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3

ILO Training Package on Development of a National Programme of Occupational Safety and Health

Module 3 National OSH Profile and analysis of the national OSH situation



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What this Module is about

Module 3 provides guidance on the essential contents of a National Profile of Occupational Safety and Health (National OSH Profile), potential information sources and the process for collecting information.

The module also provides guidance on the process of analyzing the information collected and on the setting of national priorities in occupational safety and health (OSH).

Objectives

The aim of Module 3 is to increase the knowledge and competencies of the OSH specialists and tripartite decision makers involved in drawing up a National OSH Profile, in analyzing the information and in formulating national priorities for OSH. At the conclusion of the module trainees will be able to:

- enumerate the most relevant items of information to be collected for the undertaking of a National OSH Profile;
- identify the sources of OSH information at national level;
- analyze the information in order to set out a clear picture of the national situation in regard to OSH;
- formulate OSH priorities at national level;
- use the National OSH Profile as a tool for continuous improvement



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1. INTRODUCTION

The ILO strategic approach to OSH proposes some implementation steps for appropriate establishment of National OSH Programmes. These steps are:

1. National tripartite agreement to establish a National OSH Programme.
2. Establishment of coordination mechanisms for the drawing up and implementation of the Programme.
3. Preparation of a National OSH Profile.
4. Situation analysis to identify strong points and gaps in the country's OSH system and framework, using the National OSH Profile.
5. Identification of priorities for national action to improve the level of OSH.
6. Formulation of a National OSH Programme.
7. Launching of the National OSH Programme with the endorsement of the highest national authority.
8. Implementation of the envisaged activities of the National OSH Programme.
9. Undertaking of an evaluation of the results and impact of the National OSH Programme.
10. Establishment of sustainable mechanisms for continuous improvements.

The first two steps are perhaps the most important as they are the starting point for the whole process and because they require both the commitment of the main actors (government, employers and workers) and also political support for the formulation and implementation of a National OSH Programme.

In order to formulate a National OSH Programme it is necessary to select priorities. This is necessary because generally the available resources are scarce and must be allocated strategically. The priorities have to be selected by the main stakeholders. However, frequently stakeholders have only a partial view of the national OSH situation and the selection of priorities requires broad consensus.

A diagnostic approach to collecting the relevant information on the national OSH situation from all stakeholders facilitates a **common understanding** of the entire



national OSH situation. This is why, once the first decision-making steps have been taken, a National OSH Profile needs to be drawn up.

A National OSH Profile is a diagnostic instrument which entails a systematic review and evaluation of the national situation in respect of occupational accidents and diseases as well as of the entire range of instruments and resources available in a country to implement a National OSH Programme. The instrument is required as a **common reference**, grounded in the realities of the stakeholders involved. It will be used for identifying strong and weak points and gaps and then for identifying the priority issues on which the National OSH Programme will be built. These are the main issues that will be presented and discussed in this module. Countries are expected to publish their National OSH Profiles periodically. In this sense, the Profile can serve as an indicator for monitoring and demonstrating the OSH progress of the countries.



2. THE NATIONAL PROFILE OF OCCUPATIONAL SAFETY AND HEALTH

The preparation of a National OSH Profile is a step in the process of building a good National OSH Programme. It is a written document designed to provide the data necessary to undertake an appraisal aimed at identifying current strengths and weaknesses and then setting national priorities for action aimed at progressive and continuous improvement of a National OSH System.

The National OSH Profile is an inventory of all the tools and resources available in a country to implement and manage OSH as well as the level of performance of those resources and, where possible, an estimate of the magnitude of the problem: it covers both the current situation and trends in terms of occupational accidents and diseases.

2.1 Purposes

A National OSH Profile should¹:

- Include **basic data on all the parameters that may affect the sound management of OSH** at both national and enterprise levels, including the available legislative framework; enforcement and implementation mechanisms and infrastructures; workforce distribution; human and financial resources devoted to OSH; OSH initiatives at enterprise level; protection levels; and other key aspects. It will thereby enhance stakeholders' knowledge.
- Provide **practical information to** all persons concerned with information on **ongoing activities** at country level (e.g. activities related to implementation of international agreements, ongoing and planned technical assistance projects, etc.). Generally, the level of knowledge of the OSH situation on the part of all the concerned persons is uneven. The Profile should provide an improved understanding of the potential problems and a critical analysis of the activities being undertaken within the country.
- Provide **better understanding** of the environments (resources, activities, limitations, etc.) **of the other stakeholders**. The Profile describes among other things the capacities, resources, activities and constraints of the main institutions that will subsequently discuss priorities, programmes, and so forth.

¹ Management systems approach and national programmes on occupational safety and health (OSH). Machida, ILO Africa Newsletter on Occupational Health and Safety 2005.



- Provide **a means of improved co-ordination and convergence of points of view**, and of facilitating communication between all parties interested in OSH, given that it provides a common view of the most important issues to be taken into consideration in the national administration of OSH.
- Serve as a basis for initiating a process by which a country will be able to **identify gaps and opportunities for improvement** in the existing legal, institutional, administrative, and technical infrastructure in relation to the OSH system.
- Serve as **a reference** with which to monitor the progress or development that can be achieved. The Profile is a tool that allows identification of the baselines and indicators (the current performance references at the time of the elaboration of the National OSH Profile) through which we can trace performance, progress and impact following implementation of the National OSH Programme². It is therefore a tool for benchmarking the performance.

The Profile could also be a promotional document to inform the public on the national situation on OSH and raise awareness and support on national initiatives.



² An example can be consulted in the Annex 2 of this module.

3. THE PREPARATION OF THE NATIONAL OSH PROFILE

A National OSH Profile should **be prepared at country level** through a process involving inputs from all the national competent and other designated authorities concerned with the different aspects of OSH, and more importantly with the most representative organizations of employers and workers.

Any **expert, group of experts, or tripartite taskforce** of members or stakeholders with possible support from experts³, including those from an authorized body or organization, can prepare the text of a National OSH Profile. However, the text acquires the status of a National OSH Profile only when **approved by all social partners**, public authorities (the Government), trade unions and employers' associations.

The process of preparing a National OSH Profile may prepare the ground for new cooperation, stronger connections, better understanding of potential problems and a more critical analysis of current activities in the sphere of OSH; and also for various new initiatives relating to the improvement of working conditions in a given country.

3.1 The contents

A National Profile is intended for broad use not only by experts and the various persons concerned in a given country, but also for people from other countries and international organizations. Therefore it should be prepared in a format that is generally accepted within ILO and is easy to understand and analyze, rather than in an absolutely free and original form.

ILO has proposed a model outline for the presentation of the National OSH Profile. This format follows the guidelines of the ILO Promotional Framework for OSH Recommendation (No. 197, 2006) and provides a structure and identifies the elements for which data or detailed information has to be collected.

³ From now on, the module will use the expression "taskforce" referred those preparing the text of the National OSH Profile.



Contents of the National OSH Profile⁴

- (1) The National OSH Profile should include information on the following elements:
- (a) laws and regulations, collective agreements where appropriate, and any other relevant instruments on occupational safety and health;
 - (b) the authority or body, or the authorities or bodies, responsible for occupational safety and health, designated in accordance with national law and practice;
 - (c) the mechanisms for ensuring compliance with national laws and regulations, including the systems of inspection;
 - (d) the arrangements to promote, at the level of the undertaking, cooperation between management, workers and their representatives as an essential element of workplace-related prevention measures;
 - (e) the national tripartite advisory body, or bodies, addressing occupational safety and health issues;
 - (f) the information and advisory services on occupational safety and health;
 - (g) the provision of occupational safety and health training;
 - (h) the occupational health services in accordance with national law and practice;
 - (i) research on occupational safety and health;
 - (j) the mechanism for the collection and analysis of data on occupational injuries and diseases and their causes, taking into account relevant ILO instruments;
 - (k) the provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases; and
 - (l) the support mechanisms for a progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy.
- (2) In addition, the national profile on occupational safety and health should include information on the following elements, where appropriate:
- (a) coordination and collaboration mechanisms at national and enterprise levels, including national programme review mechanisms;
 - (b) technical standards, codes of practice and guidelines on occupational safety and health;
 - (c) educational and awareness-raising arrangements, including promotional initiatives;
 - (d) specialized technical, medical and scientific institutions with linkages to various aspects of occupational safety and health, including research institutes and laboratories concerned with occupational safety and health;
 - (e) personnel engaged in the area of occupational safety and health, such as inspectors, safety and health officers, and occupational physicians and hygienists;
 - (f) occupational injury and disease statistics;
 - (g) occupational safety and health policies and programmes of organizations of employers and workers;
 - (h) regular or ongoing activities related to occupational safety and health, including international collaboration;
 - (i) financial and budgetary resources with regard to occupational safety and health; and
 - (j) data addressing demography, literacy, economy and employment, as available, as well as any other relevant information.



⁴ According to the Article 14 of the Recommendation no. 197 concerning the promotional framework for occupational safety and health, 2006.

The provisions suggested are in no way comprehensive or exhaustive, and a taskforce engaged in the preparation of a National Profile may on their own initiative add supplementary information, presented in any suitable form, if it is believed that this will improve the contents of the National Profile. However, the taskforce should still observe the generally accepted format for a National Profile. If any addenda inadvertently alter the standard format, the taskforce is advised to transfer such addenda (even if they are embodied in a separate document) to the end of the Profile as separate attachments, cross-referenced by a relevant paragraph in the main text.

Any relevant references to data sources used during preparation of the National OSH Profile should be presented in a format facilitating easy access to the documents referenced.

If adequate information does not exist on any issue, the taskforce concerned should indicate the reasons for this lack and the obstacles to obtaining it (e.g., lack of public mechanisms for data collection or of a law requiring such data collection; lack of resources, and so forth).

3.2 The collection of information

There are different ways of collecting information, the most common being:

- **review of documents**, records, statistics and data;
- **surveys** and questionnaires;
- **interviews** with relevant people.

As a starting point considerable planning and preparation is needed by the taskforce, which needs to decide on:

- the information they need;
- the ways in which they can obtain the information;
- the documents, records, statistics and data they will need to examine, and the sources of each. The taskforce may at this point contact key informants to identify the available documentation and how to retrieve it. Sometimes the taskforce may easily be able to obtain electronic or paper versions of these documents in their offices, at other times they may need to arrange meetings in other institutions to obtain the information;
- who they wish to interview; as the collection of information proceeds they may wish to talk to people who were not originally on their interview list;
- the questions to be put during the interview or in the questionnaire or survey;
- when the meetings or interviews should take place, along with a sensible schedule for the work. This work plan will clearly need to be agreed with the interviewed persons and the organizations to be visited.



Sometimes workers' and employers' organizations have their own accident and disease statistics and other OSH information which the government lacks. The taskforce should also include such information as a useful reference.

Often the taskforce may encounter difficulties in finding relevant OSH information on SMEs, informal economy workplaces, or agriculture. Many are working in these sectors, but often little information is available. In such cases the taskforce should at least try to collect whatever useful and reliable information on accidents they can find.

3.3 Review of documentation, registers and databases

Most of the general information, such as the number of workers and enterprises, distribution of workers by economic sector, enterprise size, contract type, insurance type, and so on, can be obtained from economic, social and labour sources as well as from other more general sources.

The taskforce would need to obtain a copy of the relevant National OSH Laws, Regulations and the National OSH policy document (if available). This data should be supported by source references. Although it is often the case that there is one Ministry in charge of OSH, frequently there are other ministries and regional or local authorities issuing regulations on OSH. This should be considered when collecting and consulting OSH regulations.

Among the most crucial data to be collected are monitoring systems on OSH⁵. Such records can provide information on:

- systems describing working conditions in a country, region, sector, etc.; instruments falling into this category are surveys and censuses;
- systems describing health and safety 'outcomes' at work; these consist principally of reports on occupational accidents and diseases⁶, as well as on work incapacity such as sickness absence (in some countries there are different registers of occupational accidents and diseases, in which case it is important for the taskforce to identify the most dependable register and at the same

⁵ A review and analysis of a selection of OSH monitoring systems, European Agency for Safety and Health at Work, Office for Official Publications of the European Communities, 2003.

⁶ Regarding this issue, Article 11 of Convention 155 on occupational safety and health provides: (a) 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; (b) the holding of inquiries, where cases of occupational accidents, occupational diseases or any other injuries to health which arise in the course of or in connection with work appear to reflect situations which are serious; (c) **the publication, annually, of information on measures taken in pursuance of the policy referred to in Article 4 of this Convention and on occupational accidents, occupational diseases and other injuries to health which arise in the course of or in connection with work;** and (d) the introduction or extension of systems, taking into account national conditions and possibilities, to examine chemical, physical and biological agents in respect of the risk to the health of workers. The Protocol of 2002 to the Occupational Safety and Health Convention no. 155 of 1981 provides further guidance.



time obtain a judgment on the coverage, updating and validity of the data, especially as deficiencies in the quantity, quality and uniformity of recorded data are frequent);

- other systems, containing 'indirect data' on working conditions; they include databases and registers as well as documentation on substances, exposure, tools, and so forth.

The taskforce, with technical support from experts, should include an examination of documents relating to the policies, procedures, processes and activities of the most relevant institutions. This information can be obtained from annual reports. Once they have examined the documentary information sources they need to start assessing whether the descriptions in the documents accord with reality.

Another useful source of data is the regular surveys, both general and by sector, of employers' and workers' opinions on certain critical aspects of the organization and implementation of OSH measures in enterprises.

European Risk Observatory⁷

European Risk Observatory is to identify new and emerging risks in occupational safety and health, in order to improve the timeliness and effectiveness of preventive measures. To achieve this aim, the European Risk Observatory provides an overview of safety and health at work in Europe, describes the trends and underlying factors, and anticipates changes in work and their likely impact on occupational safety and health

However, in many countries there are no publications with regularly updated information on many of the key issues. This makes it necessary to collect information by interviewing representatives of the different social partner organizations.

3.4 Surveys

Another way to obtain information is by means of a survey. A survey is a data collection tool used to gather information from and about individuals. Surveys are commonly used to collect individually reported data from participants. It requires preparation of a questionnaire to be submitted to all relevant organizations and stakeholders. The replies to this questionnaire, as well as the attached documentation that may accompany it, will contribute to the preparation of the report. Through this system one can obtain factual information on both the system and the organizations, or it might aim to collect the opinions of the individuals participating in the survey⁸.

⁷ European Risk Observatory <http://osha.europa.eu/en/riskobservatory/index.html>

⁸ The ILO Model Outline of the National OSH Profile that can be found in the annex 1 provides a very good basis for the elaboration of a survey questionnaire.



A survey can be administered in two different ways: through a questionnaire, in the form of a written request for information in a structured form that participants complete on their own and return; or through a structured interview, the taskforce meeting the participants and asking questions.

3.5 Inquiry and interviews

For interviewing the taskforce should prepare formal questions which if need be can be based on questionnaires and surveys. Ideally they should send round lists of formal questions in advance so that the interviewed persons can prepare (and even document) their replies.

The taskforce should ask questions both formally and informally. Some questions will be asked informally in a verbal manner, to help clarify replies to the formal questions or to obtain additional information on any point considered relevant. It is also a way of checking the validity and accuracy of information collected by other means. In order to arrive at the most accurate picture when obtaining information through interviews, the taskforce should differentiate factual information from the opinions of the persons interviewed.

Guidelines for effective written communication⁹

- Know your reader. Who will read the report? What do they know about the problem? What do they need to know? How can the information best be provided so that they can make an informed decision?
- Keep to simple language. Using fancy, big or technical words will only blur your message.
- Keep the report short while still giving the information. The value of the report is not measured by its size. The more wordy the report, the more likely that the message will not be received, or will be clouded.
- Do not use long rambling sentences. If a sentence has more than 17 words see if you can express it in a different way.
- Present only the facts. Do not use emotive language. State the source of your facts.
- Make sure your recommendations and the required actions of the reader are clearly stated.



⁹ Learning Guide “Contribute to the implementation of strategies to control OHS risks”. State of Western Australia 2009.

In addition to the descriptive information collected, the taskforce should provide a **preliminary analysis** of the data collected and summarize key points and elements which may be useful in undertaking a situation analysis by the stakeholders and identifying priorities for action under the National OSH Programme. This would mainly cover strong points, weaknesses and gaps in relation to systems, methodology, infrastructures, skills and capacities, information systems, financial and human resources, and other aspects affecting the development of OSH in the country.

It is also important to know the limitations of the data and information obtained for analysis. Owing to the under-development of reporting systems, many accidents and diseases may not be covered by the data obtained. In such cases the analytical report should highlight the possible limitations of the available data and, in a constructive manner, discuss ways of improving the reporting and data collection systems.

Once a preliminary version of the National OSH Profile has been drafted, in consultation with the competent authority it should be circulated to all social partners, public authorities (the Government), trade unions and employers' associations, for additional comments. As mentioned, the text acquires the status of the National OSH Profile only when approved by all relevant stakeholders.

Occupational accident prevention programme 2001-2005 in Finland¹⁰

“An expert group convened by the Ministry of Social Affairs and Health prepared in 200 a memorandum on action policy titled “Vision zero approach to accidents” for the prevention of occupational accidents. The memorandum was approved on a tripartite basis in discussions with labour market organizations. The memorandum proposes a national programme for the prevention of occupational accidents should be prepared and implemented in Finland”.

¹⁰ Prioritizing Occupational Safety. Occupational accident prevention programme in Finland 2001-2005.



4 THE ANALYSIS OF THE SITUATION

After completing the National OSH Profile, the next important step is to analyse the information provided in the Profile and understand the national OSH situation. This is an essential step to identify and set national priorities for action in OSH which should be addressed in National OSH Programme.

Problem analysis is a participatory process in which all constituents and other stakeholders should be actively involved. The published National OSH Profile will already have compiled all the available information of the main stakeholders. It is important that the quality of the information gathered should not be uncritically taken for granted and must be challenged, tested and validated. It is therefore often helpful to put together different groups for interaction in a facilitated workshop in order to discuss the issues thoroughly and build a new **common understanding of the problem**.

4.1 Stakeholder meetings

The analytical discussion of the published National OSH Profile by the stakeholders should be made. These meetings may take place, for example, within the formal framework of the National Commission or Council on occupational safety and health. If there is no such National Commission, *ad hoc* meetings should be convened by the competent authority. It could also take place in the framework of a workshop organized by technical cooperation agencies. The meetings of all the stakeholders concerned may have the following objectives:

- clarification of some points of the published National OSH Profile
- analysis of the OSH situation based on the National OSH Profile
- selection of OSH priorities to be addressed in National OSH Programme in near future

These meetings may be complex decision-making processes in which decisions are influenced by the competing requirements of the stakeholders or institutional agendas. However both the National OSH Profile and these meetings should increase knowledge of the environments in which the other stakeholders operate and improve the general level of understanding of the overall system, of the currently available resources, and of what will be needed in the future.



National Occupational Safety and Health Profile of Finland¹¹

“The tripartite mechanism vital to OSH has been implemented through a questionnaire survey covering all stakeholders in OSH. Comments on the document by the most central OSH stakeholders (16 organizations) were also received and integrated into the profile document when the report was discussed in the Advisory Committee on Occupational Safety and Health”.

4.2 Identifying key points

The analysis based on the National OSH Profile should allow a breaking-down of the overall OSH problem into discrete components requiring action or solution. Some of the questions that the taskforce and stakeholders could address so as to identify the key issues are:

- **Identification of components.** Is the National OSH system complete and functioning? Are all the components or infrastructure of a National OSH System present in the country? What are the strongest and weakest components?
- **Analysis of each component.** Is each component effective in its contribution to the National OSH System in terms of reducing occupational accidents and diseases?
- **Analysis of structure and organization.** Is the National OSH System organized and structured in such a way that it has a positive impact on the OSH performance of enterprises?
- **Analysis of resources.** Are the allocated resources enough to attain the objective? Is the National OSH System efficient in its use of resources?
- **Analysis of relationships and coordination.** Does collaborative action, decision-making and planning take place between government institutions, and between those institutions and the social partners?
- **Adjustment to real situation.** Is the operation of the OSH system consistent with local situation? In what way does the OSH system obtain feedback from what is actually happening on the ground? Does reliable data exist?
- **Trends.** What are the prevalent occupational accidents and diseases? What is the “OSH system” doing to prevent them? In what sectors or activities is there a high degree of incidence of such problems?
- **Consideration of the ILO instruments.** Which OSH Conventions have been ratified? Are other instruments such as Recommendations, Codes of Practice and Guidelines adopted in this area?¹²

¹¹ National Occupational Safety and Health Profile of Finland. Analytical Report. Helsinki 2006.

¹² Consult the annex 3 in this regard.



This process of breaking down the overall OSH problem will facilitate better identification and understanding of the strong points, weak points and gaps.

- **Strong points** are aspects on which the OSH system is performing well. It is relevant to identify them because on them one can build the actions needed for improvements in the implementation of the National OSH Programme. For example, in a country without specialized OSH services in enterprises and with insufficient training capacity for OSH specialists, a well-disseminated system of OSH enterprise committees could play an important role in the development of OSH in the enterprises.
- **Weak points** are aspects on which the OSH System is not performing well: for example an inspectorate that only undertakes OSH inspection visits when there are serious or fatal accidents. The **gaps** are non-existent structures and components that need to be developed: for example, a country that does not offer any training on OSH. Both of these aspects should become priorities to be addressed in the National OSH Programme.

In some countries (Zambia, Finland, Honduras), when they analysed the published national OSH profiles, taskforces have used the SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis technique to identify key points¹³ for the situation analysis.

4.3 Causes and effects

It is important to have a solid understanding of the problems and (still more important) of their causes and effects.

After systematically exploring the strengths and weaknesses of the national OSH situation, it is important to study the relationship between the causes and effects of the problems that have emerged. If there is no agreement between participants on the nature of the central problem, it is unlikely that there will be agreement on the solution. Therefore the objective of this phase is to obtain a consensus on the key issues.

Problems often have a number of inter-related origins. The cause and effect analysis provides detailed information early in the planning stage. The analysis of cause-effect relationships makes possible identification of the roots of the weaknesses of the OSH system¹⁴. To be effective and long-lasting, the solution will need to take all the underlying causes into account.

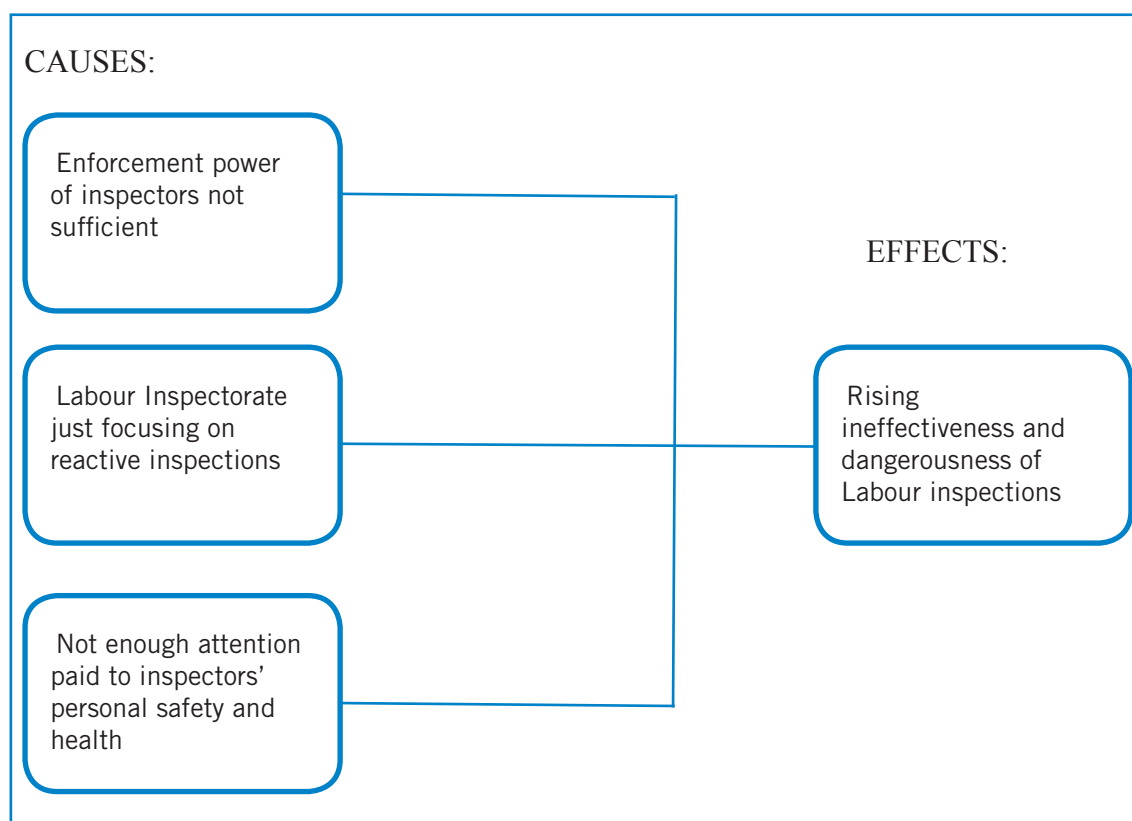
The diagram below shows a simplified example of a cause-effect relationship in a labour inspectorate.



¹³ Further information on the SWOT analysis can be found in the Annex 3 of this module.

¹⁴ More information can be found in the Annex 5 of this module.

Example of a possible cause-effect relationship in a labour inspectorate



The identification of the strong and weak points, the gaps, and the potential cause-effect relationships, provide the basis not only for identifying priorities but also for selecting the objectives and activities to be set out in a national OSH Programme.

In this process of analysis, reaching a **common understanding** of the problem is as important as the **accuracy of the analysis**¹⁵.

¹⁵ An important approach and instrument for the analysis of the situation is the Logical Framework Approach. More information in Logical Framework Approach, SIDA, 2004. www.eejp.org/resources/lfa_approach.pdf



5. SETTING PRIORITIES

Setting priorities is of paramount importance, and the degree of precedence for each priority depends on its relative importance or urgency.

Organizations frequently act on tasks that are ‘urgent’, whether important or not. When these tasks are also important this is in order, but when they are not, it is not the best use of organizational time and effort. In other cases, organizations tend to do the things that they have traditionally been doing, following the line of least resistance, leaving the more difficult tasks until “later”, meaning that they are sometimes never done. Setting priorities on OSH changes the focus away from what should be done from the standpoint of this “internal dynamic of the institutions” towards the “effectiveness and efficiency of the OSH performance”.

Setting priorities makes use of the currently-available information (information-based process); uses feedback from on-going implementation and is open to change (dynamic process); and takes into account resource availability and efficiency (resource-focused process).

5.1. Why priorities should be selected?

Priorities are necessary to ensure **coherent and effective use of limited or scarce resources**. Resources include money, human effort, time, information, and any other element required to perform the prescribed activities. If resources were unlimited, there would be no need to prioritize.

Aside from the availability of resources, priorities are required in the interests of **efficiency**, to guarantee the best possible use of resources, including ensuring that they are allocated where most impact can be generated in improving the OSH situation.

Priorities are necessary because it is necessary to set **order in the timing**. When working on the development of an OSH system, there are aspects that should be developed first and others that should follow later. For example, it would be recommendable to draw up an OSH Act before developing specific sectoral Regulations.

Priorities are also necessary for **concentrating the efforts** of different organizations: the items on which, through discussion, different organizations agree to joint and coordinated efforts. Setting priorities on OSH is the first step through which the OSH system will focus on particularly relevant areas.



5.2. Criteria for selecting priorities

Selection of OSH priorities is a decision-making process for reaching agreement between the government institutions and social partners concerned. Although this agreement is the most crucial outcome of the process, it is of course important to ensure that the priorities agreed on are in fact the correct ones.

For selecting the right priorities, it is necessary to consider the **criteria** that will provide the parameters for the decision-making process, to ensure that decisions are more objectively-based and that subjective approaches that are based more on individual points of view than on evidence are avoided.

Some relevant criteria for selecting priorities are:

- Importance
- Durability or sustainability
- Efficiency
- Effectiveness
- Equity
- Coherence
- Public concern
- Desirability

These criteria are now discussed in turn:

Importance. It is difficult to define importance in this context because all stakeholders will consider their own interests to be important. However, we all can agree on the importance of elaborating a National Law on OSH (when there is no previous legislation on the issue), or on the coverage of agricultural workers by the OSH law (when previously they were excluded from OSH provisions despite accounting for more than 50% of the workforce), or on putting in place a system of recording and notification of occupational accidents and diseases so as to develop a statistical database. The importance of an issue is related to its strategic dimension and its nature as a "*sine qua non*" condition. These elements are necessary and provide the basis for future initiatives and improvements.

Durability or sustainability. The degree of importance is also related to the durability or sustainability of effects. Strategic issues such as development of an OSH Regulation have greater sustainable impact on the OSH situation of a country than an OSH informational campaign that might have a quick but short-lived effect. Or, for example, a legal obligation placed on enterprises to hire OSH specialized staff might have a more durable effect in terms of improvement of OSH conditions than would a campaign of inspection visits.



Efficiency. It is important to establish priorities that represent the most efficient use of the available resources. According to this criterion the most efficient priorities would be those which:

- aim to reduce the most serious risks;
- benefit the largest number of workers,

The most serious risks are well known: exposure to highly toxic chemicals, working at a height in construction, use of hazardous machines, and so forth, are examples of potentially hazardous situations that arise in almost any country. However, lack of comfort and merely ‘unpleasant’ jobs can rarely be regarded as problems meriting priority treatment. The seriousness of a risk, however, depends on the specific circumstances of exposure to such risk; for example, handling a well-protected press may be far less hazardous than loading or unloading materials if the latter is done without the required means and training. To apply this criterion appropriately, therefore, it is necessary to know the real degrees of exposure to the various risks.

Benefiting the largest possible number of workers requires knowledge of the approximate number of workers exposed to risks and their location. It must moreover take account of the fact that the direct targets of any institutional activity are rarely the workers, even if they are the ultimate beneficiaries (thus, for instance, the targets of a regulatory activity are essentially employers). This means that the number of workers that ultimately benefit from a preventive activity depends essentially on its multiplier effect. This is why, for example, prevention training for the staff of workers’ organizations or for the teaching staff of an Occupational Training School is so effective.

The National OHS Strategy 2002-12 , Australia¹⁶

The four priority industry sectors originally targeted for improvement under the National Strategy were building and construction, transport and storage, manufacturing, and health and community services.

Agriculture, forestry and fisheries was added as a priority sector following the first review of the National Strategy in 2005. These sectors were chosen because they were identified through data analysis as having the highest incidence rates and/or high numbers of workers’ compensation claims compared with other industries. By working with these sectors, not only are lives being saved but these industries will set examples of OHS best practice for other employers to follow.



¹⁶ The National OHS Strategy 2002-2012, Australia.

Effectiveness. Selecting as priorities those topics on the basis of their highest chance of success. This is connected with an accurate analysis of the situation and the available resources. In general, natural resistance to change means that success is more likely if change is gradual and starts with the easiest issues. For the same reason, the most successful inspection programmes tend to be those that focus on ‘elementary’ safety risks that are easy to identify, are self-evidently serious, and can be corrected at low cost. Likewise, this criterion explains the success of many training programmes aimed at meeting the real needs of ‘students’ (labour inspectors, trade-union representatives, etc.) rather than attempting to pass on the knowledge that the ‘trainer’ regards as indispensable.

Equity. This criterion is focused on ensuring fairness in the distribution of attention and resources. It would be inequitable to set priorities and allocate resources in sectors of activity with relatively good safety and health conditions when there are other sectors with worse conditions - for example, setting as a priority the elaboration of specific regulations for economically-important sectors of the country when there are other sectors legally or virtually excluded from the protection of the OSH regulations.

Coherence. This criterion applies, rather than to a single priority, to the whole set of priorities selected and to the inter-relationships between them. Basically it seeks to avoid fragmented and dispersed initiatives, and to adopt a consistent, methodical and systematic approach. It is recommended that an analysis of the order in which priorities are adopted be undertaken, taking account of the inter-relationships between the different issues and elements of an OSH system. For example, if there is a new OSH regulation it would be preferable to give priority to a process of dissemination, communication and training on this new instrument than to organizing an inspection campaign.

Public concern. The interest of the public and the media at any specific moment may be influenced by a recent occurrence. This creates political interest among stakeholders in addressing this issue. For example, if a country has experienced a very severe accident in the mining sector in which one hundred workers died, stakeholders will probably focus their attention on the mining sector.

Desirability. This refers to the likelihood or otherwise that a policy option is “acceptable” to various interest groups.



5.3. Types of national priorities in OSH

When analyzing National OSH Programmes and Strategies,¹⁷ there are two types or categories of priorities that can be found, combined in various ways according to perceptions of country-specific problems and the associated needs for action, as follows:

1. **Priorities for strengthening the OSH System:** these priorities are addressed mainly to increasing resources and to strengthening and improving the capacity of the National OSH system and its effectiveness (OSH regulations, technical advice schemes, education systems, inspection systems, collection of OSH information, etc.). These priorities are addressed more to creating systemic, long-lasting effects than to achieving rapid impact in terms of reducing occupational accidents and diseases. In general terms these types of priority are selected by countries with incomplete or weak OSH systems. An example is below:

National Strategy for OSH in the Sultanate of Oman 2009–2012

- Development of human resources.
- Provision and improve access of occupational health services.
- Updating the national rules and regulations.
- Establishment of a national surveillance system for occupational risks, injuries and diseases.
- Raising occupational health awareness level in the country.

2. **Priorities on reducing accidents and diseases:** such priorities aim directly at reducing the frequency of accidents (work-related illnesses, workplace accidents, health-related absences from the workplace), specific illnesses or specific exposures (work-related musculoskeletal illnesses, noise in the workplace) in general or in a given sector of activity. These types of priority are more frequent in countries with complete OSH systems, but which require concentrated effort and resources in specific sectors or areas. An example of this type of priority can be found in the OSH strategy of Great Britain “Revitalizing Health and Safety” 2000-2010.



¹⁷ Comparative analysis of national strategies for safety and health at work. Baua, Dortmund / Berlin / Dresden.

Priorities of the of Great Britain “Revitalizing Health and Safety (RHS)” 2000-2010

The strategy¹⁸ RHS 2000-2010 of Great Britain identified **8 industry and topic areas** to reduce health and safety incidents.

- Agriculture sector
- Construction sector
- Health services sector
- Falls from height
- Musculoskeletal disorders
- Slips and trips
- Work-related stress
- Workplace transport

These priority topics were chosen these because of:

- the large numbers employed
- the high figures in the incidence rate of injuries or ill health and
- there are unexploited levers to bring about change and success

A new 9th priority, Government Setting an Example (GSE), has been developed to look specifically at improvements which can be made in the public sector. The public sector had the highest absence rate of all sectors. Better management of health and safety will improve the efficiency and productivity of the public sector and help reduce the sickness absence rate to the same level as the best in the UK. Additionally,

- Government should set an example as an employer by improving its own health and safety management systems; *and*
- Government should influence other organisations through its role as a funder procurer of goods and services and standard setter.

¹⁸ Revitalizing health and safety: our priorities. Health and Safety Executive, UK.



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Annex 1: ILO Model Outline of the National OSH Profile

1. OSH legislative framework and related instruments

- 1.1 **Constitutional reference(s).** Inclusions of reference(s) to OSH requirements in the constitution of the country, if any.
- 1.2 **Main laws and regulations on OSH.** This Section should identify only major laws, acts or regulations and, if necessary, provide for each a short summary indicating scope of coverage in terms of branches of economic activity and whether provisions for application through specific regulations or technical standards are included.
- 1.3 **Ratified ILO Conventions and international treaties related to OSH.** List of ratified ILO Conventions and international treaties related to OSH.
- 1.4 **Others OSH-related laws and regulations,** covering OSH-related aspects (such as sanitary epidemiological and biological safety, industrial, transport, radiation, fire, physical, construction, etc.) and issued under different Ministries (Agriculture, Environment, Industry, Transport, etc.)
- 1.5 **Any relevant collective agreements.** List only collective agreements with special emphasis on OSH issues **and** covering and important part of the country workforce.

2. Technical standards, codes of practice and guidelines on OSH

This section should present the supporting instruments used or applied for the implementation of the national regulations. List at least the names of the most relevant instruments, the standards to which they refer to, the mandatory/voluntary character of application and the adopting body.

- 2.1 **Technical standards.** Provide information on technical standards used or applied either under existing regulations or on a voluntary basis.



- 2.2 **Codes of Practice.** Provide information on the use of Codes of Practice by national competent authorities, Industry and Trade Unions. Indicate if ILO Codes of Practice have been used as basis for the national codes.
- 2.3 **Guidelines.** List the existing documents guidelines.
- 2.4 **OSH Management systems (OSHMS).** Provide information on the implementation of OSHMS at the enterprise level and any national regulatory or promotional action to apply these systems, including incentives.

Indicate if the ILO Guidelines on OSHMS are or have been used as basis for action in this area.

Indicate if any OSHMS certification schemes have been established, and if so, describe in some details the mechanism and relation if any to regulatory systems.

3. National policy and standard-setting mechanisms

- 3.1 **Competent authority.** Indicate the authority(ies) or body(ies), responsible for OSH, designated in accordance with national laws and practice.
- 3.2 **National OSH Policy.** Indicate the existence of any explicit national policy related to OSH. Short summary of the main contents.
- 3.3 **National OSH Committees.** Describe any existing national OSH Councils, Commissions, Boards, Committees or other tripartite advisory bodies addressing occupational safety and health issues with the responsibility of reviewing periodically national legislation, policies and actions in the area of OSH.
- 3.4 **Mechanisms.** Indicate what the process for drafting, setting and review the OSH legislation, policies, and any other relevant action for the national OSH governance.



4. Coordination and collaboration mechanisms

This section should provide information on all existing mechanisms established to ensure coordination, cooperation and collaboration among all the social partners with responsibilities in the implementation and management of OSH systems at the national and enterprise levels such as inter-agency/ministry National Boards or Committees, Mechanisms for Employers' and Workers' organizations collaboration and participation.

4.1 At the national level

For each mechanism include information on scope, membership and powers (advisory, etc.) lines of communication (to which minister or ministry). Special attention should be given to the level of participation of employer and worker organizations in these mechanisms.

Describe any existing structures related to provincial or other territorial jurisdictions.

Describe any existing structure at the sectoral level.

4.2 At the enterprise level

Indicate any mechanism to promote cooperation between management, workers and their representatives at the level of undertaking with particular reference to the establishment and function of joint safety or safety and health committees.

Indicate whether these mechanisms are regulated or only part of the collective bargaining process.

Provide data on the implementation in the country enterprises of these mechanisms.



5. OSH System organization: means and tools

This section should present an inventory of infrastructures, human and economic resources (number of staff, budget levels, etc.), and other available elements of the national OSH System in a concise manner. In the case of institutional infrastructures, provide where possible the name, address and affiliation (linkage to specific ministry, or organization) of each institution and body and general scope of activity. Only institutions with major OSH related powers and activities should be listed.

5.1 Mechanisms for ensuring compliance

Describe all types of mechanisms and public control systems for ensuring compliance with the OSH regulations.

List and describe any inspectorate or inspection system having a significant role in the application of national OSH laws and regulations. For each inspection system, include the following information elements if available:

- Structure and geographic distribution if applicable.
- Scope of sectoral coverage (health, chemicals, transport, construction, mines, technical equipment, etc.).
- Scope of enforcement powers and their relation to an existing law or regulation if any.
- Related ministry or responsible body or administration;
- Total number of enterprises and undertakings covered by each inspection system.
- Level of human resources (number of inspectors) and distribution of specialization (general conditions of work, OSH, training, investigation or auditing, etc.).
- Sanctions system for breaches of the OSH laws and regulations.

Any other pertinent information, if available, to characterize the inspection performance such as number of inspections carried out per year by types (regular, follow up, accident and complaints investigation, etc.), number of prosecutions, provision of training and advisory services, etc.

List any other body of surveillance and control of OSH issues (apart from OSH or labour inspectorates), including the sphere of activity under control (healthcare, chemical substances, transport, construction, mining, technical equipment, etc.).



5.2 Financial and budgetary resources with regard to occupational safety and health

5.3 OSH information

Include any national information centre devoted to the production and/or dissemination of OSH information such as newsletters, data sheets, brochures, pamphlets, databases, etc.

Provide data on level of technical capacities such as capacity to disseminate information via the Internet, publication levels, etc.

Indicate any linkage to ILO International OSH Information Centre (CIS) or other international networks if any.

5.4 Occupational Health and Advisory Services

Describe the regulatory provisions (if any) regarding the enterprise requirements in terms of occupational health services.

Describe any national system, agency or body having regulatory responsibility for, or involved in environment/exposure monitoring, the medical examination and surveillance of worker health, and advisory services to enterprises.

Indicate any existing integration of such services with national primary health care systems.

Brief description and number of organizations providing OSH advisory services to the enterprises; type of services provided and beneficiaries;

5.5 OSH education and training

5.5.1 Describe the regulatory provisions (if any) regarding the requirements of OSH training for the following categories: workers, employers, OSH specialists, occupational doctors, safety officers, workers' representatives on OSH, others;

5.5.2 High education of OSH specialists. Describe official graduate or postgraduate programmes of Universities and Colleges in the sphere of OSH (availability; type such a degree in public health, OSH or occupational medicine; diplomas of OSH technical specialists; annual number of graduates in each category).

5.5.3 Institutions conducting legally required training for OSH specialists such as Safety Officers, Safety Committee Members, or for the delivery of certification in specific skills such as scaffold building, operating special equipment such as cranes or earth moving equipment, etc. (number of courses and persons trained per year, etc.).



Provide, if available, a list of the skills requiring certification training and information on the institutions providing this type of training

- 5.5.4 Training arranged by associations of employers and trade unions. Brief description and number of institutions providing such training; type of training provided and beneficiaries; number of training courses and persons trained per year.
- 5.5.5 Describe any other relevant public or private training and educational resource or mechanism available in the country, particularly:
- The eventual inclusion of OSH contents in the general education system.
 - The activities of National Safety Councils and other associations.
 - Any programmes of supplementary professional education offered by educational institutions.

5.6 OSH Research, Institutes and OSH Laboratories

Provide information on on-going or planned research activities in occupational safety and health

Provide data on leading governmental or non-governmental institutes specialized in safety and health issues (chemical safety, toxicology, epidemiology, product safety, etc.).

Provide data on laboratories responsible for analysis or evaluation of working conditions that require measurements of impacts of various production hazards on workers (analyses of air samples, of biological samples, vision examination, etc.).)

Make also references to the centres (or other institutions) for the control of poisonous substances, and the centres contact with occupational health, if any,

Provide information on level of technical capabilities, human resources and financial resources of the institutions, if possible.

5.7 Occupational accidents and diseases compensation system

Describe any existing compensation or occupational accident insurance schemes including extent of coverage and the agencies or bodies responsible for the administration of such schemes.

Describe the amounts and types of disablement benefits and types of insurance payments related to occupational accidents and diseases.



Describe the involvement of the compensation body(ies) in the collection and treatment of statistics of occupational accidents and diseases; in the provision of financial support for the implementation of prevention programmes, or any other type of collaboration in the prevention of occupational accidents and diseases.

5.8 Other specialized technical, medical and scientific institutions with linkages to various aspects of OSH

5.8.1 Standardizing Agencies

5.8.2 Emergency preparedness, warning and response services (civil defense, fire brigades, chemical spill responders training to deal with major emergencies, etc.)

5.8.3 Non-Governmental bodies involved in OSH related activities such as Professional associations with activities directly linked to aspects of OSH (OSH specialists, occupational physicians, chemists, safety engineers, etc.)

5.9 Overall national level of human resources active in the area of OSH

If these data have been included partially in the sections above, summarize them in tabular form under this section.

5.9.1 Number of occupational health physicians.

5.9.2 Number of occupational health nurses.

5.9.3 Number of occupational hygiene specialists,

5.9.4 Number of safety engineers.

5.9.5 Number of OSH technicians (safety officers).

5.9.6 Number of inspectors.

5.9.7 Number of workers' representatives on OSH

5.9.8 Number of environmental protection specialists.

Add the number of any other category of human resources with a relevant role in the country.



6. Statistics of occupational accidents and diseases

- 6.1 Describe the mechanism for the collection and analysis of data on occupational injuries and diseases and their causes, indicating if it takes into account the relevant ILO instruments.
- 6.2 Registered number of occupational fatalities per year for the last five years with, if possible, breakdown by males and females, sector of economic activity, etc.
- 6.3 Registered number of occupational injuries per year for the last five years with, if possible, breakdown by males and females, sector of economic activity, etc. Indicate the
- 6.4 Registered number of occupational diseases per year for the last five years with, if possible, breakdown by males and females, sector of economic activity, etc.
- 6.5 Estimated under-reporting as % range where possible (provide summary description of calculations or other reasoning used to arrive at the proposed figure).
- 6.6 Estimated number of occupational injuries, occupational injuries and occupational diseases last year (provide summary description of calculations or other reasoning used to arrive at the proposed figure).

7. Policies and Programmes of Employers' and Workers' Organizations

7.1 Employers' Organizations

- 7.1.1 OSH Policy. Describe the main objective and principles.
- 7.1.2 Internal structure for policy implementation (OSH Unit, OSH Committee).
- 7.1.3 Strategy in OSH. Describe the guidelines on OSH for the participation in the national tripartite dialogue, at the enterprise level, the OSH elements for the collective bargaining, etc.).
- 7.1.4 Programmes: Describe the OSH programmes of training, information, support, etc. for its members.



7.2 Workers' Organizations

- 7.2.1 OSH Policy. Describe the main objective and principles.
- 7.2.2 Internal structure for policy implementation (OSH Unit, OSH Committee)
- 7.2.3 Strategy in OSH. Describe the guidelines on OSH for the participation in the national tripartite dialogue, at the enterprise level, the OSH elements for the collective bargaining, etc.)
- 7.2.4 Programmes: Describe the OSH programmes of training, information, , support, etc. for its members

8. Regular or ongoing activities related to OSH

This section should present the regular or ongoing activities and initiatives undertaken by governmental or non-governmental organizations, social partners or international agencies related with the OSH -and no reported in the previous sections-.

8.1 Supporting microenterprises, small and medium-size enterprises and in the informal economy

Describe any supporting programme, mechanism, initiative or arrangement for the progressive improvement of the OSH conditions in microenterprises, small and medium -size enterprises and in the informal economy.

8.2 Educational, awareness-raising or promotional activities

Describe any relevant educational, awareness-raising or promotional activities addressed to improve the OSH.

- 8.2.1 National initiatives such as awareness raising campaigns (safety day or safety week), media campaigns, etc. (indicate only if such actions are held and their periodicity); OSH inspection campaigns; etc.
- 8.2.2 Industry initiatives. Describe various corporative programmes and events related to OSH such as responsible care programmes or certification schemes, etc.



8.2.3 Trade Union OSH activities and initiatives. Describe various trade unions' programmes and events related to OSH.

8.2.4 Describe the programmes of non-government organizations related to OSH, if any.

8.3 International capacity building

Describe the technical cooperation activities directly related to OSH such as environment, chemical safety management, public health, introduction of cleaner/safer technologies (indicate the international agency involved, etc. and general area of activity).

9. General data

9.1 Demographic data

9.1.1 Total population

9.1.2 Total economically active population (employed persons in each sector)

9.1.2.1 Men workers (in millions or % of number in 9.1.2)

9.1.2.4 Young men workers (14 to 18 year old)

9.1.2.5 Women workers (in millions or % of number in 9.1.2)

9.1.2.6 9.1.2. Young women workers (14 to 18 year old)

9.1.3 Estimated percentage of economically active population considered to be active in the informal economy and therefore not or marginally covered by any social protection measures or schemes (social security, accident insurance, workmen's compensation, etc.)

9.2 **Types of sectors of economic activity and % of workforce employed** (provide if possible a % estimate of men, women and young workers employed in each sector).

9.3 Literacy levels

9.3.1 Whole population (% of population with at least elementary school level of ability to read and write national language).



9.3.2 Labour force (% of the labour force with at least elementary school level of ability to read and write national language).

9.4 Economic data

9.4.1 Gross Domestic Product (GDP)

9.4.2 Annual Per Capita Income

9.4.3 Economic weight of each sector in relation to overall GDP

9.4.4 Estimated overall level of resources (in USD or as % of GDP) devoted to OSH preventive and protective measures and enforcement of legislation¹⁹.

10. Other relevant information

The expert should include any other information relevant for understanding the problem of OSH at the national level such as any relevant national report produced by national institutions responsible for the implementation of various aspects of OSH.

As possible, in the electronic version of the profile an expert may present Copies of the texts of the main OSH laws and regulations should also be provided if possible.

11. Elements for input in the situation analysis

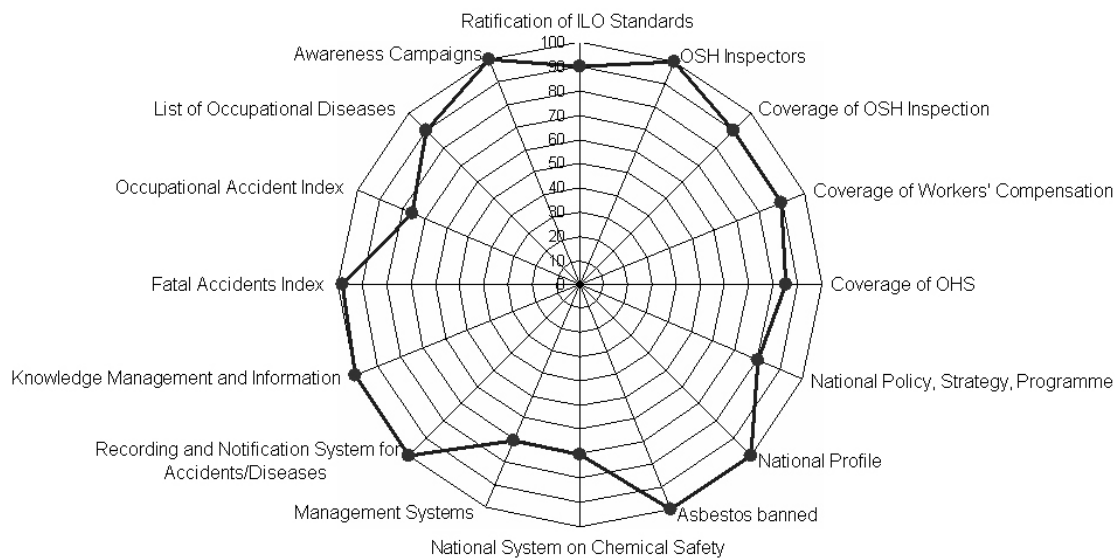
In this section, the expert should provide a preliminary analysis of the collected data and summarize key points and elements which may be useful in undertaking a situation analysis to identify priorities for action to be considered under the National OSH Programme. This would include mainly strong points, weaknesses and gaps related to systems, methodology, infrastructures, skills, capacities, economic and other aspects affecting the adequate development of OSH in the country.

¹⁹ Note: Even crude estimates based on the totaling of approximate or average incomes of human resources and budgets of institutions and bodies are welcome. Please specify in any case the basis used for the estimate if one is given.



Annex 2: Indicators of the National OSH Profile of Finland

The National OSH Profile of Finland, with selected indicators is presented below²⁰:



1. Ratification of ILO OSH Standards (100–0%)
2. OSH Inspectors, number (0–10/100 000)
3. Coverage of OSH Inspection (0–100%)
4. Coverage of Workers' Compensation (0–100%)
5. Coverage of Occupational Health Services (0–100%)
6. National Policy, Strategy, Programme, Action Plan, Targets, Deadlines (0–100%)
7. National Profile made (0–100%) 8)
8. Asbestos banned (0–100%)



²⁰ Figure 12.1. The National OSH profile of Finland (J. Rantanen 2006)

9. National System on Chemical Safety based on Convention No. 170, GHS, CSDC, ICSCs (0–100%)
10. Management Systems, implementation of ILO-OSH 2001 (0–100%)
11. Recording and Notification System for Accidents/Diseases (0–100%)
12. Knowledge Management and Information Centre, ILO/CIS (0–100%)
13. Fatal Accidents Index (based on fatality (100–AI/100,000))
14. Occupational Accidents Index (based on accident rate (100–AI/1000))
15. List of Occupational Diseases and Compensation Criteria (0–100%)
16. Awareness Campaigns, such as April 28 (0–100)



Annex 3: SWOT Analysis

SWOT analysis²¹ is a strategic planning method of categorization used to evaluate the **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats involved in a project. The SWOT method was originally developed for business and industry, but can be used in any decision-making process where an organization or individual must make a decision to achieve a goal. The aim of any SWOT analysis is to identify the key internal and external factors that are important (favorable and unfavorable) to achieving an objective.

An internal analysis helps to plan for the future by articulating how the system operates right now. An external analysis helps to understand how the system is perceived externally and what societal factors may affect its future

SWOT analysis groups key pieces of information into four main categories:

- **Strengths:** characteristics of the organization those are helpful to achieving the objective.
- **Weaknesses (or Limitations):** are characteristics of the organization that are harmful to achieving the objective.
- **Opportunities:** *external* conditions those are helpful to achieving the objective.
- **Threats:** *external* elements or conditions that could cause trouble for the performance

SWOT ANALYSIS



²¹ Elaborated from Wikipedia: http://en.wikipedia.org/wiki/SWOT_analysis

The identification of SWOTs is essential because subsequent steps in the process of planning for achievement of the selected objective may be derived from the SWOTs. Setting the objective should be done after the SWOT analysis has been performed. This would allow achievable goals or objectives to be set for the organization.

The SWOT analysis is used as input to the generation of possible strategies, by answering to the following four questions:

- How can we use and exploit each Strength?
- How can we improve each Weakness?
- How can you exploit and benefit from every Opportunity?
- How can we reduce each Threat?

Another way to use SWOT for a verification of correspondence and/or conversion. The correspondence in the SWOT analysis is used to find advantages by matching strengths to opportunities. The conversion in the SWOT analysis is to apply conversion strategies to transform the threats or weaknesses into strengths or opportunities.



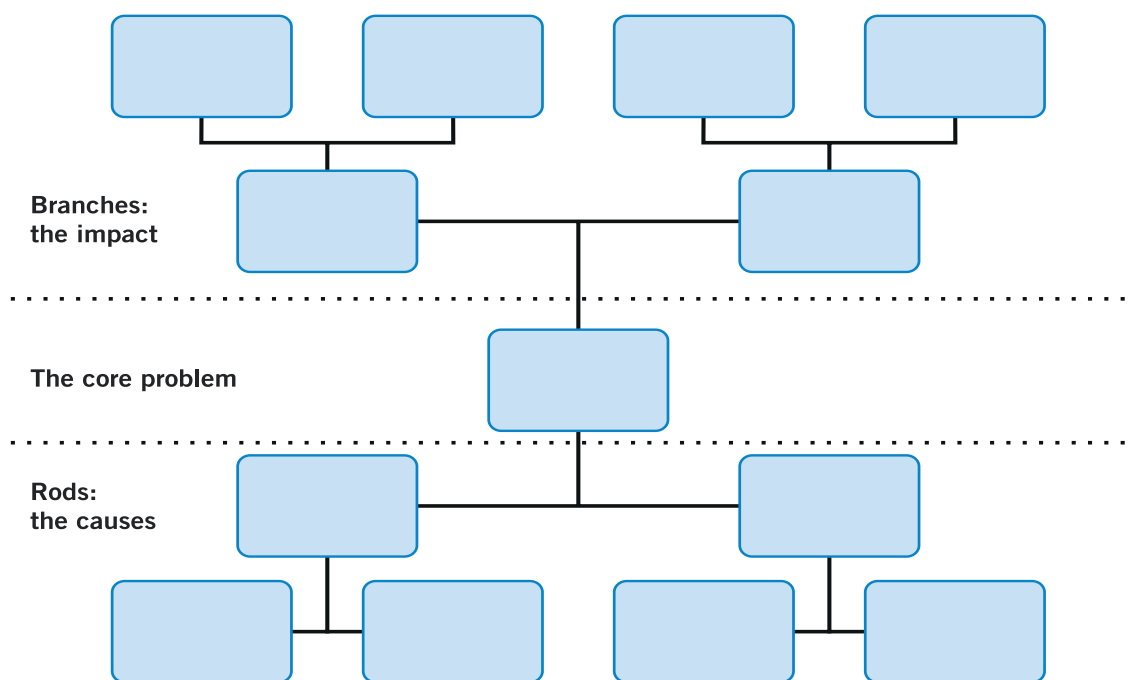
Annex 4: Problem diagram²²

Problems seldom appear separately. Cause-and-effect relationships often link them and constitute a system, which can be presented as a tree-like diagram. The Problem diagram, also called cause-and-effect diagram, has been developed for a variety of fields, such as medical diagnosis, prevention and research on the causes of accidents, and total quality management.

The importance of problems varies. It is thus theoretically possible to identify a core (or central) problem and derive from it a range of causes and effects. When a core problem is identified, the diagram takes the shape of a complete tree, provided with a trunk (the core problem), roots (the causes) and branches (the consequences and impacts).

Standard charts illustrate the core problem in the centre of the diagram, causes at the bottom, and consequences at the top. The diagram is read from the bottom upward.

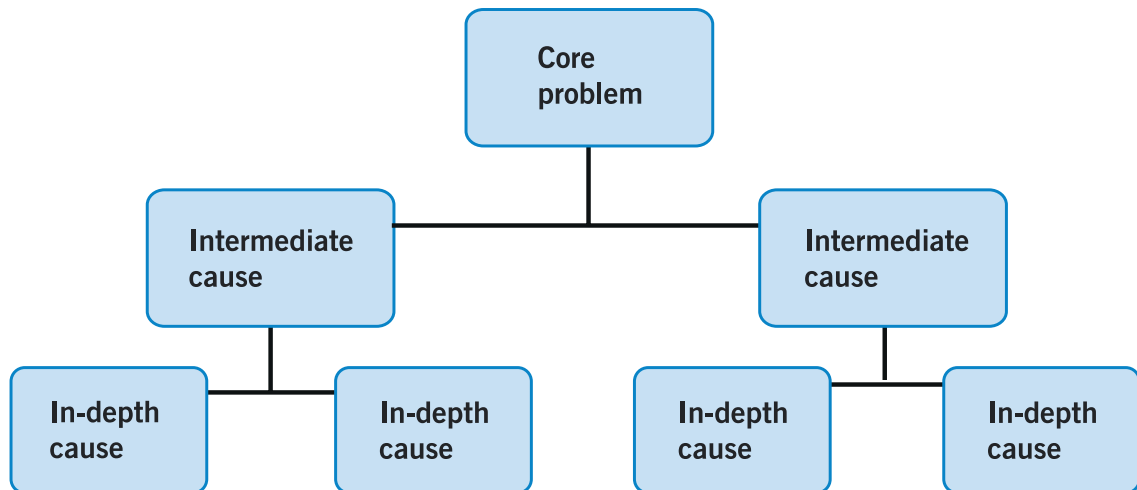
Standard chart: the complete problem tree



²² Elaborated from the evaluation methods of EuropeAid:
http://ec.europa.eu/europeaid/evaluation/methodology/egeval/tools/too_dpm_def_en.htm

A strategy, programme or project is all the more effective when it studies the fundamental causes of the problem(s) to be solved. Thus, once the core problem is identified, the diagram only represents the causes and is displayed as an inverted tree. The diagram below illustrates a simple case, where three levels of problems are identified: fundamental causes, intermediary causes and the core problem.

Simplified problem diagram



Annex 5: ILO instruments in occupational safety and health

Conventions, Recommendations and Protocols²³

Fundamental principles of occupational safety and health

- Occupational Safety and Health Convention, 1981 (No. 155)
- Occupational Safety and Health Recommendation, 1981 (No. 164)
- Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No. 155)
- Occupational Health Services Convention, 1985 (No. 161)
- Occupational Health Services Recommendation, 1985 (No. 171)
- Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)
- Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197)
- Protection of Workers' Health Recommendation, 1953 (No. 97)
- Welfare Facilities Recommendation, 1956 (No. 102)
- List of Occupational Diseases Recommendation, 2002 (No. 194)

Health and safety in particular branches of economic activity

- Hygiene (Commerce and Offices) Convention, 1964 (No. 120)
- Hygiene (Commerce and Offices) Recommendation, 1964 (No. 120)
- Occupational Safety and Health (Dock Work) Convention, 1979 (No. 152)
- Occupational Safety and Health (Dock Work) Recommendation, 1979 (No. 160)
- Safety and Health in Construction Convention, 1988 (No. 167)



²³ Only the up-to-date instruments have been included. Other ILO instruments on OSH to be revised, with interim status or already withdrawn or replaced have not been included.

- Safety and Health in Construction Recommendation, 1988 (No. 175)
- Safety and Health in Mines Convention, 1995 (No. 176)
- Safety and Health in Mines Recommendation, 1995 (No. 183)
- Safety and Health in Agriculture Convention, 2001 (No. 184)
- Safety and Health in Agriculture Recommendation, 2001 (No. 192)

Measures of protection against specific risks

- Radiation Protection Convention, 1960 (No. 115)
- Radiation Protection Recommendation, 1960 (No. 114)
- Occupational Cancer Convention, 1974 (No. 139)
- Occupational Cancer Recommendation, 1974 (No. 147)
- Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)
- Working Environment (Air Pollution, Noise and Vibration) Recommendation, 1977 (No. 156)
- Asbestos Convention, 1986 (No. 162)
- Asbestos Recommendation, 1986 (No. 172)
- Chemicals Convention, 1990 (No. 170)
- Chemicals Recommendation, 1990 (No. 177)
- Prevention of Major Industrial Accidents Convention, 1993 (No. 174)
- Prevention of Major Industrial Accidents Recommendation, 1993 (No. 181)
- Guarding of Machinery Convention, 1963(No. 119)
- Guarding of Machinery Recommendation, 1963(No. 118)
- Maximum Weight Convention, 1967 (No. 127)
- Maximum Weight Recommendation, 1967 (No. 128)



ILO Codes of Practice on OSH

Title	Publication
Occupational exposure to airborne substances	1980
Prevention of major industrial accidents	1991
Safety and health in opencast mines	1991
Safety and health in construction	1992
Technical and ethical guidelines for workers' health surveillance	1992
Safety in the use of chemicals at work	1993
Recording and notification of occupational accidents and diseases	1995
Management of alcohol and drug related issues in the workplace	1996
Protection of workers' personal data	1997
Safety and health in forestry work	1998
Use of synthetic vitreous fibre insulation wools (glass wool, rock wool, slag wool)	2000
HIV/AIDS and the world of work	2001
Industry Code of Practice on Ship Recycling	2001
Ambient factors in the workplace	2001
Occupational Safety and Health Management Systems	2001
Managing disability in the workplace	2002
Workplace violence in services sectors and measures to combat this phenomenon	2002
Safety and health in the non-ferrous metals industries	2003
Safety and health in shipbreaking Guidelines for Asian countries and Turkey	2004
Safety and health in the iron and steel industry	2005
Guidelines for labour inspection in forestry	2005
Safety and health in ports	2005
Safety and health in underground coalmines	2006
Code of practice on safety and health in the use of machinery	2011



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