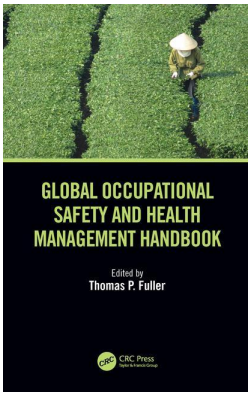

Global Occupational Safety and Health Management Handbook

Thomas P. Fuller

Intergovernmental Occupational Safety and Health Organizations

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Thomas P. Fuller
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2 Intergovernmental Occupational Safety and Health Organizations

Thomas P. Fuller
Illinois State University

CONTENTS

2.1 INTRODUCTION

Intergovernmental organizations (IGOs) are relationships and/or organizations created by treaties, charters, or other formal agreements between two or more nations

to work towards a common goal or interest. Treaties that are formed by IGOs can be enforceable by international law. The main purpose of intergovernmental projects and agreements is typically to address a common set of economic or social problems. With the rise of increased globalization of business, communications, and science over the past few decades, the importance and roles of IGOs have grown significantly in terms of global governance and influence.

The standards and rules developed by IGOs can be useful and efficient means to identify and control risks. They are particularly of benefit for risks that may easily and potentially cross national or regional boundaries, such as those developed to address environmental hazards that may migrate via air or water to affect other countries downwind or downstream. IGO agreements may provide incentives to better control risks, communicate activities or releases, plan for emergencies, and develop safer or more sustainable systems and operations. Mutual assistance is more likely to flow from developed to less economically developed countries when there is an economic, financial, or political interest and benefit to the richer nations. In terms of environmental transboundary issues, businesses are well aware of the relationship between sound environmental judgment and financial and political stability (Kirchsteiger, 2005).

2.2 INTERNATIONAL LABOR ORGANIZATION

2.2.1 Background and History

The International Labor Organization (ILO) was founded in 1919, as part of a peace settlement in the Treaty of Versailles at the end of World War I. Portions of the treaty were founded on the notion that lasting peace could only be accomplished if society was fundamentally and universally just. And social justice included the concept of a minimum set of standards and accepted practice for humane work.

The original ILO constitution was created by a Labour Commission set up by the Versailles Peace Conference in 1919. This Labour Commission was a tripartite organization with representatives from government, labor, and employers. It had representatives from Belgium, Cuba, the former Czechoslovakia, France, Italy, Japan, Poland, the United Kingdom, and the United States (ILO, 2017a,b).

The original ILO constitution focused on the relationship between peace and harmony and the role that unfair and inhumane working conditions played in creating political dissent and unrest. The authors believed that nations with inadequate working conditions destabilized and placed in peril, other countries with better working conditions due to such activities as uncontrolled migration and open conflict.

Topics of concern in the preamble to the original constitution included reference to maximum working hours, provision of adequate and comparable wages for equal work, safe and healthy workplaces, special protections for women and children, provisions for old age and injured workers, basic freedoms for worker association, and the provision of training and worker development.

At the conclusion of World War II, the ILO constitution was revised to include the "Declaration of Philadelphia," which inserted a focus on universal social progress. It concluded that lasting peace cannot be attained locally, or globally,

without universal social justice including economic security and equal opportunity. It held that poverty and severe inequality present a danger to prosperity and peace everywhere, and conscientious direct action must be taken to combat them internationally.

The ILO vision was that work should be a source of personal well-being and social integration. The Declaration of Philadelphia stated that "Labour is not a commodity." The organization is based on the principle that all people should have equal rights to beneficial work opportunities and conditions that prevent poverty and ensure security and longevity.

The ILO Constitution governance is based on a tripartite representation that allows for open discussion and democratic decision-making. Upon the creation of ILO Conventions and Recommendations regarding work, participating nation's governments adopt the policies for ratification or other action. A system of inspection is used to enforce commitments to conventions in national laws and regulations. The governance is, in addition, supported by a robust system of collaboration between international organizations to ensure that financial and economic programs continue to support the goals of sustained social progress and equality.

National commitments to ILO conventions and principles vary. And individual nation commitments may vary over time. The need for an international organization to protect workers and promote safe work conditions is based on the belief that not all individual countries can progress alone and that all nations are truly interdependent in their survival and success. Despite ebbs and flows of isolationism and nationalism, the world today truly functions as a global system and it is nearly unavoidable. The original ILO principles that require international collaboration and dialogue are perhaps more integral to how the world works today than at any time in the past.

2.2.2 Funding Sources

The ILO's biennial work program and budget funded by Member States is reviewed and approved every 2 years at the annual conference.

2.2.3 Regulatory Format and Legal Powers/Sources

The ILO Constitution establishes the purpose of the group and membership criteria, which includes charter members from 1945, Member States of the United Nations that chose to belong, and other nations that request membership and then are voted in by two-thirds delegates at the General Conference which meets at a minimum, once a year. The organization consists of a tripartite system that includes this General Conference and member representatives, a governing body composed of representatives from governments, employers, and employees, and an administrative ILO Office controlled by the governing body (ILO, 2017a,b).

Each group in the General Conference has voting powers in setting standards and policies. Within the General Conference, the government has two votes, and employers and employees each have one vote, on the adoption of ILO instruments and its agendas. The day-to-day governing body of the organization has 14 employer members, 14 employee members, and 28 members representing governmental bodies.

It is broadly believed that the tripartite system provides a means to present the interests of employers and workers in a more direct way than solely using government-appointed political representatives. In the tripartite system, enterprise viewpoints and worker rights have weight against various potentially contrary and conflicting governmental political interests. Employer and employee representatives have the additional power to transcend national boundaries and can create broad policies that umbrella over multiple governments since enterprise and worker concerns may be universal or multilateral in nature.

One shortfall of the tripartite system is that it still fails to represent a large segment of the working population throughout the world, specifically those that work in the informal economy. Some data show that up to 70% of the world's workforce work in neither the government nor formal businesses (ILO, 2003). In addition, labor organizations are losing power and numbers in many countries, so their representation is diminishing. There is now debate whether it might be appropriate for other nongovernmental organizations (NGOs) to be included in the governance of the ILO as a means to expand representation to a broader and underrepresented group.

2.2.4 Conventions and Recommendations Regarding Occupational Safety and Health

ILO standards are proposed and negotiated on a multinational tripartite forum by the International Labour Conference. Standards are set in either Conventions or Recommendations. Conventions that are adopted by the ILO are then ratified, or not, by member nations. The conventions are similar in nature to other international treaties, and member nations have the option not to ratify them in their national regulations or laws. Nations must consider the adoption of Conventions and Recommendations, and those that sign on to the Conventions must then promulgate and ratify laws in their own countries in order to meet their commitments to the ILO. ILO Recommendations are standards for good practice and provide guidance for work organization and conditions.

The International Labour Conference is held at least once a year in Geneva, Switzerland. The primary activities of each conference include creating and adopting new conventions or recommendations. In addition, the conference body reviews reports submitted by Member States regarding their status of compliance with their existing obligations.

Reports of the ILO Office on the topics of rights to collective bargaining and freedom of association, elimination of forced labor, abolition of child labor, and elimination of discrimination in the workplace are reviewed at each conference on an annually rotating basis. Other timely and important topics are discussed and debated at each conference, and plans for future directions and activities are determined.

The original 188 Recommendations and 188 Conventions adopted by the ILO in 1919 covered a broad range of labor law and the control of work. The governing body has identified eight fundamental conventions outlined in the ILO's Declaration on Fundamental Principles and Rights at Work (ILO, 1998). The eight fundamental rights are as follows:

1. Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87)
2. Right to Organise and Collective Bargaining Convention, 1949 (No. 98)
3. Forced Labour Convention, 1930 (No. 29)
4. Abolition of Forced Labour Convention, 1957 (No. 105)
5. Minimum Age Convention, 1973 (No. 138)
6. Worst Forms of Child Labour Convention, 1999 (No. 182)
7. Equal Remuneration Convention, 1951 (No. 100)
8. Discrimination (Employment and Occupation) Convention, 1958 (No. 111)

The ILO has also designated four additional conventions as "governance conventions" because of their importance in the operation of the standards system. These conventions were listed in the Declaration on Social Justice for a Fair Globalization, and Member States are encouraged to follow them. The governance conventions are as follows (ILO, 2008):

1. Labour Inspection Convention, 1947 (No. 81)
2. Employment Policy Convention, 1964 (No. 122)
3. Labour Inspection (Agriculture) Convention, 1969 (No. 129)
4. Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144)

The Occupational Safety and Health (OSH) Convention C155 was adopted by the ILO in 1981 and put into force in 1983. It applies to all environments and workplaces of economic activity and public service and covers all employed persons. It requires Member States to design and implement policies, programs, and necessary laws and regulations to ensure safe working environments for employees free from hazardous working conditions, processes, or chemical, physical, and biological agents that pose an unacceptable risk. It requires the development of training and qualification for individuals responsible for the achievement of adequate levels of health and safety in the workplace.

The convention requires employers to determine the degree of hazard associated within various environments and processes, and implement effective controls to reduce them. Protocols must be developed for the response to and notification of accidents and any other occupationally related diseases or injuries to employees. The convention requires Member States to develop a system of enforcement of their regulations and penalties for employers who do not comply.

The Occupational Health Services Convention of 1985 establishes basic preventive functions for maintaining safe and healthy work environments. This convention requires Member States to design and implement programs that require employers to perform such activities as workplace risk assessments, surveillance of working conditions, active planning and program development to maintain worker health and safety on an ongoing basis, workplace safety training and communication, first aid and emergency treatment, and accident/illness investigation.

In 2009, the Promotional Framework for Occupational Safety and Health Convention number C187 went into force. This convention requires Member States to develop programs to ensure the continuous promotion of a national preventive OSH

culture. It establishes requirements to progressively develop and periodically review programs to ensure continuous improvement. It also includes the use of research and statistics to review progress, collaboration with insurance and social security systems, and the expansion of training to include other aspects of capacity building.

Other miscellaneous OSH conventions and recommendations are provided in the following list:

P155—Protocol of 2002 to the Occupational Safety and Health Convention, 1981
R164—Occupational Safety and Health Recommendation, 1981 (No. 164)
R171—Occupational Health Services Recommendation, 1985 (No. 171)
R197—Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197)
R097—Protection of Workers' Health Recommendation, 1953 (No. 97)
R194—List of Occupational Diseases Recommendation, 2002 (No. 194)

Instrument with Interim Status
R031—Prevention of Industrial Accidents Recommendation, 1929 (No. 31)

Replaced Recommendations
R112—Occupational Health Services Recommendation, 1959 (No. 112)
C115—Radiation Protection Convention, 1960 (No. 115)
R114—Radiation Protection Recommendation, 1960 (No. 114)
C139—Occupational Cancer Convention, 1974 (No. 139)
R147—Occupational Cancer Recommendation, 1974 (No. 147)
C148—Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)
R156—Working Environment (Air Pollution, Noise and Vibration) Recommendation, 1977 (No. 156)
C162—Asbestos Convention, 1986 (No. 162)
R172—Asbestos Recommendation, 1986 (No. 172)
C170—Chemicals Convention, 1990 (No. 170)
R177—Chemicals Recommendation, 1990 (No. 177)
C174—Prevention of Major Industrial Accidents Convention, 1993 (No. 174)
R181—Prevention of Major Industrial Accidents Recommendation, 1993 (No. 181)

2.2.5 Administrative Programs

One of the most important administrative activities of the ILO is the supervision of standards implementation. Each year participating nations must submit a report regarding ratified conventions and status of implementation to the ILO Committee of Experts. The governing body also has the right to require reports from Member States on their practices concerning unratified Conventions and Recommendations. This puts pressure on countries that have not ratified a certain convention to at least explain what they are doing to address the issue.

Complaints regarding a given country's adherence to its ILO commitments can be made by nation members, delegates to the International Labour Conference, and employer or worker representatives. Complaints are reviewed by the Governing Body Committee on Freedom of Association.

In some cases, the ILO creates other instruments to disseminate policies or programs. Declarations can be made to promote a certain orientation in programs. Another means is the creation of Codes of Practice, especially in the area of occupational health. Codes of Practice are not legally binding but provide guidance on complex technically or politically sensitive topics.

2.2.6 Completed Projects

In addition to the many conventions and recommendations for OSH, the ILO has completed numerous research projects and developed Codes of Practice to provide guidance on specific topics. The publications are typically available online free of charge. A partial list of topics is provided here:

- Guidelines on OSH management systems
- Safety and health in the use of machinery
- Safety and health in agriculture
- Safety and health in underground coal mines
- Safety and health in the iron and steel industry
- Safety and health in shipbreaking: Guidelines for Asian countries and Turkey
- Security in ports
- Safety and health in ports
- Workplace violence in services sectors and measures to combat this phenomenon
- Managing disability in the workplace
- Safety and health in the nonferrous metal industries
- Human immunodeficiency virus (HIV)/autoimmune deficiency syndrome (AIDS) and the world of work
- Safety in the use of synthetic vitreous fiber insulation wools
- Ambient factors in the workplace
- Safety and health in forestry work
- Recording and notification of occupational accidents and diseases
- Safety in the use of chemicals at work
- Safety and health in construction
- Prevention of major industrial accidents
- Safety, health, and working conditions in the transfer of technology to developing countries
- Radiation protection of workers
- Safety in the use of asbestos
- Occupational exposure to airborne substances harmful to health
- Safe design and use of chain saws

- Safe construction and operation of tractors
- Technical and ethical guidelines for worker's health surveillance

In general, these documents can provide a fundamental starting point for understanding hazardous conditions and how to remediate or control them. Unfortunately, some of the documents listed above are somewhat dated and in some cases may not have the latest relevant safety information. The guide on chain saws, for example, was written in 1978, and although it lists the use of leg protectors under safety equipment, it does not thoroughly describe the advances made in protective clothing to date. The guide for airborne exposure to toxic substances was written in 1980 and provides only the most fundamental information in comparison with the latest methods and technologies on the topic.

2.2.7 The ILO Today and Future Directions

In support of the original ILO goals to promote social justice and universal human and labor rights, the newest initiative is called "The Decent Work Agenda." Its focus is to advance economic and working conditions as a means to achieve peace, prosperity, and progress. It is based on the premise that the ability to have decent work is integral to peace and progress. Another initiative at the ILO involves efforts to prohibit the use of child labor. The ILO has supported child labor prohibition initiatives in more than 200 countries.

2.3 WORLD HEALTH ORGANIZATION

2.3.1 Background and History

The World Health Organization (WHO) was created on April 7, 1948. The primary role is to promote international health through the United Nations network. It is responsible for directing and coordinating international health initiatives by providing leadership and promoting collaboration and information exchange between the different Member States. The WHO sets norms and standards for promoting and monitoring health in the broadest of social terms. It shapes and influences the research agendas of Member States through ethical and evidence-based policies. It monitors global health trends and provides technical support and capacity building where needed.

Since the inception, the WHO has achieved numerous projects and landmarks highlighted here in the following list:

1950—Training and advice on the use of antibiotics
1952—57 Facilitation of mass global campaigns using newly invented poliovirus vaccine
1963—69 Facilitation and training in the use of new vaccines for measles, mumps, and rubella
1969—The first International Health Regulations are created by the Health Assembly that requires Member States to prevent the transmission of health risks across borders

1979—Following a 12-year campaign by the WHO, smallpox is eradicated
1983—HIV is discovered and WHO begins research and response programs
1987—The first antiretroviral medications for HIV infection are developed and become part of the WHO program combatting the disease and the AIDS
1988—The Global Polio Eradication Initiative is established with the use of vaccines and outreach
1999—A Global Alliance for Vaccines and Immunization is created to overcome barriers to vaccine distribution throughout the world
2003—The WHO adopts the Framework Convention on Tobacco Control aimed at reducing related disease and deaths worldwide
2004—The Strategic Health Operations Centre is created as a nerve center for global emergency response
2009—The H1N1 pandemic leads to collaboration with pharmaceutical industries to expand and hasten the development of vaccines
2014—WHO responds to the West Africa Ebola outbreak with a vast emergency response including the deployment of thousands of technical and medical experts, laboratory support, and mobile treatment centers
2016—The Zika virus is recognized as an international public health emergency, and the WHO begins education and outreach on the topic (WHO, 2016)

Today, the WHO employs more than 7,000 people in over 150 WHO country offices, six regional offices, the Global Service Center in Malaysia, and the headquarters in Geneva, Switzerland. Current regional offices are in Africa, the Americas, Southeast Asia, Europe, Eastern Mediterranean, and the Western Pacific. Employees have expertise and education in a broad range of technical fields including medicine, public health, epidemiology, statistics, administration, finance, economics, and emergency preparedness and response. Official languages of the organization are French and English, but many publications are available in other additional languages.

2.3.2 Administrative Format, Responsibilities, and Authorities

The work of the WHO is conducted by three different groups: the World Health Assembly, the Executive Board, and the Secretariat. The Health Assembly comprises up to three delegates from each Member State and meets in a regular annual session. Other special sessions may be convened at the request of the Board or a majority of members. During the annual session, various officers and a President are selected.

Some of the primary functions of the Health Assembly are to

- Set policies.
- Name the members entitled to designate a person to serve on the Board.
- Appoint the Director-General.
- Review and approve reports and activities of the Board and of the Director-General and to instruct the Board in regard to matters upon which action, study, investigation, or report may be considered desirable.

- Establish working committees.
- Supervise the financial policies of the organization and review and approve the budget.
- Instruct the Board and the Director-General to bring to the attention of members and of international organizations, governmental or nongovernmental, any matter with regard to health which the Health Assembly may consider appropriate.
- Invite any organization, international or national, governmental or nongovernmental, to participate in WHO activities.
- Consider recommendations bearing on health made by other branches of the United Nations, and to report to them on the steps taken by the WHO to respond to the recommendations.
- Promote and conduct research in the field of health.

During assembly meetings, various conventions or recommendations are proposed and debated. A two-thirds vote of the Health Assembly is required for the adoption of conventions or agreements. Each Member State has 18 months after the adoption of conventions to take action towards the acceptance of the convention or to notify the WHO with a statement of the reasons for nonacceptance. Each member must make an annual report to the WHO regarding their status with respect to the adoption of various conventions and agreements.

The Executive Board of the WHO consists of 34 persons selected by members of the Health Assembly. The terms are for 3 years and representatives may be reelected. The Board meets at least twice per year and elects its own Chairperson from among the members.

The primary purposes of the Executive Board are to provide oversight and administrative support to the Health Assembly. It advises and answers questions regarding conventions, agreements, and regulations. When necessary, the Executive Board may deal with emergency events and authorize the Director-General to take urgent actions to deal with the organization of relief to victims of a calamity or to combat epidemics.

The Director-General is the ex officio secretary of the organization and the chief technical and administrative officer. The Director-General maintains and prepares all financial statements and budget estimates of the organization. The Director-General appoints a staff to uphold the administration of the organization.

The Health Assembly has the power to create regional organizations in various geographical areas based on special needs or conditions. Each region has a committee and an office. Committees are made up of representatives from the Member States and Associate Members in the region. These regional groups govern themselves through their own rules of procedure and formulate policies and programs specifically designed to address matters of regional concern. They may conduct research, hold technical conferences, and coordinate directly with regional committees of the United Nations or other international organizations operating in the region. Other activities may be coordinated with or directed by the Health Assembly or the Director-General.

2.3.3 Funding Sources

The WHO's financing comes from assessed contributions from Member States. The amount paid by each Member State is calculated based on the country's wealth and population. In addition, a significant portion of funds come from voluntary contributions from Member States and various partners. The respective portions of funding and contributions are shown in Figure 2.1. A small portion of organizational funds come from private sources (WHO, 2016).

2.3.4 Programs Regarding OSH

Today, the WHO operates following six main leadership priorities that guide the direction of the organization. The priorities are oriented towards the concept of development and sustainability of health and well-being, for individuals of all ages internationally.

The first priority is the advancement of health coverage to ensure that all countries can provide and sustain access to health services for their populations. The goal is to provide health care to people that is within their financial capabilities and prevent financial catastrophe when illness occurs. WHO works with governments to provide practical advice on how health service systems can be best expanded within a particular government system.

The second priority is the continued battle against existing and historic challenges related to maternal and child health, HIV, malaria, tuberculosis, polio, and other tropical diseases. Newly discovered diseases also fall into this priority and are addressed as they become apparent.

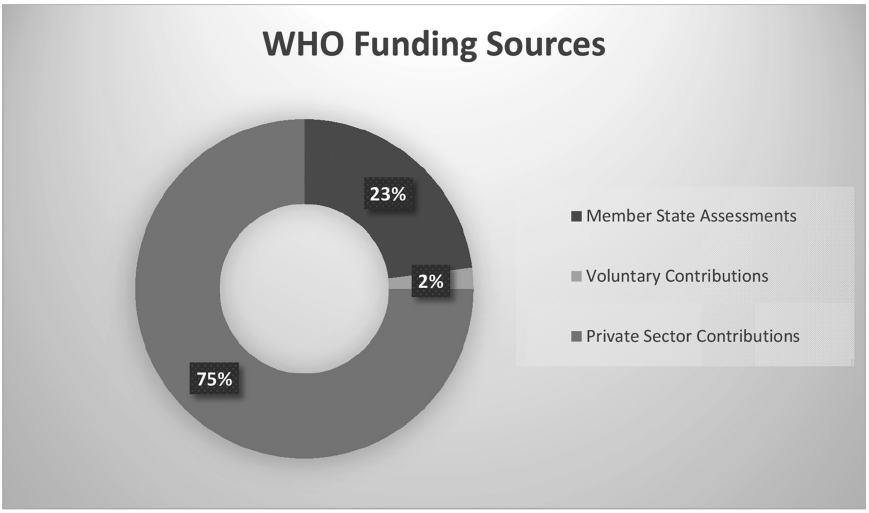

FIGURE 2.1 WHO funding sources. (Adapted from WHO, 2016.)

The third challenge to the WHO is the reduction of the impacts of noncommunicable diseases that result from tobacco and alcohol use, sedentary lifestyles, and unhealthy diets. WHO provides training and educational materials geared towards combatting these conditions and curbing policies that allow the conditions to prevail.

The WHO provides ongoing assistance for emergency preparedness and response to countries unable to adequately respond to disease outbreaks and other humanitarian crises. The WHO helps to plan for emergency response and ensure that national health-care systems can respond to and recover from a variety of public health stresses that are likely to occur from time to time.

Another goal of WHO is to improve access to medical products and technologies. WHO promotes national procurement of medicine and information necessary to support a modern health-care service structure. More broadly, the WHO evaluates a variety of social, economic, and environmental determinants of health in order to reduce health inequalities between countries.

As part of the overall plan for public health, the WHO has been committed to the improvement and protection of the health of workers. In 1999, a network of Collaborating Centers for Occupational Health was created to develop and strengthen institutional capacities to provide healthy workplaces in countries and regions. The mission of the collaboration is to provide technical expertise to economically developing countries to promote equity, justice, and fairness in OSH by strengthening the capabilities of national and regional systems. Activities and functions of the collaborating centers include the following:

- Collection, collation, and dissemination of information
- Standardization of terminology, technology, methods, and procedures
- Development of evidence-based technical guidance tools and resource materials
- Development and application of appropriate technology
- Development of collaborative research on occupational health topics
- Training
- Coordination of activities carried out by several institutions on a given subject
- Capacity-building work at a country level
- Monitoring, preparedness, and response services to deal with disease outbreaks and public health emergencies (WHO, 2014)

Collaborating centers and programs include support from the ILO OSH Branch and from other NGOs. Work is oriented according to a Global Master Plan (GMP), which describes project priorities, product goals, and activities necessary for achieving the desired objectives. The current 2012–2017 GMP lists seven major OSH priorities, which are as follows:

1. Regional and national programs on occupational noncommunicable diseases with focus on cancer, silica, and asbestos-related diseases
2. National programs and good practices for occupational health and safety of health-care workers

3. Tools, standards, and capacities for healthy workplaces
4. Strengthening health systems, governance, capacities, and service delivery for workers' health
5. Occupational health aspects of emerging technologies
6. Classification, diagnostics, and exposure criteria for occupational diseases
7. Occupational health and safety for vulnerable groups and high-risk sectors (WHO, 2017a)

Resolution WHA 60.26 "Workers' Health: Global Plan of Action" urges the creation and provision of occupational health services for all workers including those in the informal economy, migrants, contract workers, and those working in the agricultural sector. WHO is working to ensure that primary care centers are created to ensure preventive, curative, and rehabilitative services are available to all workers. It includes efforts to improve multidisciplinary capacity in primary care and occupational health specialties (WHO, 2017b).

2.3.5 WHO Publications

Over the many years, the WHO has created numerous documents regarding occupational health. Most are available with no fee. Some are published as periodicals with different frequencies, such as The African Newsletter on Occupational Health and Safety. It has been published since 1991 and targets 21 African countries with distributions to more than 100 countries. Reports of the Annual World Assemblies are routinely available from the WHO website. And many special reports are available, such as "Occupational Noise: Assessing the burden of disease from work-related hearing impairment at national and local levels" (WHO, 2004) and "Work Organization and Stress" (WHO, 2003).

2.3.6 International Agency for Research on Cancer

The International Agency for Research on Cancer (IARC) is a subdepartment of the WHO that performs specialized research and promotes international collaboration on cancer research. The agency uses an interdisciplinary approach with data and information from countries around the world using epidemiology, laboratory sciences, and biostatistics to identify the causes of cancer. The information from the research helps the IARC and the WHO prioritize medical research and prevention needed to reduce the global burden of disease from cancer. The IARC is a definitive source of information about cancer and is of great value to researchers and healthcare practitioners worldwide. Education and training is a priority of IARC with publications available online in a variety of formats, and through other fellowships and courses (IARC, 2016).

2.4 EUROPEAN UNION

In 1989, the European Union (EU) European Framework Directive on Safety and Health at Work (Directive 89/391 EEC) was adopted by the EU. It was a substantial

milestone in improving safety and health at work and led to the creation of detailed directives that guarantee minimum safety and health requirements throughout Europe to which all Member governments must adhere to for worker safety (EU, 2016a). Separate from, but in addition to, directives, EU guidelines are nonbinding documents that aim to facilitate the implementation of European directives. Different types of guidelines include recommendations from various other organizations such as in EU social partners' agreements (EU, 2016b).

In 1994, the EU Council Regulation (EC) No. 2062/94 established a European Agency for Safety and Health at Work, EU-OSHA (EU-OSHA, 1994). EU-OSHA is allocated funds by the EU's budgetary authority, through the Treaty on the Functioning of the EU. EU-OSHA directives set by the European Parliament (directly elected Members of the European Parliament) and the Council of the EU (representatives of the 28 Member State governments) become laws which each of the Member States must transpose into national laws within set deadlines.

The goal of EU-OSHA is to promote improvements in working conditions for the health and safety of workers under existing Treaty conditions through the support of successive action programs (EU-OSHA, 1994). Some of the main goals of the regulation are to

- Collect and disseminate technical, scientific, and economic information in order to develop priorities.
- Perform OSH research and publish results.
- Promote cooperation and exchange of information.
- Organize conferences and seminars on occupational safety topics.
- Collect and disseminate information on OSH to developing countries.
- Promote OSH in small to mid-sized companies.
- Contribute to the development of community action programs that improve worker safety.

2.5 UNITED NATIONS ENVIRONMENTAL PROGRAM

The United Nations Environmental Program (UNEP) advocates environmental issues and environmental sustainability globally. They prioritize work on the topics of climate change, conflict, natural disasters, eco-management, chemical hazards, hazardous waste, and resource efficiency. Many UNEP projects and documents overlap into areas of occupational exposures and hazards in certain industries and even environmental and occupational exposures that occur in the informal work sector (UNEP, 2018).

2.6 WORLD BANK

The World Bank is supported by 189 member countries and provides funding and technical assistance to developing countries around the world as a means to reduce poverty globally. They support investments in education, administration, public health, private sector development, natural resource management, the environment, and agriculture. They work with governments, tripartite groups, and private

enterprises. As they relate to social development and security, many funded World Bank projects include areas that overlap with occupational safety issues and concerns such as emergency and disaster preparedness, environmental hazards, and measures of identifying and minimizing industrial accidents (World Bank, 2018).

2.7 INTERNATIONAL MARITIME ORGANIZATION

The International Maritime Organization (IMO) is the UN special agency with responsibility for the safety of shipping (IMO, 2018a). Their main goal is to create performance standards and regulatory frameworks to be followed by member nations. As shipping is truly a global industry, it is an area where international occupational safety standards have the opportunity to be equal for all workers. IMO programs include training on occupational health and safety topics. IMO conventions overlapping with safety include the safety of fishing vessels and the carriage of hazardous and noxious substances by sea (IMO, 2018b).

2.8 INTERNATIONAL PROGRAM ON CHEMICAL SAFETY

The International Program on Chemical Safety (IPCS) was established in 1980 as a joint program between the three cooperating organizations: ILO, UNEP, and WHO. Standards of practice are developed to ensure the safety and health of workers, the public, and the environment. They cover a broad range of exposure scenarios in the presence of chemicals including industrial production, transport, and disposal. Programs include evaluation of chemical risks, hazard evaluation, and prevention of exposure to chemicals (IPCS, 2018).

2.9 CONCLUSIONS AND RECOMMENDATIONS

Countries that collect and transparently share objective data regarding OSH which work towards common goals and objectives can obtain mutual benefits for workers, societies, and economic stability. Guidance documents and standards not only can improve conditions within national boundaries but can also be used to minimize transboundary hazards created in one nation that have the potential of affecting neighboring nations. Standardized OSH programs can level the playing field in business and economic development of nations. These same standards can be used to ensure safe working conditions for all workers, regardless of their nationality or nation of origin. Decisions can be made collectively in guidance documents and treaties for assessing risks and setting priorities for appropriate controls. Balances can be struck within decision-making processes to reduce uncertainty and take a precautionary approach to potential hazards. Numerous OSH goals have been achieved globally through the international agreements between numerous international organizations that have been created over the past several decades.

There is always room for improvement and further collaborations. The bureaucratic monolithic structures of many government agencies, in addition to the IGOs created and supported by them, need to do more to include other stakeholders and community organizations who are willing to assist and provide resources in human

capacity through volunteers with specialty expertise in OSH. NGOs have a significant capacity which is not being effectively or fully utilized by IGOs. Offers to assist with projects including document development, research, and capacity building are often ignored by large IGOs. Governments and IGOs would benefit greatly from increased awareness and collaboration with NGOs and other external groups that are doing great work.

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