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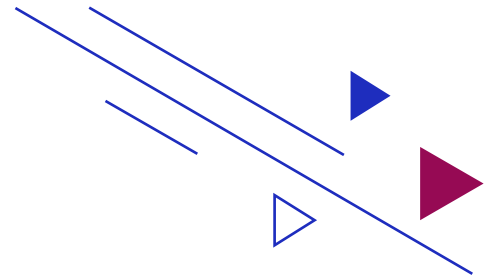
Implementing a safe and healthy working environment:

Where are we now?



► World Day for Safety and Health at Work 2023

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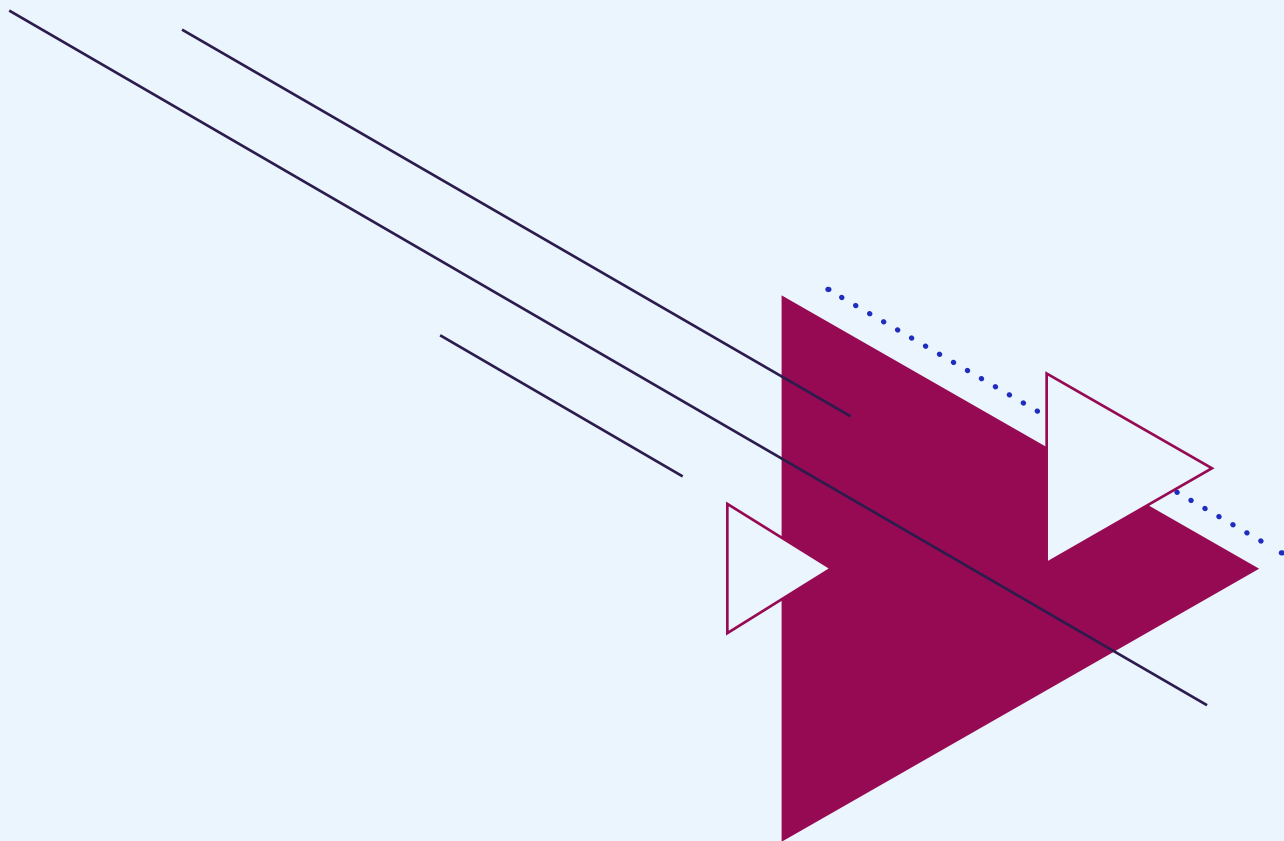
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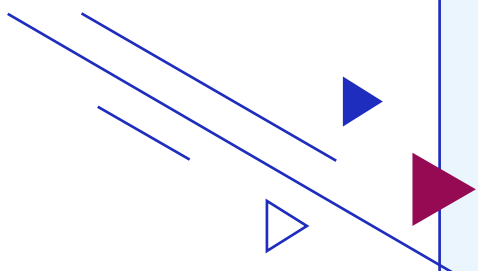


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► Introduction

Workers are exposed to many risks in the workplace, ranging from biological, chemical and physical hazards, to psychosocial and ergonomic hazards. Millions of workers lose their lives each year due to occupational accidents and diseases, with many more suffering from debilitating work-related injuries and chronic conditions. Despite these dangers, adequate occupational safety and health (OSH) measures to prevent accidents and diseases at work are often lacking in many countries.

New dynamics are affecting the labour landscape, with relevant implications for OSH. The COVID-19 pandemic has changed the way we work and has illustrated the critical importance of OSH and protecting the global workforce. Climate change and an increase in extreme weather events are already having profound impacts on OSH, and it is likely that these challenges will only continue to grow in the coming years. Mental health at work is also a theme that is increasing in importance, with unsafe or unhealthy working conditions and environments being shown to undermine psychological well-being.

OSH policies and programmes can enhance decent work for all workers by integrating the OSH needs of all groups of workers and addressing inequalities in OSH practice, thereby promoting equal access to safe and healthy working environments, occupational health services and healthcare. Since its founding in 1919, one of the core objectives of the ILO has been to promote safe and healthy working environments globally. It has adopted more than 40 OSH-specific international labour standards, as well as more than 40 OSH-specific codes of practice.

In June 2022, the International Labour Conference declared that “a safe and healthy working environment” is a fundamental principle and right at work. This also included designating the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) as fundamental Conventions. Now, all Member States of the ILO, regardless of their ratification status of these fundamental Conventions, have an obligation arising from the very fact of membership in the ILO to respect, promote and realize, in good faith and in accordance with the ILO Constitution, the principles concerning the fundamental right to a safe and healthy working environment.

The inclusion of a safe and healthy working environment as a fundamental principle and right at work calls attention to the mutually reinforcing nature of all such principles and rights. Lack of adequate OSH conditions are particularly pronounced in populations with deficiencies in other fundamental principles and rights at work. There is a need for synergic actions to improve OSH conditions in hazardous sectors or those hidden from public scrutiny, where also the prevalence of forced labour and hazardous child labour is often higher. The promotion of freedom of association is necessary to ensure the meaningful involvement of the social partners in the formulation and implementation of national OSH policies and programmes, at all levels. Such policies and programmes should integrate the needs of all groups of workers and address inequalities in OSH practice, ensuring equal access to safe and healthy working environments, occupational health services and healthcare, in order to promote decent work for all workers.

► **The fundamental Conventions on occupational safety and health**

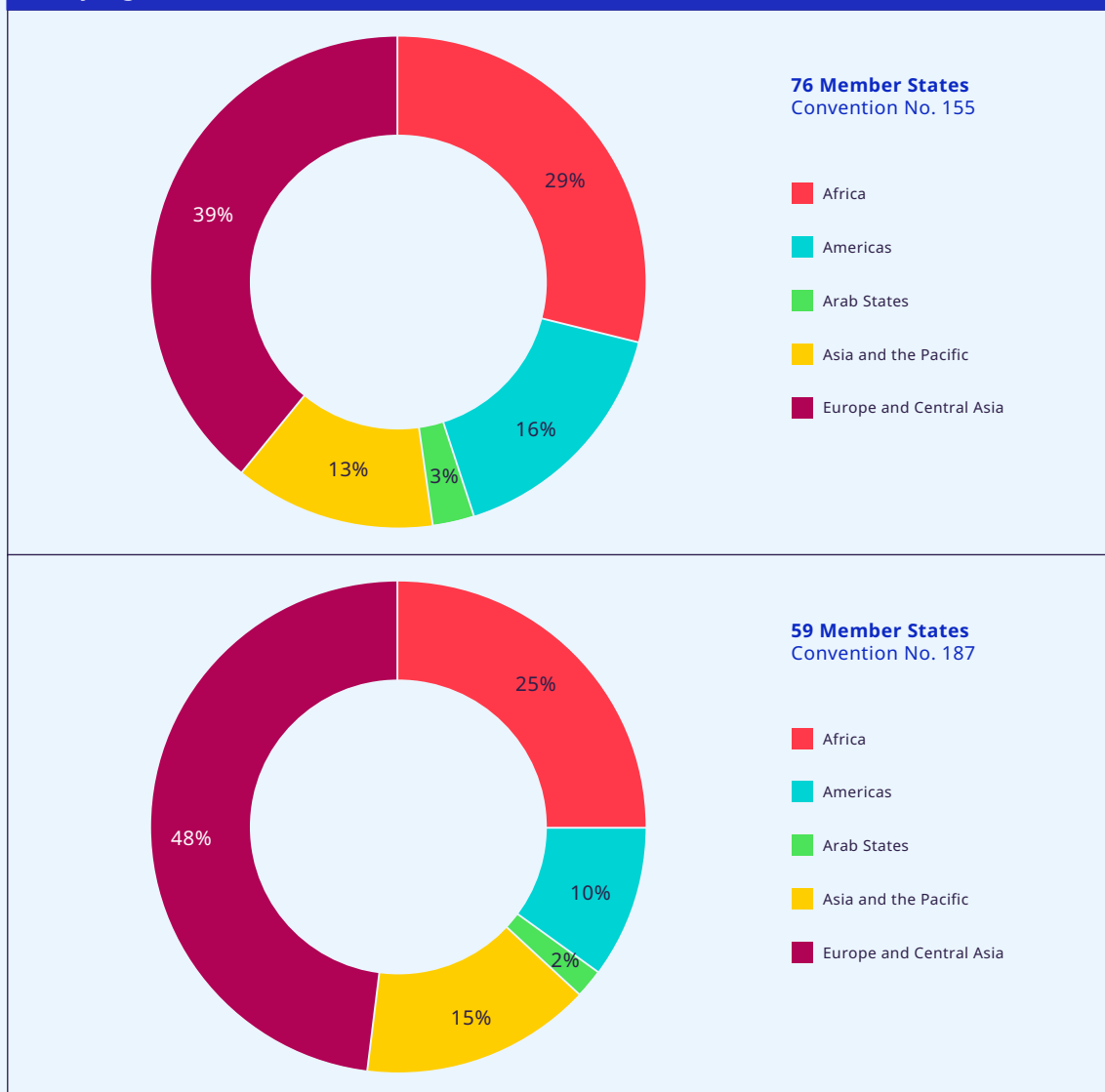
The core principles of Conventions Nos 155 and 187 are fully complementary, and together they constitute a blueprint for progressive and sustained improvements towards the provision of safe and healthy working environments.

Convention No. 155 introduced a policy approach to OSH, emphasizing the need to consider OSH as a matter of national concern. In addition to defining the objectives and basic principles of a national policy, the Convention also defines the actions required at both national and enterprise levels.

Convention No. 187 aims to promote a preventive safety and health culture and to progressively achieve a safe and healthy working environment. It emphasizes the need to ensure that higher priority is given to OSH in national agendas and to foster political commitments in a tripartite context for the improvement of OSH. It defines the elements and function of the national policy, the national system and the national programme, and discusses the monitoring, evaluation and improvement of the national OSH system.

As of March 2023, Convention No. 155 has been ratified by 76 countries (41 per cent of ILO Member States) and Convention No. 187 has been ratified by 59 countries (32 per cent of ILO Member States). Only 39 countries (21 per cent of ILO Member States) have ratified both Conventions. Figure 1 shows the geographical distribution of the ratification of Conventions Nos. 155 and 187.

► **Figure 1. Distribution of Members that ratified Convention No. 155 and Convention No. 187, by region**





About this booklet

The 2023 World Day for Safety and Health at Work celebrates the recognition of a “safe and healthy working environment” as a fundamental principle and right at work.

This booklet aims to provide information on the global implementation status of some of the key provisions contained in Conventions Nos 155 and 187. To this end, some of the key elements needed to promote the realization of a safe and healthy working environment were selected from the fundamental OSH Conventions for analysis, in particular the existence of a national authority responsible for OSH and a national tripartite body on OSH; the OSH legal framework and the inclusion of key provisions (for instance, workers’ right to remove themselves from a dangerous work situation without undue consequences and the requirement to establish joint OSH committee at the workplace level, as a successful mechanism for ensuring collaboration between management and workers); the development of a national policy and a national programme on OSH; and the establishment of a national recording and notification system for occupational accidents and diseases.

The booklet offers an informative overview of findings. For each component, background information is provided, in particular with reference to Conventions Nos 155 and 187. Pertinent information from the accompanying Occupational Safety and Health Recommendation, 1981 (No. 164) and Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197) is also included,¹ as well as from the Protocol of 2002 to Convention No. 155.² The key facts, figures and trends acquired from analysis of the collected data are presented, together with country-specific examples to show how they have been put into practice.

► Methodology

Research was conducted to identify the existence of the key OSH elements for each Member State. Data was collected using ILO databases in the first instance. This was followed by a desktop review and consultation of official government websites, in order to complete any missing data and check results. Data was then confirmed by ILO regional field specialists, using a questionnaire to validate results. Only data obtained from current ILO Member States was included in the analyses.

When a Member State was identified as having one of the OSH elements, this was marked as a “yes”, and if not with a “no”.³ Data was analysed according to ILO regions and subregions (see Appendix A); 2023 World Bank country income groups⁴ (low-income, lower-middle-income, upper-middle-income and high-income); and ratification of Conventions Nos 155 and 187.

- 1 These are non-binding instruments that supplement the related Conventions by providing more detailed guidelines on how they can be applied.
- 2 The Protocol of 2002 complements Convention No. 155, defining requirements and procedures for the recording and notification of occupational accidents and diseases; however, the Protocol does not have the status of a fundamental instrument in the framework of the ILO fundamental principles and rights at work.
- 3 Where no information was discovered for a specific OSH element for a Member State, this was also treated as a “no” finding.
- 4 See World Bank, “World Bank Country and Lending Groups”, 2023.



1. An authority or body responsible for OSH

Article 4 of Convention No. 187 requires ILO Member States to assign an authority or body with the responsibility for OSH, which is designated in accordance with national law and practice. Article 11 of Convention No. 155 provides further details on the functions of the competent authority (or authorities).

OSH bodies are usually charged with developing a national OSH profile, policy, programme and legislation, including implementing regulations, codes of practice and technical standards, in consultation with the most representative organizations of employers and workers. They may also be responsible for developing other elements of the national OSH system, including for providing advice and information on OSH and for funding or conducting research on OSH. The OSH body may sit within a specific government ministry, for example the Ministry of Labour or the Ministry of Health, or it may be a specialized independent OSH agency.

► Implementation status

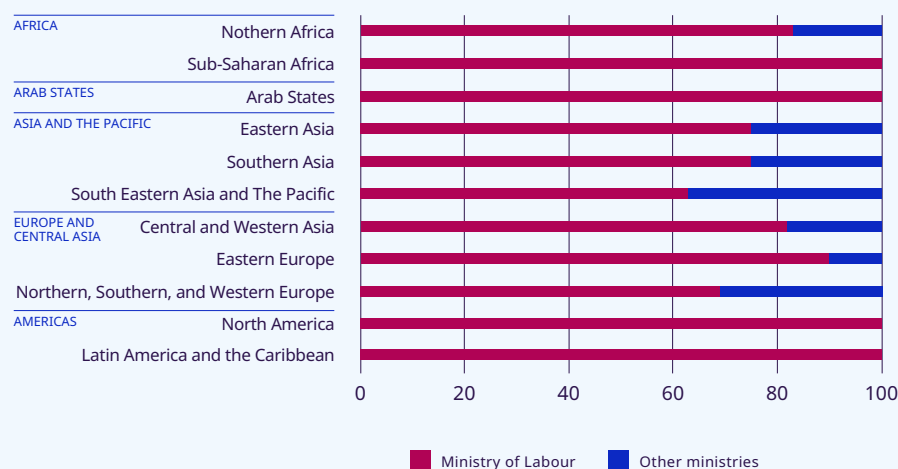
This analysis found that nearly all ILO Member States have an authority or body responsible for OSH: 87 per cent of these bodies are housed in the ministry of labour of the respective Member State.⁵ Aside from ministries of labour, OSH bodies are also housed in ministries of social affairs, ministries of health or ministries of economic development.

Figure 2 shows the percentage of Member States in each broad subregion that have an OSH body housed in the ministry of labour.

Key Facts

- Nearly all ILO Member States have an authority or body responsible for OSH.
- 87 per cent of OSH bodies are housed in the ministry of labour or a similar body.

► **Figure 2. Percentage of Member States with OSH bodies housed in the ministry of labour, by broad subregion**



⁵ The exact name of the ministry varies from country to country. Included here are any ministry that uses the word "labour" in its title, as well as similar titles, such as ministries of manpower, employment or human resources. For example, in Greece the ministry responsible for OSH is the Ministry of Labour and Social Security; in Ghana, it is the Ministry of Employment and Labour Relations; and in France, it is the Ministère du Travail, de l'Emploi, de la Formation professionnelle et du Dialogue social.



2. A national tripartite body on OSH

Social dialogue is essential to promote consensus-building and the effective participation of social partners. Successful social dialogue structures and processes have the potential to resolve important economic and social issues, encourage good governance, advance social and industrial peace and stability, and boost economic progress. It can exist as a tripartite process between government, employers' and workers' organizations (for example in a national tripartite body on OSH) or as a bipartite process only between labour and management or trade unions and employers' organizations (for example in collective bargaining or joint OSH committees in the workplace).

Convention No. 187 requires ILO Member States to set up, where appropriate, a national tripartite advisory body, or bodies, addressing OSH issues (Art. 4(3)(a)).

Tripartite OSH bodies, which may also be councils or committees, provide a forum in which parties may regularly meet and discuss OSH at work, ensuring consultation on relevant OSH issues and a periodic review of national OSH policies and programmes. They are also sometimes established at regional or local levels, as well as at sectoral levels, especially in hazardous industries, such as agriculture, construction and mining.

National tripartite OSH bodies are usually composed of government representatives (ministry of labour and other relevant ministries and institutions), with an equal number of representatives of employers' and workers' organizations. Sometimes, the tripartite composition is expanded to involve the representatives of additional institutions, for example OSH associations and academic institutions.

The functions of these bodies vary considerably from country to country, ranging from a consultative role to a decision-making role in the definition of national policies, priorities and action plans, as well as in the drafting of laws and regulations.

► Implementation status

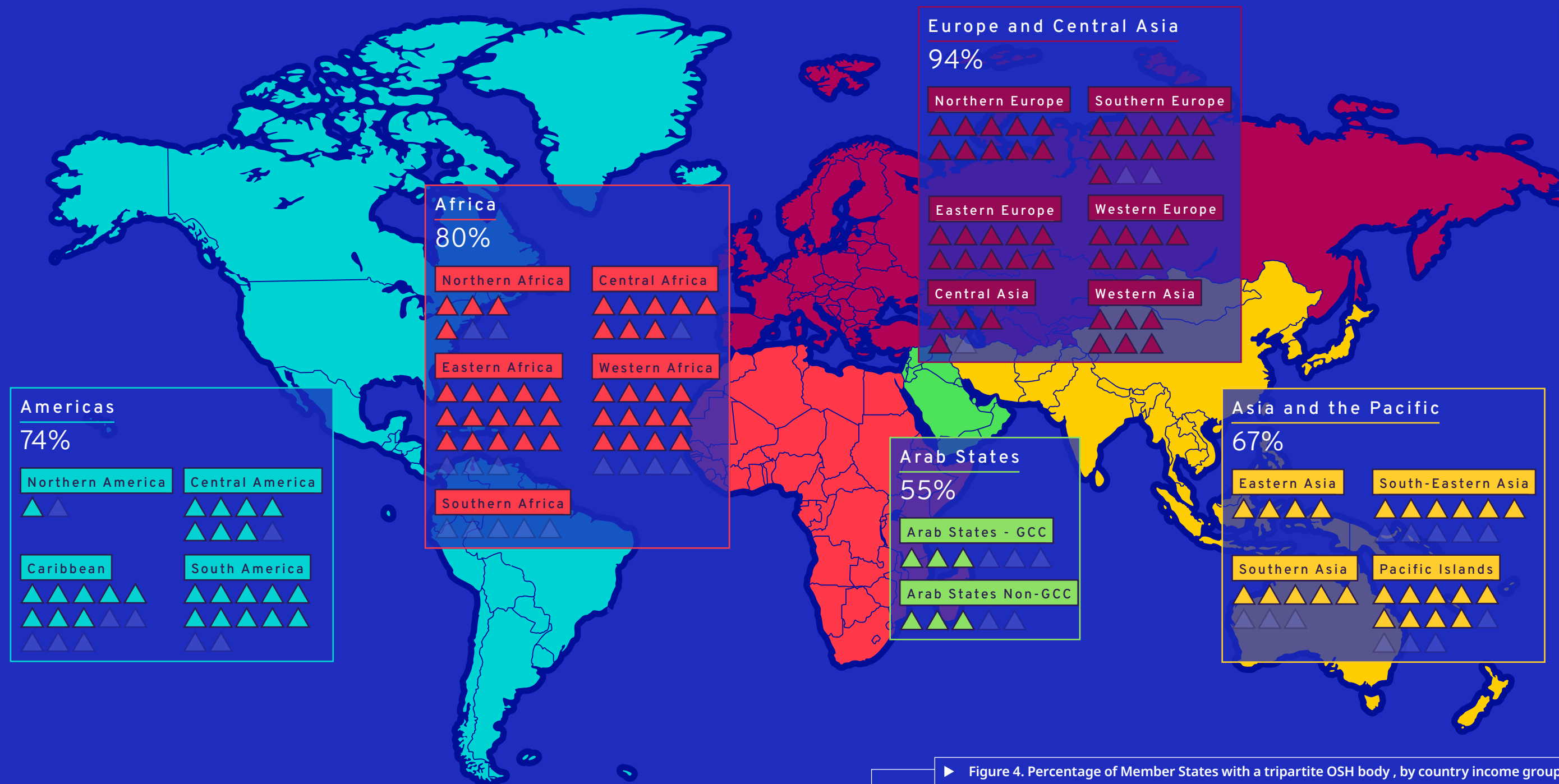
Analysis in this area shows that the majority of Member States (79 per cent) have a national tripartite body on OSH. All countries in Eastern Asia, Western Asia, Eastern Europe, Northern Europe and Western Europe have a national tripartite body; however, only half of Northern American and Gulf Cooperation Council (GCC) Arab States were found to have one (figure 3).

Based on country income groups, more than two thirds of countries in all groups have a national tripartite body (figure 4). The highest share was found in high-income countries, 85 per cent of which have a national tripartite body. The shares for upper-middle, lower-middle- and low-income countries are 72 per cent, 83 per cent and 70 per cent, respectively.

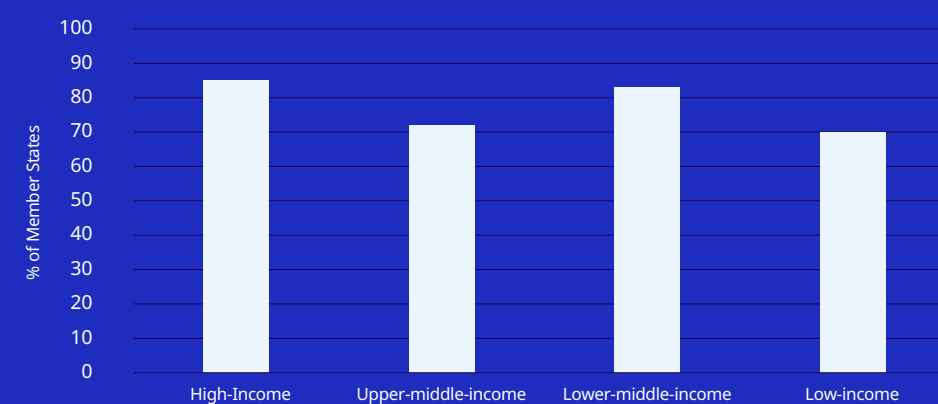
Key Facts

- 79 per cent of ILO Member States have a national tripartite body.
- All countries in Eastern Asia, Western Asia, Eastern Europe, Northern Europe and Western Europe have a national tripartite body.

► Figure 3. Overview of Member States with a national tripartite body



► Figure 4. Percentage of Member States with a tripartite OSH body , by country income group



▲ Member States with a National tripartite body on OSH
■ Member States without a National tripartite body on OSH

Brazil

In Brazil, the tripartite body for social dialogue on OSH is the Permanent Joint Tripartite Commission, which was established in the Ministry of Labour with the aim of participating in the process of reviewing or drafting OSH regulations. The tripartite composition was expanded to involve – on a permanent or ad hoc basis – representatives of additional institutions, such as OSH associations and academic institutions. The Commission is made up of 18 representatives: six representing the federal executive branch; six representing the employers; and six representing the workers. In addition, it is possible to invite a maximum of six specialists and/or representatives of other bodies or international organizations to participate in the meetings of the Commission, its thematic sub commissions and the working groups that deal with specific OSH issues; however, they do not have the right to vote.⁶

Mexico

In Mexico, the OSH National Advisory Committee contributes to the creation of the national OSH policy, proposes reforms and improvements to OSH legislation and regulations, and identifies and recommends preventive measures to reduce risks in the workplace. It is led by the Ministry of Labour and Social Welfare and is composed of an equal number of representatives of governmental institutions, employers' organizations and workers' groups. It is complemented by a local tripartite body in each state – the State Consultative Commission on Safety and Health at Work – which is chaired by the head of the government of the federal district and composed of tripartite representatives.⁷

Morocco

In accordance with its Labour Code, Morocco established the Council of Occupational Medicine and Prevention of Professional Risks, which is set up as a consultative entity. It is responsible for all matters related to OSH and the prevention of occupational accidents and diseases, and is organized in a tripartite and intergovernmental structure, including various representatives of governmental authorities from different areas. Its main mandate includes presenting proposals and providing advice in the field of OSH, in particular with regard to OSH surveillance and services and the prevention of occupational accidents and diseases.⁸

Türkiye

Türkiye ensures tripartite collaboration in OSH practice through its Occupational Safety and Health Council. The Council is composed of 26 members, half of whom are government representatives (such as representatives of related ministries and higher education councils) and half of whom are non-governmental representatives (such as representatives of workers' organization, employers' groups, and engineering and medical associations). It was established in 2005 as the highest advisory board on developing policies and strategies to improve OSH conditions in the country, and meets twice a year. The Council is expected to review decisions made in its previous meetings and to follow up their implementation.⁹



6 See Carmen Bueno and Paula Álvarez, *Diálogo social tripartito en seguridad y salud en el trabajo: Marcos regulatorios, avances y desafíos en seis países de América Latina*, Informes Técnicos 24 (ILO, 2022).

7 Mexico, Ley Federal del Trabajo, arts 512-A and 512-B.

8 Morocco, *Profil National pour la Sécurité et la Santé au Travail*, 2017.

9 Türkiye, Ministry of Labour and Social Security, *Occupational Safety and Health Profile: Turkey*, Publication No. 62, 2016.

3. A legal framework on OSH

A comprehensive, prevention-based OSH legal framework (comprising laws and regulations; collective agreements, where appropriate; and any other relevant instruments) is a necessary component of a national OSH system. If well designed and drafted, it can ease the ability of workers and employers to understand and fulfil their rights and duties, as well as the government's ability to administer and enforce legal provisions.

The ILO developed the Support Kit for Developing Occupational Safety and Health Legislation (ILO, 2021) to provide guidance to ILO constituents in the establishment or reform of OSH laws by systematically articulating and analysing the key principles and components of a sound, prevention-centred framework OSH law that follows a state-of-the-art regulatory approach. The Support Kit identifies the essential elements of national OSH normative frameworks stemming from international labour standards, ILO codes of practice and guidelines, and cutting-edge national OSH laws. It captures and discusses to the extent possible the various policy and design choices and showcases examples of legislative elements from countries with different legal traditions in order to enrich and broaden the users' perspective.

► Key elements of OSH legislation

OSH laws should be generally applicable to all branches of economic activity and all workers in all branches of economic activity. Key elements include:

- **Principle of prevention.** Convention No. 155 requires the formulation, implementation and periodical review of a coherent national policy on OSH that is focused on preventing accidents and injury to health arising out of, linked with or occurring in the course of work, by minimizing, so far as is reasonably practicable, the causes of hazards inherent in the working environment. The principle of prevention is reinforced by the requirement to develop a national preventive OSH culture that is embedded in Article 3(3) of Convention No. 187.
- **National infrastructure to govern OSH and governance instruments.** This includes the establishment of a national OSH system, including national public authorities with defined roles and responsibilities, and the development of a national OSH policy and a national OSH programme, as outlined in Conventions Nos 155 and 187.
- **Continuous improvement of national OSH governance.** Both the fundamental OSH conventions introduce the notion of continuous improvement in national OSH governance, through a process of periodic review.

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- **General outcome-based OSH duties for all relevant stakeholders to ensure safety and health in the workplace.** These are applicable to employers, workers and other persons at the workplace, as well as other parties who may have an impact on workplace safety. In line with Convention No. 155, outcome-based duties of employers include ensuring that, so far as is reasonably practicable, workplaces, machinery, equipment and processes under their control are safe and without risk to health, as well as all chemical, physical and biological substances and agents, when the appropriate measures of protection are taken.
- **Workplace processes to manage OSH.** Convention No. 187 calls for the promotion of principles such as risk assessment and combating occupational risks or hazards at source. Further operational guidance is provided in Recommendations Nos. 164 and 197.¹⁰
- **Participative, collaborative and cooperative arrangements at the workplace.** Both fundamental Conventions require the establishment of participative and collaborative arrangements, at both workplace and national levels, that involve workers and their representatives in the overall planning, implementation and management of OSH.
- **Collaboration of undertakings engaging in activities simultaneously at one workplace.** Convention No. 155 introduces the requirement for undertakings that engage in activities simultaneously at the same worksite to collaborate in ensuring safety and health of their workers.
- **The right for workers to remove themselves from dangerous situations.** Convention No. 155 provides for protection from undue consequences (in accordance with national conditions and practices) for workers who remove themselves from a work situation which presents an imminent and serious danger to their life or health.
- **Other key prerogatives of workers.** These include the right to OSH training, adequate protective clothing and equipment, and the right for workers to enquire into, and be consulted by the employer on, all aspects of OSH associated with their work, in line with Convention No. 155.
- **Legally defined sanctions and sanctioning procedures.** As set out in Convention No. 155, enforcement systems should include adequate penalties for violations of the laws and regulations.

Two key elements were selected from those described above for analysis: the right of workers to remove themselves from dangerous situations and the right to establish a joint OSH committee at the workplace level.

¹⁰ Recommendation No. 164 explicitly points to the need to institute organizational arrangements regarding OSH and the working environment, such as risk assessment, prevention planning, the implementation of prevention and protection measures, and worker participation and consultation. It also encourages countries to follow a management systems approach to OSH. Recommendation No. 197 calls on Members to promote a management systems approach to OSH, such as the approach set out in ILO, [Guidelines on Occupational Safety and Health Management Systems \(ILO-OSH 2001\)](#), second edition, 2009.

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

The right of workers to remove themselves from a workplace situation in which there is imminent and serious danger without facing undue consequences plays a vital role in preventing the work-related loss of life and injury. Convention No. 155 requires that national action be taken to protect workers against undue consequences if they remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life and health (Art. 13).

During the 2017 General Survey, the Committee of Experts on the Application of Conventions and Recommendations (CEARC) concluded that this right “remains an essential foundation for the prevention of occupational accidents and diseases and must not be undermined by any action by the employer. It is linked to the duty of workers to inform their employer about such situations, although this obligation should not be seen as a prerequisite for the exercise of the right of removal”.¹¹

Many workers today are not aware that this right is recognized in a fundamental international labour standard. It is important that national laws reflect this entitlement and protect workers who exercise this right to protect themselves from undue consequences.

► Implementation status

Overall, the legal framework in 129 Member States – or 68 per cent of countries – provides for the right for workers to remove themselves from a dangerous work situation without the risk of negative consequences.

Workers in 80 per cent of Member States who have ratified Convention No. 155 have the right to remove themselves from a dangerous work situation without undue consequences. By comparison, workers in only 61 per cent of States who have not ratified the Convention have this right.

Focusing on broad subregions (figure 5), all Member States in Eastern Europe and Northern America recognize workers' right to remove themselves without undue consequences, while only 13 per cent of Southern Asian Member States were found to include this arrangement in their legislation.

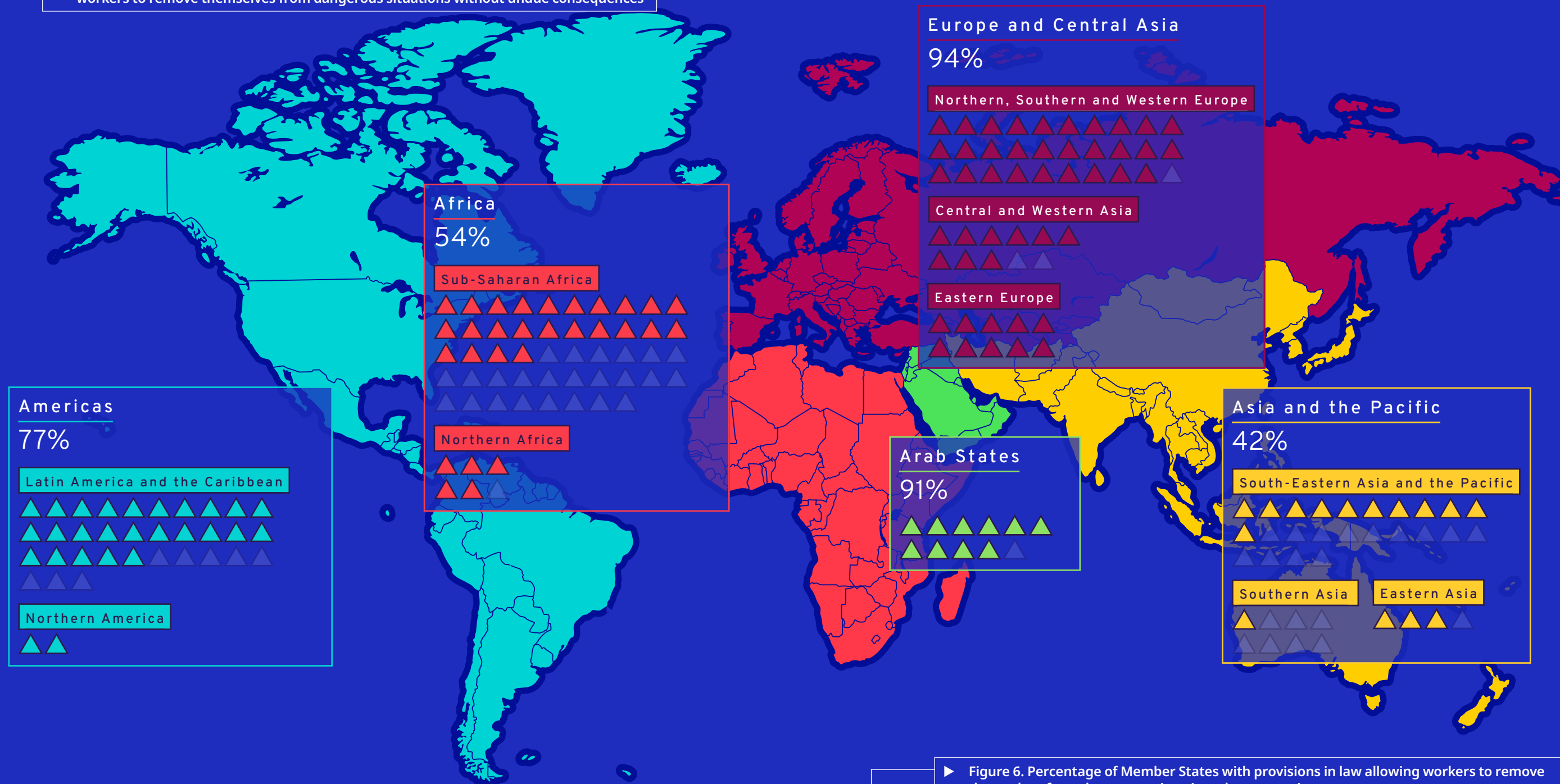
Workers in 85 per cent of high-income countries and 79 per cent of upper-middle-income countries can remove themselves from dangerous situations without undue consequences. In lower-middle-income countries and low-income countries, this share falls to 55 per cent and 44 per cent of countries, respectively (figure 6).

Key Facts

- Overall, workers in 68 per cent of Member States are protected from undue consequences if they remove themselves from dangerous situations.
- Workers in 85 per cent of high-income countries and 79 per cent of upper-middle-income countries are protected from undue consequences if they remove themselves from dangerous situations.

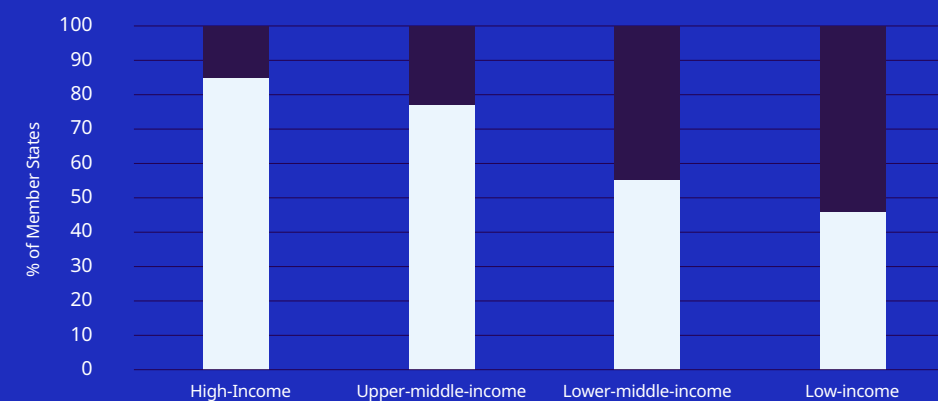
¹¹ ILO, *Working Together to Promote a Safe and Healthy working Environment: General Survey on the Occupational Safety and Health Instruments concerning the Promotional Framework, Construction, Mines and Agriculture*, ILC.106/III/1B, 2017, para. 298.

► Figure 5. Overview of Member States with provisions in national legislation allowing workers to remove themselves from dangerous situations without undue consequences



- ▲ Member States with provisions in national legislation allowing workers to remove themselves from dangerous situations without undue consequences
- ▲ Member States without provisions in national legislation allowing workers to remove themselves from dangerous situations without undue consequences

► Figure 6. Percentage of Member States with provisions in law allowing workers to remove themselves from dangerous situations, by country income group



Requirement to establish a joint OSH committee at the workplace level to promote cooperation between management, workers and their representatives

A joint OSH committee is a workplace bipartite body that is set up to enable workers and employers to work together in a collaborative and coordinated way to address OSH issues in the workplace. It is composed of a given number workers' and employers' representatives, with legislation in some countries also requiring an OSH practitioner as a member.

According to Convention No. 155, "Co-operation between management and workers and/or their representatives within the undertaking shall be an essential element of organisational and other measures taken in pursuance of Articles 16 to 19 of this Convention"(Art. 20). Arrangements to promote cooperation at the workplace level between management, workers and their representatives are also outlined in Convention No. 187 (Art. 4). The Conventions are supported by their accompanying Recommendations: Recommendation No. 164 provides for the appointment of "...workers' safety delegates, of workers' safety and health committees, and/or of joint safety and health committees" (Para. 12(1)), while Recommendation No. 197 calls on Member States to promote the establishment in the workplace of joint OSH committees and the designation of workers' OSH representatives, in accordance with national law and practice (Para. 5(f)).

The functions, roles and prerogatives of OSH committees may differ from country to country. Committee tasks include monitoring the implementation of hazard prevention programmes, conducting OSH training and monitoring data relating to accidents, injuries and hazards. Joint OSH committees have proven to be a successful way to ensure cooperation between employers and workers in order to fulfil OSH requirements.¹²

► Implementation status

Some 73 per cent of ILO Member States have provisions in national legislature for the establishment of workplace OSH committees.

Of the countries that have ratified Convention No. 155, 80 per cent have legal provisions for establishing workplace OSH committees; however, of the countries that have not ratified the Convention, only 68 per cent have provisions in law for workplace committees.

Based on detailed subregions (figure 7), all countries in Central America, Eastern Asia, Northern America and Western Europe allow workplace OSH committees. However, in the Caribbean, the Pacific Islands and the non-GCC Arab States, less than half of countries have workplace committees. This share was lowest for the non-GCC Arab States, in which only 20 per cent of Member States have such committees.

Some 85 per cent of high-income countries have workplace committees, while only 67 per cent of low-income countries have them. For high-income countries, 92 per cent of countries that have ratified Convention No. 155 have workplace committees, compared to 76 per cent of countries that have not ratified the Convention.

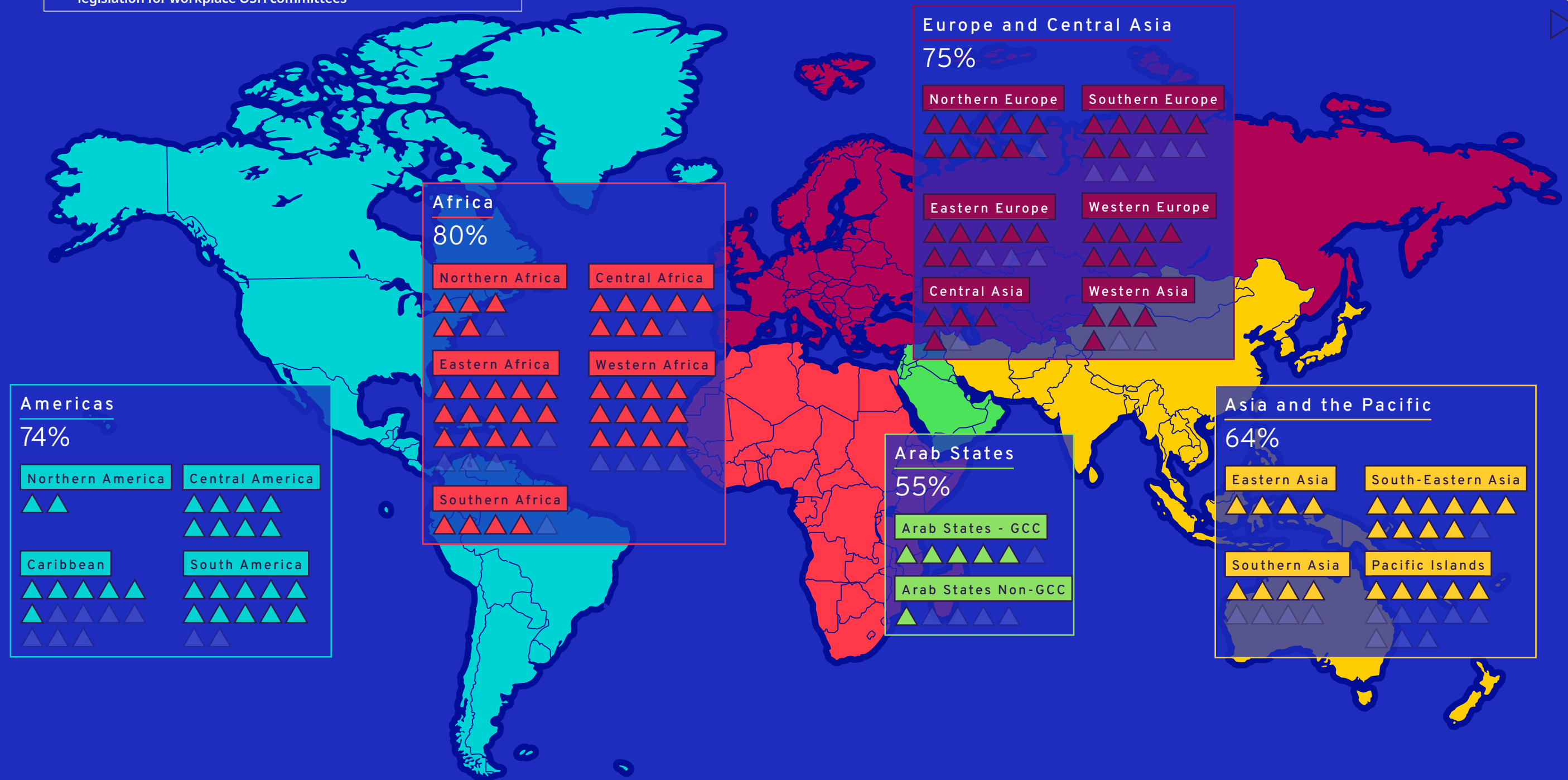
Key Facts

- 73 per cent of ILO Member States have provisions in national legislature for the establishment of workplace OSH committees.

¹² ILO, "Joint OSH Committees: World Day for Safety and Health at Work", 2015.



► Figure 7: Overview of Member States with provisions in national legislation for workplace OSH committees



- ▲ Member States with provisions in national legislation for workplace OSH committees
- ▲ Member States without provisions in national legislation for workplace OSH committees

Djibouti

In Djibouti, a health and safety committee must be created in all industrial enterprises, buildings and public services employing at least 50 workers, including those with temporary contracts. The committee should include the employer, the person responsible for OSH in the workplace, a worker representative (or two worker representatives in enterprises with more than 150 employees) and the enterprise doctor or nurse, if any, or the doctor or nurse of the social protection organization. This committee is tasked to:¹³

- study the conditions of hygiene and safety at work;
- ensure the application of legislative and regulatory provisions and instructions;
- carry out investigations in the event of serious work accidents and occupational diseases in order to determine their causes and propose appropriate measures to remedy them, as well as to prevent them;
- establish and execute a programme for the improvement of OSH conditions related to entrepreneurial activities;
- establish, every year, the statistics of accidents at work and occupational diseases;
- disseminate to all workers, every three months, information concerning the protection of the health of workers and good practices at work;
- encourage, maintain and develop a safety culture among workers;
- undertake all actions for the promotion of safer working methods and procedures;
- ensure the education of workers in the fields of hygiene, safety and health at work;
- ensure the organization and training of fire and rescue teams; and
- participate in the identification of risk factors and the development of an emergency response plan.

The health and safety committee must be convened by the employer at least three times a year, as well as following any serious accident or situation that could reflect a hazardous situation. The employer shall provide each member of the committee, together with the agenda, with an anonymous copy of all the declarations of accidents at work and occupational diseases that have been sent to the social security institution since the previous meeting. To carry out their duties, the members of the health and safety committee have an annual credit of eight hours paid as working time.¹⁴

Finland

In Finland, employees of entities in which at least 10 individuals work regularly are entitled to elect an OSH representative. If the organization has 20 employees working regularly, an OSH committee must be established for a period of two years at a time. The committee is responsible for carrying out a number of activities, such as:¹⁵

- participating in the planning of new work processes, changes to existing work processes and the selection of equipment and materials, as well as inspection activities;
 - discussing and investigating accidents and incidents that have occurred in the workplace, and making proposals to prevent such events from happening in the future;
 - monitoring the implementation of the OSH programmes and their development; and
 - providing employees with information on OSH issues and advising them on safe work practices.
- The committee and its representative are also provided with essential information and resources related to OSH, such as:¹⁶
- the provision of access to OSH documents that the employer stores, such as the agreements between the organization and national OSH agencies regarding occupational healthcare services; and
 - the right to receive OSH training programmes during working hours, with no additional cost or loss to their income.



13 Djibouti, Loi n° 133/AN/05/5ème L du 28 janvier 2006 portant Code du Travail (Title III, Art.126, Art. 127).

14 Loi n° 133/AN/05/5ème L du 28 janvier 2006 portant Code du Travail (Title III, Art.126, Art. 127).

15 Finland, Finnish Occupational Safety and Health Act (738/2002).

16 Finland, Finnish Occupational Safety and Health Act (738/2002).

Jordan

In Jordan, each establishment of more than 51 workers must have a joint OSH committee, known as the vocational safety and health committee.¹⁷ It is composed of representatives of both management and workers, and its main objective is to promote a safe and healthy working environment for all workers in the establishment. The committee is responsible for identifying potential hazards in the workplace, assessing risks and developing strategies to mitigate those risks. It also reviews accidents and incidents that occur in the workplace and recommends measures to prevent their recurrence. The Labour Law stipulates that the committee should meet regularly and keep records of its activities, including minutes of meetings and accident reports. In addition, it is also required to submit an annual report on its activities to the Ministry of Labour.

Viet Nam

In Viet Nam, employers must establish an OSH council in their workplace, which is based on the size and characteristics of workers, the risks of occupational accidents and diseases, and the working conditions. It must comprise a representative of the employer, to act as the council president; a representative of the executive committee of the establishment's trade union or a worker (in case there is no trade union), to act as Deputy President; an OSH officer must act as standing member and secretary of the Council; and it must include the health workers of the establishment. The council must have a certain percentage of female members, in accordance with gender equality principles and the practical situation of the establishment.¹⁸

The following duties and rights are attributed to the council:¹⁹

- provide consultation to and collaborate with the employer in developing regulations, procedures, plans and measures to guarantee OSH at production/business establishments;
- every year, organize dialogues at the workplace between employers and workers to share information, enhance understanding, promote equal and safe working conditions for workers, and improve the effectiveness of the implementation of OSH policies and legislation in production/business establishments;
- examine the implementation of OSH activities in production/business establishments; and
- request the employer to implement corrective measures if risks of unsafe situations are found to exist.

Zambia

In Zambia, an employer of ten or more persons at any workplace must establish a health and safety committee, consisting of an equal number of members, not less than two for each side, representing the employer and the employees. Employee representatives must be chosen by the employees or designated by a trade union. The functions of the committee are to:

- promote cooperation between the employer and the employees in achieving and maintaining healthy and safe working conditions;
- share information about OSH and welfare with employees;
- investigate and resolve any matter that may be a risk to the health and safety of employees at a workplace;
- review the measures taken for the health and safety of employees at a workplace; and
- formulate, review and disseminate to the employees the standards, rules and procedures relating to OSH to be carried out at the workplace.²⁰

17 Jordan, Regulation No. 7 of 1998 on Regulation of Forming Committees and Supervisors of Occupational Safety and Health No. (7) Of the Year 1998, issued by virtue of Art. 85 of Labour Law No. 8 1996 (art. 7).

18 Viet Nam, Law on Occupational Safety and Health (Law No.: 84/2015/QH13).

19 Viet Nam, Law on Occupational Safety and Health (Law No.: 84/2015/QH13)..

20 Zambia, The Occupational Health and Safety Act, 2010, art. 13.

Ensuring compliance with OSH legislation

According to Article 4(2)(c) of Convention No.187, the national system for OSH should include “mechanisms for ensuring compliance with national laws and regulations, including systems of inspection”. The enforcement of laws and regulations concerning OSH, using an adequate and appropriate system of inspection, are also outlined in Article 9 of Convention No.155.

Recommendation No. 164 specifies that the system of inspection should be guided by the provisions of the Labour Inspection Convention, 1947 (No. 81), and the Labour Inspection (Agriculture) Convention, 1969 (No. 129). Recommendation No. 197 also identifies these instruments as relevant to the promotional framework for OSH.

The Labour Inspection Convention, 1947 (No. 81) outlines the organization of labour inspection in industry and commerce. It sets out a series of principles related to the fields of legislation covered by labour inspection; the functions (including in relation to OSH) and the organization of the inspection system; recruitment criteria; the status and terms and conditions of service of labour inspectors; and their powers and obligations.

The Protocol of 1995 to Convention No. 81 extends the application of the provisions of Convention No. 81 to workplaces considered as non-commercial. The Labour Inspection (Agriculture) Convention, 1969 (No. 129), includes similar provisions to Convention No. 81, for establishing and maintaining a system of labour inspection in the agricultural sector.

Labour inspectorates are the public entities assigned with providing information and technical advice on labour legislation, including OSH, monitoring and enforcing compliance with legal provisions, and identifying gaps in national law that need to be addressed.. In some countries, a single labour inspectorate is responsible for enforcing labour and OSH laws, while in others there may be different bodies with specialized functions.

The proper application of labour legislation depends on an effective labour inspectorate. Labour inspection systems can enhance productivity and economic development by preventing costs arising from issues such as occupational accidents and diseases; however, such systems are frequently under-resourced. Estimates indicate that in a number of developing countries, less than 1 per cent of the national budget is allocated to labour administration, of which labour inspection systems receive only a small fraction.²¹

In the ILO's A Guide to Selected Labour Inspection Systems (with Special Reference to OSH) (2011), examples are provided of labour inspection systems from 41 different countries. Several case studies have shown that labour inspectorates have the potential to play an even greater role in ensuring the protection of all workers, across all sectors and at all levels. In 2022, the ILO Governing Body adopted technical guidelines on the general principles of labour inspection²² that provide detailed information on the functions, structure and operations of labour inspectorates.

Labour inspection activities can be complemented by other mechanisms to promote compliance with OSH standards. For instance, Convention No. 155 requires measures to be taken to provide guidance to employers and workers in order to help them comply with legal obligations (Art. 10). Other mechanisms may include advisory services, codes of conduct, contractual requirements, awareness-raising and employer incentives.²³

²¹ ILO, “International Labour Standards on Labour Inspection”, 2023.

²² ILO, Guidelines on General Principles of Labour Inspection, 2022.

²³ ILO, Follow-up to the Meeting of Experts on Labour Inspection and the Role of Private Compliance Initiatives, GB.322/POL/5, 2014.

4. A national OSH policy

ILO Member States should promote a safe and healthy working environment by formulating a national policy on OSH. A national OSH policy is a specific, deliberate course of action adopted by a government or public body, in consultation with the social partners, to fulfil its mandate in the field of OSH. It is a central element of key Conventions – Conventions Nos. 155 and 187 require Member States to formulate a national policy on OSH, in the light of national conditions and practice, and in consultation with the most representative organizations of employers and workers.

Convention No.155 states that “The aim of the policy shall be to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment” (Art. 4(2)). Convention No. 187 builds on the provisions laid out in Article 4 of Convention No.155 and adds that workers’ right to a safe and healthy working environment shall be promoted and advanced at all relevant levels (Art. 3(2)). In formulating a national OSH policy, Convention No. 187 also requires Members to promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventive safety and health culture that includes information, consultation and training (Art. 3(3)).

► Implementation status

Results from the data collection showed that overall, 88 of 187 Member States (47 per cent) have a national OSH policy. Figure 8 provides an overview of the percentage of ILO Member States with a national OSH policy, by ILO region and detailed subregion. Overall, the ILO region with the highest percentage of Member States with a national OSH policy is Europe and Central Asia (57 per cent), followed by Asia and the Pacific (47 per cent), the Americas (46 per cent), the Arab States (45 per cent) and Africa (39 per cent).

Further analysis revealed that of the 39 Member States that have ratified both Convention No. 155 and Convention No. 187, 56 per cent have a national OSH policy. However, only 31 per cent of Member States that have ratified neither of those fundamental OSH Conventions were found to have a national policy on OSH.²⁴

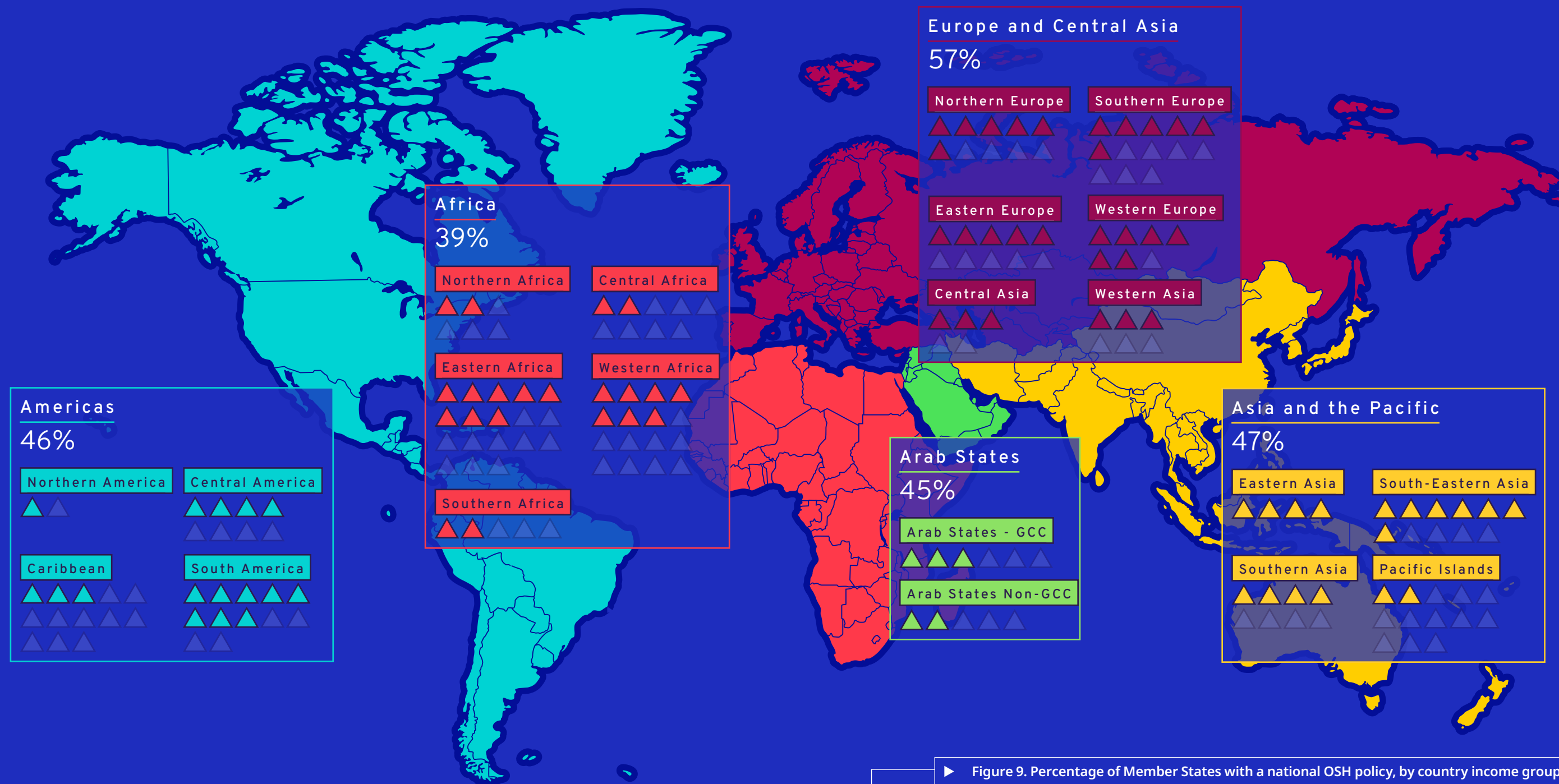
Based on country income groups, the two higher-income categories have a higher percentage of Member States with a national OSH policy than the two lower-income categories. The percentages for high-income countries (58 per cent), upper-middle-income countries (45 per cent) and lower-middle-income countries (47 per cent) are considerably higher than those for low-income countries (26 per cent) (figure 9).

Key Facts

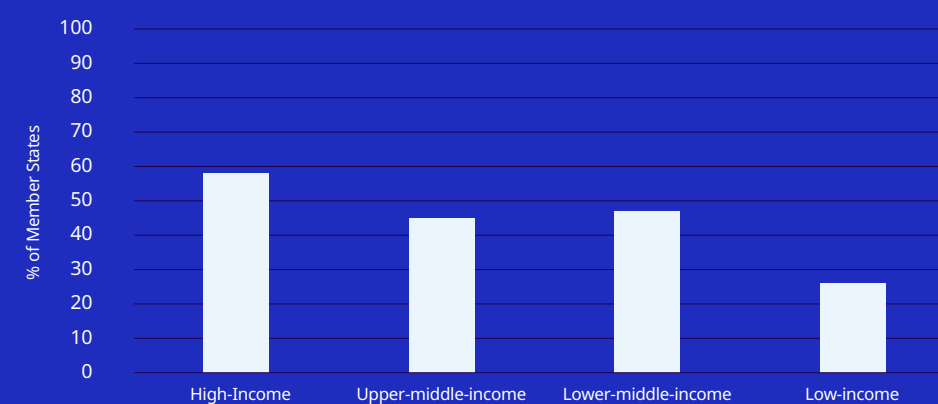
- 47 per cent of ILO Member States have a national OSH policy.
- 26 per cent of low-income countries have a national OSH policy.

²⁴ Some 57 per cent of Member States which had ratified Convention No. 155, and 67 per cent of Member States which have ratified Convention No. 187 were found to have a national OSH policy. In this context, it should be noted that recurrent comments of the CEACR regarding Conventions Nos 155 and 187 are related to national policy (Arts 4 and 3, respectively.).

► Figure 8. Overview of Member States with a national OSH policy



► Figure 9. Percentage of Member States with a national OSH policy, by country income group



El Salvador

In 2019, the Ministry of Health of El Salvador published its Occupational Health and Safety Policy, based on the following five principles:²⁵

- participation: focus on social dialogue, negotiation and consultation as the basis for the formulation, review and updating of the policy;
- universality: include all workers, while taking into account the special circumstances and conditions faced by workers in vulnerable situations;
- integration: development of collaborative and empowering relationships among social actors to ensure shared accountability and complementarity for the execution of the strategic actions of this policy;
- equity and equality: promote a society that guarantees people's access to equal opportunities and the development of their capacities and opportunities recognizing specific conditions of each person; and
- non-discrimination: value all human beings equally, regardless of sex, race, religion, social/political status, occupation or disability.

The general objective of the policy is to promote OSH through the formation of a preventive OSH culture and the establishment of general guidelines and directives for this culture. It aims to reduce work-related risks, accidents and ill health, including conditions that have an impact on work. In addition, healthcare resources for workers should be strengthened. The following seven strategic axes define the policy:²⁶

- a national regulatory framework for OSH;
- roles and competencies in the implementation of the policy;
- continued education and training for an OSH culture;
- OSH management systems;
- medical surveillance;
- health protection measures; and
- OSH information systems and research.

Malaysia

Malaysia launched its National Occupational Health and Safety Policy in 2019, which was signed by the Prime Minister. The new policy highlighted the commitment of the OSH department in the Ministry of Human Resources to:²⁷

- providing and maintaining a quality, safe and healthy workplace and system free of hazards and risks;
- ensuring that all workers receive relevant information, directives, trainings and supervision on how to perform tasks in a correct and quality manner without being exposed to risks to health;
- investigating all non-conformities of products and services, incidents, occupational diseases, occupational poisoning and dangerous events, and undertaking measures to ensure that they are not repeated;
- identifying and complying with customer requirements, as well as legal and other requirements, as stipulated in the Occupational Safety and Health Act 1994, its regulations and the approved industrial codes of practice; and
- promoting and achieving the objectives of OSH quality, work procedures, rules and guidelines of OSH among workers across the country.



25 El Salvador, *Política de Seguridad y Salud Ocupacional del Ministerio de Salud*, 2019.

26 El Salvador, *Política de Seguridad y Salud Ocupacional del Ministerio de Salud*, 2019.

27 Malaysia, *Quality, Occupational Safety and Health Policy*, 2019.

Netherlands

In 2016, the Government of the Netherlands published its vision on OSH, following consultations with its social partners. The policy places responsibility for working conditions on employers, and states that no one should become sick as a result of their work or die as a result of a work-related accident. The overall goal is to ensure safe working conditions for every workplace in the Netherlands.

At the same time, the country acknowledges the need for both international and national efforts to create a level playing field and to avoid any competitive advantages arising from unsafe working conditions. The policy contains two principal goals, targeted at the workplace level: firstly, to strengthen OSH knowledge to adequately assess risks and to take any appropriate actions; and secondly, to create a preventive OSH culture in the workplace.²⁸

Saudi Arabia

As part of its national transformation programme and in keeping with its vision (2030), Saudi Arabia created its national policy on OSH in 2021. This was done in cooperation with the ILO and in consultation with representatives of workers' and employers' groups. The national policy, which aims to protect workers from any dangers that pose a threat to their safety and health, is based on these five key pillars:²⁹

- the principles of the national policy on OSH;
- the overall and detailed objectives of the national policy on OSH;
- commitment to the enhancement and development of OSH;
- regulating OSH and monitoring related performance indicators; and
- developing partnerships at the regional and international levels in the field of OSH.

Zimbabwe

Zimbabwe introduced its National Occupational Safety and Health Policy in August 2014, with a vision to prevent occupational accidents, injuries, diseases and fatalities in the country. Its mission is to promote OSH in Zimbabwe through a tripartite approach, including the Government, employers' organizations and labour unions.

The policy stipulates that every worker has the right to fair and safe labour practices; to be aware of any OSH risks and their effects; and to be consulted in the development of mitigating mechanisms for any identified OSH risks. In addition, workers have the right to refuse to undertake any work that has not been rendered safe. The policy defines the following eight areas of strategic focus: OSH awareness; operational policies and standards; accreditation of OSH practitioners; compliance and enforcement; decent work; hazard identification and risk assessment; the accident prevention culture; and OSH education and training.³⁰

28 Netherlands, *Dutch Vision and Strategy for Occupational Safety and Health*, 2016.

29 Saudi Arabia, *The National Policy on Occupational Safety and Health*, 2021.

30 Zimbabwe, *The Zimbabwe National Occupational Safety and Health Policy (OSH)*, 2021.



5. A national programme on OSH

A national programme on OSH is a medium-term programme of strategies and activities aiming at improving the OSH situation, as guided by Convention No. 187. It is a key operational element for the promotion of an OSH culture.

According to Convention No. 187, Members are required to formulate, implement, monitor, evaluate and periodically review a national programme on OSH in consultation with the most representative organizations of employers and workers. A programme is defined in the Convention as “any national programme that includes objectives to be achieved in a predetermined time frame, priorities and means of action formulated to improve occupational safety and health, and means to assess progress” (Art. 1(c)). Recommendation No. 197 specifies that such programme should be based on principles of assessment and management of hazards and risks, in particular at the workplace level (Para. 7).

The national OSH programme is essentially a workplan that lists the OSH-related objectives and activities of the various public authorities with OSH competencies for a given time period. It should be formulated in consultation with the social partners and reviewed on the basis of analysis of the national situation regarding OSH. It should include objectives, targets and indicators of progress.

OSH programmes have been embedded into policy and practice in a variety of ways by Member States. Some countries have introduced specific programmes or strategies on OSH, as in the cases of Austria, Chile, Japan, Kazakhstan and Senegal. Other countries have integrated their OSH strategies into broader programmes, such as Burundi’s Country Programme for the Promotion of Decent Work, Georgia’s National Strategy 2019–2023 for Labour and Employment Policy, and the United Kingdom’s Protecting People and Places: HSE strategy 2022 to 2032.

► Implementation status

Compared to countries with a national OSH policy, fewer countries were identified as having a national OSH programme. Of the 187 ILO Member States, only 34 per cent were found to have an up-to-date national OSH programme.³¹ Of these 63 countries, 83 per cent also have a national OSH policy. Just over 50 per cent of Member States had either an OSH programme or an OSH policy or both.

The analysis showed that the percentage of Member States with a national OSH programme varies considerably between regions and broad subregions (figure 10). For regions, a similar geographical trend was seen for national OSH programmes to the trend seen for national OSH policies, with Europe and Central Asia having the highest percentage of Member States with an up-to-date programme on OSH (47 per cent), followed by Asia and the Pacific (36 per cent), the Americas (31 per cent), Africa (24 per cent) and the Arab States (18 per cent).

Key Facts

- 34 per cent of Member States have a national OSH programme.
- About 83 per cent of countries with an OSH programme also have a national OSH policy.

³¹ Including programmes that are in the end stages of development, such as programmes created and validated by tripartite constituents but not yet adopted.

Based on broad subregions, Eastern Asia, Northern America³² and Northern, Southern and Western Europe have the highest percentages of Member States with an up-to-date programme, while figures are considerably lower in the other subregions; for example, less than one quarter of Member States in sub-Saharan Africa, the Arab States, North Africa and Southern Asia have an OSH programme.

Despite being a requirement of Convention No. 187, many countries that have ratified the Convention do not have an up-to-date OSH programme. Of the 59 Member States which have ratified the Convention, only 29 (49 per cent) were identified as having a current national OSH programme.³³ Of these 29 countries, nearly three quarters had ratified Convention No. 187 in 2015 or before, suggesting that Member States that ratified the Convention a longer time ago were more likely to have a programme.

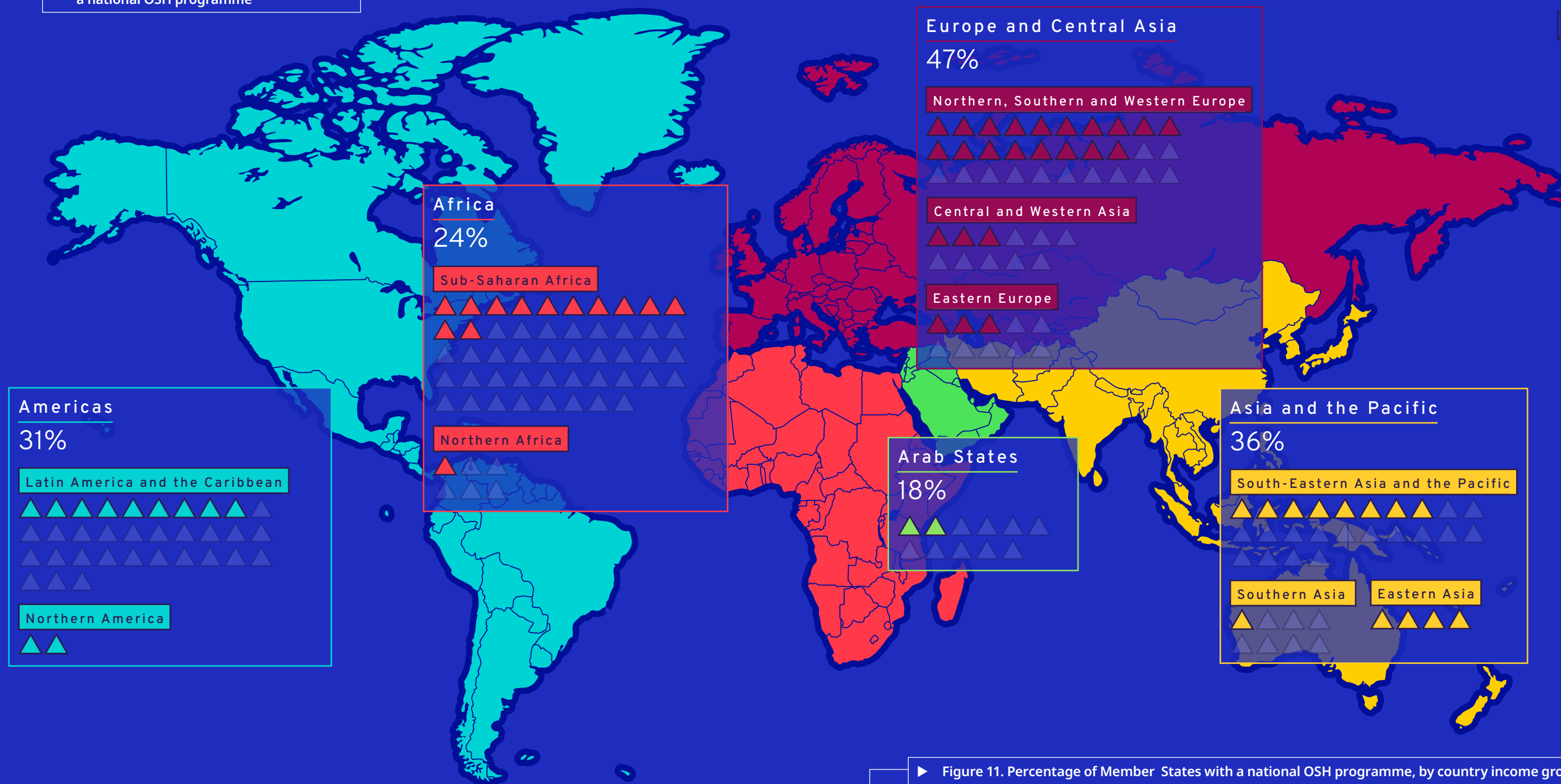
Nearly half of high-income countries have a current national OSH programme (figure 11), compared to 25 per cent of upper-middle-income countries and 21 per cent of lower-middle-income countries have a programme, and only 8 per cent of low-income countries.

32 Including the United States, where the OSH Act permits individual states to run their own programmes if approved by the federal Occupational Safety and Health Administration.

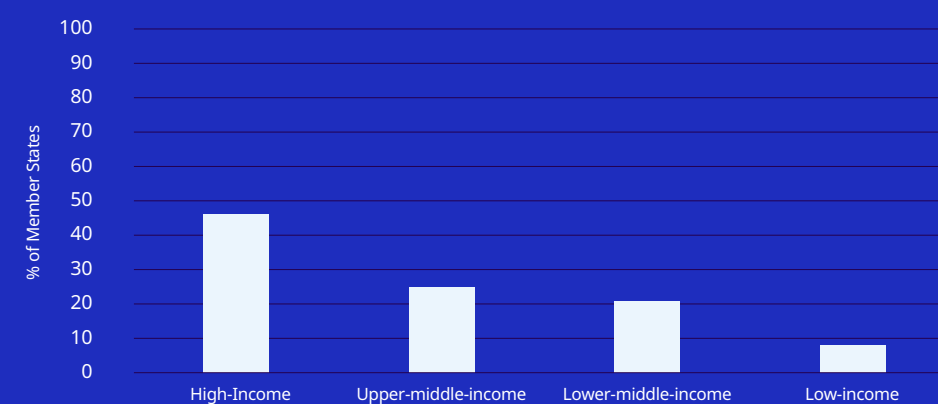
33 There have been recurrent comments by the CEARC regarding the application of Article 5 of Convention No. 187, which focuses on a national OSH programme.



► Figure 10. Overview of Member States with a national OSH programme



► Figure 11. Percentage of Member States with a national OSH programme, by country income group



Australia

The Work Health and Safety (WHS) Strategy 2023–2033 of Australia sets a platform for delivering on key OSH improvements. It presents a primary goal supported by national targets, as well as the enablers, actions and system-wide shifts required to achieve this goal over the upcoming ten years. The strategy guides the work of the governmental statutory agency Safe Work Australia, which is a tripartite body, and its members. It also contributes to the work and understanding of all parties involved in the OSH system, including researchers, experts and practitioners. Australia's national vision, "Safe and healthy work for all", sets the agenda for the country's response to key OSH challenges in order to achieve its goal of reduced worker fatalities, injuries and illnesses.

The three "enablers" set out in the strategy are:³⁴

- embed good OSH practice in all work, across all industries, cohorts and hazards;
- innovate and deepen knowledge of OSH; and
- collaborate collectively and cooperatively to respond to OSH challenges.

Although the strategy applies to all sectors, six industries with highest rates of harm are emphasized: agriculture; construction; road transport; manufacturing; health and social assistance; and public administration and safety.

Besides persistent challenges, such as psychosocial risks and the need for additional support for small businesses, the following emerging challenges are specifically addressed:³⁵

- the rise of artificial intelligence, automation and related technologies;
- new types of work;
- workforce demographic shifts;
- hybrid work;
- climate-related risks; and
- more complex supply chains.

Bangladesh

In Bangladesh, the National Plan of Action on Occupational Safety and Health (2021–2030) is the country's first ever national OSH programme. It was developed by the Ministry of Labour and Employment and the Department of Inspection for Factories and Establishment to provide practical measures to ensure better working conditions for millions of workers. A technical committee consisting of representatives of various government agencies, employers' organizations and workers' groups was created to formulate the programme. Based on the situational analysis and stakeholder consultations, the following ten strategic objectives and key activities were identified:³⁶

Objective 1. Improve the legal and regulatory framework for OSH (2021–2022):

- review and update relevant OSH laws, regulations and guidelines; and
- develop a new OSH Act.

Objective 2. Strengthen institutional capacity for OSH (2021–2023):

- establish a national OSH authority;
- develop the capacity of the Department of Inspection for Factories and Establishments; and
- develop the capacity of the National Institute of Occupational Safety and Health.

Objective 3. Improve workplace safety and health (2021–2030):

- establish safety and health committees in all workplaces;
- develop and implement industry-specific safety and health programmes; and
- Promote safety and health awareness and training.



34 Australia, Safe Work Australia, *Australian Work Health and Safety (WHS) Strategy 2023–2033*, 2023.

35 Australia, *Australian Work Health and Safety (WHS) Strategy 2023–2033*.

36 See Bangladesh, *National Plan of Action on Occupational Safety and Health 2021–2030*, 2021.

Objective 4. Improve management of chemicals and hazardous substances (2021–2030):

- develop a national inventory of chemicals and hazardous substances;
- promote the safe handling, storage and disposal of chemicals and hazardous substances; and
- develop and implement a hazardous waste management programme.

Objective 5. Prevent and control occupational diseases (2021–2030):

- develop and implement a national programme for the prevention and control of occupational diseases;
- establish a national registry of occupational diseases; and
- develop and implement industry-specific disease prevention programmes.

Objective 6. Promote workers' participation and empowerment (2021–2030):

- promote workers' participation in OSH committees and training programmes;
- establish and strengthen workers' organizations and their involvement in OSH; and
- develop and implement measures to protect workers from violence and harassment.

Objective 7. Promote OSH in small and medium-sized enterprises (SMEs) (2021–2030):

- develop and implement OSH programmes specifically for SMEs;
- promote the use of OSH management systems; and
- provide training and awareness-raising on OSH for SMEs.

Objective 8. Develop and implement a national surveillance system for OSH (2021–2023):

- develop and implement a national surveillance system for occupational accidents and diseases; and
- develop and implement a system for reporting and investigating occupational accidents and diseases.

Objective 9. Promote international cooperation on OSH (2021–2030):

- develop and implement international cooperation programmes on OSH;
- establish partnerships with international organizations and development partners; and
- promote international OSH standards and best practices.

Objective 10. Mobilize resources for OSH (2021–2030):

- increase investment in OSH by the Government and the private sector;
- mobilize resources from international development partners; and
- establish a national OSH fund.

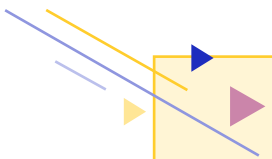


Ecuador

Ecuador developed its OSH strategy as part of its National Policy on Health at Work 2019–2025 in order to promote occupational health and prevent diseases in the workplace. It follows a tripartite approach involving government, workers and employers. The strategy includes elements for strengthening primary healthcare in the workplace, and to support and underpin the shift from a curative to a preventive model in the national health system. It contains the following objectives:³⁷

- strengthen the responsibility of the state, employers and workers in the creation of OSH tools that favour employment and productivity;
- promote healthy work environments through health promotion and the prevention of illnesses and accidents at work;
- develop practical solutions, knowledge and evidence in the field of OSH;
- promote dialogue and the participation of social actors in the formulation of public policies on issues related to OSH; and
- promote OSH actions aimed at the informal sector that consider health determinants through intersectoral intervention.

37 Ecuador, *Política Nacional de Salud en el Trabajo*, 2019.



Malta

In Malta, the vision of the Occupational Health and Safety Authority includes the development of a culture that goes beyond the workplace, adopts a holistic view of health and values risk prevention. Maltese workplaces are envisaged to be an environment in which health and safety are integrated into all work systems and processes in order to achieve the overall goal of zero preventable incidents at work. For that purpose, the Strategic Plan for Occupational Health and Safety (2022–2027) was developed, with the mission to work with others to ensure healthier and safer workplaces in Malta. In this context, working with others means collaboration with all OSH stakeholders, including workers, employers, constituted bodies and other countries.³⁸

Malta's strategic plan is in line with the 2017 European Pillar of Social Rights, which acts as a compass for a strong social Europe that is fair, inclusive and full of opportunity. The strategic plan refers to one of the Pillar's core principles – that workers have the right to a high level of protection of their health and safety at work.

The strategy defines the following five activity areas,³⁹ for each of which the desired outcomes, concrete objectives and main deliverables are provided:

- legislation, compliance and enforcement;
- capacity-building at the Occupational Health and Safety Authority;
- communicating the benefits of OHS;
- taking appropriate action against existing and emerging risks; and
- evaluating effectiveness of actions taken.



³⁸ Malta, [Strategic Plan for Occupational Safety and Health 2022-2027](#), 2022.

³⁹ Malta, [Strategic Plan for Occupational Safety and Health 2022-2027](#).



6. A national recording and notification system for accidents and diseases

The collection and analysis of data concerning occupational accidents and diseases is essential for identifying their causes, detecting new hazards and emerging risks, and developing preventive measures. Accurate and reliable data on occupational accidents and diseases are critical for defining priorities and designing effective preventive strategies on OSH. However, underreporting of occupational diseases and injuries remains a global challenge, and even where reporting and notification systems exist they are often incomplete.

Provisions governing recording and notification systems are outlined in Convention No.155 and its Protocol of 2002, as well as in Convention No. 187. Within the functions to be carried out by the OSH competent authority, Convention No. 155 requires “the establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, insurance institutions and others directly concerned, and the production of annual statistics on occupational accidents and diseases”(Art. 11(c)). The Protocol of 2002 to Convention No. 155 was specifically adopted to promote the harmonization of recording and notification systems. It includes further provisions on the establishment and periodic review of requirements and procedures for the recording and notification of occupational accidents and diseases, as well as for the publication of related annual statistics.

In addition, the ILO code of practice Recording and Notification of Occupational Accidents and Diseases (1996) provides practical recommendations for those who may be engaged in the framing of provisions and the setting up of systems, procedures and arrangements for the recording and notification of occupational accidents and diseases, commuting accidents, dangerous occurrences and incidents, as well as their investigation and prevention.

By establishing a national recording and notification system for occupational injuries, Member States can identify workplace hazards and take appropriate measures to prevent future incidents, ultimately ensuring the health and safety of their workers. -

► Implementation status

The data collected revealed that more than 90 per cent of the 187 ILO Member States have established a system for the recording and notification of occupational injuries and diseases.

Of the 16 Member States without such a system in place, half are from the Asian and Pacific region, 25 per cent from the African region, 13 per cent from Arab States, and 6 per cent from the Americas and from Europe and Central Asia.

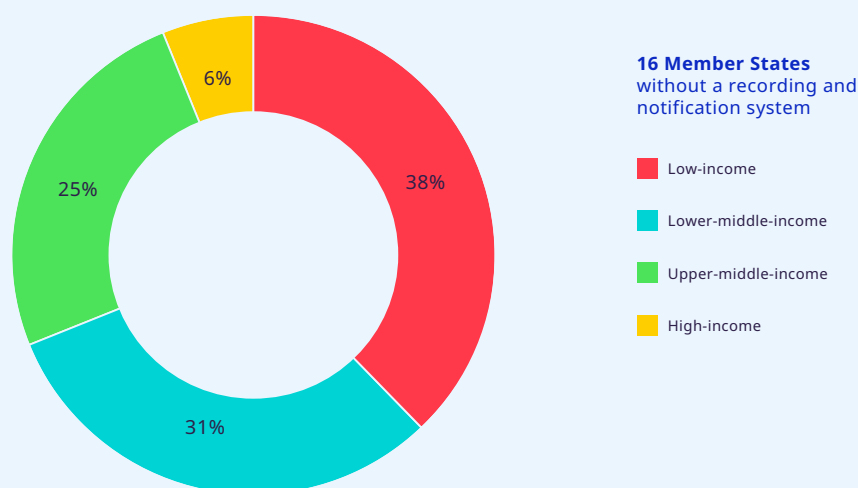
Key Facts

- 171 of the 187 Member States have developed recording and notification systems for occupational injuries and diseases.
- Only 41 per cent of Member States with a recording and notification system in place provided data to the ILO in the past five years.

Based on country income groups (figure 12), the highest percentage of countries without a recording and notification system is found in low-income countries (38 per cent), followed by lower-middle-income countries (31 per cent) and upper-middle-income countries (25 per cent), while the lowest percentage is found in high-income countries (only 6 per cent).

Although the high percentage of Member States possessing recording and notification systems reflects a positive trend towards establishing such systems on a global level, it is important to note that this analysis only considered the existence of a reporting system and not its quality. Although some systems may be considered advanced and in line with international labour standards, others may be more basic due to a lack of resources and capacities. Also, some systems may only cover certain groups of workers, resulting in crucial data gaps.

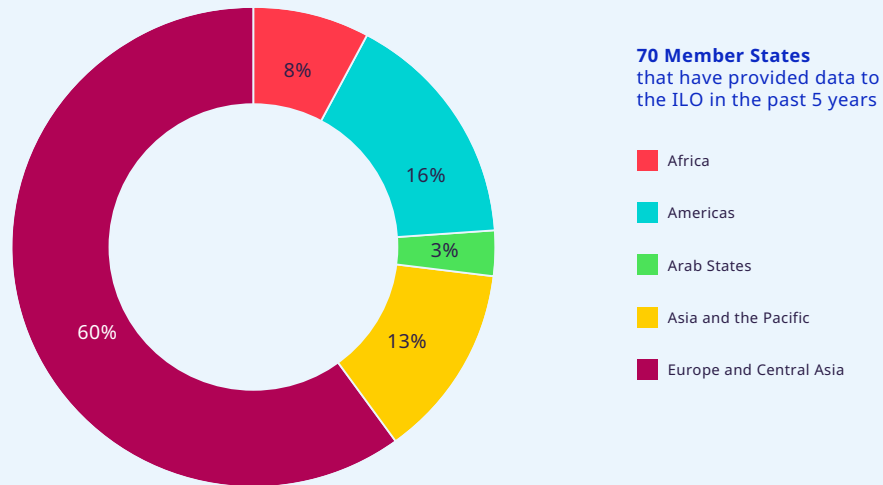
► **Figure 12: Distribution of Member States without a recording and notification system, by country income group**



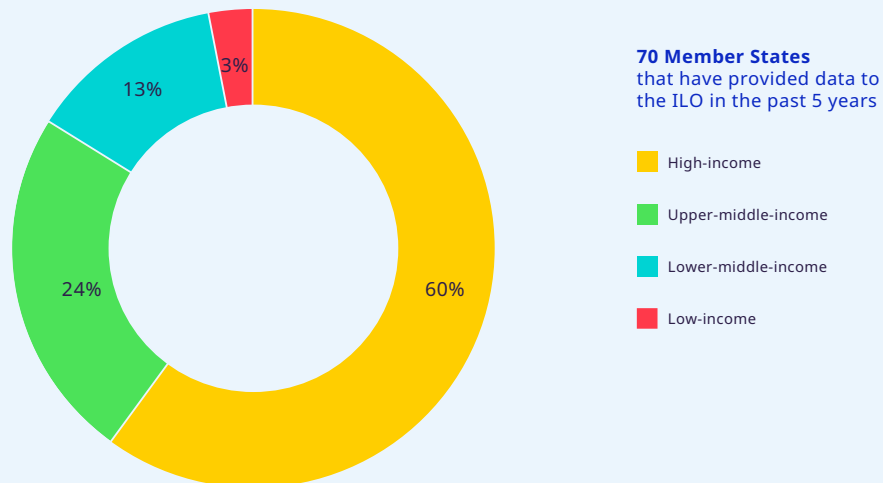
Member States are asked to provide labour statistics to the ILO, which are then compiled and distributed on the ILOSTAT database. This database includes a data catalogue on OSH, including statistics on occupational injuries and diseases. It is important to note that reporting data to the ILO is not a formal requirement for States and therefore there are significant gaps in these global statistics. ILOSTAT is managed by the ILO's Department of Statistics, which serves as the UN's primary source for labour statistics and is the custodian agency for 14 Sustainable Development Goal (SDG) labour market indicators, including SDG indicator 8.8.1 (Fatal and non-fatal occupational injuries per 100,000 workers, by sex and migrant status). Data is collected using the annual ILOSTAT OSH questionnaire, which is an Excel-based survey distributed globally to the national statistical offices and labour ministries of Member States.⁴⁰ The questionnaire collects data on fatal and non-fatal occupational injuries, as well as the number of workdays lost due to cases of temporary incapacity resulting from occupational injuries. However, only 70 Member States from countries with a recording and notification system have shared data on occupational injuries and diseases with the ILO in the past five years. As shown in figure 13, the highest percentage of these countries were from Europe and Central Asia (about 60 per cent), followed by the Americas (16 per cent), Asia and the Pacific (13 per cent), Africa (8 per cent) and the Arab States (3 per cent). Analysing by country income level (figure 14), 60 per cent of these countries were high-income countries, about 24 per cent were upper-middle-income, 13 per cent were lower-middle-income countries and only 3 per cent were low-income countries.

⁴⁰ ILO, "Guide to Reporting Labour Statistics to the ILO Using the Excel Questionnaire".

► Figure 13: Distribution of Member States that have provided data to the ILO in the past five years, by ILO region



► Figure 14: Distribution of Member States that have provided data to the ILO in the past five years, by country income level



It is worth noting that 47 per cent of the ILO Member States with a recording and notification system in place have either never reported data (n=40) to the ILO or have not reported any data in the past 15 years. Some 48 per cent of these countries are from the African region, 20 per cent from Asia and the Pacific, 16 per cent from the Americas, 9 per cent from Arab States, and 7 per cent from Europe and Central Asia.

► Conclusion

Each year, numerous workers around the world continue to lose their lives due to occupational accidents and diseases. Millions more workers sustain debilitating injuries or suffer from devastating chronic conditions that impact their quality of life and financial security. In addition to the immense suffering caused for workers and their families, the associated economic costs are colossal for enterprises, countries and the world. Effective and comprehensive OSH policies and programmes can protect workers from harm in all regions and sectors; however, although such policies and programmes are at the core of the fundamental OSH Conventions Nos. 155 and 187, they are not fully implemented in practice.

This study was carried out to provide information on the global implementation status of the key elements of the two fundamental OSH Conventions. The results indicate that while definite progress has been made in some aspects of OSH, the health and safety of numerous workers around the world is still at risk due to a lack of appropriate OSH action in a number of crucial areas.

Main findings

Findings varied considerably according to the type of OSH provision, with some trends emerging according to geographical region and country income group.

Almost half of all ILO Member States were found to have a national OSH policy; however, only one third of them had an up-to-date national OSH programme.

Almost all Member States have an authority or body that is responsible for OSH, which in most cases is anchored in the ministry of labour.

Social dialogue is key, either through national tripartite bodies or bipartite committees at the workplace level. Positive results were seen in both areas, with nearly 80 per cent of Member States having a national tripartite body and more than 70 per cent of them having provisions for the establishment of workplace OSH committees in their national legislation. All countries in Eastern Asia, Western Asia, Eastern Europe, Northern Europe and Western Europe have a national tripartite body.

Nearly all Member States have in place a recording and notification system for occupational injuries and diseases; however, it was not possible to assess the quality of each system in this study.⁴¹

In almost 70 per cent of all Member States, workers had the right to remove themselves from a dangerous work situation without the risk of negative consequences.

Member States that had ratified Conventions Nos 155 and 187 were more likely than those that had not ratified the Convention to have an OSH policy or an OSH programme. However, a significant number of Member States that had ratified one of the fundamental OSH Conventions had neither a policy nor a programme. Workers in Member States that had ratified Convention No. 155 were more likely than those in States that had not ratified the Convention to recognize the right to remove themselves from imminent dangerous situations without undue consequences and to be able to form workplace OSH committees.

⁴¹ Indeed, less than half of the Member States with a recording and notification system had provided data to the ILO in the past five years.

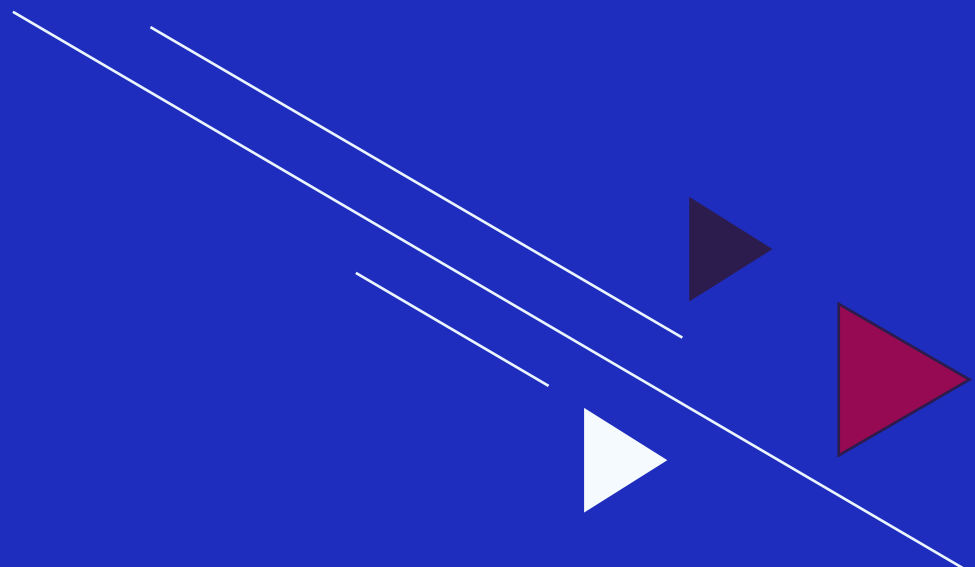
Results show that implementation in high-income countries is more widespread than in low-income and lower-middle-income countries. For example, high-income countries were most likely to have OSH policies, OSH programmes, national tripartite bodies, and a recording and notification system. Conversely, low-income countries were least likely to have OSH policies and programmes and to have a recording and notification system or submit data to the ILO. Some 85 per cent of high-income countries have legal provisions to protect workers from undue consequences if they remove themselves from dangerous situations, compared to only 44 per cent of low-income countries.

Member States in Europe and Central Asia were the most likely to have national OSH policies and current OSH programmes, and to submit data on occupational diseases and injuries to the ILO. Member States in Africa were the least likely to have a national OSH policy, while Member States in the Arab States were least likely to have a national OSH programme or to allow workplace OSH committees.

While positive results were found by this study, many key areas of OSH still require urgent attention. Creating safer working conditions for workers around the world must be considered a priority for governments and social partners in order to protect current and future workers. OSH is also a subject of importance for several SDGs, including SDGs 3, 8 and 16.

The ILO standards on OSH provide essential tools for governments, employers and workers to establish essential practices and provide for maximum safety at work. In addition, the ILO has a number of important publications in the field of OSH, such as codes of practice and guidelines, which can provide further guidance on specific topics. Ratifying the fundamental OSH Conventions (Conventions Nos 155 and 187) is an important initial step; however, it is only through effective implementation that Member States will be able to realize the fundamental principle and right to a safe and healthy working environment.

The decision to include a “safe and healthy working environment” as a fundamental principle and right at work highlights the commitment of the tripartite partners to protecting workers from sickness, disease and injury arising from their employment. This is an important starting point and a solid foundation for further action in the field of OSH. Through effective participation and cooperation in the OSH decision-making and implementation process at all relevant levels, ILO constituents have the potential to improve the lives of millions of workers around the world.



► Annex. ILO subregions: Broad and detailed

ILO region	ILO subregion: Broad	ILO subregion: Detailed
Africa	Northern Africa	Northern Africa Algeria Egypt Libya Morocco Sudan Tunisia
	Sub-Saharan Africa	Central Africa Angola Cameroon Central African Republic Chad Congo Democratic Republic of the Congo Equatorial Guinea Gabon Sao Tome and Principe
		Eastern Africa Burundi Comoros Djibouti Eritrea Ethiopia Kenya Madagascar Malawi Mauritius Mozambique Rwanda Seychelles Somalia South Sudan Uganda Tanzania, United Republic of Zambia Zimbabwe
		Southern Africa Botswana Eswatini Lesotho Namibia South Africa
		Western Africa Benin Burkina Faso Cabo Verde Côte d'Ivoire Gambia Ghana Guinea Guinea-Bissau Liberia Mali Mauritania Niger Nigeria Senegal Sierra Leone Togo

Arab States	Arab States	GCC	Bahrain Kuwait Oman Qatar Saudi Arabia United Arab Emirates
		non-GCC	Iraq Jordan Lebanon Syrian Arab Republic Yemen
Asia and the Pacific	Eastern Asia	Eastern Asia	China Japan Mongolia Korea, Republic of
	South-Eastern Asia and the Pacific	South-Eastern Asia	Brunei Darussalam Cambodia Indonesia Lao People's Democratic Republic Malaysia Myanmar Philippines Singapore Thailand Timor-Leste Viet Nam
		Pacific Islands	Australia Cook Islands Fiji Kiribati Marshall Islands New Zealand Palau Papua New Guinea Samoa Solomon Islands Tonga Tuvalu Vanuatu
	Southern Asia	Southern Asia	Afghanistan Bangladesh India Iran (Islamic Republic of) Maldives Nepal Pakistan Sri Lanka

► **Implementing a safe and healthy working environment:**
Where are we now?

Europe and Central Asia	Central and Western Asia	Central Asia	Kazakhstan Kyrgyzstan Tajikistan Turkmenistan Uzbekistan
		Western Asia	Armenia Azerbaijan Cyprus Georgia Israel Turkey
	Eastern Europe	Eastern Europe	Belarus Bulgaria Czech Republic Hungary Poland Moldova, Republic of Romania Russian Federation Slovakia Ukraine
	Northern, Southern and Western Europe	Northern Europe	Denmark Estonia Finland Iceland Ireland Latvia Lithuania Norway Sweden United Kingdom of Great Britain and Northern Ireland
		Southern Europe	Albania Bosnia and Herzegovina Croatia Greece Italy Malta Montenegro North Macedonia Portugal San Marino Serbia Slovenia Spain
		Western Europe	Austria Belgium France Germany Luxembourg Netherlands Switzerland

Americas	Latin America and the Caribbean	Caribbean	Antigua and Barbuda Bahamas Barbados Cuba Dominica Dominican Republic Grenada Haiti Jamaica Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines Trinidad and Tobago
		Central America	Belize Costa Rica El Salvador Guatemala Honduras Mexico Nicaragua Panama
		South America	Argentina Bolivia (Plurinational State of) Brazil Chile Colombia Ecuador Guyana Paraguay Peru Suriname Uruguay Venezuela (Bolivarian Republic of)
	Northern America	Northern America	Canada United States of America



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