Consultative and Training Workshop


Linking Employment Injury Schemes with preventive OSH Practices

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Occupational Injuries

• About Injuries:-
  – They Impact on the lives of workers, their families, and communities/nations
  
  – They rarely result from a single cause – Many factors are involved;
  
  – Injuries can almost always be prevented
OSH Global Trends:- Fatal accidents

Estimated number and incident rates of fatal work related accidents and disease- Global Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Numbers of fatal accidents</th>
<th>Fatal accident incidence rates</th>
<th>Numbers of fatal diseases</th>
<th>Total numbers of fatal accidents and diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>345,000</td>
<td>16.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2001</td>
<td>351,000</td>
<td>15.2</td>
<td>2.03 million</td>
<td>2.38 million</td>
</tr>
<tr>
<td>2003</td>
<td>358,000</td>
<td>13.8</td>
<td>1.95 million</td>
<td>2.31 million</td>
</tr>
<tr>
<td>2008</td>
<td>321,000</td>
<td>10.7</td>
<td>2.02 million</td>
<td>2.34 million</td>
</tr>
</tbody>
</table>
Global estimates of work-related accidents and diseases for 2008

Fatal accidents: **321,000**

Injuries: **317 million**

Work-related diseases fatality: **2.02 million**
Global estimated work-related mortality by cause (2008)

- Malignant neoplasms: 29%
- Circulatory diseases: 21%
- Respiratory diseases: 7%
- Digestive diseases: 1%
- Genitourinary diseases: 1%
- Communicable diseases: 25%
- Occupational injuries: 14%
Some Issues influencing OSH in Africa

Child labour, HIV/AIDS, Communicable diseases....

Source: ILO, 2005

Global Estimated Work-Related Fatalities by Region

- Accidents and violence
- Diseases of the genitourinary system
- Digestive systems diseases
- Neuro-psychiatric conditions
- Circulatory systems diseases
- Respiratory systems diseases
- Malignant neoplasms
- Communicable diseases
Critical Sectors

- Agriculture
- Mining
- Construction
- Informal Sector

More than 80 feared dead in --- mining accident
fatal injury
3 days’ or more absence from work
1-3 days’ absence
first aid injury
near accidents

Source: R. Skiba, StBG, Germany
Hazards at work

Physical, ergonomic, chemical, carcinogens, biological, allergens, safety, psycho-social

Exposures, quantity

Working/exposure time

Dose-response relationship

Multi-outcome

100 diseases

1 death

Multi-mechanism

Multi-cause

Source: FIOH 30 years of Epidemiology
Sven Hernberg Symposium, ILO /SafeWork
Recording and notification of occupational accidents and diseases
Recording and notification of occupational accidents and diseases

Key areas:-

• Practice

• List of occupational diseases also for compensation purposes

• Strengthening the recording and notification systems at national and enterprise levels
Recording and notification of occupational accidents & diseases

• Recording and notification data are useful for monitoring trends in the occurrence of selected occupational injuries and diseases, as well as for identifying high-risk jobs, occupations and priorities for follow-up action.
Recording and notification of occupational accidents and diseases

• Studies from 2012- Ethiopia, Kenya, Malawi, Seychelles, Zambia and Zanzibar;

• Most publish annual statistics but:-
  – Not all have reliable data, and
  – the information is not Standardized – nationally and intercountry

• This calls for standardised recording and notification system at national Level;
Recording and notification of occupational accidents and diseases

• OSH Convention, 1981 (No. 155) includes provisions on the establishment of procedures for the notification of occupational accidents and diseases and;

• Provides the basis for the Protocol (P155);

• C121 - Employment Injury Benefits Convention, 1964 – provides reporting

• ILO code of practice on the recording and notification of occupational accidents and diseases
Coherency in Reporting
Comparisons between national competitiveness and levels of safety indicate that better safety and health equals better national productivity.
The total cost to employers in Britain of workplace injuries and work-related ill-health in 2005/06 was estimated at approximately £2.9 billion to £3.2 billion.
Annual deaths from mesothelioma in Britain to reach 2000 by 2010

Professor Peto said that in Britain the annual number of deaths from the disease had now reached 1700, up from less than 200 in the 1960s. But the numbers would continue to rise, peaking at 2000 a year by 2010, a figure lower than previously thought, but still substantial.
Observed and projected deaths from mesothelioma in British men

*The exposure index can be thought of as representing the number of asbestos fibres breathed by the male population in that year.
Implications of long latency in asbestos-related diseases, Germany

Source: German Social Accident Insurance (DGUV)
Asbestos court ruling leaves insurers facing bill of up to £5bn

Supreme court rules liability was triggered when people were exposed to asbestos, not when they developed mesothelioma

Some claims date back to the late 1940s.
Return on Prevention

- German Study 2006-8
  - Ratio between monetary value of benefits & preventive OSH work-

- Return : **1.6**
  - Eg. for each 1 euro invested the return was Euro 1.6.

- The return will be indicated by the quality of your **OSH preventive programme**.
Un-Healthy Environment → Health Hazards → Illness → Diagnosis

Recognition & Evaluation → Prevention & control (engineering)

Healthy Environment → Healthy Worker

Action

Healthy Worker Exposure
Decent Work-Safe Work – OSH Programme

OSH Programme — National Development programme

National Development Plan

Decent Work-Safe Work – OSH Programmes
OSH Programmes

• A key element in making a management systems approach operational at the national level

Table 2.1. Comparison of the main elements of a management systems approach to OSH at the enterprise and national levels

<table>
<thead>
<tr>
<th>Enterprise level</th>
<th>National level</th>
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</thead>
<tbody>
<tr>
<td>Setting OSH policy within the enterprise</td>
<td>Setting national OSH policy</td>
</tr>
<tr>
<td>Establishing organization and responsibilities within the enterprise</td>
<td>Establishing and progressively developing a national OSH system</td>
</tr>
<tr>
<td>Planning and implementing the elements of an OSH management system</td>
<td>Formulating and implementing national OSH programmes</td>
</tr>
<tr>
<td>Evaluating and reviewing performance within the enterprise</td>
<td>Reviewing national OSH programmes</td>
</tr>
<tr>
<td>Taking action for continual improvement</td>
<td>Formulating new national OSH programmes for continual improvement</td>
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Leadership & Engagement
Safety systems
Risk reduction
Performance Measurement

Measure/Re-measure through profiles and assess "Baseline/Improvement over baseline"

Capture Lessons Learned "Enhance Best Practices"

Determine Gaps & set Goals "vision for what could be"

Implement Plans "close the gap"

Develop Improvement plans "Apply best practices"
National Profile, selected indicators

Ratification of ILO OSH-standards (100-0%)

Labour inspectors, number (0-10/100,000)

Coverage of Labour Inspection (0-100%)

Coverage of Workers’ Compensation (0-100 %)

Coverage of occupational health services (100-0%)

National Policy, Strategy, Programme Action Plan, targets, deadlines (0-10)

National Profile made (0-10)

Asbestos restricted/banned, (0-10 eg. Based on consumption 5-0 kg/capita)

Knowledge management and information centre, ILO/CIS (0-10)

Recording and notification system on acc/dis. (0-10)

Management systems, implementation of ILO-OSH 2001 (0-10)

List of Occupational Diseases and compensation criteria (0-10)

Occupational accident index (based on acc. rate 100-0/1000)

Fatal accidents index (based on fatality 100-0/100,000)

Awareness campaigns, such as April 28 (0-10)

Occupational accident index (based on acc. rate 100-0/1000)

List of Occupational Diseases and compensation criteria (0-10)

National System on Chemical Safety, based on Conv. 170, GHS, CSDS, ICSC’s (0-10)

earlier year

later year

benchmark country

11/29/2014
Use a systems approach to continuously and systematically prevent work related injuries, improve work ability, productivity and quality of working life for sustainable Employment Injury Compensation Schemes
Thank you!