors and support agencies. Coordination among technical cooperation programmes is essential for effective support and use of resources. Such coordination should be primarily ensured by the recipient countries themselves. However G20 coordination could enhance efficiency and lighten the burden on developing country recipients. Exchange of information on past G20 technical cooperation in non-G20 countries as well as lessons learned would also be beneficial for future technical cooperation. The materials prepared for technical cooperation projects could be used by others as well. International organizations such as the ILO could facilitate such exchanges.

Engaging L20 and B20

As noted above, active participation of employers and workers are a prerequisite for successful OSH strategies and programmes at the international, national and workplace levels. It is essential to develop mechanisms for ensuring appropriate and informed participation of social partners. Employers and workers organizations could contribute to G20 OSH goals by formulating practical but ambitious action plans with concrete targets and by empowering own members. L20 and B20 could facilitate the sharing of good OSH practices of employers and workers through their own channels as well as through their governments and international organizations such as the ILO and the OECD.

Promoting sub-regional alliance and cooperation

Although basic OSH principles for prevention of occupational accidents and diseases as well as national OSH strategies and programmes are guided by common principles, including those set out in ILO Conventions and other instruments, there are also differences between countries in their approaches to improving workplace health and safety. These differences could be due to the economic development stage, to cultural and language differences and to other factors. Considering the usefulness of international cooperation on OSH, cooperation at the sub-regional level can be a particularly effective approach to international joint action. Many sub-regional alliances and cooperation mechanisms already exist and G20 countries could step up their participation in them or create sub-regional bodies where they do not yet exist.

Effective supply chain engagement and promotion of responsible business practices

The ILO (MNE Declaration) urges companies to maintain the highest standards of safety and health in conformity with national requirements. Application of the principles of the MNE Declaration should be promoted by all governments where MNEs operate. In addition, employers' and workers' organizations can be encouraged to implement the Declaration measures that are aimed at fostering safe and healthy workplaces. The application of OECD Guidelines for Multinational Enterprises should also be promoted with a view to encouraging due diligence with respect to the supply chains of companies and ensuring safe and healthy workplaces.

Innovative supply chain support mechanisms were established for the Bangladesh garment industry, mentioned above, which could be considered good models for ensuring production of goods in safe and healthy workplaces. Similar mechanisms for support could be expanded to other countries as well as other industries.

Annex: G20 ratification of key ILO Occupational Safety and Health Instruments³⁵

G20 countries	<i>C. 155</i>	<i>P. 155</i>	<i>C.187</i>
<i>Argentina</i>	Yes	Yes	Yes
<i>Australia</i>	Yes	Yes	-
<i>Brazil</i>	Yes	-	-
<i>Canada</i>	-	-	Yes
<i>China</i>	Yes	-	-
<i>France</i>	-	-	-
<i>Germany</i>	-	-	Yes
<i>India</i>	-	-	-
<i>Indonesia</i>	-	-	-
<i>Italy</i>	-	-	-
<i>Japan</i>	-	-	Yes
<i>Republic of Korea</i>	Yes	-	Yes
<i>Mexico</i>	Yes	-	-
<i>Russia</i>	Yes	-	Yes
<i>Saudi Arabia</i>	-	-	-
<i>South Africa</i>	Yes	-	-
<i>Turkey</i>	Yes	-	Yes
<i>United Kingdom</i>	-	-	Yes
<i>United States</i>	-	-	-
Total	9	2	8
%	47	11	42

EU member States³⁶	<i>C. 155</i>	<i>P. 155</i>	<i>C.187</i>
<i>Austria</i>	-	-	Yes
<i>Belgium</i>	Yes	-	-
<i>Bulgaria</i>	-	-	-
<i>Croatia</i>	Yes	-	-
<i>Cyprus</i>	Yes	-	Yes
<i>Czech republic</i>	Yes	-	-
<i>Denmark</i>	Yes	-	Yes
<i>Estonia</i>	-	-	-
<i>Finland</i>	Yes	Yes	Yes
<i>Greece</i>	-	-	-
<i>Hungary</i>	Yes	-	-
<i>Ireland</i>	Yes	-	-
<i>Latvia</i>	Yes	-	-
<i>Lithuania</i>	-	-	-
<i>Luxembourg</i>	Yes	Yes	-
<i>Malta</i>	-	-	-
<i>Netherlands</i>	Yes	-	-
<i>Poland</i>	-	-	-
<i>Portugal</i>	Yes	Yes	-
<i>Romania</i>	-	-	-
<i>Slovakia</i>	Yes	-	Yes
<i>Slovenia</i>	Yes	Yes	Yes
<i>Spain</i>	Yes	-	Yes
<i>Sweden</i>	Yes	Yes	Yes
Total	16	5	8
%	67	21	33

³⁵As of 8.7.2014 <http://www.ilo.org/dyn/normlex/en/?p=1000:12001:0:NO:>

³⁶ EU member States other than those in G20