

PSI Forum & Federation Symposia

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ILO Action towards prevention of occupational non-communicable diseases

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Safe and Healthy Working Environment Fundamental Human Right



“Protection of the worker against sickness, disease and injury arising out of his employment”

(ILO Constitution, 1919)

“Everyone has the right to work, free choice of employment, to just and favourable conditions of work”

(Art.23, Universal Declaration on Human Rights, United Nations, 1948)

“Covenant recognises the right of everyone to enjoyment of just and favourable conditions of work which ensure safe and healthy working conditions”

(Art.7, Int. Covenant on Economic, Social and Cultural Rights, United Nations, 1976)



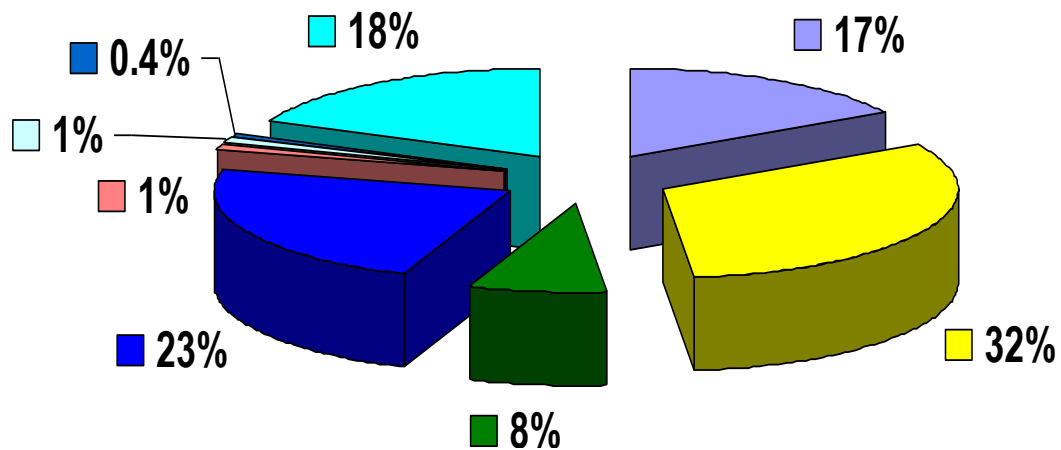
Global Estimates

Global workforce:	3.5 billion
Work related fatalities:	2.34 million
Deaths from work diseases:	2,02 million
Work-related diseases:	160 million
Lead to chronic illness	30-40%
Lead to permanent disability	10%
People with disabilities	500 million
Lost GDP in accidents/diseases	4 %

Estimates of work-related annual deaths



Deaths attributed to work



- Communicable diseases
- Respiratory Diseases
- Mental Disorders
- Genitourinary system
- Cancer
- Circulatory diseases
- Digestive systems diseases
- Accidents and violence

ILO/WHO Global Programme for the Elimination of Silicosis

Risk of silicosis – industrialized countries

USA - 2 million exposed; 10% are at risk

3,600-7,300 new cases yearly (1987-96)

GERMANY - 400 cases of silicosis annually (1990s)

FRANCE - 300 CASES of silicosis are notified every year

JAPAN - 1,000 cases of silicosis are reported annually

AUSTRALIA - 1,010 cases are predicted

UK – 100,000 exposed, 1152 new cases in 2002

ILO/WHO Global Programme for the Elimination of Silicosis

Risk of silicosis – developing countries

CHINA – pneumoconioses 72% of all work-related diseases

Incidence 40-60,000; 20 million exposed, 5,000 deaths yearly

INDIA - 5 million exposed, prevalence up to 55%

BRAZIL - 6.6 million exposed to silica dusts

COLOMBIA - 1,8 million workers at risk

LATIN AMERICA - 37% prevalence in miners

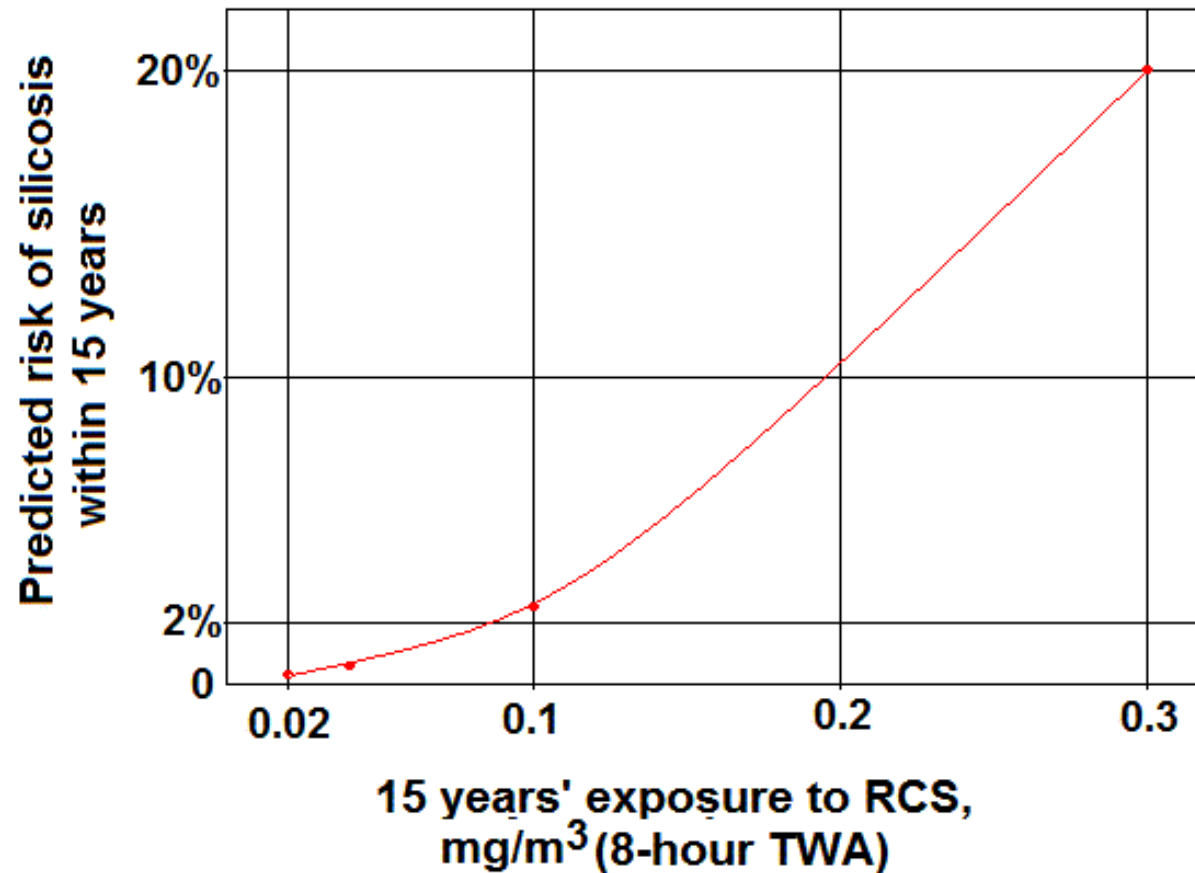
SOUTH AFRICA - 30-50% prevalence in some industries

1 million former miners with silicosis

Silica



Risk of silicosis



Respirable Crystalline Silica – Phase I. EH75/4. 2002

Figures on Asbestos

107'000 annual work-related deaths from asbestos

(WHO Fact Sheet, 2010)

Annual deaths

UK: 153 in 1968, 1'874 in 2003, increase to 2'450 by 2015

France: 2'000 at present, peak 3'000 by 2020

USA: around 10'000 cases

Projected deaths during 1995-2029

200'000 (mesothelioma) in 6 countries of Western Europe (France, Germany, Italy, Netherlands, Switzerland, United Kingdom)

500'000 - for the whole Western Europe (mesothelioma and lung cancer)

Lifetime risks of 5/1,000 for lung cancer and 2/1,000 for asbestosis at 0.1 f/cc OEL

«One in seven people in western societies may have been adversely affected by exposure to asbestos»

European Respiratory Society, Congress Report, 2001

Compensation costs for ARD

Germany: €290 million by 2001, several billions Euros by 2020

France: €27-37 billion for the next 20 years

United States

600'000 cases filed in courts by 2000

50'000 new complaints lodged every year

\$21.6 billion paid by insurers by 2000

\$32 billion paid by prosecuted enterprises

\$200-265 billion increase is expected

ILO Convention Occupational Cancer Convention 139



5 % out of all cancers are work-related

103 agents are evaluated as carcinogens by IARC (WHO)

Key provisions of Convention 139 concern:

- periodically determining the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorization or control;
- making every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents;
- reducing the number of workers exposed to carcinogenic substances or agents and the duration and degree of such exposure to the minimum.

ILO Policy on Asbestos



Resolution on Asbestos adopted by ILC, 2006

“The elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers from asbestos exposure and to prevent future asbestos-related diseases and deaths.”

ILO Position on Safety in the Use of Asbestos

Based on the provisions of the Occupational cancer C. 139, Asbestos C. 162 and the Asbestos Resolution, 2006

http://www.ilo.org/safework/WCMS_144446/lang--en/index.htm





Shipbreaking

Up to 3000 ships need to be scrapped annually
(Bangladesh, China, India, Pakistan, Turkey)

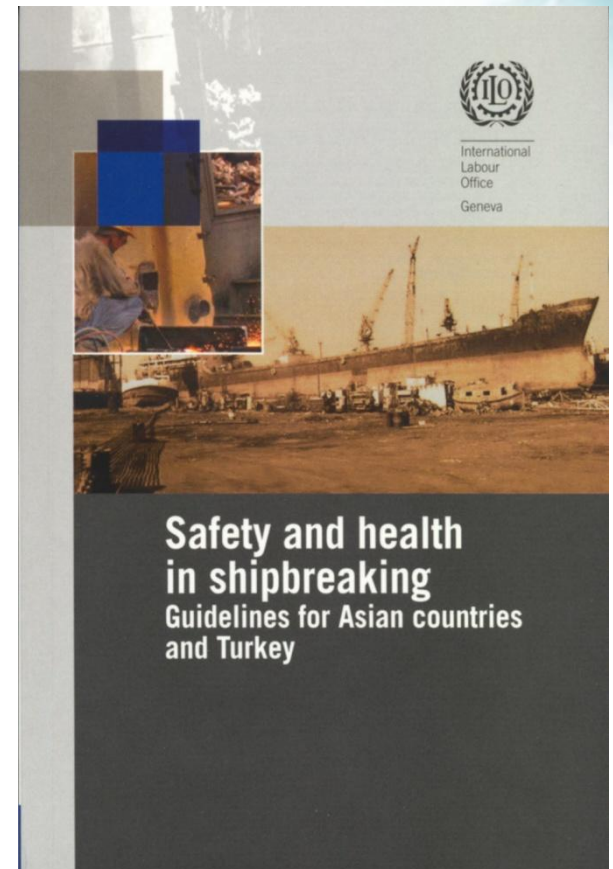
Average-size ship contains 5-7 tons of asbestos which is
collected and “re-used”

Dismantling involves dangerous exposures to heavy
metals, PCB, PVC, PAHs, dioxins

ILO-IMO-BC(UNEP) cooperation – guidelines produced by
all three agencies

Technical cooperation and training activities

New IMO Convention of Ship Recycling, 2009, adopted
with ILO contribution



ILO Response

- Development, promotion and supervision of International Labour Standards
 - 40 OSH Conventions
- Development of Inspection Systems
- Development and promotion of Codes of Practice
- Knowledge management
- Technical cooperation
- Inter-agency cooperation
- Advocacy :
 - Seoul Declaration at the XVIIIth World Congress on OSH, 2008
 - Ministerial Declaration at the XIXth World Congress on OSH, 2011



XIX World Congress on
Safety and Health at Work:

Istanbul Turkey, 11-15 September 2011

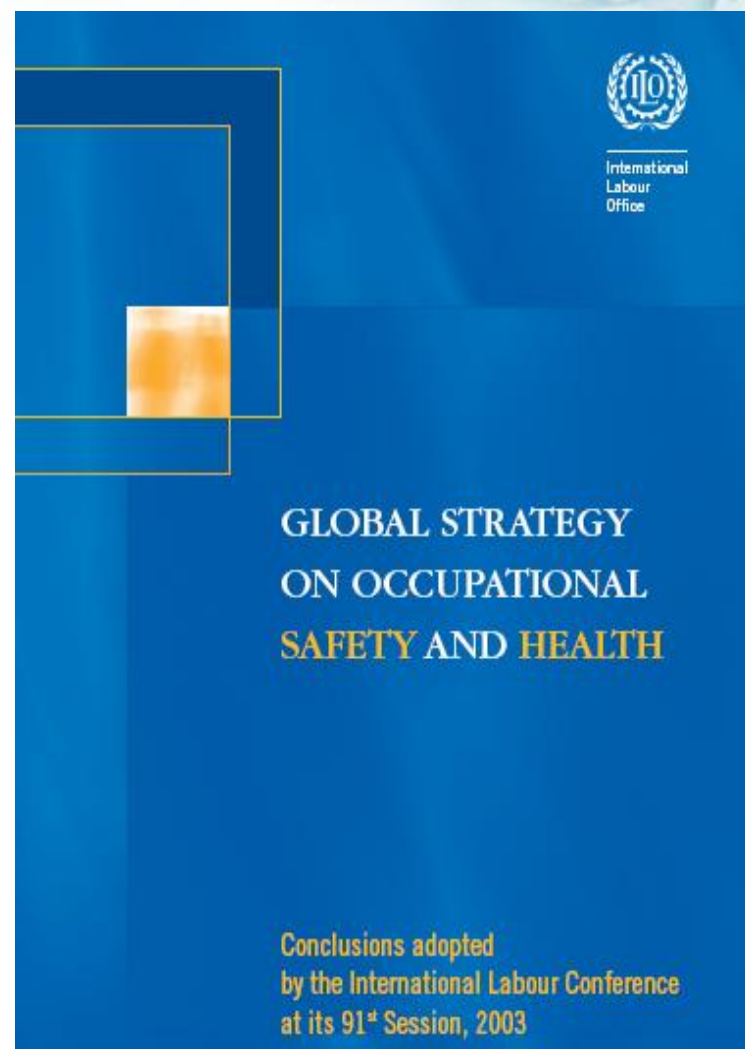
ILO Introductory Report:
Global Trends and Challenges on
Occupational Safety and Health



ILO International Instruments

Legal frameworks for action:

- Labour Inspection C.81
- Occupational Cancer C.139
- Working Environment C.148
- Occupational Safety and Health C.155
- Occupational Health Services C.161
- Asbestos Convention 162
- Chemicals Convention 170
- Mines Convention 176
- Agriculture Convention 184
- Promotional Framework for OSH Convention 187

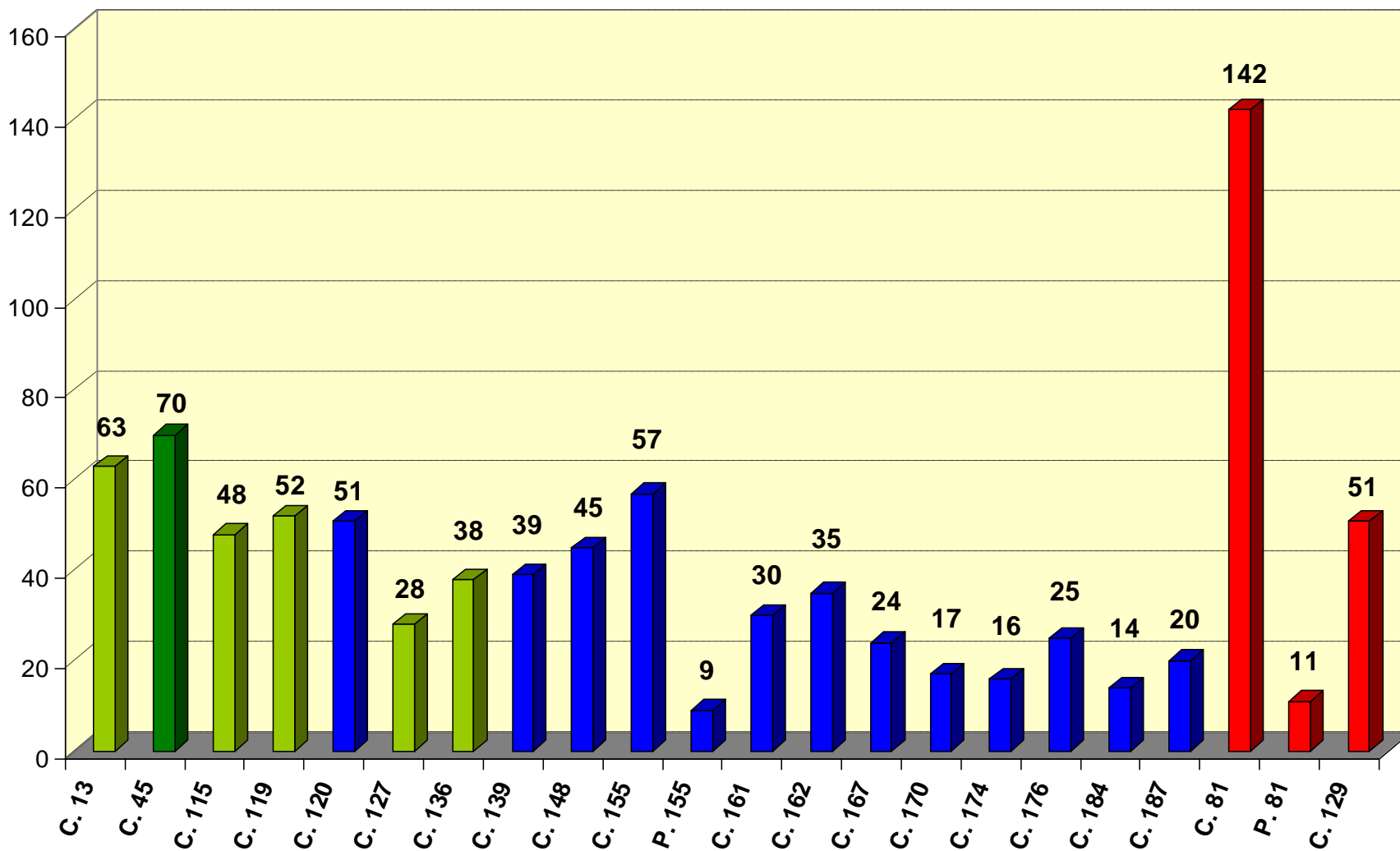


Promotional Framework for OSH Convention 187

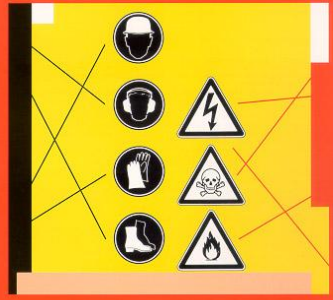


- Requires the formulation of national policy and promotion at all levels the right of workers to a safe and healthy working environment
- Requires to establish, maintain and progressively develop:
 - National OSH policy
 - National OSH system
 - National OSH programme
 - National OSH profile
- Promotes the development of safety culture at all levels

Ratifications of ILO occupational safety and health conventions



Recording and notification
of occupational
accidents and diseases



CODES OF PRACTICE

~ 40 CoP on OSH

- Recording/notification
- Preventive measures
- Health Surveillance
- Risk Management
- Tripartite cooperation

International Labour Office Geneva

Safety
in the use
of asbestos

Safety
in the use
of asbestos

Safety
in the use
of asbestos



Ambient factors
in the workplace

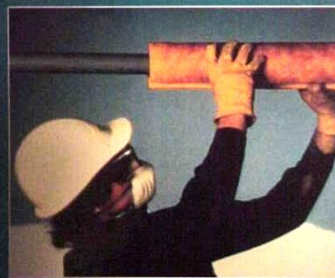


International
Labour
Office
Geneva

OCCUPATIONAL
SAFETY 72 AND HEALTH
SERIES

TECHNICAL AND
ETHICAL GUIDELINES
FOR WORKERS' HEALTH
SURVEILLANCE

Safety in the use of synthetic
vitreous fibre insulation wool
(glass wool,
rock wool, slag wool)



International
Labour
Office
Geneva

safety
series

International
Basic Safety Standards
for Protection against
Ionizing Radiation
and for the Safety of
Radiation Sources

*Guidelines
on occupational
safety and health
management
systems*

ILO-OSH 2001



ILO/WHO Global Programme for the Elimination of Silicosis

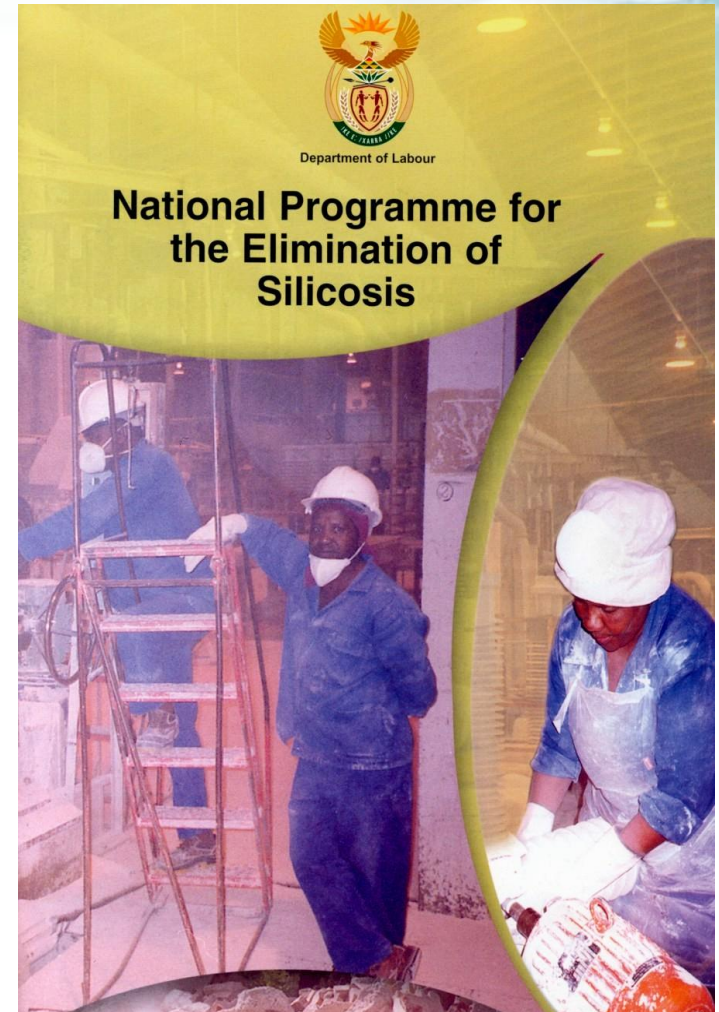
Established national programmes:

BRAZIL, CHINA, CHILE, COLOMBIA, INDIA, PERU,
THAILAND, TURKEY, VIETNAM, SOUTH AFRICA

Increasing preventive activities in many countries:

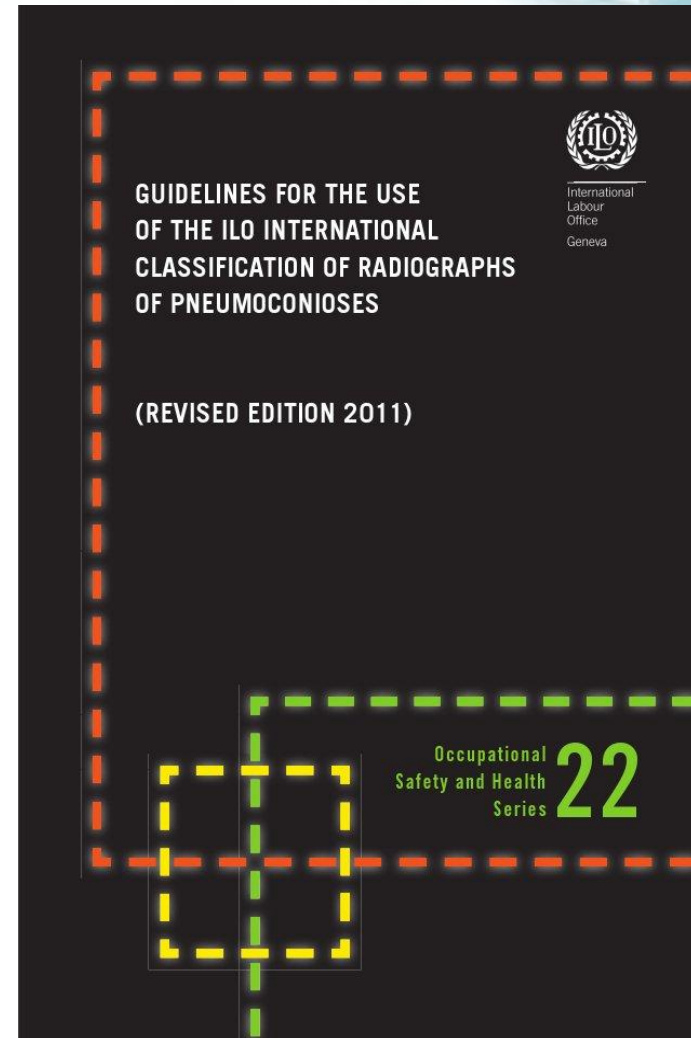
47 MAJOR NATIONAL PROJECTS ARE BEING
IMPLEMENTED

http://www.ilo.org/safework/info/WCMS_108566/lang--en/index.htm



ILO Response – occupational respiratory diseases (ORD)

- ORD** (silicosis, CWP, other pneumoconioses, ARD, COPD, occupational asthma, metal-lung diseases, organic dust diseases) are widely spread and persistent
- ORD** may amount up to 30% of all registered work-related diseases with up to 50% prevalence among workers in high risk sectors such as mining, construction and dust generating works
- ILO** conducts training programs to upgrade knowledge of physicians in developing countries in detection of pneumoconioses and to strengthen national systems of health surveillance ([Brazil](#), [Chile](#), [India](#), [Indonesia](#), [Malaysia](#), [Peru](#), [Thailand](#), [Vietnam](#))
- ILO** International Classification of Radiographs of Pneumoconioses is used throughout the world, the revised 2011 edition has been produced





**International Labour
Office**



**World Health
Organization**

PROGRAMME ON SAFETY AND HEALTH AT
WORK AND THE ENVIRONMENT

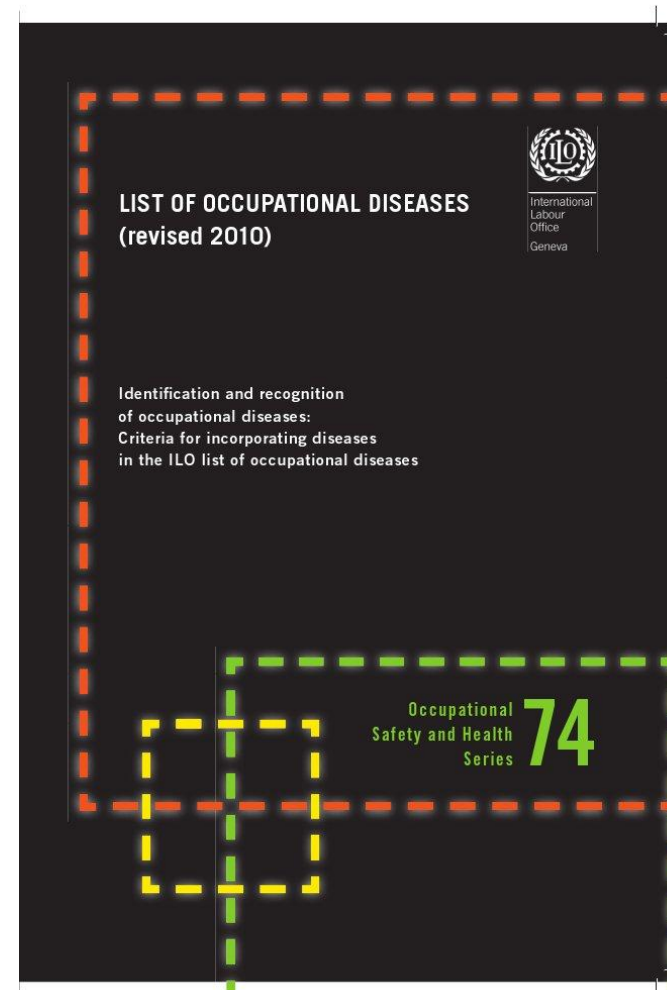
DEPARTMENT FOR PUBLIC HEALTH AND
ENVIRONMENT

Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases

http://www.ilo.org/public/english/protection/safework/health/outline_npead.pdf

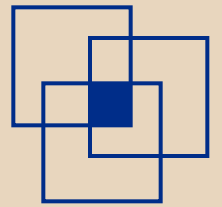
Recording and notification of occupational diseases

- ILO adopted Recommendation 194, 2002, that requires a national list of occupational diseases for the purposes of prevention, recording, notification and compensation to be established by the competent authority in member States
- National lists will be reviewed and updated in line with the most up-to-date list established by ILO
- ILO revised the list of occupational diseases in 2010
- *The Employment Injury Benefits Convention 121* includes this list in the Schedule I
- Currently, the ILO is developing guidance on diagnostic criteria for occupational diseases in cooperation with WHO





Conclusions



- The incidence and prevalence of occupational diseases in the world is unacceptably high
- In many countries national OSH systems, legal frameworks and compensation mechanisms are inadequate to deal efficiently with occupational sources of non-communicable diseases
- The continuation of such situation represents serious health risks to workers and is damaging to national economies and the society as a whole
- The elimination of conditions leading to the development occupational illnesses means not only the elimination of exposure conditions, but also requires the changes of the **legal, economic, social and political conditions** that permit the persistence of such dangerous working conditions and unsafe work environments
- The labour and social protection policies should be kept high on technical and political national and international agendas to scale up prevention of occupational injuries and diseases worldwide



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Thank You!

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More from:
www.ilo.org/safework

