

IV OCCUPATION and HEALTH Russian National Congress with International Participation

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Occupational Diseases in the World and the New ILO List of the Occupational Diseases

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Occupational risk factors

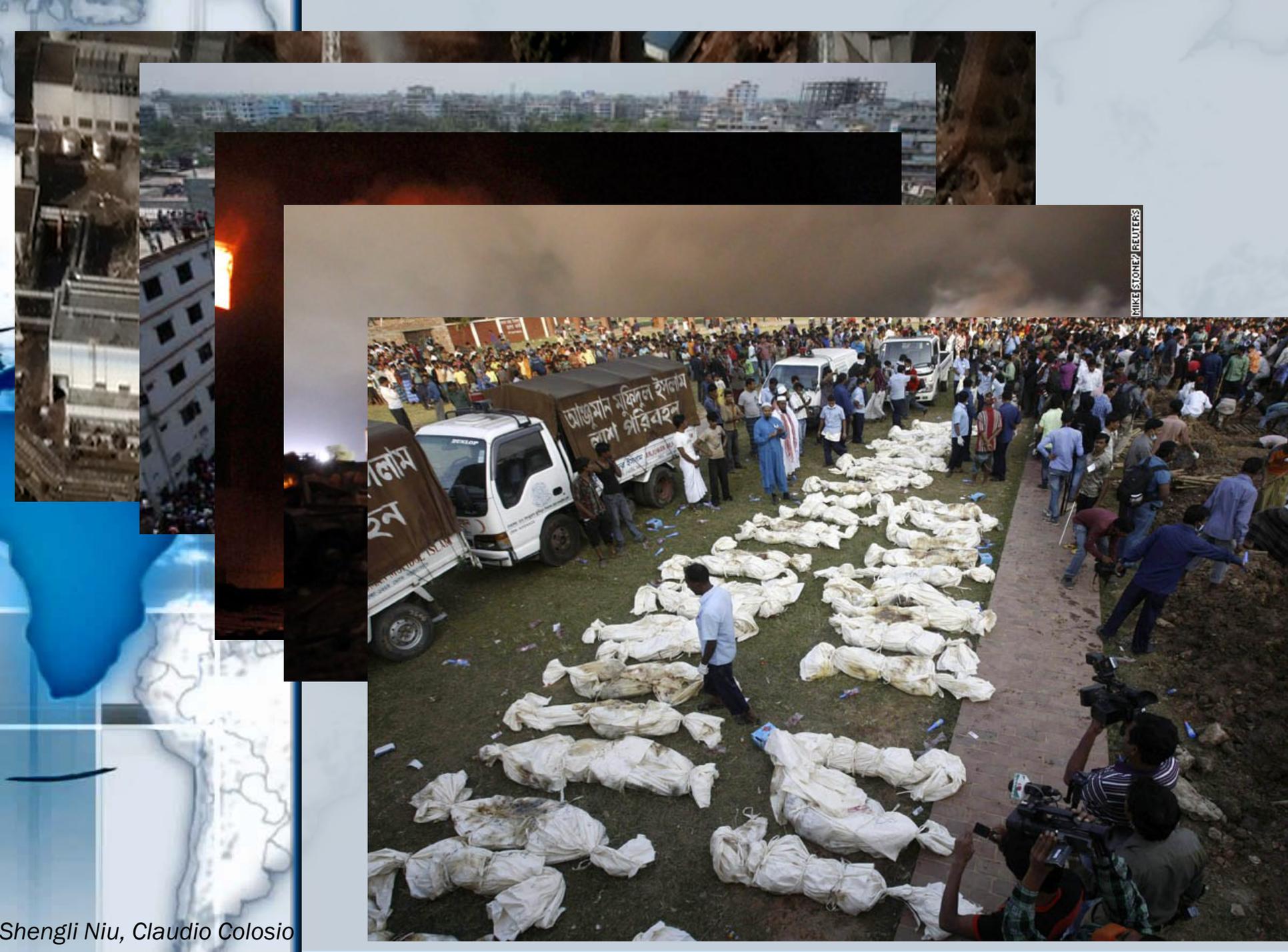
Chemical risk factors

Biological agents

Physical factors

Adverse ergonomic conditions

Psychosocial factors



MIKE STONE/REUTERS



SUSTAINABLE DEVELOPMENT GOAL 8

Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

GOAL 8 TARGETS

PROGRESS OF GOAL 8

- Sustained and inclusive economic growth is necessary for achieving sustainable development. The global annual growth rate of real GDP per capita increased by 1.3 per cent in 2014, a significant

TARGET

8.8 protect labor rights and promote safe and secure working environments of all workers, including migrant workers, particularly women migrants, and those in precarious employment

Despite rapid growth in some developing regions, labour productivity remains far higher in the developed regions. In 2015, the average worker in developed regions produced 23 times the annual output of an average worker in sub-Saharan Africa (which has the lowest labour productivity in developing regions), and 2.5 times that of an average worker in Western Asia (which has the highest labour productivity in developing regions).

- The global unemployment rate stood at 6.1 per cent in 2015, down from a peak of 6.6 per cent in 2009, mostly owing to a decline in unemployment in the developed regions. Unemployment affects population groups differently. Globally, women and youth (aged 15 to 24) are more likely to face unemployment than men and adults aged 25 and over. In all regions, except Eastern Asia and the

REVIEW



HIGH-LEVEL POLITICAL FORUM ON SUSTAINABLE DEVELOPMENT

VIEWED AT HIGH-LEVEL POLITICAL FORUM



Employment, decent work for all and social protection



SUSTAINABLE DEVELOPMENT GOALS

Other Key UN SDGs related to OSH

- Target 3.9: By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.

- Target 3.4: By 2030 reduce by one-third pre-mature mortality form non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing.

Turkey 2015
G20

ANTALYA SUMMIT



G20 Leaders' Communiqué
Antalya Summit, 15-16 November 2015

Introduction

1. We, the Leaders of the G20, met in Antalya on 15-16 November 2015 to determine further collective actions towards achieving strong, sustainable and balanced growth to raise the prosperity of our people. We are firm in our resolve to ensure growth is robust and inclusive, and delivers more and better quality jobs. We recognize that advancing inclusive growth and entrenching confidence require the use of all policy tools and strong engagement with all stakeholders.

2. In pursuing our objectives, we have adopted a comprehensive agenda this year around the three pillars of decisive implementation of our past commitments to deliver on our promises, boosting investments as a powerful driver of growth and promoting inclusiveness in our actions so that the benefits of growth are shared by all. We have also enhanced our dialogue with low income developing countries as part of our implementation of this agenda.

Strengthening the Recovery and Lifting the Potential

3. Global economic growth is uneven and continues to fall short of our expectations, despite the positive outlook in some major economies. Risks and uncertainties in financial markets remain, and geopolitical challenges are increasingly becoming a global concern. In addition, a shortfall in global demand and structural problems continue to weigh on actual and potential growth.

4. We will continue to implement sound macroeconomic policies in a cooperative manner to achieve strong, sustainable and balanced growth. Our monetary authorities will continue to ensure price stability, financial stability and sustainable growth. We will continue to ensure that our policies are consistent with our commitment to support the recovery and lifting the potential of all countries, including through the implementation of reforms to address inequalities, including through the implementation of the Group's inclusive growth ambition. We will continue to take prompt action to address global economic challenges and implement our collective strategies to address structural challenges to our collective and implement our global economic agenda.

5. We remain committed to the goal of achieving 7 percent by 2016. We will continue to implement reforms to address inequalities, including through the implementation of the Group's inclusive growth ambition. We will continue to take prompt action to address global economic challenges and implement our collective strategies to address structural challenges to our collective and implement our global economic agenda.

6. We are committed to ensuring that our policies are consistent with our commitment to support the recovery and lifting the potential of all countries, including through the implementation of reforms to address inequalities, including through the implementation of the Group's inclusive growth ambition. We will continue to take prompt action to address global economic challenges and implement our collective strategies to address structural challenges to our collective and implement our global economic agenda.

7. Unemployment, underemployment and informal jobs are significant sources of inequality in many countries and can undermine the future growth prospects of our economies. We are focused on promoting more and better quality jobs in line with our G20 Framework on Promoting Quality Jobs and on improving and investing in skills through our G20 Skills Strategy. We are determined to support the better integration of our young people into the labour market including through the promotion of entrepreneurship. Building on our previous commitments and taking into account our national circumstances, we agree to the G20 goal of reducing the share of young people who are most at risk of being permanently left behind in the labour market by 15% by 2025 in G20 countries. We ask the OECD and the ILO to assist us in monitoring progress in achieving this goal. We will continue monitoring the implementation of our Employment Plans as well as our goals to reduce gender participation gap and to foster safer and healthier workplaces also within sustainable global supply chains.

G20 2016
CHINA

二十国集团领导人杭州峰会 G20 HANGZHOU SUMMIT

中国·杭州 2016年9月4-5日

HANGZHOU, CHINA 4-5 SEPTEMBER 2016



40. Generating quality employment is indispensable for sustainable development and is at the center of the G20's domestic and global agenda. We will work to ensure the benefits from economic growth, globalization and technological innovation are widely shared, creating more and better jobs, reducing inequalities and promoting inclusive labor force participation. We endorse the strategies, action plans and initiatives developed by G20 labor and employment ministers to enhance the growth and development agenda by taking effective actions to address changes in skill needs, support entrepreneurship and employability, foster decent work, ensure safer workplaces including within global supply chains and strengthen social protection systems. We endorse Sustainable Wage Policy Principles. We recognize entrepreneurship is an important driver for job creation and economic growth, reinforce our commitments in the G20 Entrepreneurship Action Plan, and welcome China's contribution in the establishment of an Entrepreneurship Research Center on G20 Economies. We also endorse the G20 Initiative to Promote Quality Apprenticeship with policy priorities of increasing the quantity, quality and diversity of apprenticeships. We will further develop the G20 employment plans in 2017 to address these commitments and monitor progress in a systemic and transparent manner in achieving the G20 goals especially on youth employment and female labor participation. We recognize strengthened labor market institutions and policies can support productivity and promote decent work, and therefore higher, sustainable wage growth, in particular for the low-income workers. We recognize the importance of addressing opportunities and challenges brought into the labor market through labor migration as well-managed migration can bring potential benefits to economies and societies.

Estimated numbers of occupational injuries in 2008 by WHO Regional grouping

Region	Economically active population	Total employment	Occupational injuries reported to ILO		Occupational injuries causing at least 4 days absence			
			Fatal	at least 4 days absence	Fatal injuries	Lower limit (0.12)	Upper limit (0.08)	Average
High income countries (global)	494 365 003	465 270 658	11 850	4 959 039	14 090	11 732 104	17 598 156	14 665 130
LMIC Africa Region	251 588 449	98 984 676	759	46 616	44 699	37 248 941	55 873 412	46 561 176
LMIC Americas Region	315 509 490	225 696 648	1 944	657 580	25 534	7 092 881	10 639 321	8 866 101
LMIC Eastern Mediterranean Region	152 610 995	123 065 822	0	0	17 912	14 926 339	22 389 509	18 657 924
LMIC European Region	213 740 690	188 216 100	6 777	325 004	16 191	14 474 533	21 711 800	18 093 167
LMIC South-East Asia and Western Pacific Regions	642 390 831	205 151 369	81	1 676	83 096	69 247 025	103 870 537	86 558 781
Low income countries (global)	921 078 060	886 578 687	193	43 756	119 058	99 215 356	148 823 034	124 019 195
Total	2 991 283 518	2 192 963 960	21 604	6 033 671	320 580	253 937 179	380 905 768	317 421 474

LMIC - Low and Middle Income Countries

Reports of Occupational Diseases in Some Countries

Country	Populations (Millions)	GDP per capita (US\$) World bank	Reported Cases Occupational Diseases	Year
Argentina	40	12,034	22,013	2010
Benin	6.6	1,583	1	2007
Burkina Faso	15.7	1,513	4	2007
China	1,339	9,233	27,240	2010
Cote D'Ivoire	17.5	2,039	11	2009
France	65	36,104	71,194	2010
Italy	60	33,111	46,558	2011
Japan	127	35,178	7,779	2011
Senegal	12.8	1,944	7	2008
Thailand	65	9,820	4,575	2009
UK	61	36,901	8,530	2009
USA	307	49,965	224,500	2009



Assessing the need for better data

Challenges in data collection

- Many developing countries lack the specific knowledge and experience for diagnosis, recognition and reporting of occupational diseases (trained doctors, list of occupational diseases, diagnostic capacity)
- Workers in SMEs and the informal economy tend outside the national OSH systems
- The intensification of migration flows, ageing of the workforce and increasing number of people in temporary work complicate monitoring and recording of occupational diseases
- Many occupational diseases are difficult to identify due to their long latency periods (e.g.:occupational cancer)

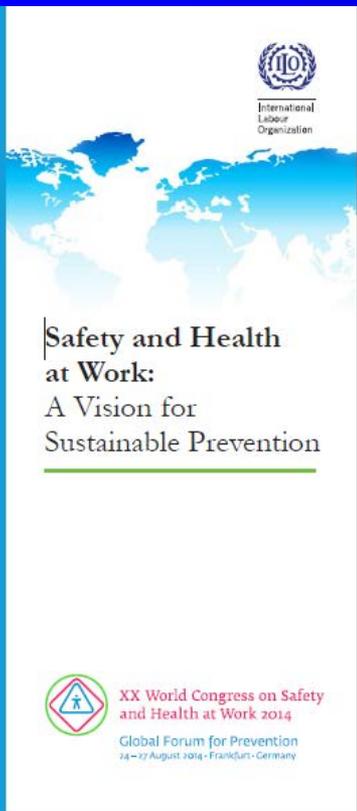
Steps for the prevention of occupational diseases



For national OSH systems to deal effectively with the prevention of occupational diseases, it is necessary to:

- build capacity for recognition and reporting of occupational diseases and establish the related legislative framework
- improve mechanisms for collection and analysis of occupational disease's data
- improve collaboration of OSH and social security institutions to strengthen employment compensation schemes
- integrate the prevention of occupational diseases into OSH inspection programmes
- improve capacity of occupational health services for health surveillance and monitoring of the working environment
- update national lists of occupational disease using the ILO list as a reference
- reinforce social dialogue among governments, employers and workers and their organizations

Global estimates of work-related accidents and diseases for 2010



Fatal accidents:

352,000

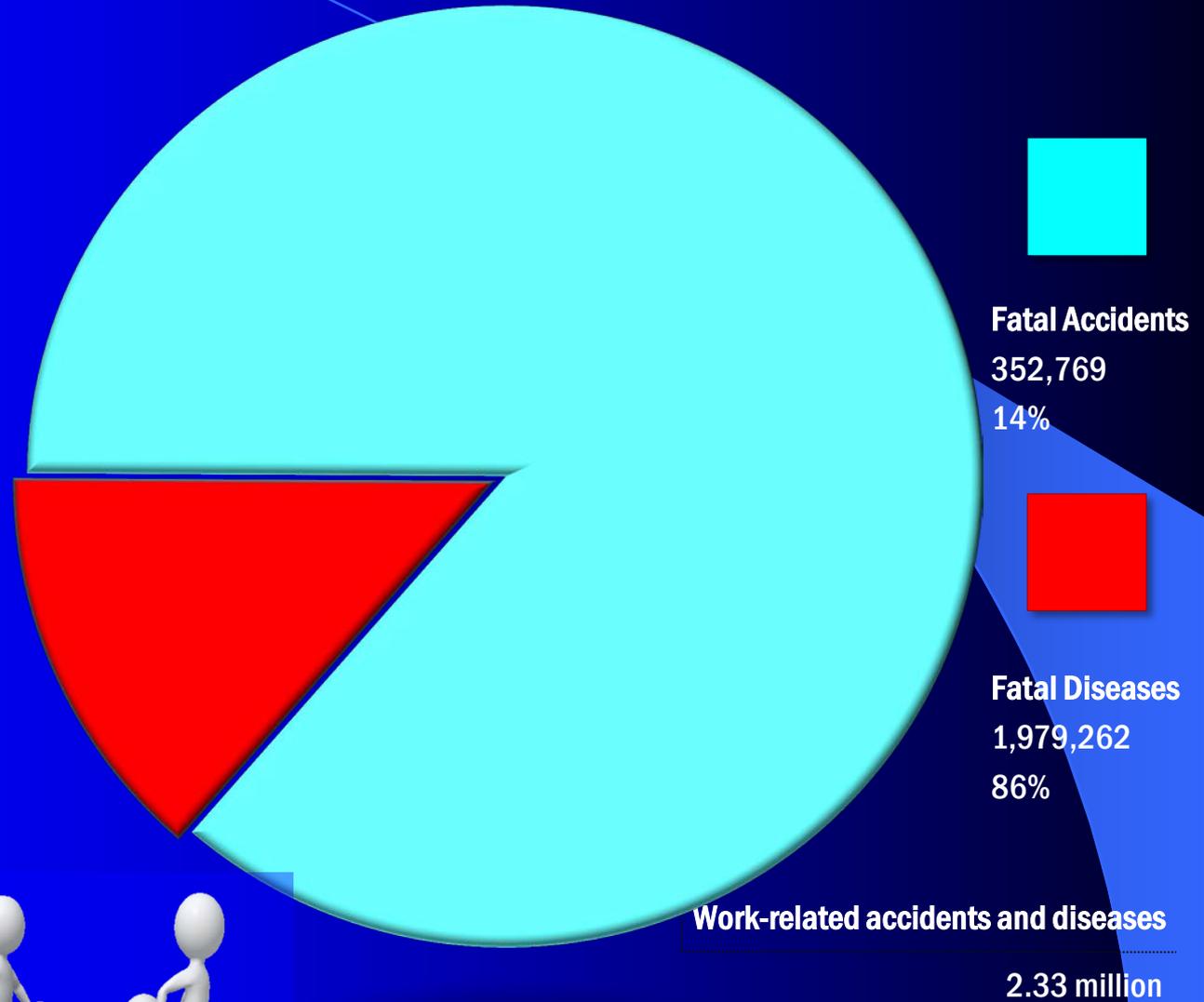
Work Related diseases fatalities:

1,98 million

Accidents causing absence of 4 or more days:

313 million

The hidden epidemic: a global picture



Historical Development in Identification of Occupational Diseases

In 1919

- R.3 Anthrax Prevention
- R.4 Lead Poisoning (Women and children)



Skin reaction to anthrax

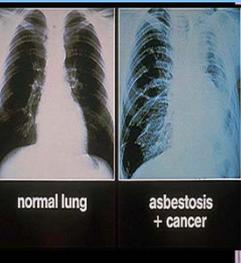


A skin lesion caused by anthrax



History and Development

In 1934 - C. 42 Revised C.18



1. Lead poisoning
2. Mercury poisoning
3. Anthrax
4. Silicosis
5. Phosphorus poisoning
6. Arsenic poisoning
7. Poisoning by benzene
8. Poisoning by the halogen derivatives of hydrocarbons of the **aliphatic series**
9. Diseases due to **radiation**, and
10. **Skin cancer** (primary epitheliomatous cancer of the skin)



Figure 1. (a) Hyperkeratosis caused by exposure to arsenic mobilized by burning mineralized coals in a residential environment. (b) Dental fluorosis caused by exposure to arsenic mobilized by burning mineralized coals in a residential environment.



History and Development

In 1925 - C. 18 Workmen's Compensation (occupational diseases)

1. Poisoning by **lead**, its alloys or compounds and their sequelae
2. Poisoning by **mercury**, its amalgams and compounds and their sequelae and
3. **Anthrax** infection



The crippled hand of a Minamata disease victim



[1](#) [10](#) [20](#) [30](#) [40](#) [50](#) [60](#) [70](#) [80](#) [90](#)
[100](#) [110](#) [120](#) [130](#) [140](#) [150](#) [160](#) [170](#) [180](#)

C121 Employment Injury Benefits Convention, 1964

Convention concerning Benefits in the Case of Employment Injury (Note: Date of coming into force: 28/07/1967.)

Convention:C121

Place:Geneva

Session of the Conference:48

Date of adoption:08/07/1964

Subject classification: Employment Injury Benefit

Subject: **Social Security**

[See the ratifications for this Convention](#)

Display the document in: [French](#) [Spanish](#)

Status: Up-to-date instrument

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Forty-eighth Session on 17 June 1964, and

Having decided upon the adoption of certain proposals with regard to benefits in the case of industrial accidents and occupational diseases, which is the fifth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this eighth day of July of the year one thousand nine hundred and sixty-four the following Convention, which may be cited as the Employment Injury Benefits Convention, 1964:

- C120 Hygiene (Commerce and Offices) Convention, 1964
- C121** Employment Injury Benefits Convention, 1964
- C122 Employment Policy Convention, 1964
- C123 Minimum Age (Underground Work) Convention, 1965
- C124 Medical Examination of Young Persons (Underground Work) Convention, 1965
- C125 Fishermen's Competency Certificates Convention, 1966
- C126 Accommodation of Crews (Fishermen) Convention, 1966
- C127 Maximum Weight Convention, 1967
- C128 Invalidity, Old-Age and Survivors' Benefits Convention, 1967
- C129 Labour Inspection (Agriculture) Convention, 1969
- C130 Medical Care and Sickness

R121 Employment Injury Benefits Recommendation, 1964

- [R120](#) Hygiene (Commerce and Offices) Recommendation, 1964
- [R121](#)** Employment Injury Benefits Recommendation, 1964
- [R122](#) Employment Policy Recommendation, 1964
- [R123](#) Employment (Women with Family Responsibilities) Recommendation, 1965
- [R124](#) Minimum Age (Underground Work) Recommendation, 1965
- [R125](#) Conditions of Employment of Young Persons (Underground Work) ... 1965
- [R126](#) Vocational Training (Fishermen) Recommendation, 1966
- [R127](#) Co-operatives (Developing Countries) Recommendation, 1966
- [R128](#) Maximum Weight Recommendation, 1967
- [R129](#) Communications within the Undertaking Recommendation, 1967
- [R130](#) Examination of Grievances Recommendation, 1967
- [R131](#) Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967

Recommendation concerning Benefits in the Case of Employment Injury
 Recommendation:R121
 Place:Geneva
 Session of the Conference:48
 Date of adoption=08:07:1964
 Subject classification: Employment Injury Benefit
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Having decided upon the adoption of certain proposals with regard to benefits in the case of industrial accidents and occupational diseases, which is the fifth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation supplementing the Employment Injury Benefits Convention, 1964,

adopts this eighth day of July of the year one thousand nine hundred and sixty-four, the following Recommendation, which may be cited as the Employment Injury Benefits Recommendation, 1964:

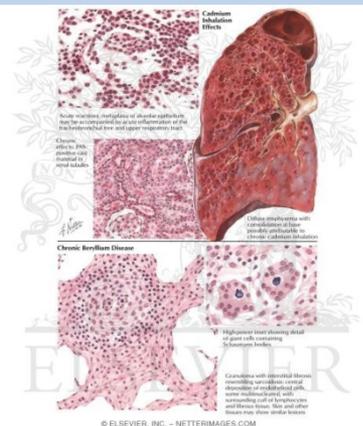
1. In this Recommendation--



History and development

Schedule I. List of Occupational Diseases

- 1964: 15 diseases
(five new diseases: beryllium, chrome, manganese, carbon bisulphide, nitro- and amido-toxic derivatives of benzene & its homologues)



Schedule I. List Of Occupational Diseases

Occupational diseases

1. Pneumoconiosis caused by sclerogenic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death.

2. Bronchopulmonary diseases caused by hard- metal dust.

3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust.

4. Occupational asthma caused by sensitising agents or irritants both recognised in this regard and inherent in the work process.

5. Extrinsic allergic alveolitis and its sequelae, caused by the inhalation of organic dusts, as prescribed by national legislation.

6. Diseases caused by beryllium or its toxic compounds.

7. Diseases caused by cadmium or its toxic compounds.

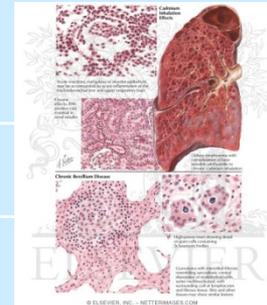
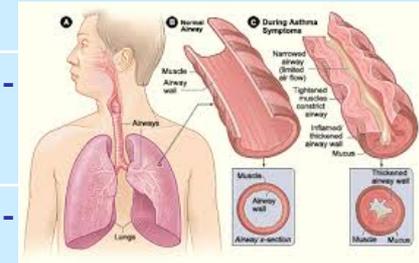
8. Diseases caused by phosphorus or its toxic compounds.

9. Diseases caused by chromium or its toxic compounds.

10. Diseases caused by manganese or its toxic compounds.

Work involving exposure to risk

All work involving exposure to the risk concerned.



11. Diseases caused by arsenic or its toxic compounds.

12. Diseases caused by mercury or its toxic compounds.

13. Diseases caused by lead or its toxic compounds.

14. Diseases caused by fluorine or its toxic compounds.

15. Diseases caused by carbon disulfide.

16. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbon.

17. Diseases caused by benzene or its toxic homologues

18. Diseases caused by toxic nitro- and amino-derivatives of benzene or its homologues.

19. Diseases caused by nitroglycerine or other nitric acid esters.

20. Diseases caused by alcohols, glycols, or ketones.

21. Diseases caused by asphyxiants, carbon monoxide hydrogen cyanide or its toxic derivatives, hydrogen sulfide

22. Hearing impairment caused by noise

23. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)



24. Diseases caused by work in compressed air.



25. Diseases caused by ionising radiations.

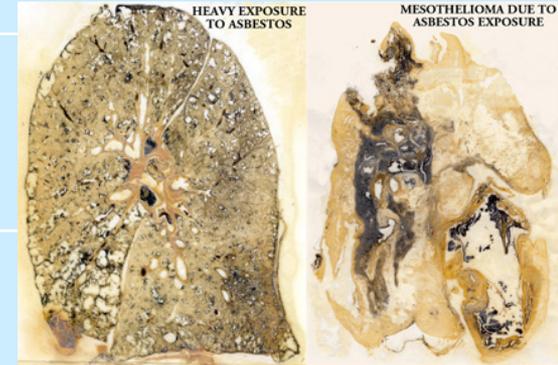
All work involving exposure to the action of ionising radiations

26. Skin diseases caused by physical, chemical or biological agents not included under other items.

All work involving exposure to the risk concerned

27. Primary epitheliomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances.

28. Lung cancer or mesotheliomas, caused by asbestos.



29. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination.



- (a) Health or laboratory work
- (b) Veterinary work
- (c) Work handling animals, animal carcasses, parts of such carcasses, or merchandise which may have been contaminated by animals, animal carcasses or parts of such carcasses.
- (d) Other work carrying a particular risk of contamination

* In the application of this schedule the degree and type of exposure should be taken into account when appropriate



CONFERENCE INTERNATIONALE
DU TRAVAIL
100^e Session - Juin 2002

Recommendation No. 194

Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases.

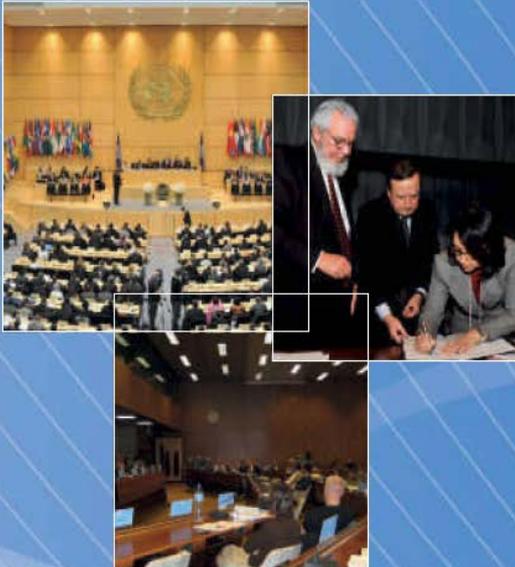




International
Labour
Organization

ILO List of Occupational Diseases

(revised 2010)



ANNEX

List of occupational diseases ¹ (revised 2010)

- 1. Occupational diseases caused by exposure to agents arising from work activities**
 - 1.1. Diseases caused by chemical agents**
 - 1.1.1. Diseases caused by beryllium or its compounds
 - 1.1.2. Diseases caused by cadmium or its compounds
 - 1.1.3. Diseases caused by phosphorus or its compounds
 - 1.1.4. Diseases caused by chromium or its compounds
 - 1.1.5. Diseases caused by manganese or its compounds
 - 1.1.6. Diseases caused by arsenic or its compounds
 - 1.1.7. Diseases caused by mercury or its compounds
 - 1.1.8. Diseases caused by lead or its compounds
 - 1.1.9. Diseases caused by fluorine or its compounds
 - 1.1.10. Diseases caused by carbon disulfide
 - 1.1.11. Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
 - 1.1.12. Diseases caused by benzene or its homologues
 - 1.1.13. Diseases caused by nitro- and amino-derivatives of benzene or its homologues
 - 1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
 - 1.1.15. Diseases caused by alcohols, glycols or ketones
 - 1.1.16. Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
 - 1.1.17. Diseases caused by acrylonitrile
 - 1.1.18. Diseases caused by oxides of nitrogen
 - 1.1.19. Diseases caused by vanadium or its compounds
 - 1.1.20. Diseases caused by antimony or its compounds
 - 1.1.21. Diseases caused by hexane
 - 1.1.22. Diseases caused by mineral acids
 - 1.1.23. Diseases caused by pharmaceutical agents
 - 1.1.24. Diseases caused by nickel or its compounds
 - 1.1.25. Diseases caused by thallium or its compounds
 - 1.1.26. Diseases caused by osmium or its compounds
 - 1.1.27. Diseases caused by selenium or its compounds
 - 1.1.28. Diseases caused by copper or its compounds
 - 1.1.29. Diseases caused by platinum or its compounds
 - 1.1.30. Diseases caused by tin or its compounds
 - 1.1.31. Diseases caused by zinc or its compounds
 - 1.1.32. Diseases caused by phosgene
 - 1.1.33. Diseases caused by corneal irritants like benzoquinone
 - 1.1.34. Diseases caused by ammonia
 - 1.1.35. Diseases caused by isocyanates
 - 1.1.36. Diseases caused by pesticides

¹ In the application of this list the degree and type of exposure and the work or occupation involving a particular risk of exposure should be taken into account when appropriate.

- 1.1.37. Diseases caused by sulphur oxides
- 1.1.38. Diseases caused by organic solvents
- 1.1.39. Diseases caused by latex or latex-containing products
- 1.1.40. Diseases caused by chlorine
- 1.1.41. Diseases caused by other chemical agents at work not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these chemical agents arising from work activities and the disease(s) contracted by the worker

1.2. Diseases caused by physical agents

- 1.2.1. Hearing impairment caused by noise
- 1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
- 1.2.3. Diseases caused by compressed or decompressed air
- 1.2.4. Diseases caused by ionizing radiations
- 1.2.5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
- 1.2.6. Diseases caused by exposure to extreme temperatures
- 1.2.7. Diseases caused by other physical agents at work not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these physical agents arising from work activities and the disease(s) contracted by the worker

1.3. Biological agents and infectious or parasitic diseases

- 1.3.1. Brucellosis
- 1.3.2. Hepatitis viruses
- 1.3.3. Human immunodeficiency virus (HIV)
- 1.3.4. Tetanus
- 1.3.5. Tuberculosis
- 1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
- 1.3.7. Anthrax
- 1.3.8. Leptospirosis
- 1.3.9. Diseases caused by other biological agents at work not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the worker

2. Occupational diseases by target organ systems

2.1. Respiratory diseases

- 2.1.1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)
- 2.1.2. Silicotuberculosis
- 2.1.3. Pneumoconioses caused by non-fibrogenic mineral dust
- 2.1.4. Siderosis
- 2.1.5. Bronchopulmonary diseases caused by hard-metal dust
- 2.1.6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugarcane (bagassosis)

- 2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities
- 2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities
- 2.1.10. Diseases of the lung caused by aluminium
- 2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the worker

2.2. Skin diseases

- 2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergy-provoking agents arising from work activities not included in other items
- 2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
- 2.2.3. Vitiligo caused by other recognized agents arising from work activities not included in other items
- 2.2.4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

2.3. Musculoskeletal disorders

- 2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.3. Olecranon bursitis due to prolonged pressure of the elbow region
- 2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position
- 2.3.5. Epicondylitis due to repetitive forceful work
- 2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
- 2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
- 2.3.8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

2.4. Mental and behavioural disorders

- 2.4.1. Post-traumatic stress disorder
- 2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker

3. Occupational cancer

3.1. Cancer caused by the following agents

- 3.1.1. Asbestos
- 3.1.2. Benzidine and its salts
- 3.1.3. Bis-chloromethyl ether (BCME)
- 3.1.4. Chromium VI compounds
- 3.1.5. Coal tars, coal tar pitches or soots
- 3.1.6. Beta-naphthylamine
- 3.1.7. Vinyl chloride
- 3.1.8. Benzene
- 3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
- 3.1.10. Ionizing radiations
- 3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
- 3.1.12. Coke oven emissions
- 3.1.13. Nickel compounds
- 3.1.14. Wood dust
- 3.1.15. Arsenic and its compounds
- 3.1.16. Beryllium and its compounds
- 3.1.17. Cadmium and its compounds
- 3.1.18. Erionite
- 3.1.19. Ethylene oxide
- 3.1.20. Hepatitis B virus (HBV) and hepatitis C virus (HCV)
- 3.1.21. Cancers caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these agents arising from work activities and the cancer(s) contracted by the worker

4. Other diseases

- 4.1. Miners' nystagmus
- 4.2. Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure arising from work activities and the disease(s) contracted by the worker



Occupational Diseases

- Diseases caused by work have to be discovered and their victims be properly treated and compensated
- Preventive and protective measures must be taken at the workplace
- Definition of occupational diseases is usually set out in legislation





Definition of Occupational Diseases

Definition of occupational diseases

Paragraph 6(1) of Recommendation No. 121 defines occupational diseases as follows:

“Each Member should, under prescribed conditions, regard diseases known to arise out of the exposure to substances and dangerous conditions in process, trades or occupations as occupational diseases”



Definition of Occupational Diseases

Definition of occupational diseases

The Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No.155) specifies -

“occupational diseases as any disease contracted as a result of an exposure to risk factors arising from work activities. ”



Two Main Elements in the Definitions

- The exposure-effect relationship between a specific working environment and/or activity and a specific disease effect
- The fact that these diseases occur among the group of persons concerned with a frequency above the average morbidity of the rest of the population



Employment Injury Benefits Convention, 1964 (No.121)

(Article 8) Each Member shall

- (a) prescribe a **list of diseases**, comprising at least the diseases enumerated in Schedule I to this Convention, which shall be regarded as occupational diseases under prescribed conditions; or
- (b) include in its legislation a **general definition** of occupational diseases broad enough to cover at least the diseases enumerated in Schedule I to this Convention; or
- (c) prescribe a **list of diseases in conformity with clause (a), complemented by a general definition of occupational diseases** or by other provisions for establishing the occupational origin of diseases not so listed or manifesting themselves under conditions different from those prescribed

Steps for the prevention of occupational diseases



For national OSH systems to deal effectively with the prevention of occupational diseases, it is necessary to:

- build capacity for recognition and reporting of occupational diseases and establish the related legislative framework
- improve mechanisms for collection and analysis of occupational disease's data
- improve collaboration of OSH and social security institutions to strengthen employment compensation schemes
- integrate the prevention of occupational diseases into OSH inspection programmes
- improve capacity of occupational health services for health surveillance and monitoring of the working environment
- update national lists of occupational disease using the ILO list as a reference
- reinforce social dialogue among governments, employers and workers and their organizations

THE
PREVENTION OF
OCCUPATIONAL
DISEASES



International
Labour
Organization

**World Day for safety
and health at work
28 April 2013**





UNIVERSITÀ DEGLI STUDI DI MILANO

DIPARTIMENTO DI
SCIENZE DELLA SALUTE



Meeting of the ILO Core Experts Group on the Guidance Notes on Diagnostic and exposure criteria for Occupational Diseases

Milan, Monday 26 – Thursday 30 June, 2017

**Venue: Department of Health Sciences at Ospedale San Paolo
via A. Di Rudinì 8,**

Monday to Wednesday: Sector C, Fourth Floor, Barnard Hall

Thursday-Friday: Sector C, Third Floor, Curie Lecture Room

(admission by invitation only)



**INTERNATIONAL GUIDANCE
NOTES ON THE DIAGNOSTIC
CRITERIA FOR OCCUPATIONAL
DISEASES
(DRAFT)**

Expert Group





**Thank
you!**

