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Health and Safety Regulations

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Policy Dilemma

Every day on a global level, workers engage in hazardous activities that increasingly potentially result in accident and disease. Every year, more than two-hundred-seventy million occupational accidents and one-hundred-sixty million cases of occupational disease occur. An average two million workers die from these accidents and diseases each year. If employees are killed or permanently handicapped, their families lose a vital financial and physical support. Yet many employers still fail to take appropriate safety measures because ultimately, companies have an overriding interest in profit. States have a duty to pressure all employers to take preventive and protective measures in order to best look out for the safety of their employees. According to the Occupational Safety and Health Convention (1981), each state must promote and maintain the physical, mental, and social wellbeing of all its workers.

Through conventions and treaties, states have developed global indicators that reflect the pressing need for better safety measures. Reported accidents and diseases are the most direct indicator, but they are rarely accurate. For example, reported statistics do not incorporate the informal economy. In 2001, fatal accidents reported globally numbered 41,748. However, the ILO Global Estimates put the real number at 351,251. Accidents causing three or more days’ absence reported numbered at 9,031,431; Global estimates average 268,059,671. The number of cases of fatal work-related diseases in 2001 was estimated to be 1,697,061. Estimated deaths caused by dangerous substances numbered at 438,480. Overall, 2.2 million work-related deaths are estimated to occur annually.

The regions most affected are the developing states, where much of the job industry resides in agriculture, construction, logging, fishing, and mining. Physical hazards associated with manual labor include slips and trips, falls from height, workplace

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transport, dangerous machinery, electricity, and heavy metals. Physical and chemical agents include noise, ionizing radiation, heat and cold stress, solvents, and biological agents. Psychosocial issues include work-related stress, violence, and bullying. A field crop worker, for example, is subject to time pressure and long working hours especially at harvest time. The agricultural machine he or she is using is likely to be of an old and unreliable design. Also, field crop workers are exposed to organic and inorganic irritants.

In addition, the lowest rung of society—children, women, migrants, the elderly—are often the most affected by occupational hazards. Older workers over the age of fifty-five are more likely to suffer fatal accidents. Younger workers (ages fifteen to twenty-four) are more likely to suffer from non-fatal accidents. In regards to gender, men occupy around 80 per cent of hazardous jobs—though long-term disabilities such as musculoskeletal disorders occur more in female workers.

There are a number of solutions to combat hazards in the workplace. The solutions fall into four categories: promotion/advocacy, legislation, inspection, and knowledge/support/services. Promotion involves the state’s official stance on health and safety in accordance with international standards. More concrete and effective solutions are found in the sphere of law. Health and safety laws often require employers to ensure a minimum standard of safety to their workers. Often, they are geared toward specific industries. Legal provisions put the most pressure on companies because employers are held legally liable if they disobey them. States have also increased their capacity and capability to inspect companies in order to ensure compliance. Finally, the last solution calls for the improvement of “basic occupational health services, knowledge

(Accessed 12 March 2008)
management, information exchange, research, and support services.” Though each solution is a step forward in ensuring occupational health and safety, using all the solutions simultaneously is the most effective action. Laws are most effective when the state’s method of inspection is comprehensive.

Economically, the state has an interest in its people wellbeing. Costs incurred by the state include social security payments, lost production, lost goodwill, legal and medical fees. Therefore, ensuring occupational health and safety is a global concern that states should address for more than just the already-important moral reasons.

Chronology

3 June 1981: Adoption of ILO Convention (No. 155)

The issue of occupational accidents and diseases has always been prevalent. The problem received the most attention on a global scale with the adoption of the ILO Convention (No. 155). The convention specifically concerns the occupational safety and health and the working environment, as well as outlines how states must promote health and safety in the work place. All member states of the ILO are obligated to follow the convention.

The convention calls for “the enforcement of laws and regulations concerning occupational safety and health [to be] secured by an adequate and appropriate system of inspection”7. The enforcement system must provide for penalties for violations of those laws ad regulations. States must also periodically review their own policies. In regards to employers, states must ensure that all companies use reasonably safe equipment. They must ensure that employees receive fair representation and are allowed to remove themselves from the workplace if they feel that they are at risk. States must also incorporate work safety in all levels of their training and education systems.

The convention itself is very vague in its goals, but it is significant in that this is

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6 Ibid.
the point where states started to take in interest in preventing occupational disease and accidents. Prior to the convention, work-related health specifically was not getting enough global attention.

3 December 1984: Bhopal Disaster

On 3 December 1984, a Union Carbide plant released forty ton of methyl isocyanate (MIC) gas into Bhopal, India. More than three thousand people were killed, with more than one hundred thousand people permanently injured. Despite warnings from authorities, Union Carbide built their pesticide plant close to the city in 1969. The MIC was stored in a few large containers. Safety systems were constantly nonfunctioning and, as time went on, expenses and staff size were reduced. These cost-cutting initiatives have been proven to have reduced the safety of the plant.

In the aftermath, Union Carbide donated vast amounts of money in order to redeem itself. The company put USD $2 million into the Prime Minister’s disaster relief fund and USD $5 million to the Indian Red Cross fund. They created their own fund to provide for disaster relief. In total, they paid upwards of USD $470 million. Most importantly, they developed the Responsible Care system with other members of the chemical industry in order to improve work standards.8

The Bhopal disaster highlighted specific occupational health and safety issues. First, the disaster shows the negligence on the part of the multinational corporation in preventing occupational accidents. Union Carbide, an American company, built its pesticide plant in India partly in order to avoid the strict health and safety regulations. This “double standard” needs to be deterred for health and safety in the workplace to be obtained. An enforceable uniform international standard would provide norms for corporate responsibility and accident prevention.9

On the part of India, the disaster was indicative of India’s lack of health and safety

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regulation enforcement. Developing states, like India at the time, have a strong interest in rapid industrialization. The risk of occupational accidents and disease is increased when the industrializing states do not take the appropriate measures. India’s public health infrastructure was weak. There was no functioning sewage system—waste was dumped into lakes. There was no mass casualty emergency response system. In short, India was not adequately prepared for an industrial accident of this scale.

**26 April 1986: Chernobyl Disaster**

Only two years after Bhopal, a reactor accident at a nuclear power plant directly killed fifty-six and affected upwards of six-hundred-thousand people. The disaster highlighted the result of rapid industrialization and adoption of new technologies and its implications if the appropriate safety measures are not enforced. One theory of many regarding what happened that day is that the operators were not informed that the design of the plant was faulty. As a result of this misinformation, two hundred and thirty seven plant workers suffered from acute radiation. The radiation also spread far across Europe, reach as far as the United Kingdom.\(^{10}\)

The event is an extreme example of occupational accidents in the workplace and the increased risk of them when dealing with new technology, such as nuclear power. Unlike Bhopal, the Chernobyl disaster took place in an already very developed state. In both cases, the crisis management was ineffective.\(^{11}\) The staff misread the radiation levels multiple times after the disaster, and proper measures were not put in place. Even after the increased awareness after Bhopal, the prevalence of occupational accidents and disease led to disasters such as Chernobyl.

**May 1999: Creation of ILO SafeWork**

In May 1999, ILO Safework was created specifically to address health, safety, and the environment in the workplace. The program promised to address global competition,

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growing labor market fragmentation, and rapid change in all aspects of work. Its four major goals were:

1) Preventive policies and programmes are developed to protect workers in hazardous occupations and sectors;
2) Effective protection is extended to vulnerable groups of workers falling outside the scope of traditional protective measures;
3) Governments and employers’ and workers’ organizations are better equipped to address problems of workers’ well-being, occupational health care and the quality of working life;
4) The social and economic impact of improving workers’ protection is documented and recognized by policy- and decision-makers.

The program set its goals very high, yet did not have the funding or support to really change the problem. The creation of ILO Safework increased the awareness of occupational accidents and disease, but did not serve to really change it. At this point, two million workers were still dying and one-hundred-sixty million were ill each year. This program marks an attempt to remedy the problem, but in the history of the issue, ILO SafeWork only altered the perception of the problem, not the ways in which to address the solution.

**Actors and Interests**

**Multinational Corporations**

Multinational corporations seek a solution to occupational accidents and diseases by establishing health and safety regulations that do not largely conflict with profit. MNCs are companies that have assets in countries other than its home country. Offices and factories are often found in those other countries with a centralized head office where they coordinate global management. In total, there are over 35,000 MNCs, with 147,000 foreign affiliates. Robert D. Kaplan defines Multinational Corporations as

feudal domains that evolved into nation-states; they are nothing less than the vanguard of a new Darwinian organization of politics. Multinational corporations are the most powerful political institutions of our time. Of the world’s hundred largest economies, fifty-one are not countries but corporations.

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13 Ibid.
14 LaDou, Joseph “Multinational Corporations” Global Occupational Health, 2006
Indeed, the world’s five hundred largest MNCs account of 70 per cent of world trade. The major multinationals also account for one third of all manufacturing exports, three fourths of commodity trade, and four fifths of the trade in technology and management services. Sales for major MNCs have grown sevenfold, yet worldwide employment by these same companies has remained unchanged. Moreover, human labor required for each unit of output is decreasing.

All companies have a primary interest in making profit. Though some act responsibly and create a companywide standard for all employees, others take advantage of “free-trade privileges, wages as low as 11 cents an hour, a near total absence of unions, and the disinterest of frank corruption of unstable or distracted governments”\(^{15}\). The Organization for Economic Cooperation and Development (OECD) Guidelines for Multinational Enterprises, the UN Code of Conduct on Transnational Corporations, and the ILO Tripartite Declaration of Principles Concerning Multinational Enterprises and Social Policy attempt to provide a framework of ethical behavior. Multinational corporations that have signed the CERES Principles (formerly the Valdez principles) agree to operate plants according to “strict home-based regulatory standards”.\(^{16}\) This is to ensure that leading companies do not enforce a “double standard” in health, safety, and environmental protection in their global operations.

If these MNCs bring their home health and safety practices to the developing world, they are a power force for improving working conditions. Multinationals have the potential to raise the living standards and conditions of women and child workers as well. Recently, there has been a trend toward multinational managed care organizations that ensure that companies have access to social security and public sector funds for health services. Multinational corporations have yet to make great strides towards occupational health and safety, however. In an era of increasing industrialization, developing states

\(^{15}\) Ibid.

\(^{16}\) “Coalition & Companies”, Ceres: Investors and Environmentalists,
still have only 5-10 per cent of their workers protected. Corporate interests in profit must be somewhat met in order for substantial changes to be made.

**Small and Medium-sized Enterprises**

Small and Medium-sized Enterprises (SMEs), or small and medium-sized businesses, do not necessarily seek a solution to occupational accident and diseases because they have an overriding interest in profit. SMEs are companies whose headcount or turnover falls below a certain limit. In the United States, for example, a small business is defined as having less than one hundred employees; a medium-sized business has less than five hundred employees. SMEs outnumber multinational corporations and hold a greater share of the labor force.

Small and Medium-sized businesses also have a primary interest in making profit. However, because each SME does not have many resources, they lack appropriate health and safety measures. Small and Medium-sized enterprises are characterized by:

Unsafe buildings and other structures, old machinery, poor ventilation, noise, and with workers of limited education, skill, and training. Protective clothing, respirators, gloves, hearing protectors, and safety glasses are seldom available. The companies are often inaccessible to inspections by government health and safety enforcement agencies. In many instances, they operate as an “underground industry” of companies not even registered with the government for tax purposes.  

In every region studied, the smaller the industry, the higher the rate of workplace injury and disease. Safety record also show that is much more dangerous to work for a small company. Also, many SMEs are located in adjacent to or in the middle of residential areas—thus, workers and the surrounding community is at risk of injury and disease.

The International Labor Organization has developed the Work Improvement in Small Enterprises (WISE) methodology in an attempt to ensure occupational health services. In the cases studied, the working environment was improved and accidents reduced. Although SMEs do not wield vast resources, small investments can lead to

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17 LaDou, Joseph “Small and Medium-Sized Enterprises” Global Occupational Health, 2006

18 “Work Improvements in Small Enterprises (WISE)”

Rutgers Model United Nations

major improvement and cost savings. SME interest in profit, however, must be heavily taken into consideration.

**Developing and Developed States**

Developing states do not have a strong interest in preventing occupational accidents and diseases because they do not recognize the value of health and safety regulations over the need to thrive financially. A developing state is a state that has a low *per capita* income, standard of living, and Human Development (HDI) score. The state is developing economically and does not wield the same resources as industrialized states such as the United States and France. Only 5-10 *per cent* of workers in developing states are protected from health and safety hazards.  

Conversely, developed states seek to reduce occupational disease and accidents by developing models of occupational health and safety. Unlike developing states, they value health and safety regulations as integral to the wellbeing and success of society. The United States and United Kingdom have created central institutes of occupational health and safety. Those institutes enforce health and safety regulations that, for example, limit worker exposure to hazardous materials.

Developing states have a primary interest in economic development and industrialization. Most, however, do not recognize the value of public health. This is despite hundreds of studies supporting the value of reducing the risk of chronic disease and accidents. Developing states have the greatest need for occupational health and safety. Yet other actors, such as developed states and international agencies, must assist in order to improve the capacity and the desire to improve public health in the workplace.

The problems in developed states that need to be addressed include: stress, aging

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workforce, informed consent, transparency, chemicals, manual handling, allergy, indoor air, new technologies, management and safety culture, and occupational health services. Although developed states have adopted models that promote health and safety in the workplace, they need to ensure that regulations are enforced, whereas developing states need an effective means to monitor problems and log them in the first place.

The primary problems in developing countries that need to be addressed include: agriculture, dangerous occupations such as mining, transfer of hazardous technologies, major accidents and fires, work-related disease, toxic metals, organic dusts, vulnerable groups such as children, heat stress, and heavy physical work. Developing states lack effective legal and policy instruments that address these problems. Major fields of employment such as agriculture are not well regulated. A primitive occupational health care system also “does not permit the identification of even imminent and significant health hazards, and the lack of registration of work accidents and diseases prevent their systematic evaluation.”

Both developed and developing states have similar interests in that state representatives need to take a more active role in the administration of policy and the enforcement and regulation therein. Developing states, however, need a stronger infrastructure of labor health and safety, while developed states need a way to educate workers on the policies that are already in place, as well as make sure the policies are widely implemented.

**Labor Unions**

Labor unions seek to prevent occupational accidents and diseases by lobbying businesses and governments to enact health and safety measures. Since their constituents are the workers themselves, they have a strong interest in ensuring their health and safety.

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A labor union is an organization of workers who works to achieve common goals such as wages, hours, and working conditions. The labor union negotiates with the employers on behalf of the employees. Concerns include wages, work rules, complaint procedures, rules governing hiring, firing and promotion of workers, benefits, workplace safety and policies. Studies show the involvement of workers in labor unions is a major factor in improving occupational health and safety. States with greater amounts of unions often rank highest in terms of occupational injury and illness prevention and of health and safety performance in general.

Labor participation, however, has little strength in developing and industrialized states. In developed countries, participation has even decreased. Some say the reason for this is that:

global “labor rights” are far too threatening to the present industrial growth strategies of most developing countries to stand much chance of acceptance. Developing countries are not alone in their slowness to include labor rights in trade regimes such as the WTO. Many countries do this, not because they want to increase first-world investments attracted by cheap labor, but rather because they do not want to encourage the emergence of strong unions as a political force. 23

Yet, labor unions still have a voice that can effect change. In South Africa, for example, the National Union of Mineworkers has brought about improved mining occupational health and safety legislation. Also, states with more labor unions were more likely to ratify ILO conventions than states with fewer labor unions.

Labor unions have the potential to bring about an “optimal setting to protect workers’ health and safety in the rapidly changing global economy [by creating] informed and empowered workers active in health and safety programs and committees.”24

**Possible Causes**

**Globalization and Corporate “Double Standards”**

With the rising trend in globalization, businesses have extended their influence
past their home countries. While some see globalization as a means towards greater wealth and prosperity, others see it as a detriment to the global society. One opponent defines globalization as “corporations moving their money, factories and products around the planet at ever more rapid rates of speed in search of cheaper labor and...governments willing to ignore or abandon consumer, labor and environmental protection laws.” As an ideology, [he sees globalization as] “largely unfettered by ethical or moral considerations.”25 Indeed, liberalized trade has brought with it the transfer of obsolete and hazardous technologies, chemicals, processes and waste, including asbestos and pesticides. The reason that sort of transfer is allowed is because of the differences in health and safety regulations amongst states.

In their expansion to other countries, multinational corporations are tempted to take advantage of a developing state’s lax health and safety regulations. There is no effective mechanism that forces states to standardize their practices on a global scale. The ILO Tripartite Declaration of Principles cornering Multinational Enterprises and Social Policy calls for the following:

Governments of home countries should promote good social practice in accordance with this Declaration of Principles, having regard to the social and labor law, regulations and practices in host countries as well as to relevant international standards. Both host and home country governments should be prepared to have consultations with each other, whenever the need arises, on the initiative of either.26

By increasing communication between developed and developing states, both the negative effects of globalization and corporate “double standards” can be minimized. And when these corporations “bring their home health and safety practices to the developing world, they are a powerful force for improvement in working conditions in newly-industrialized countries”.27

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Lack of State Interest

States, though interested in improving the wellbeing of their workers, do not see occupational health as a top priority. All of the “research and programs in industrializing countries are essentially demonstration-projects designed to convince international agencies that major funding should follow”\(^{28}\). Because no major funding is given, health and safety regulations are not effectively enforced. The projects fail and the cycle continues, resulting in little progress towards effective health and safety regulations in industrializing states. In the Philippines, for example, the Bureau of Working Condition (BWC) develops working policies and enforces them. Since such a small amount of inspectors are hired to cover so many work settings, however, enforcement is ineffective. BWC is limited to an “advisory capacity”, which means inspectors only write reminders and give warnings.\(^{29}\) In addition, statistics are inaccurate because not all work settings are covered. If there were increased state interest and the funding to go along with it, then health and safety regulations would have the necessary enforcement to ensure safety in the workplace.

Most states are also not interested in contributing to international organizations for the express purpose of preserving occupational health and safety. ILO Safework, the program for Health and Safety at Work, has had its budget cut drastically by the global community. Jukka Takala of ILO has said that “lately practically all major donors have said that they will provide funding only to the priority areas: child labor and ILO Core Conventions”.\(^{30}\) There is a trend that labor inspection is “little more than a nuisance”, commanding little in the way of resources, power, and respect.\(^{31}\) As a result, the budget for international organizations who work on projects

\(^{28}\) Rantanen J, Lehtinen S, Savolainen K. The opportunities and obstacles to collaboration between the developing and developed countries in the field of occupational health. Toxicology. 2004;198:63-74.


\(^{30}\) Takala, J. International agency efforts to protect workers and the environment. Int J Occup Environ Health. 1999;5:30-37

\(^{31}\) Ibid.
Lack of Informal Economy Regulation

The informal economy is defined as “all economic activities by workers and economic units that are—in law or in practice not covered or insufficiently covered by formal arrangements … or are operating outside the formal reach of law”\(^{32}\). The informal sector of industrializing states is growing rapidly. The ILO estimates that 60 per cent of non-agricultural employment in Latin America is informal. In India and Indonesia, 90 per cent of women working outside of agriculture are participating in the informal economy. In short, the informal economy is all-encompassing and includes many workers. And because the informal economy is not subject to health and safety regulations, workers “often work in substandard conditions, exposed to various hazards in the workplace without having appropriate safety and health training and information”.\(^{33}\) Some experts cite addressing the informal economy as vital for the preservation of occupational health in states. They claim that “practical training tools, local resource persons and national policy support [will] strengthen the self-help improvement initiative of the targeted informal economy workplaces.”\(^{34}\) Only through initiatives on the grassroots level, supported by national policy, can occupational accidents and diseases in the informal sector be prevented. Addressing the informal economy would do a lot to promote occupational health, especially in developing states, and also be a huge step towards global health for all workers.

Comparisons of Causes

The three possible causes of an exceeding occurrence of work-related accidents and disease include: globalization and corporate “double standards”, lack of state interest, and lack of informal economy regulation. The actors that support globalization and corporate “double standards” include experts in academia, some state governments, and labor unions. Many industrializing states identify globalization with prosperity and so fail to address the possible negative effects that arise from it. China, for example, is focused

\(^{32}\) Ibid.

\(^{33}\) Kawakami, Tsuyoshi, “Networking Grassroots Efforts to Improve Safety and Health in Informal Economy Workplaces in Asia”, ILO
on industrialization that it does not want to see globalization as a detriment to its workforce. At the same time, there is pressure for corporations to create a universal standard. A few multinational corporations have signed the CERES Principles, promising to avoid double standards and pledging to promote health and safety. The lack of state interest is not a cause that is championed by states because it essentially puts them in a bad light. Many developing states have health and safety regulations that are just poorly enforced. Even developed states have not put occupational health and safety as one of their priorities, as can be seen by the decreasing budget for ILO Safe Work. The actors likely to see lack of state interest as a cause are the labor unions and non-governmental organizations, both of which have the interest of the worker in mind and not economic prosperity for the state. The lack of informal economy regulation is a cause that does not garner any strong support from states or corporations because of the difficult nature of the problem. It is the non-governmental organizations and some international organizations that are spearheading projects that target the informal economy. These are all causes that root because states do not want to recognize or take responsibility for their own inaction in the issue.

Projections

Due to globalization and population growth, dramatic changes in the global labor force will occur. Each region is projected to have an increase in workers. With the number of workers in Latin America, for example, projected to reach two-hundred-seventy million in 2010, the burden of disease and injury attributed to the workplace will also continue to rise. Already among the world’s 2.7 billion workers, two million deaths per year are attributed to occupational disease and injuries. Statistics seem to stem, however, from “evidence-based estimates that are likely to systematically and

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34 ibid.
37 “Global Burden of Disease from Occupational Health Risks”, Disease Control Priorities Project
significantly under represent the extent of the problem.”

The absence of truly accurate data makes it difficult to make accurate predictions. Yet if the problems of work-related disease and accidents persist and nothing is done to address them, then workers will clearly continue to suffer. The ILO predicts an increase in the number of young people (age fifteen to twenty-four) and older people (age sixty and over) entering the workforce over the next fifteen years. The ILO warns that these two age groups tend to have higher on-the-job- accident rates. Occupational disease and accidents are also a detriment to the state itself. Taking the possibility for error into account, the ILO estimates that 4 per cent of GDP is lost because of work-related diseases and injuries and that percentage will continue to rise if occupational accidents and diseases are not addressed. Tsuyoshi Kawakami of the ILO conducted a self-help initiative to improve working conditions for informal workers. That initiative involved communities, employers, people’s networks, and participatory tools such as check lists. The study was successful in improving occupational health in the informal sector. Both developed and developing states, however, still do proactively implement these kinds of programs.

Conclusion

Workers on a global level are increasingly at risk of accident and disease. In the interest of profit, employers fail to take appropriate safety measures. In accordance with the International Labor Organization Constitution, states have a duty to promote and maintain the physical, mental, and social wellbeing of workers. The states themselves need to be more proactive in not only enacting health and safety regulations, but implementing adequate enforcement mechanisms. If nothing is done to address

38 Ibid.
41 Kawakami, Tsuyoshi, “Networking Grassroots Efforts to Improve Safety and Health in Informal Economy Workplaces in Asia”, ILO
occupational disease and accidents, then workers will continue to suffer. States need to realize that ensuring safety in the workplace will benefit their own economies.
Discussion Questions

• How can health and safety at work be improved?

• How do the work safety concerns of the developed state and those of the developing state differ?

• Describe the different actors and interests.

• How does a lack of state interest produce ineffective health and safety regulations?

• Describe the effects of globalization on the labor force of an industrializing state.

• What are the consequences of occupational accidents and diseases not being addressed?
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For Further Reading

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http://www.globalhealth-ec.org/GHEC/Home/42globaloccupationalhealth-ladou/player.html

This interactive slide show gives a very clear overview of health and safety in the workplace. Read over the slides and click on the suggested links to become better familiar with the actors and possible causes.

Rantanen J, Lehtinen S, Savolainen K. The opportunities and obstacles to collaboration between the developing and developed countries in the field of occupational health. Toxicology. 2004;198:63-74.

This report gives a great overview of the occupational health situation in developed and developing states. It has charts that are easy to understand and identifies priorities that states need to focus on in ensuring occupational health. It also talks about how developed and developing states can collaborate to improve both of their health systems.


This report does a good job in summarizing the current global situation when it comes to occupational accidents and disease. It breaks down the statistics according to different regions and different types of accidents/diseases.
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Tripartite Declaration of Principles concerning Multinational Enterprises and Social

“Work Improvements in Small Enterprises (WISE)”