



Occupational Health and Safety, and Occupational Health Services Profile of Fiji

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FOREWORD

It is with great pleasure that we publish the very first Occupational Health and Safety, and Occupational Health Services Profile of Fiji on the 2017 World Day for Safety and Health at Work.

The sustainable development of Fiji is very much dependent on the healthy, productive, skilled and competent workforce. The health and work-ability of the working population is therefore our most important asset, as all our resources are generated by human physical, manual or mental work input, irrespective of the level of technology used.

Sustainable Development Goal 3 to ensure healthy lives and promote well-being for all at all ages re-asserts that health is a fundamental human right and a key indicator of sustainable development. SDG 8 to promote inclusive and sustainable economic growth, employment and decent work for all also reconfirms that decent working conditions are required for the whole working age population. Employers in the small, medium and large enterprises can all benefit from and contribute to achieving healthy societies. Furthermore, by ensuring that workers have safe working conditions and access to health services, companies establish healthier staff and better industrial relationships, which in many cases has positive effects on productivity.

In the 2015 Yanuca Declaration on Healthy Islands the ministers of health of Pacific island countries recommended to revitalize Environmental Health Unit and to recognize the critical role of Environmental Health Officers beyond minimum legal mandates. Indeed, monitoring and surveillance of health hazards of the workplaces is among the legal mandates for Environmental Health Officers under the Public Health Act in Fiji. Fiji now reaches a milestone as it proudly publishes its first national occupational health and safety profile.

The vision of "Decent and Productive Work for All" of the Ministry of Employment, Productivity and Industrial Relations (MEPIR) captures the desire of all workers to be accorded the fundamental social justice principles and rights at work consistent with relevant International Labour Organization (ILO) Conventions ratified by Fiji. It is the ideal employment condition for workers and employers to achieve through dialogue, in a spirit of mutual respect, trust and good faith. The reforms within the MEPIR have updated labour laws, policies, institutions and values. This shift enables the MEPIR to create much value and benefits for workers, employers and Government through a modern, fair and just labour market system that promotes social justice and sustainable economic growth.

The National Strategic Plan (NSP) 2016-2020 of the Ministry of Health and Medical Services (MoHMS) is currently being operationalized this year through the Annual Corporate Plan (ACP). This will contribute towards achieving our vision of a "healthy population". The NSP 2016-2020 is aligned to the Sustainable Development Goal (SDG) of "ensuring healthy lives and promoting well-being for all at all ages".

This work is supported by the National Occupational Health and Safety Advisory Board (NOHSAB) and is the result of collaboration between the MoHMS, MEPIR, the World Health Organization, the International Labour Organization, the Fiji National University, and other partner members of the National Occupational Health Working Group. We are thankful to all of our stakeholders, and particularly to Dr Rokho Kim, WHO Environmental Health Specialist, who initiated and led the project, and Dr Jorma Rantanen, WHO Consultant, who served as the lead author. This publication marks the maiden journey to systematic assessment and development of occupational health and safety policies in Fiji. It is hoped that Fiji will be able to set up innovative and integrative occupational health and safety programmes for the protection and promotion of health, wellbeing and safety of working population in the coming years.



Signature

Hon. Rosy Akbar

Minister for Health and Medical Services



Signature

Hon. Jone Usamate

Minister for Employment, Productivity and
Industrial Relations

ABBREVIATIONS

ACP: Annual Corporate Plan

ACTEMP: Bureau for Employers' Activities

ADB: Asian Development Bank

APO: Asian Productivity Organization

CBEE: Community-based Emergency Employment

CSD: The UN Commission on Sustainable Development

DCWCP: Fiji Decent Work Country Programme

ECS: The European Company Survey

EEA: European Economic Area

EH: Environmental Health

EQLS: The European Quality of Life Survey

ERAB: Employment Relations Advisory Board

ESENER: European Survey of Enterprises on New and Emerging Risks

EU: European Union

EWCS: The European Working Conditions Survey

FBEA: Fiji Business Excellence Awards

FBOS: Fiji Bureau of Statistics

FCEF: Fiji Commerce and Employers' Federation

FCOSS: Fiji Council of Social Services

FES: Formal Employment Service

FFONSA: Fiji Forum of Non-state Actors

FMA: Fiji Medical Association

FNA: Fiji Nursing Association

FNPF: Fiji National Provident Fund

FNU: Fiji National University

FO: Field Operations

FORES: Foreign Employment Service

FSM: Federated States of Micronesia

FTUC: Fiji Trade Union Congress

FVS: Fiji Volunteer Service

GDP: Gross Domestic Product

GPA: Global Plan of Action on Workers' Health

HASAWA: Health and Safety at Work Act

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

ICOH: International Commission on Occupational Health

ILO: International Labour Organization

IOE: International Organisation of Employers



ITUC: International Trade Union Confederation
MDG: Millennium Development Goals
MEPIR: Ministry of Employment, Productivity and Industrial Relations
MLC: Maritime Labour Convention
MoHMS: Ministry of Health and Medical Services
MRD: Mineral Resources Department
MSMEs: The Small and Micro Enterprises
NCD: Non-communicable Diseases
NCW: National Council of Women
NDMO: National Disaster Management Office
NDT: Non-destructive Testing
NEC: National Employment Centre
NGO: Non-governmental Organizations
NOHSAB: National Occupational Health and Safety Advisory Board
NOHSS: National Occupational Health and Safety Service
NSP: National Strategic Plan
NTCP: Training and Productivity Centre
NTPC: National Training and Productivity Centre
OHN: Occupational Health Nurses
OHP: Occupational Health Physicians
OHS: Occupational Health Services
OSH: Occupational Safety and Health
PNG: Papua New Guinea
PPE: Personal Protective Equipment
PSC: Public Service Commission
SDG: Sustainable Development Goals
SEEDS: Sustainable Economic and Empowerment Development Strategy
SFCCO: Strategic Framework for Change Coordinating Office
SME: The Small and Micro Enterprise
SOPAC: South Pacific Applied Geoscience Commission
TACH: Training, Accreditation, Chemical and Hygiene
UN: United Nations
USP: University of South Pacific
WCA: Workmen's Compensation Act
WHA: World Health Assembly
WHO WPRO: World Health Organization Western Pacific Region
WHO: World Health Organization

GLOSSARY

coverage: A measure of the extent to which the services rendered covered the potential need for these services in a community. It is expressed as a proportion in which the numerator is the number of services rendered, and the denominator is the number of instances in which the service should have been rendered (see Last 1988)

criterion: A criterion is a standard by which something is judged, and may be technical or social. A technical criterion for the safety of drinking-water would be a certain technical standard for water purity; a social criterion for the suitability of drinking-water would be the acceptance of its taste by the people for whom it is intended. (WHO 1984)

demography: The study of populations, especially with reference to size and density, fertility, mortality, growth, age distribution, migration, and vital statistics, and the interaction of all these with social and economic conditions. (see Last 1988)

health: Is defined in the Preamble of the Constitution of the WHO as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In 1978, WHO-EURO referred to health as a dynamic process which depends largely on the individual capacity to adapt to the environment; to be healthy means to maintain an intellectual and social activity despite any disorders or handicaps. (see ILO 1997)

health care: Those services provided to individuals or communities by agents of the health services or professions, for the purpose of promoting, maintaining, monitoring, or restoring health. Health care is broader than, and not limited to medical care, which implies therapeutic action by or under the supervision of a physician. The term is sometimes extended to include self-care. (see Last 1988)

health indicator: A variable, susceptible to direct measurement, that reflects the state of health of persons in a community. Examples include infant mortality rates, incidence rates based on notified cases of disease, disability days, etc. These measures may be used as components in the calculation of a health index. (see Last 1988)

health services: Services that are performed by health care professionals, or by others under their direction, for the purpose of promoting, maintaining, or restoring health. In addition to personal health care, health services include measures for health protection and health education. (see Last 1988)

health statistics: Aggregated data describing and enumerating attributes, events, behaviors, services, resources, outcomes, or costs related to health, disease, and health services. The data may be derived from survey instruments, medical records, and administrative documents. Vital statistics are a subset of health statistics. (see Last 1988)

indicator: A thing that serves to give an indication or suggestion of something else; A device which indicates the condition of a machine etc.; which draws attention or gives warning, something used in a scientific experiment to indicate some quality, change, etc. (see Oxford 1993)

If the aim of the programme is to train a number of auxiliary workers annually, the number of workers trained each year is a direct - or output - indicator. If the aim is to improve child health, several indicators could be used, such as nutritional status, psychosocial development, the immunization rate, or the morbidity and mortality rates. While efforts are normally made to **quantify indicators**, this is not always possible. Moreover, evaluations cannot always be made by aggregating numerical values alone. **Qualitative indicators** are therefore often used, for example to assess people's involvement and their perception of their health status.

WHO has proposed four categories of indicators: **health policy indicators; social and economic indicators; indicators of health care delivery;** and **indicators of health status**, including quality of life. It should be emphasized that, while indicators help to measure the attainment of targets, they are not in themselves targets. Indicators have to be selected carefully to make sure that they are responsive to current trends of development and that they are useable for the analysis of ongoing activities. When selecting indicators, full account has to be taken of the extent to which they are valid, objective, sensitive and specific.

Validity Implies that the indicator actually measures what it is supposed to measure. **Objectivity** implies that even if the indicator is used by different people at different times and under different circumstances, the results will be the same. **Sensitivity** means that the indicator should be sensitive to changes in the situation or phenomenon concerned. However, indicators should be sensitive to more than one situation or phenomenon. **Specificity** means that the indicator reflects changes only in the situation or phenomenon concerned. Another important attribute of an indicator is its **availability**, namely that it should be possible to obtain the data required without undue difficulty. (see WHO 1978)

medical data: Are those data collected for medical purposes, i.e. for the purpose of practising medicine; such data are those collected by a physician or by a health professional (for instance, a nurse or a paramedic) working under a physician's responsibility and should only be used for medical purposes. (see ILO 1997)

monitor: Something that serves to remind or give warning; to oversee, supervise, or regulate; to watch closely for purposes of control, surveillance, etc.; keep track of; check continually. (see Webster 1996)

notifiable disease: A disease that, by statutory requirements, must be reported to the public health authority in the pertinent jurisdiction when the diagnosis is made. (see Last 1988)

occupational health: Since 1950, the ILO and WHO have had a common definition of occupational health, revised in 1995: Occupational health should aim at: the **promotion and maintenance** of the highest degree of physical, mental and social well-being of workers in all occupations; the **prevention** amongst workers of departures from health caused by their working conditions; the **protection** of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the **adaptation of work to man** and of each man to his job.

The main focus in occupational health is on three different objectives: (i) the **maintenance and promotion of workers' health and working capacity**; (ii) the **improvement of working environment and work** to become conducive to safety and health; and (iii) **development of work organizations and working cultures** in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of **working culture** is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking. (see ILO 1997)

occupational health care: Refers to the care of the health of workers. It includes preventive health care, health promotion, curative health care, first aid, rehabilitation and compensation, where appropriate, as well as strategies for prompt recovery and return to work. (see ILO 1997)

occupational health data: Are those data collected for occupational health purposes; such data are collected by an occupational health professional. Minimum requirements should be established with regard to sensitive health data which should be covered by medical confidentiality. (see ILO 1997)

occupational health professionals: Are persons who have been accredited through appropriate procedures to practise a profession related to occupational health or who provide occupational health services according to the provisions of relevant regulations. Occupational health professionals include all those who by profession carry out occupational safety and health activities, provide occupational health services or who are involved in occupational health practice, even if only occasionally. They may be occupational health physicians, nurses, occupational safety and health inspectors, occupational hygienists, occupational psychologists and specialists involved in ergonomics, accident prevention and the improvement of the working environment, as well as in occupational health and safety research. Many others, in addition to occupational health and safety professionals, are involved in the protection and promotion of the health of workers, e.g. management and workers' representatives. (see ILO 1997)

occupational health services: Services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in the light of their state of physical and mental health. (ILO Convention No. 161, see Rantanen & Fedotov 1998). (In some documents occupational health services are abbreviated as OHS, which may cause confusion as OHS is also used for occupational occupational health and safety).

occupational health services, functions of: The ILO Convention No. 161 specifies that occupational health services should include those of **the following functions** that are adequate and appropriate to the occupational risks at the worksite:

- identification and assessment of the risks from health hazards in the workplace;
- surveillance of the factors in the working environment and working practices which may affect workers' health, including sanitary installations, canteens and housing where these facilities are provided by the employer;
- advice on planning and organization of work, including the design of workplaces, on the choice, maintenance and condition of machinery and other equipment and on substances used in work;
- participation in the development of programmes for the improvement of working practices, as well as testing and evaluation of health aspects of new equipment;
- advice on occupational health, safety and hygiene and on ergonomics and individual and collective protective equipment;
- surveillance of workers' health in relation to work;
- promoting the adaptation of work to the worker;
- contributing to measures of vocational rehabilitation;
- collaborating in providing information, training and education in the fields of occupational health and hygiene and ergonomics;
- organizing first aid and emergency treatment;
- participating in analysis of occupational accidents and occupational diseases. (see Coppée 1998)

occupational health practice: Consists not only of the activities performed by the occupational health service. It is multidisciplinary and multisectoral activity involving in addition to occupational health and safety professionals other specialists both in the enterprise and outside, as well as competent authorities, the employers, workers and their representatives. Such involvement requires a well-developed and well-coordinated system at the workplace. The necessary infrastructure should comprise all the administrative, organizational and operative systems that are needed to conduct the occupational health practice successfully and ensure its systematic development and continuous improvement. (see Rantanen & Fedotov 1998)

occupational health surveillance: Is the ongoing systematic collection, analysis, interpretation, and dissemination of data for the purpose of prevention. Surveillance is essential to the planning, implementation and evaluation of occupational health programmes and control of work-related ill health and injuries and the protection and promotion of workers' health. Occupational health surveillance includes workers' health surveillance and working environment surveillance. (see ILO 1997)

occupational health surveillance system: Is a system which includes a functional capacity for data collection, analysis and dissemination linked to occupational health programmes. It refers to all activities at individual, group, enterprise, community, regional and country levels to detect and assess any significant departure from health caused by working conditions and to monitor workers' general health. Occupational health surveillance programmes record instances of occupational exposures or work-related illness, injury or death and monitor trends in their occurrences across different types of economic activities, over time, and between geographical areas. (see ILO 1997)

occupational health and safety: (Syn: occupational safety and health) Is the discipline dealing with the prevention of work-related injuries and diseases as well as the protection and promotion of the health of workers. It aims at the improvement of working conditions and environment. Members of many different professions (e.g. engineers, physicians, hygienists, nurses) contribute to occupational safety, occupational health, occupational hygiene and improvement of the working environment. (see ILO 1997)



In some countries occupational safety and health is abbreviated as OSH and occupational health and safety as OHS.

parameter: In mathematics, a constant in a formula or model; in statistics and epidemiology, a measurable characteristic of a population. (see Last 1988)

periodic medical examinations: Assessment of health status conducted at predetermined intervals, e.g., annually or at specified milestones in life such as pre-employment, or preretirement. This form of medical examination generally follows a formal protocol, e.g., employing a set of structured questions and/or a predetermined set of laboratory tests. (see Last 1988)

primary health care: Health care that begins at the time of first encounter between a patient and a provider of health care; An alternative term is primary medical care.

The WHO definition of primary health care includes much more: Primary health care is essential health care made accessible at a cost the country and the community can afford, with methods that are practical, scientifically sound, and socially acceptable. Everyone in the community should have access to it, and everyone should be involved in it. Related sectors should also be involved in it in addition to the health sector. At the very least it should include education of the community on the health problems prevalent and on methods of preventing health problems from arising or of controlling them; the promotion of adequate supplies of food and of proper nutrition; sufficient safe water and basic sanitation; maternal and child health care including family planning; the prevention and control of locally endemic diseases; immunization against the main infectious diseases; appropriate treatment of common diseases and injuries; and the provision of essential drugs. (see Last 1988)

profile: A verbal, arithmetical, or graphic summary or analysis of the history, status, etc., of a process, activity, relationship, or set of characteristics: a biochemical profile of a patient's blood; a profile of national consumer spending; a set of characteristics or qualities that identify a type or category of person or thing (see Webster 1996)

public health: Public health is one of the efforts organized by society to protect, promote, and restore the people's health. It is the combination of sciences, skills, and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions. The programs, services, and institutions involved emphasize the prevention of disease and the health needs of the population as a whole. Public health activities change with changing technology and social values, but the goals remain the same; to reduce the amount of disease, premature death, and disease-produced discomfort and disability in the population. Public health is thus a social institution, a discipline, and a practice. (see Last 1988)

qualitative data: Observations or information characterized by measurement on a categorical scale, i.e., a dichotomous or nominal scale, or, if the categories are ordered, as ordinal scale. Examples are sex, hair color, death or survival, and nationality. (see Last 1988)

register, registry: In epidemiology the term "register" is applied to the file of data concerning all cases of a particular disease or other health-relevant condition in a defined population such that the cases can be related to a population base. With this information incidence rates can be calculated. If the cases are regularly followed up, information on remission, exacerbation, prevalence, and survival can also be obtained. The register is the actual document, and the registry is the system of ongoing registration. (see Last 1988)

risk: The probability that an event will occur, e.g., that an individual will become ill or die within a stated period of time or age. Also, a non-technical term encompassing a variety of measures of the probability of a (generally) unfavourable outcome. (see Last 1988)

Exposure to the chance of injury or loss. (see Webster 1996) **risk assessment:** The qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences. (see Last 1988)

risk factor: An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic, which on the basis of epidemiologic evidence is known to be associated with health-related condition(s) considered important to prevent. (see Last 1988)

risk indicator: An attribute that is associated with an increased probability of occurrence of a disease or other specified outcome and that can be used as an indicator of this increased risk. Not necessarily a causal factor. (see Last 1988)



risk management: The steps taken to alter, i.e., reduce, the levels of risk to which an individual or a population is subject. (see Last 1988)

safety: The state of being safe; freedom from the occurrence of risk or injury, danger, or loss; the quality of averting or not causing injury, danger, or loss. (see Webster 1996)

standard: Something that serves as a basis for comparison; a technical specification or written report drawn up by experts based on the consolidated results of scientific study, technology, and experience, aimed at optimum benefits and approved by a recognized and representative body. (see Last 1988)

standardization: A set of techniques used to remove as far as possible the effects of differences in age or other confounding variables, when comparing two or more populations. (see Last 1988)

survey: An investigation in which information is systematically collected but in which the experimental method is not used. (see Last 1988)

surveillance of the working environment: A generic term which includes the identification and evaluation of environmental factors which may affect workers' health. It covers assessments of sanitary and occupational hygiene conditions, factors in the organization of work which may pose risks to the health of workers, collective and personal protective equipment, exposure of workers to hazardous agents and control systems designed to eliminate and reduce them. From the standpoint of workers' health, the surveillance of the working environment may focus on, but not be limited to, ergonomics, accident and disease prevention, occupational hygiene in the workplace, work organization, and psycho-social factors in the workplace. (see ILO 1997)

validity: The property of being genuine, a true reflection of attitudes, behaviour, or characteristics. A measure (such as a question, series of questions, or test) is considered valid if it is thought to measure the concept or property which it claims to measure. (There are many different definitions of validity in the available literature. (see Marshall 1998)

variable: Any attribute, phenomenon, or event that can have different values. (see Last 1988)

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EXECUTIVE SUMMARY

The World Health Organization, WHO, with Global Plan of Action on Workers' Health, has encouraged the Member States to produce National Occupational Health profiles for development of occupational health systems in countries. Respectively the International Labour Organization, ILO, in the Recommendation No. 197 - Promotional Framework for Occupational Health and Safety calls the Members States to prepare and regularly update a National Occupational Health and Safety Profile in order to get basis for formulating and reviewing the national Occupational Safety and Health Programme.

The Fiji National Profile of Occupational Health and Safety and Occupational Health Services was prepared on initiative of the WHO Western Pacific Regional Office, Division of Pacific Technical Support, in collaboration with the ILO Office for Pacific Island Countries, the Ministry of Health and Medical Services and the Ministry of Employment, Productivity and Industrial Relations. Several other institutions participated in the drafting work, including the National Occupational Health and Safety Advisory Board, NOHSAB and the Fiji National University.

The Profile is structured according to the model profile guideline provided by the WHO. The document aims at providing an overview of the Fijian Occupational Health and Safety system in interest to share the information equally to all stakeholders and to support the national policy making for further development of OSH and particularly of occupational health services in Fiji.

The model outline covers information on occupational health and safety legislation, compliance with international standards, organizational frameworks and enforcement mechanisms, roles of social partners, regular and ongoing activities related to OHS outcomes and basic statistical information, including demographic data, health data, economy indicators.

The profile contains a policy and strategy analysis for OHS, situation analysis of Fiji OSH, including SWOT-analysis for Fiji occupational health. In summary, Overall conclusions and recommendations for the development of OHS and occupational health services in Fiji are proposed.

The Fiji occupational health and occupational safety and health systems have notable strengths and development opportunities, due to well organized governance in the Ministry of Health and Medical Services, MoHMS and in the Ministry of Employment, Productivity and Industrial Relations, MEPIR and in their policy making, strategy planning and inspection systems. The institutions for higher and middle level education are well developed.

The needs and challenges for development of occupational health services and occupational safety and health in Fiji are well recognized (as in all other countries of the Asia-Pacific Region): occupational accidents, hazardous exposures like chemical, physical and biological factors and dusts, diagnosis and recognition of occupational diseases, work stress, occupational health in small-scale enterprises and among self-employed, agriculture and family firms, use of personal protection equipment (PPE), shortage of occupational health experts and their training systems, development of information and data systems on conditions of work, health and safety in the workplaces and among the workforce.

The recommendations on the basis of profiling include:

- Ratification of the ILO Convention No. 161 on Occupational Health Services;
- Preparing a National Policy and Programme and Action Plan for occupational health and occupational health services;
- Providing legislation particularly on occupational health services for covering the whole working population, including the small enterprises, agriculture and self-employed in the formal and informal sectors;
- Development of the necessary human resources needed for provision of competent occupational health services (including occupational hygiene, occupational psychology and ergonomics) for the whole workforce;
- Development of training programmes, curricula and training capacities for the above; and
- Coordinating enforcements of legal OHS requirements at the workplaces, particularly those with high risks, by the environmental health officers of the MoHMS and occupational safety and health inspectors of the MEPIR.

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1 Introduction



Fiji Islands constitute a country of more than 330 Isles and a population of a total of 869, 458 multi-ethnic, multi-religion people (in 2015). According to the latest 2007 census, the main ethnic groups are the Fijians 57.3% (predominantly Melanesian with a Polynesian admixture), Indians 37.6%, Rotuman 1.2%, other 3.9% (including Europeans, other Pacific Islanders, Chinese). The population age structure is relatively favourable, 65.9% at 15-65, 28.8% below 15 and 5.2% for 65 and above. Despite this, like other middle-income countries, the dependency ratio is high - 51.8% due to the comparatively high child dependency, high proportion of the self-sustaining people at working age and modest labour market participation of adult women (males 72%, females 52%; total 59%) (1, 2).

In the recent years, the Fiji economy has turned to growth at reasonable rates of 3-4% a year, presenting the total GDP of 4.19 billion USD and 4830 USD/capita (no. 101-106 among world economies in different statistics; upper middle income group by the World Bank). A relatively high percentage is still produced by agriculture (18.9%), industry (30.2%), and the major part by services (51.1%). The sugar industry remains a mainstay of the economy, employing 200,000 people - more than 20% of the adult population. Services - mostly tourism - represent nearly 60% of Fiji's GDP. Exports of gold, mineral water, fish and timber have risen in recent years, boosting foreign exchange earnings (2, 3, 4).

The Fiji workforce accounts to 366,800 persons (65.6% male, 34.4% female). Over one third, 131,600 (38%), are in paid employment and 40% working in informal economies. The male labour participation rate is 72% and female 52%, which constitutes a remarkable labour reserve, which can be mobilized to labour market through women empowerment and formalization of informal work (4). Fiji has made a remarkable progress in the Millennium Development Goals in the elimination of absolute poverty, improvement of gender equality, in school enrolment and in the improvement of maternity and child health.

The Government of Fiji's Roadmap for Democracy and Sustainable Socio-Economic Development 2010-2014 lays out medium-term strategies to achieve "A Better Fiji for All." These include (i) strengthening good and just governance, (ii) raising economic growth, and (iii) improving sociocultural development. The government has also adopted the National Strategic Human Resources Plan 2011-2015 to unleash the full potential of human resources and talents available in the country by pursuing three thematic areas (= policy goals): (i) minimizing imbalances in the labour market, (ii) improving the functioning of the labour market, and (iii) improving the productivity of Fiji's workforce. In the Thematic Area 2: Improving the Functioning of the Labour Market In the Thematic Area 2: Improving the Functioning of the Labour Market, the occupational safety and health reform programme has been included (5).

According to the ILO, occupational safety and health vary amongst the Pacific Island Countries, Fiji being ahead in its OHS legislation, inspectorate and implementation.

ILO states that Fiji collaborates with the other Pacific Island Countries on a bi-lateral basis, e.g. assisting Papua New Guinea and Kiribati, Samoa, Solomon Islands and Vanuatu, who have also progressed in the implementation of their OHS legislation, whilst Tuvalu and Marshall Islands are at the beginning stages of promoting OHS legislations. Hence, the progress of Fiji is crucial not only for the country itself, but also to the neighbours (9).

The terms in the national laws, regulations and programmes vary substantially. There is certain confusion with the acronyms OSH (usually meaning occupational safety and health in view of ILO Convention No.155) and OHS (standing for occupational health services in view of ILO Convention No. 166). For clarity, in this document, occupational health services are written in full text or abbreviated in form of OH services. (See Annex 1: Concepts and Definitions). This profile follows the term of "Occupational Health and Safety" to denote both OSH and OHS according to the common usage in Fiji.

The precise figures vary substantially depending on the source. In this Report the latest available FBOS Key Statistics and the data from UN organizations are preferred, if available.

2

Why Occupational Health and Safety Profile?



Every country's sustainable development is dependent on healthy, productive, skilled and competent workforce and well-working labour market. The health and work-ability of the working population is the most important asset of the Nation. Virtually all resources of the nation are generated by human physical, manual or mental work input, irrespectively of the level of technology used. The human work input is also the secret of their effective and productive use.

Countries used to be well informed of their population's health situation. In the recent years, information on the state of the general environment has been well described. Surprisingly, the information on conditions of work, exposures and workloads at the workplace, health of workers, their competence and work ability, and data on occupational accidents and diseases among the workforce are much less surveyed and documented, making the identification of the priority challenges and groups at risk difficult and often biased. This is the reason why the ILO (Recommendation 197) (6) and the WHO (WHA Resolution No. 60.26) (7) call the Member States to draw up occupational health profiles. Countries vary in profile practices; some states have prepared the occupational safety and health and occupational health profiles separately, some others by covering both in one and the same profile. The profile making is a never-ending process; it will be updated and completed periodically to keep abreast with the rapid development of the work life. The occupational health profile provides several benefits for all from policy-makers to social partners, enforcement authorities, educators, experts and practitioners:

- It contains a compact form, information on the actual situation in occupational health and related aspects of work life.
- It describes the health situation of the largest and key subgroup of the population, amounting to 60-70% of the total population, i.e. the working people.
- It demonstrates what information is available and where the gaps are.
- It shares the same information for all stakeholders, facilitating the common situation analysis and priority setting.
- In certain duration of time, it provides a possibility to analyse trends and impacts of decisions, strategies, programmes and interventions concerning occupational health.
- With certain conditions, it permits the comparison between countries in their state of the art of occupational health and other aspects of work life.

ILO. National Law Profile. FIJI. August 2006 by J. Hodges describes more in detail the Fiji legislative structures and main content of the labour laws (8)."

The ILO has already successfully supported the production of national OSH profiles for dozens of countries. Many of them are comprehensive books or booklets on OSH in the country, some others collected on the basis of data available in the ILO statistics (9).

The WHO Regional Office for Europe has invited several countries to produce National Profiles on Occupational Health. Two examples are: The National Profile of Occupational Health System in Finland 2012 (10) and Country Profile of Occupational Health System in Germany 2012 (11).

The present document aims at the provision of the national profile of Fiji covering both aspects of occupational health and safety, and occupational health services. The document is structured according to the model profile guideline provided by the WHO Regional Office for the Western Pacific.



3

The legislative and policy framework for occupational health and work life



3.1 OCCUPATIONAL HEALTH AND SAFETY REQUIREMENTS IN THE CONSTITUTION OF THE REPUBLIC OF FIJI

There are addresses to work, employment, and OSH in 10 different articles of the Chapter 2 of the Constitution: Bill of Rights (12). They meet most of the requirements of the ILO Fundamental Conventions on rights and responsibilities at work (see Table 1).

Table 1. Occupational Health and Safety addressed by the Fiji Constitution (12)

Article in Chapter 2 of the Constitution	Content	Reference to related International Instruments (6)
Subsection 10, Freedom of slavery, servitude, forced labour and human trafficking	Prohibition of forced labour	ILO Core Conventions No. 29 and 105 and Recommendation No. 203
Subsections 18 and 19, Freedom of Assembly and Freedom of Association	Right to meet, demonstrate and join in Associations	ILO Core Convention No. 87 and No. 98, Convention No. 135 and No. 141
Subsection 20, Employment relations	Individual's right to join Trade Union or Employers Organization and bargain collectively	ILO Convention No. 98
Subsection 26, Right to equality and freedom from discrimination	Provision on equal treatment at work and prohibition of discrimination in work	ILO Convention No. 111
Subsection 31, Right to education	Right to primary and secondary education for all	ILO Convention No. 169 and Convention No. 182
Subsection 33, Right to work and just minimum wage	Government's responsibility to ensure employment and just minimum wage	ILO Decent Work Programmes. UN Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights.
Subsection 37, Right to social security schemes	Government's responsibility to ensure right to need-based social security for all	ILO Convention No. 102
Subsection 38, Right to health	Right of every person to health, and to the conditions and facilities necessary to good health, and to health care services, including reproductive health care and emergency health services.	UN Universal Declaration of Human Rights. ILO Convention No. 155 and Convention No. 161 and Recommendation No. 171. WHO Global Strategy on Occupational Health for All.
Subsection 42, Rights of persons with disabilities	Right among others to access to workplace and special arrangements at work for enabling participation in work.	ILO Code of Practice on Disability Management, Convention No. 159 and Recommendation No. 168, Convention No. 111 and Recommendation No. 99.
Subsection 45, Human Rights and Anti-Discrimination Commission	Commission for advice, follow-up and development of human rights and for investigation of possible violations	ILO Fundamental Conventions, No. 87, No. 98, No. 29, No. 105, No. 138, No. 182, No. 100, No. 111.

3.2 HEALTH AND SAFETY AT WORK ACT (HASAW ACT), 1996

Fiji has passed a basic set of occupational safety and health legislation as in Table 2. The HASAW Act, originated from 1996, and amended in 2003, is the core regulation (13), supplemented with several "daughter" regulations, including OHS Administration, training, OHS Representatives and Committees, general workplace conditions, and a number of specific substantive provisions such as diving, hazardous substances, and Code of Practice on noise. In addition, two laws relevant for OHS are the Code of Practice on HIV/AIDS in the Workplace from 2008 (14) and the 2008 National Policy on Sexual Harassment in the Workplace (15). All of these are controlled by the Ministry of Employment, Productivity and Industrial Relations, enforced by the OHS Inspectorate. The Ministry of Health and Medical Services controls the Radiation Safety Decree (16).

Table 2. Occupational Safety and Health and other Labour Legislation in Fiji (17)

Health and Safety at Work 1996	http://www.labour.gov.fj/laws/HASAWA1996.pdf
Health & safety at work (amendment) act 2003	http://www.labour.gov.fj/laws/HASAW_A_A2003.pdf
Health and Safety at Work (administration 1 and 2) 1997	http://www.labour.gov.fj/laws/HASAWA_Admin_1997.pdf
Health & safety at work (training) regulations 1997	http://www.labour.gov.fj/laws/HASAWA_Train_1997.pdf
Health & safety at work (reps & committees) regulations 1997	http://www.labour.gov.fj/laws/HASAWA_Reps_1997.pdf
Health & safety at work (general workplace conditions) regulations 2003	http://www.labour.gov.fj/laws/HASAWA_GWC_2003.pdf
Health & safety at work (diving) regulations 2006	http://www.labour.gov.fj/laws/HASAWA_Diving_2006.pdf
Health & safety at work (control of hazardous substances) regulations 2006	http://www.labour.gov.fj/laws/HASAWA_COHS_2006.pdf
Draft code of practice on occupational noise	http://www.labour.gov.fj/ohs/draft7_ncpon.pdf
Code of Practice on HIV/AIDS in the Workplace 2008	http://www.labour.gov.fj/images/Laws/erp_ncop_hiv_2008.pdf
National Policy on Sexual Harassment in the Workplace 2008	http://www.labour.gov.fj/images/Laws/erp_npol_sh_2008.pdf
Radiation Health Decree 2009	http://www.fiji.gov.fj/getattachment/51b29b87-c568-4e91-bd96-33c1f08b1624/Decree-No-41---Radiation-Health-Decree-2009-(pdf).aspx
Employment Relations Act (a) 2007 (b) amendment 2015	(a) http://www.labour.gov.fj/images/Laws/erp_2007.pdf (b) http://www.labour.gov.fj/images/Laws/Amendments2015/Act%20No%20%204%20of%202015.pdf
Workmen's Compensation Act (last amendment 2015)	http://www.labour.gov.fj/images/Laws/Amendments2015/Workmens-Compensation-Amendment-Act-2015.pdf
National Training Act	http://www.labour.gov.fj/laws/FNTA_Cap93.pdf

Factories Act; Petroleum Act; Pesticides Act and Ionizing Radiations Act and the regulations and orders made under them shall, for the purpose of this Act, be associated with the occupational safety and health legislation.

HASAW Act is the key legal instrument for safety and health at work. It is comprehensive, covering a wide range of key aspects of safe and healthy environment at work. The Act covers all the workplaces in Fiji (without size limits). The exceptions in the coverage are, however, the enterprises under Mining Act and Quarries Act, Controlled by the Ministry of Lands and Mineral Resources, Explosives Act, and Petroleum (Exploration and Exploitation) Act (18).

The HASAW Act law provides the following:

- The general Inspection on safety and health at work ("those who create the risk in the workplace and those who work with them have the primary responsibility to solve them")
- Duties of the persons assigned for the control of workplace
- Duties of employers and workers to non-working people visiting the workplace
- Duties of manufacturers, importers, suppliers, and installers
- General obligations to anyone concerning non-interference of safety and health at work
- Appointment and tasks, duties, rights and functions of the workers' Safety and Health Representative
- Appointment and membership of the Safety and Health Committee
- Provisions for prevention of discrimination of the Health and Safety Representative or an individual worker informing the OSH Inspector
- Investigation of workers ceasing the work under immediate threat to safety
- Notification and registration of workplaces with 20 workers or more is stipulated, as well as the registration, notification and statistics of occupational accidents and diseases.

The HASAW Act mandates to the Safety Inspection, Chief Inspectors and the Inspectorate to enforcement of OSH regulations. The law stipulates on rights and powers of the Inspection, numerous controls for notifications by the employers and on penalties, as well as on appeal systems.

The HASAW Act stipulates on the National Occupational Health and Safety Advisory Board (NOHSAB) under the Ministry of Employment, Productivity and Industrial Relations. The role of the Board is advisory, covering support for the Ministry of Employment policies, follow-up of the development of OHS in the Country and responding to specific questions and requests set by the Minister. The Board is a tripartite and multi-sectorial body, chaired by the Permanent Secretary of the Ministry of Employment, Productivity and Industrial Relations, with Deputy Chairs from the most representative employers' and workers' organizations and members from the Ministries of Health, Mining, Agriculture, Transport and Civil Aviation, and the Environment. It may have members from other relevant Ministries as well.

As mentioned above, the HASAW Act is associated with six "daughter" regulations: administration, training, safety representatives and committees, general workplace conditions, diving, and hazardous substances.

Employment Relations Act 2007

The aim of the legislation is to provide a statutory framework, which promotes the welfare and prosperity of all Fiji people (19). The scope of the application covers all other workplaces except for defence, police and prisons. The means for this are:

- (a) creating minimum fair and equal labour standards
- (b) helping to prevent and eliminate direct and indirect discrimination
- (c) providing a structure of rights and responsibilities for parties engaged in employment relations
- (d) establishing the mediation services, and legal institutions for employment relations
- (e) encouraging consultation between labour and management
- (f) complying with international obligations and giving effect to the Fiji Constitution.

The legislation has importance for occupational health and safety among others through regulation of employment contracts, wage protection, working hours and leaves, including maternity leave, prohibition of worst forms of child labour, minimum age regulations for work, trade unions' rights and responsibilities, and collective bargaining.

In addition, two regulations relevant for OHS are the Code of Practice on HIV/AIDS in the Workplace from 2008 (14) and the 2008 National Policy on Sexual Harassment in the workplace (15). The Ministry of Health and Medical Services governs a special Decree on radiation safety (16).

Workmen's Compensation Act (Cap 94)

The Workmen's Compensation Act (WCA) from the year 1965 provides for compensation to workers for injuries suffered during their employment (20):

- Part I provides scope and concepts,
- Part II determines compensation for different types of injuries, and provides for medical examination and treatment as well as determination of claims. It also regulates several procedural matters,
- Part III makes provision for medical aid.
- Part IV regulates compensation in respect of occupational diseases.

The Leadership of the Ministry of Employment, Productivity and Industrial Relations (formerly Ministry of Labour) describes the long-term development of the Fiji Labour Reform as the following: The Ministry has implemented the 7 priorities of the long-term strategy for Labour Reform (21, 22). The priority areas are:

1. OHS Reform – completed in 1998 and reviewed/refined in 2012 and 2014.
2. Employment Relations Reform – completed in 2008 and reviewed/refined in 2012 and 2014.
3. Productivity Reform – completed in 2008 and reviewed/refined in 2012 and 2014.
4. Wages Reform – completed in 2008 and reviewed/refined in 2012 and 2014 with the National Minimum Wage study.
5. Employment Creation Reform – NEC commissioned in 2010 (FES) and rolled-out to 2013 (FVS) and 2014 (FORES).
6. Workers Compensation Reform – new draft law completed for tripartite consultation – Fiji Work Care Bill which will combine the HASAW Act and the Workmen's Compensation Act.
7. Operational Management Reform – certification to ISO 9001:2008 QMS; 2 SBUs in 2014 & 4 SBUs in 2015.

In the 2015 African, Caribbean and Pacific Group of Countries, ACP, Plan Fiji has committed to complete the Workers Compensation Reform (6th component above), which is to be integrated into a single policy and legal framework with the OHS Reform (1st component) under a new institution and to launch a Fiji Workcare Bill. The goal is to deliver cost-effective and quality social protection & social security services to employers and workers, including the Government. In all administrative and managerial activities the Fiji Government is seeking for efficiency and quality by implementing the ISO Standards. The National OHS Service and the Mediation Service are the first two Fiji Government Units to be certified to the ISO 9001:2008.

Employers have been urged to ensure adequate compensation for work-related injuries and deaths to workers.

These issues were relayed by the Fiji Trades Union Congress at a workshop to mark the World Day for Safety and Health, officially commemorated on the 28th April 2015. FTUC assistant national secretary, Rouhit Karan Singh said occupational safety and health was primarily to prevent workplace death, injury and disease.

"But when it happens, workers and their dependents must be supported and I urge that all employers to have adequate coverage for workmen's compensation and adequate insurance," he said in Lautoka.

Figures at the workshop noted 413 work-related deaths in Fiji from 2010 to 2014, and 1592 work-related injuries during this period.

"The death and injury rate at workplaces is obviously unacceptable to the union movement and one of the most important tasks for unions therefore is not only to protect their members from hazards at their work, but in a broader perspective. The overall impact may affect the family, society and the country as a whole."

Suva recorded the highest percentage of work-related injuries with 703, followed by Lautoka 234, Ba 198, Nadi 197, Labasa 183, Sigatoka 35, while Savusavu recorded 42, during this four-year period (23).

The Factories Act 1972

This Act from the 1970s was a predecessor of the HASAW Act and will be presented here for describing some substantive aspects of the OSH legislation (24). The Act applied also in the offices and other places of work. It contained general requirements, fire protection, machine, plant and equipment safety, hazards and conditions, such as electricity, hazardous chemicals, radiations, noise, physical workloads and regulations on welfare facilities. The provisions for notifications, inspection and penalties were as well stipulated.

ILO National Law Profile. FIJI. August 2006 by J. Hodges describes more in detail the Fiji legislative structures and main content of the labour laws (8).

The occupational safety and health legislation (HASAWA) covers relatively well the key issues of safety at work. The health at work is less covered and in addition to health examinations, no regulation on occupational health services is available (Table 3). Challenges are also in the implementation of the HASAWA Law for small-scale enterprises, micro enterprises and for the self-employed, such as farmers and the informal sector workers.

Table 3. Coverage of Fiji OSH Regulations of various aspects of safety and health

Target	Yes	No	Application
- identification and determination of occupational hazards?	X		
- prohibition, limitation or other means of reducing exposure	X		
- assessment of risks?	X		
- prohibition or limitation of the use of hazardous processes, machinery, substances, etc.	X		
- specification of occupational exposure limits?	X		Australia OEL List is applied
- surveillance and monitoring of the working environment	X		
- notification of hazardous work, and related authorization and licensing requirements?		X	Registration of all enterprises
- classification and labelling of hazardous substances	X		
- provision of chemical safety data sheets?	X		
- provision of personal protective equipment	X		
- safe methods for handling and disposal of hazardous waste	X		
- working time arrangements?	X		
- adaptation of work installations, machinery, equipment and processes to the capacities of workers (ergonomic factors)	X		
- design, construction, layout, maintenance of workplaces and installations	X		
- provision of adequate welfare facilities	X		
- surveillance of workers' health		X	
- provision of occupational health services		X	

3.3 SAFETY-RELATED REGULATIONS IN OTHER JURISDICTIONS

The UN Commission on Sustainable Development (CSD) Fiji Country Report from 2010 describes the regulations with OHS relevance which are controlled by other jurisdictions than the Ministry of Employment, Productivity and Labour Relations (22).

The Mineral Resources Department (MRD) is a statutory regulating authority/body that regulates the mining industry in Fiji and is the custodian of the following Acts & Regulations:

1. Laws of Fiji Chapter 146: Mining Act & Regulations – guides and regulates activities relating to prospecting for and mining precious metals and other minerals in Fiji
2. Laws of Fiji Chapter 147: Quarries Act & Regulations – provides for the better regulation of Quarries and quarrying activities
3. Laws of Fiji Chapter 148: Petroleum (Exploration & Exploitation) Act & Regulations – guides and regulates activities relating to the exploration for and exploitation of petroleum resources
4. Laws of Fiji Chapter 189: Explosives Act & Regulations – an act that regulates the manufacture, use, sale, storage, transport, importation and exportation of explosive substances
5. Laws of Fiji Chapter 149: Continental Shelf Act & Regulation – an Act that makes provisions for the protection, exploration and exploitation of the natural resources of the continental shelf of Fiji and of areas within the territorial limits of Fiji.

In addition, the CSD Report comments the following:

1. A draft Mineral (Exploration & Exploitation) Bill was developed in 2006 with the final draft awaiting Cabinet's approval. Once gazetted, this will result in the revocation of the Mining and Quarries Act.
2. Due to increasing commercial interests in offshore mineral exploration in Fiji, a moratorium is currently in place whilst work progresses on the development of Fiji's Offshore Mineral Policy to control the exploration and mining of offshore mineral resources. This policy will be guided by the Madding Guidelines, a set of international offshore mineral guidelines that was developed ten years ago during an Offshore Mineral Policy Workshop that was coordinated by the South Pacific Applied Geoscience Commission (SOPAC) and held in Madding, PNG.
3. To date, MRD have issued 7 petroleum exploration licenses.

All these sectors carry high-risk activities in view of occupational safety and health. It would be important to include them in the overall national safety and health policy and programmes in order to secure equal standard of safety for all sectors of economy.

3.4 HEALTH LEGISLATION

The Fiji health legislation covers both the preventive health activities and curative services. The acts have been amended relatively recently, the majority after 2010, but the substantive core originates from laws passed in the 1980s and 1990s. Prevention and primary health care are given high priority as recommended by the WHO. The health legislation package consists of 35 Acts, Decrees or Regulations. The laws most relevant for occupational health are listed in Table 4. From the occupational health point of view, the key regulation is the Public Health Act 2002 (26).

Table 4. Typical legislation administered by the Ministry of Health and Medical Services

1.	Mental Health Decree 2010
2.	Fiji Medical & Dental Practitioner Decree 2010
3.	Emergency Ambulance Services Decree 2010
4.	Radiation Health Decree 2009
5.	Medical Imaging Technologist Decree 2009
6.	Food Safety Act & Food Safety Regulations 2004 & 2009
7.	Dangerous Drug Act 2004
8.	Public Health Act 1935, 2002
9.	Public Hospitals & Dispensaries Act 2002
10.	Nurses, Midwives & Nurse Practitioners Act 1999
11.	Tobacco Control Act 1998
12.	Pharmacy & Poisons Act 1997
13.	Private Hospital Act 1979
14.	Burial & Cremation Act 1978
15.	Medical Assistant Act 1978
16.	Animal (Control of Experiments) Act 1957
17.	Methylated Spirit Act 1957

Fiji Public Health Act

The Public Health Act is very comprehensive, covering a broad field of public and environmental health. The thematic content of the Fiji Public Health Act is listed as follows (26):

Part I	Preliminary
Part II	Constitution of the Board of Health and Local Authorities
Part III	Buildings
Part IV	Premises for The Production, Manufacture, Preparation, Storage, Distribution, Sale or Consumption of Food
Part V	Sanitary Services
Part VI	Nuisances
Part VII	Infectious Diseases
Part VIII	Venereal Diseases
Part IX	Offensive Trades
Part X	Common Lodging - Houses and Houses Let as Lodgings
Part XI	Mosquitoes
Part XII	Ships
Part XIII	Water Supply
Part XIV	Laundries
Part XV	By-Laws and Regulations
Part XVI	Legal Proceedings

The Act contains a number of important addresses for issues related to occupational health:

- Control of the work environment for food safety and related matters like bakeries, hair dressers and butcher shops
- Control of possible impact on public health and environment by production, manufacturing and storage
- Control of general hygiene and sanitation and the so-called "social facilities" of any workplace (such as canteens, sleeping rooms, etc.)



The provision concerning employer's duty to organize occupational health services with a content feasible to Fiji conditions, and inspected by the environmental health inspectors would be most valuable for the further development of occupational health and through it the total health of the workers.

An important provision of the Public Health Act is the Article 56 stipulating abatement of nuisances "summarily": *Any work, manufactory, trade or business injurious to the health of the neighbourhood or so conducted as to be injurious to health or offensive to the public.* This objective cannot be met with the measures in the external environment only, but needs occupational health interventions for emissions control also inside the factories.

Table 5. The health legislations relevant for occupational health activities (25)

Law	Web address
Public Health Act 1935	http://www.paclii.org/fj/legis/consol_act_OK/pha126/
Food Safety Act & Food Safety Regulations 2004 & 2009	http://www.commcomm.gov.fj/pdfs/FoodSafetyRegulations2009.pdf
Public Hospitals & Dispensaries Act 2002	http://www.paclii.org/fj/legis/consol_act_OK/phada330/
Tobacco Control Act 1998	Tobacco Control Decree 2010, (Decree No. Of 2010)
Pharmacy & Poisons Act 1997	http://www.paclii.org/fj/legis/consol_act_OK/papa214.pdf
Medical and Dental Practitioners Act	http://www.paclii.org/fj/legis/consol_act_OK/madpa281/

There are 12 urban Sanitary Districts (2 City and 10 town councils) and 16 rural sanitary districts in Fiji. Environmental health officers are employed by the urban health authorities in cities and towns, while rural local authorities are serviced by the Ministry of Health and Medical Services (MoHMS) environmental health officers at divisional or sub-divisional levels. The environmental health officers exercise their authority under several Acts: the Public Health Act 2002, Town Planning Act 1997, Subdivision of Land Act 1976, and the Environment Management Act 2005 (26, 28). The Department of Environment also addresses environmental issues concerning health at the national level, such as waste management, climate change, and incineration. According to the WHO Health in Transition Report (2011), occupational health and safety services are implemented by environmental health officers in conjunction with the Ministry of Employment, Productivity and Industrial Relations, and the occupational health and safety committees established in health facilities (28).

3.5 SUMMARY: POLICIES AND REGULATIONS

Fiji has produced relatively comprehensive legislation for occupational safety and health and for the health sector. The OSH legislation covers the formal, well-organized labour sector. Both the coverage and the implementation are insufficient or absent for the SMEs, the self-employed and the informal sectors, where most Fiji workers are working often under high safety and health risks. Similar gaps in the coverage are found in social protection, pension policies and workmen compensation. There is an urgent need to fill the gaps in these sectors as they constitute an important part of the Fiji overall economy.

4

Compliance with international standards



4.1 DEGREE OF COMPLIANCE WITH ILO CONVENTIONS ON OHS AND WHA RESOLUTIONS ON OCCUPATIONAL HEALTH SERVICES

Fiji has been over the years active in the ratification of ILO Conventions on occupational safety and health (see Table 6). Some important Conventions, however, remain to be ratified (see Table 7). In view of occupational health, the Convention No. 161 on Occupational Health Services is the most important international guidance for organization of competent occupational health services. It is based on international consensus of over 180 Governments, their Employers and Trade Unions (social partners). The Convention No. 161 guides for policy on occupational health, conditions of operation, content of services, human resources and service provision models. The associated Recommendation No. 171 provides further and more detailed guidance for the development of occupational health services.

Similarly, the WHO Global Strategy on Occupational Health for All and the Global Plan of Action on Workers' Health (GPA) call for organization of occupational health services for all workers and pays special attention to the provision of services to small-scale enterprises, the self-employed and the informal sector.

Table 6. Fiji ratification of the ILO Core Conventions, Governance Conventions and some key OSH Convention (29).

Fundamental Conventions (8/8)		Governance Conventions (4/4)	
Convention Name and Number	In force	Convention Name and Number	In force
C029 - Forced Labour Convention, 1930 (No. 29)	Yes	C081 - Labour Inspection Convention, 1947 (No. 81)	Yes
C087 - Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87)	Yes	C122 - Employment Policy Convention, 1964 (No. 122)	Yes
C098 - Right to Organise and Collective Bargaining Convention, 1949 (No. 98)	Yes	C129 - Labour Inspection (Agriculture) Convention, 1969 (No. 129)	Yes
C100 - Equal Remuneration Convention, 1951 (No. 100)	Yes	C144 - Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144)	Yes
C105 - Abolition of Forced Labour Convention, 1957 (No. 105)	Yes	Most important OSH Technical Conventions	
C111 - Discrimination (Employment and Occupation) Convention, 1958 (No. 111)	Yes	C155 - Occupational Safety and Health Convention, 1981 (No. 155)	Yes
C138 - Minimum Age Convention, 1973 (No. 138) Minimum age specified: 15 years	Yes	C184 - Safety and Health in Agriculture Convention, 2001 (No. 184)	Yes
C182 - Worst Forms of Child Labour Convention, 1999 (No. 182)	Yes	C 161 - Occupational Health Services Convention, 1985 (No. 161)	No
Altogether: 38 ILO Conventions ratified. 33 in force. 5 automatically denounced through new Conventions		C 187 - Promotional Framework for OSH, 2006 (No. 187)	No

Table 7. Status of Fiji in the ratification of all relevant OSH Conventions

Convention/ Instrument No:	Ratified or implemented	provisions incorporated in national law	Provisions used as guidance	Intention to ratify in near future
155 on Occupational safety and health, 1981	Yes	X		
161 on Occupational health services, 1985	No			X
81 on Labour inspection, 1947	Yes			
129 on labour inspection (Agriculture) 1969	Yes	X		
115 on Radiation protection, 1960	No			
119 on Guarding of machinery, 1963	No			
127 on Maximum weight, 1967	No			
136 on Benzene, 1971	No			
139 on Occupational cancer, 1974	No			
148 on Working environment (Air pollution, noise and vibration), 1977	No			
162 on Asbestos, 1986	No			
167 on Safety & health in construction, 1988	No			
170 on Chemicals, 1990	No			
174 on Prevention of major industrial accidents, 1993	No			
176 on Safety and health in mines, 1995	No			
184 on Safety and health in agriculture, 2001	Yes	X		
187 promotional framework on OSH, 2006	No	X		
MLC - Maritime Labour Convention, 2006	Yes	X		
Implementation of WHO Global Plan of Action on Workers' Health 2008-2017 (WHA 60.26)	No			

The most recent ratification concerns the Maritime Labour Convention, MLC 2006 (30), which Fiji ratified in 2014. This Convention and its annexes contain numerous provisions for health protection, medical care, welfare and social protection of seafarers. The Convention is annexed with a special guideline for health surveillance, health and safety and accident prevention in ships.

Altogether, the ILO lists the ratified conventions as the following (29):

- Fundamental Conventions: 8 out of 8
- Governance Conventions (Priority): 4 out of 4
- Technical Conventions: 26 out of 177

Out of 38 Conventions ratified by Fiji, of which 33 are in force, 5 Conventions have been denounced; none have been ratified in the past 12 months.

4.2 SITUATION ANALYSIS AND RECOMMENDATIONS

Fiji has ratified and transposed into national law the key Labour Inspection Conventions No. 81 (1947) and the key OSH Convention No. 155 (1981) on Occupational Safety and Health and the Convention No. 84 on Safety and Health in Agriculture (2001). They are also reflected in the national law. Recently ratified Maritime Labour Convention, MLC (2006), is in the stage of implementation. The Convention No. 161 on Occupational Health Services, however, has not been ratified although the need to use its guidance would be highly actual in view of the needs of the Fiji workers and enterprises. Although 34 Conventions have been ratified, there are several OSH Conventions which remain to be ratified, concerning hazardous conditions or factors at work, such as asbestos, chemicals, major industrial accidents, etc.

The examination of the need for ratification of the most important conventions in view of occupational safety and health and occupational health services is recommended with guidance and support from the ILO.



5

Organizational frameworks and enforcement mechanisms



5.1 COMPETENT AUTHORITIES FOR OCCUPATIONAL HEALTH SERVICES

Two main governmental sectors are playing the role of competent authority in terms of occupational health; the Ministry of Health and Medical Services and the Ministry of Employment, Productivity and Industrial Relations. In many countries, there is a division of work between these authorities; The Ministry of Employment Productivity and Industrial Relations controls the compliance by the employer for the organization of Occupational Health Services, while the Ministry of Health and Medical Services controls the content of services (as they are health issues) and the competence and quality of services and the competence of the occupational health personnel. Thus, both jurisdictions play a role in the organization, functions and provision of practical occupational health services.

5.1.1 MINISTRY OF HEALTH AND MEDICAL SERVICES

The Ministry of Health and Medical Services has drawn up a comprehensive Strategy for the years 2016-2020. (31). The current Strategy contains eight priority areas:

- Priority Area 1: Non-communicable diseases, including nutrition, mental health, and injuries
- Priority Area 2: Maternal, infant, child and adolescent health
- Priority Area 3: Communicable disease, environmental health, and health emergency preparedness, response & resilience
- Priority Area 4: Expanded primary health care, with an emphasis on providing a continuum of care and improved service quality and safety
- Priority Area 5: Productive, motivated health workforce with a focus on patient rights and customer satisfaction
- Priority Area 6: Evidence-based policy, planning, implementation and assessment
- Priority Area 7: Medicinal products, equipment & infrastructure
- Priority Area 8: Sustainable financing of the health system

The NSP 2016-2020 uses the "Healthy Islands Vision" as a basis for the strategy priorities (31).

The NSP does not specially mention occupational health or occupational health services. Full implementations of many of the objectives are, however, dependent on occupational health dimension, particularly the numbers 1, 3, 4, 5, and 7.

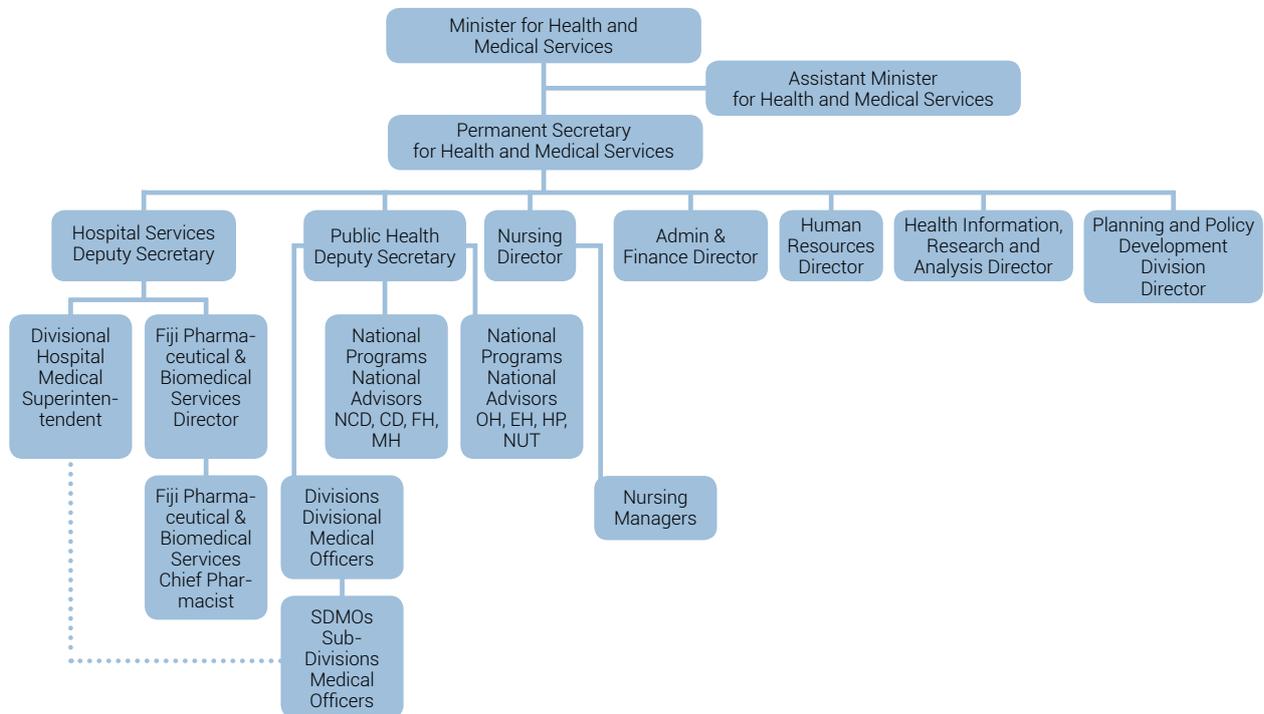
There are 35 legal instruments available for the Ministry of Health and Medical Services for policy implementation. One of the most important is the Public Health Act, the legal basis for the establishment of the public health infrastructure and its staffing, as well as the stipulation of powers and functions of the public health administration and inspectors.



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5.1.2 MINISTRY OF HEALTH AND MEDICAL SERVICES ORGANIZATION

Figure 1. Organogram of the Ministry of Health and Medical Services (Source: MoHMS)



The Ministry is divided into two main substantive arms; the Hospital Services arm and the Public Health arm. The latter consists of 7 substantive Departments: Wellness Centre, Family Health, Communicable Diseases, Environments Health, Dietetics and Nutrition, Oral Health and National Disaster and Emergency Unit.

5.1.3 MINISTRY'S KEY PUBLIC HEALTH PROGRAMMES IN 2016-2020

The Ministry has named several programmes for the years 2016-2020 (31). Occupational health is not mentioned in any programme. Several common communicable and non-communicable diseases have also occupational health relevance, and the programmes marked with bold text are highly relevant to occupational health. The work-relatedness of several communicable and non-communicable diseases is seldom recognized in public health programmes. Also, the recognition of the listed occupational diseases is low, due to several reasons, lack of expertise, low activity for notification and registration and poor awareness of the health services, employers and workers. There has been an increase in request from the MEPIR for our physicians to conducting assessments for workmens' compensation and for screening of overseas seasonal workers. This is an informal arrangement at the bequest of the MEPIR.

The strategy contains several practical programmes for the implementation of strategic objectives, including, for example:

1. Public health services
2. Noncommunicable diseases and Wellness Centre
3. Family health
4. Communicable diseases
5. Environmental health
6. Oral health.

5.1.4 DEPARTMENT OF ENVIRONMENTAL HEALTH (EH)

The Environmental Health Department is responsible for the promotion and protection of public health from environmental health risk factors, such as pollution, unsanitary conditions, poor water supply qualities, illegal developments, improper waste management practices, breeding of disease vectors, poor food quality and so on. The key legal provision is the Public Health Act from 1935 (26) last revised in 2002 (Table 8).

Table 8. The following legislation governs the EH department's responsibilities:

Act	Year of issuing
Public Health Act (Cap 111)	1935
Food Safety Act	2003
Food Safety Regulation	2009
Quarantine Act (Cap 116) & Amendment Decree	2010
Town and Country Planning Act (Cap 139)	1999
Sub-Division of Land Act (Cap 125)	1978
Burial and Cremation Act (Cap 117)	1911
Tobacco Control Decree	2010
Tobacco Control Regulation	2012
Litter Decree	2009

As described above, the Public Health Act is very comprehensive, covering a broad field of public and environmental health. It contains important addresses for issues related to occupational health in food production and food industries and for general hygiene in any workplace.

A legal provision concerning employer's duty to organize occupational health services with contents feasible to the Fiji conditions, and inspection by the environmental health inspectors, would be most valuable for the further development of occupational health and through it, the total health of the workers.

The outreach arms in the implementation of the environmental health policy are the 12 urban Sanitary Districts (2 City and 10 Town Councils) and 16 Rural Sanitary Districts. Environmental health officers are employed by the urban health authorities in cities and towns, while rural local authorities are serviced by the Ministry of Health and Medical Services' environmental health officers at divisional or sub-divisional levels. The environmental health officers exercise their authority under several Acts: the Public Health Act 1935, Town Planning Act 1997, Subdivision of Land Act 1976, and the Environment Management Act 2005. (25). The Department of Environment also addresses environmental issues concerning health at the national level, such as waste management, climate change, and waste incineration. According to the WHO Health in Transition Report (2011) (28), occupational health and safety services for the health sector workers are implemented by environmental health officers in conjunction with the Ministry of Employment, Productivity and Industrial Relations, and the occupational health and safety committees established in health facilities.

The human resources in the Environmental Centres comprise a total of 120 officers (inspectors) distributed to the city, town and rural Environmental Health Centres. Their capacity likely after a certain amount of training, constitutes a remarkable potential for occupational health services at district and local levels.

5.2 MINISTRY OF EMPLOYMENT, PRODUCTIVITY AND INDUSTRIAL RELATIONS

The scope of the Ministry is wide, covering employment, productivity, safety and health at work, industrial relations and social compensation. The Ministry controls 39 different Acts or other legal instruments (32).

Table 9. Legislations enforced by the Ministry of Employment, Productivity and Industrial Relations

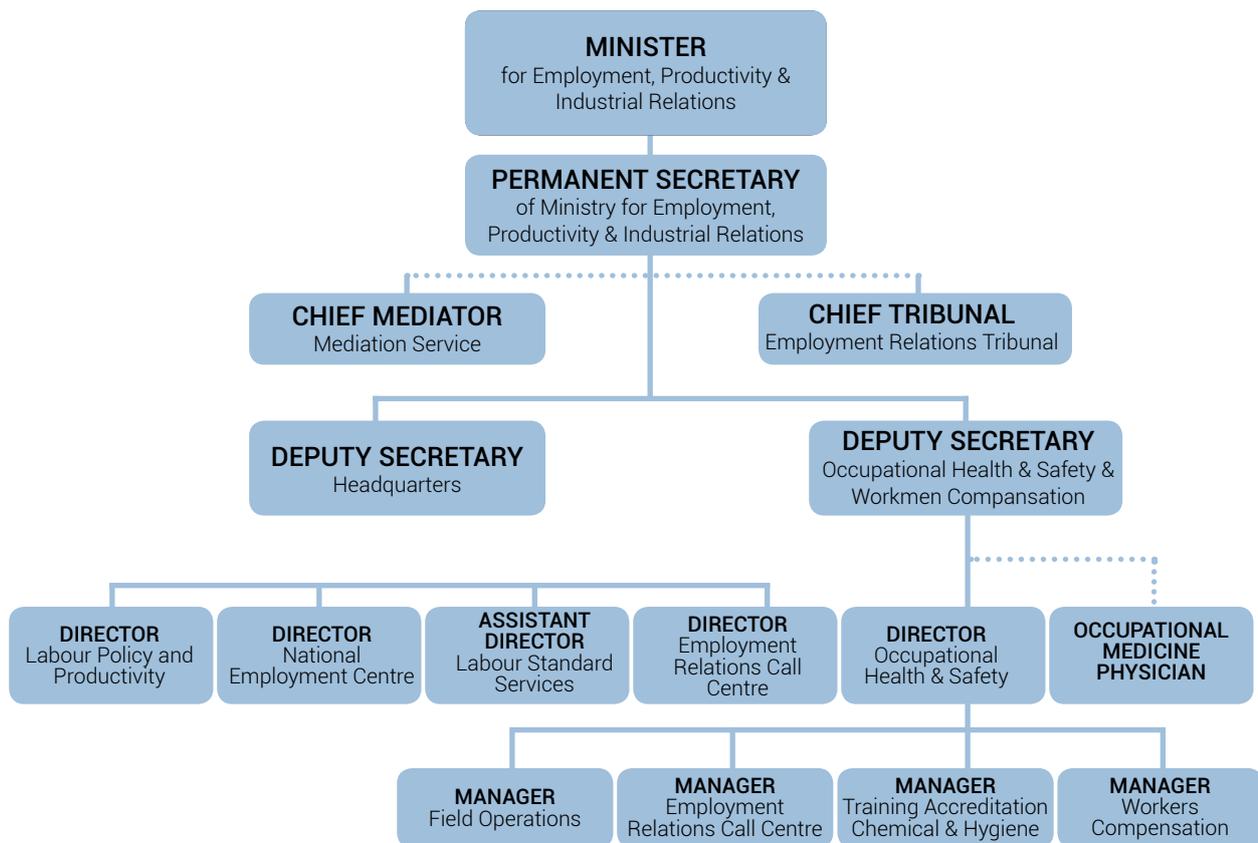
1.	Employment Relations Act 2007 (ERA)
2.	Employment Relations (Administration) Regulations 2008
3.	Employment Relations (Labour Management Consultation and Cooperation Committees Regulations 2008
4.	Employment Relations (Employment Agencies) Regulations 2008
5.	Code of Good Faith for Collective Bargaining 2008
6.	Code of Ethics for Mediators 2008
7.	National Policy on Sexual Harassment in the Workplace 2008
8.	National Code of Practice for HIV/AIDS in the Workplace 2008
9.	Industrial Association Act (Cap 95)
10.	Workmen's Compensation Act (Cap 94)
11.	Daylight Saving Act 1998
12.	Shop (Regulation of Hours and Employment) Act (Cap 100)
13.	Indian Immigration (Repatriation) Act (Cap 103)
14.	Wages Regulation (Building and Civil and Electrical Engineering Trades) Order
15.	Wages Regulation (Garment Industry) Order
16.	Wages Regulation (Hotel and Catering Trades) Order
17.	Wages Regulation (Manufacturing Industry) Order
18.	Wages Regulation (Mining and Quarrying Industry) Order
19.	Wages Regulation (Printing Trades) Order
20.	Wages Regulation (Road Transport) Order
21.	Wages Regulation (Sawmilling and Logging Industry) Order
22.	Wages Regulation (Security Services) Order
23.	Wages Regulation (Wholesale and Retail Trades) Order
24.	Health and Safety at Work Act 1996
25.	Health and Safety at Work (Amendment) Act 2003
26.	Health and Safety at Work (Administration) Regulations 1997
27.	Health and Safety at Work (Training) Regulations 1997
28.	Health and Safety at Work (Representatives and Committees) Regulations 1997
29.	Health and Safety at Work (General Workplace Conditions) Regulations 2003
30.	Health and Safety at Work (Control of Hazardous Substances) Regulations 2006
31.	Health and Safety at Work (Diving) Regulations 2006
32.	National Employment Centre Act 2009
33.	National Employment Centre (Administration) Regulations 2012
34.	National Employment Centre (Formal Employment Service)

Recent regulations, 2012 provisions:

35.	National Employment Centre (Self Employment Service) Regulations 2012
36.	National Employment Centre (Foreign Employment Service) Regulations 2012
37.	National Employment Centre (Trust Fund) Regulations 2012
38.	National Employment Centre (Fiji Volunteer Service) Regulations 2012
39.	National Employment Centre Code of Ethics 2012

The organogram of the Ministry is presented in Figure 2.

Figure 2. Organizational Chart of the Ministry of Employment, Productivity and Industrial Relations
(Source: MoEPIR)



For OHS, the leading arm is the National OHS & Workers' Compensation Service, which is divided into 4 Units;

1. Risk Engineering
2. Training and Accreditation, Chemical and Hygiene Service and HIV Unit
3. Workers' Compensation Service (for compensation of occupational accidents and diseases)
4. Field Operations Service (for labour inspection).

Description of activities of the Ministry Departments for Occupational Safety and Health

The National Occupational Health and Safety Service (NOHSS) is responsible for the promotion of OHS and enforcement of the Health and Safety at Work Act 1996 and its subsidiary legislations and the Workmen's Compensation Act (Cap. 98) (21, 22). The activities of the NOHSS are based on the concept of 'duty of care' principles and promote a proactive OHS risk management culture. They emphasize the creed that 'those who create the risks in the workplace and those who work with them have the primary responsibility to solve them', rather than relying on OHS Inspectors to prescribe the remedies as encouraged in the former statutory and administrative arrangements under the former Factories Act.

The Service aims to promote and maintain a work environment, which is healthy and safe to both workers and employers and directly contributes to improved productivity. This is achieved by improved OHS awareness through the training of OHS Committees and OHS Representatives, joint OHS partnership projects, development of OHS Regulations and Codes of Practice, OSH audits, investigations and enforcement initiatives. The Service also processes Workers' Compensation claims for work-related injuries and deaths. The Service comprises the following three specialized units:

1. Training, Accreditation, Chemical and Hygiene (TACH)

The TACH Unit is responsible for occupational health and safety training, which is an integral part of the OHS management strategy and the implementation of its policies and procedures. It is also responsible for the administration and delivery of specialized OHS Training and Promotion for OHS Committees and Representatives in workplaces around the country. The Unit is also responsible for Chemical Assessment and Control and Occupational Hygiene Services, and administers Part IX of the Health and Safety at Work Act 1996, which stipulates the assessment and control of chemicals, including pesticides that are used in Fiji's workplaces. The Unit also conducts occupational hygiene audits of workplaces as part of its duties, which predominantly undertakes the supervision of asbestos removal in affected buildings around the country. In view of the high risks involved with this specific activity, the Unit is also responsible for the training of workers involved in the actual asbestos removal and disposal processes.

The TACH unit controls the HIV and AIDS management, including the National code of practice for HIV and AIDS in the Workplace 2007 and the Employment Relations Promulgations 2007 law.

The TACH unit is established to advise employers and workers of acceptable preventive actions for averring occupational deaths, injuries and related diseases from HIV/AIDS in the workplace. Whilst respecting the fundamental principles and rights at work, it also empowers workplace stakeholders to reduce the impact of HIV and AIDS to business and community at large through the implementation of workplace policies, including the National Code of Practice and programmes that support prevention activities and those infected and affected by HIV and AIDS. The unit is responsible for:

- providing awareness and training on HIV/AIDS in the Workplace
- developing HIV/AIDS Workplace policy guidelines
- assisting business to set up comprehensive HIV/AIDS Workplace programmes
- developing strategic partnership to expand the impact of HIV/AIDS response
- working with other stakeholders in promoting sustainability of HIV/AIDS programme funding
- reaching out to workplace communities and most at risk industry classifications; and
- delivering the objective and goals of the MDGs and Fiji's ILO Decent Work Country Programme.

2. Risk Engineering and Capital Projects (RECP)

The Risk Engineering Service is responsible for the vetting of plants and machinery designs gazette under Schedule 4 of the Health and Safety at Work (Administration) Regulations 1997, and the Non-Destructive Testing (NDT) of high tensile load structures, such as tank surfaces, pipelines and buildings steel structures, with special emphasis to welding, to ensure compliance with the approved engineering standards for reliability and safety under the OHS legislation. The NDT techniques utilized are industrial radiography (X-Ray), ultrasonic, magnetic particle and dye penetrates. The key role of the Risk Engineering Service is to facilitate, provide advice on and enforce safety engineering principles to improve reliability, health and safety in all workplaces through the application of recognized standards, Codes of Practice and best practices to improve technological compliance and minimize OHS risks. The Service also provides quality and sound policy advice to the Minister, the Permanent Secretary and the NOHSAB on OHS Risk Engineering and Capital Project matters.

3. Field Operations (FO)

The FO Unit is responsible for the effective delivery of OHS Field Operations services in all workplaces in the Central/Eastern, Western and Northern Divisions of Fiji. The core activities of the Unit include:

- Enforcement of OHS Standards stipulated under the OHS Regulations and Codes of Practice
- Provision of an effective emergency OSH Response Service for serious work-related accidents, injuries and fatalities

- Provision of assistance to workplaces in the setting up of OSH Committees; encourage employers and workers to consult with each other on safe work practices and advise employers and workers in meeting their obligations under the OHS legislation
- Responsive and effective OHS investigation, enforcement and prosecution
- Audit of OHS Management Systems in workplaces, inspection of workplace plants and machinery, and the registration of workplaces, plants and hazardous substances and chemicals in accordance with the OHS legislation
- Resolution of conflicts between the aggrieved parties on immediate threat situations and other OHS issues in a timely and cost-effective manner
- Provision of quality and sound policy advice to the Minister, the Permanent Secretary and the NOHSAB on OHS Field Operations matters.

Table 10. Summary of labour inspection services

Total number of staff in labour inspection services	NA
Number of inspectors	42
HQ versus total staff (%)	NA
OHS versus employment inspections (e.g. 100:0, 50:50, 45:55...)	NA
Percentage of economically active population covered by labour inspection services	38%
Inspectors/1,000 enterprises	0.42
Inspectors/1,000 employees	0.31
Inspectors/1000 in total workforce	0.12
Inspections/1,000 workers/year	NA
Visits by one inspector per year	NA
Inspectors per computer	NA
Internet access?	NA
Inspectors per office car	NA
Own car used	NA
Own car use remunerated	NA
Inspector salary versus minimum wage (number of time more than minimum wage)	NA
Inspector salary versus private sector salary (worse, same, better)	NA
Average age of inspectors	NA
Annual report produced for public (yes/no)	Yes

5.3 OCCUPATIONAL HEALTH SERVICES

5.3.1 DESCRIPTION

Occupational health services have been effectively guided by the ILO Convention No. 161 and related Recommendation No. 171 (29). The WHO has provided a great deal of guidance concerning the development of occupational health services (33). Occupational health services, are distinguishable from Occupational safety and health services. Occupational safety and health services are operated by the safety engineers or related professions serving as expert service providers or inspectors, while occupational health services are provided by the health personnel, occupational health physicians (OHP) and occupational health nurses (OHN). In bigger Occupational Health Services provision units a multidisciplinary team may be available, manned with a number of other experts, such as ergonomists, psychologists and occupational hygienists.

The most authoritative international body in the field of occupational health, the Joint ILO/WHO Committee on Occupational Health, first defined the purpose of occupational health in 1950. At its 12th session in 1995, the Joint Committee updated the definition to read as follows (34):

Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize: the adaptation of work to man and of each man to his job.

This definition has been adopted by several national and international bodies, most importantly the oldest and largest occupational health association in the world, the International Commission on Occupational Health (ICOH) and features in the 2015 update of the International Code of Ethics for Occupational Health Professionals (35). All the occupational health physicians of the UN Family (More than 30 organizations with a total staff of 84 000) adopted the ICOH Code as their guideline for occupational health ethics for their respective organizations.

According to the Joint Committee, occupational health services contain several activities, which may be implemented as the so-called comprehensive service or as a basic occupational health service. The limited basic occupational health services contains as a minimum the surveillance of the work environment, surveillance of workers' health, advice for prevention of occupational health hazards, diagnosis of occupational diseases and organization of first aid services. The comprehensive occupational health services include the following activities (36).

Table 11. The content of comprehensive occupational health services (36)

Workplace-oriented activities	Worker-oriented activities	Service provision
Surveillance of the work environment	Surveillance of health	Orientation to the workplace
Risk assessment	Identification of vulnerable groups	Planning and organizing service
Advice for prevention and control & development of occupational health	Health education and counselling	Ensuring adequate facilities and equipment
Support in prevention	Advice in healthy and safe work practices and PPEs	Record keeping of occupational diseases and accidents
Ergonomic measures	Provision of first aid	Auditing
Occupational Hygiene measures	Diagnosis of occupational diseases	Evaluation
Accident prevention	Promotion and maintenance of work ability	Staff training and upgrading
First aid readiness	Return to work	Participating in OSH inspections
Advice in organization of work and working hours	Early rehabilitation	Self-evaluation of services

The surveillance of the workers' health should include, in the cases and under the conditions specified by the competent authority, all assessments necessary to protect the health of the workers, which may include:

- (a) health assessment of workers before their assignment to specific tasks which may involve a danger to their health or that of others;
- (b) health assessment at periodic intervals during employment which involves exposure to a particular hazard to health;
- (c) health assessment on resumption of work after a prolonged absence for health reasons for the purpose of determining its possible occupational causes, of recommending appropriate action to protect the workers and of determining the worker's suitability for the job and needs for reassignment and rehabilitation;
- (d) health assessment on and after the termination of assignments involving hazards which might cause or contribute to future health impairment.

5.3.2 CURRENT SITUATION IN OCCUPATIONAL HEALTH SERVICES

In addition to safety provisions the OHS Act from 2003 does not include provisions for occupational health services except for first aid services. Implementation of the OHS law is inspected, but likely small enterprises and the self-employed remain uncovered

- Priority challenges recognized by senior experts in Fiji:
 - Accidents
 - Stress
 - Use of Personal Protective Equipments (PPEs)
- Occupational health services
 - A number of occupational health specialists are undergoing training in Fiji
 - Coverage of OHS is very limited
 - Food industries pay attention to OHS in interest to ensure food safety of their products
 - Larger private and public organizations provide occupational health services, but the content is not known
 - OHS situation in SMEs and informal sector is not known
- Fiji National University provides training for OH experts: So far some 250 experts have been trained primarily for occupational safety.
- Health inspectors play a role in OHS as well: They have a responsibility to inspect the health of food, workers' health and environmental health.

The information base of occupational health services in Fiji is very scanty. The big industries traditionally organize occupational health services for their employees, but the smallest ones need to manage on their own. More than 90% of companies usually are small privately owned shops or small factories with many OSH problems, which should and could be prevented.



Table 12. Key OHS activities in Fiji within the framework of HASAWA Law (13)

Activity (functions)	YES (on compulsory basis)	YES (on voluntary basis)	NO
Workplace surveys, workplace visits, exposure assessment	X		
Risk assessment and management	X		
Provision of occupational health services			X
Preventive health examinations (general surveillance)			X
Risk-based health surveillance			X
Registration of health data, reporting of occupational diseases and injuries	X		
OHS information	X		
OHS Education	X		
Workplace health education, health promotion,		X	
Rehabilitation		X	
First aid, accident management	X		
Curative services		X	
Education, training, information campaigns		X	
Quality assurance of occupational health processes, audits		X	
Safety inspections	X		
Initiatives and advice for management of workplace safety and health, safe workplace design		X	

5.3.3 OCCUPATIONAL HEALTH PROFESSIONALS

In the absence of statistics and surveys of occupational health activities, no numeric data are available. Some big and medium-sized enterprises and public sector institutions have specially assigned medical personnel for occupational health services.

The site visits and stakeholder interviews speak for shortage of availability of all categories of occupational health experts, occupational health physicians, occupational health nurses and occupational (industrial) hygienists. The data below is obtained from site visits and interviews of various actors in Fiji occupational health community.

Table 13. Personnel for occupational health services

Number of occupational health physicians (full-time equivalents)	Number
Number of experts trained in basic OSH	ca. 250
Number of occupational health nurses (full-time equivalents)	NA
Number of occupational health nurses/1,000 employees	NA
Number of private OHS services	Some individual OHPs
Number of companies with own OHS service	NA
Number of public OHS centres (for example at municipal level)	NA
National Institute of Occupational Health	0
Percentage of economically active population covered by occupational health services	NA

5.3.4 SUMMARY OF INSTITUTIONALIZED TRAINING AND RESEARCH OF OCCUPATIONAL HEALTH

As indicated in the SWOT analysis (see Table 21) and several interviews, the Fiji expert resources for occupational health and occupational health services are limited. The same is true with the OH research in the Country. A number of personnel are currently being trained in Fiji as occupational health specialists, occupational health nurses or occupational hygienists. The existing (low coverage) occupational health services are provided by GPs or other specialists. There is a need for training of more occupational health physicians (OHPs), occupational health nurses (OHNs) and occupational hygienists. Some ergonomic resources are available from physiotherapists.

Senior trainer resources for occupational health are in a limited scale available, consisting of about five experts, working in the university, Ministries or other organizations. They are able to take the responsibility for training. Research resources are less available. This needs strengthening of training efforts and the establishment of research capacity. Research is particularly needed for carrying out national surveys on the occupational health situation in the country, for evaluation of existing activities and of the occupational health situation in the Country.

The most urgent knowledge development areas are the occupational health surveys, occupational accidents statistics and prevention, work stress and use of PPEs. The development of human resources in occupational health is needed for the extension of the coverage of occupational health services.

Fiji has institutional capacities with good abilities to take responsibility for basic occupational health training, specialist training and advanced and complementary training in occupational health. The most important Institutions are briefly discussed below.

Fiji National University (FNU)

The FNU plays a leading role particularly in health, engineering and teacher education and academic research in the South Pacific Region (37). It is a medium-sized university with 1800 staff and 20,000 students located altogether on 33 campuses and with the Headquarter in Suva. The FNU runs some 33 academic training curricula on basic medicine, postgraduate and advanced complementary training levels and carries out research in six disciplines:

- Nursing
- Engineering, Science and Technology
- Business, Hospitality and Tourism
- Teacher education
- Agriculture
- The Department of Public Health.

Short courses on occupational health are arranged for medical students in the basic education curriculum.

The Fiji National University provides training for occupational safety and health experts: So far some 250 experts have been trained by the FNU Department of Public Health.

Occupational Health and Safety in present courses of the FNU (EVH604 and DNU 701) (Occupational Health and Safety in present courses of the FNU etc.

These courses of 15 to 20 credit points during 1-2 semesters are designed to equip undergraduate medical students in MBBS years 4 and 5 with basic knowledge and principles and practice of effective occupational health and safety as a form of primary health care. Students will learn facets of Occupational Health & Safety and Risk Management; they will be involved in Problem Solving of Occupational Medicine Case Scenarios, increase their awareness of the various Occupational Health and Safety and Public Health Legislations and will participate in worksite environmental health monitoring and occupational health and safety auditing and worker's health screening and health promoting workplace programmes. The course is included in the study programmes of following diplomas or exams:

- Physiotherapy
- Primary health care
- Community health
- Public health programmes.

In addition, occupational safety and health modules are included in the course of Health service management as a part of one semester 20-credit point course. Several special curricula for laboratory workers and clinical and dentistry workers contain small modules of occupational safety and health. Altogether some 20 professional curricula contain occupational safety and health as a part of the curriculum.

A special mission for the FNU is the accommodation of the **National Training and Productivity Centre, NTPC**, which is for vocational training of people in enterprises including issues of occupational safety and health. The training courses are provided mainly on the request of enterprises on various topics of OHS.

A special service is the **Trade testing activity** for workers already in the work life. This is done for elevation of vocational skills and knowledge of working people. Trade Tests include both theoretical and practical components, they are conducted in English and candidates will be expected to show by practical demonstration and a theoretical test that they have acquired the necessary skills and related knowledge of the trade (38).

Trade testing is provided for 27 different trades particularly in construction, metal and e.g. IT industries:

- Carpenter (General)
- Joiner
- Blocklayer
- Plasterer
- Painter and Decorator
- Signwriter
- Plumber (General)
- Pipe Fitter (General)
- Sheet Metal Worker
- Welder
- Cabinet Maker
- Wood Machinist
- Upholsterer
- Motor Vehicle Mechanic
- Electrician
- Fitter Machinist
- Refrigeration and Air-Conditioning
- Panel Beater
- Spray Painter
- Letterpress Machinist
- Lithographic Offset Machinist
- Bookbinder
- Photo Mechanic
- Cook
- Baking & Patisserie
- Electronics Technician
- Hand and Machine Typographer

University of South Pacific (USP)

Established in 1968, USP is one of only two universities of its type in the world (39). It is jointly owned by the governments of 12 member countries: Cook Islands, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Samoa. The University has campuses in all member countries. The main campus, Laucala, is in Fiji. The Alafua Campus in Samoa is where the School of Agriculture and Food Technology is situated, and the Emalus Campus in Vanuatu is the location for the School of Law. The University of the South Pacific region spreads across 33 million square kilometres of the ocean, an area more than three times the size of Europe. In contrast, the total land mass is about equal to the area of Denmark. Populations vary in size from Tokelau with 1600 people to Fiji with more than 800,000. The total population is about 1.3 million. The University of the South Pacific is the premier institution of higher learning for the Pacific region, uniquely placed in a region of extraordinary physical, social and economic diversity.

The multi-cultural nature of the staff and students is unique. The USP owns 14 campuses in various countries of the Region and three Faculties plus three interdisciplinary Colleges:

- Faculty of Arts, Law and Education
- Faculty of Business and Economics
- Faculty of Science, Technology and Environment
- Interdisciplinary Colleges and Centres.

Each faculty comprises a number of schools, which offers a wide range of academic programmes and courses at the undergraduate and postgraduate levels. The University also offers programmes through distance and flexible learning in a variety of modes and technologies throughout USP's 14 campuses. Advanced communication technologies through USPNet are used to reach distance and flexible learning students across the vast expanses of the Pacific Ocean. It is a quality institution producing degrees comparable to those awarded by universities in Australia, New Zealand and the United Kingdom. Graduates from USP are found in important executive positions throughout the public and private sectors in all member countries and in numerous countries around the world.

The University has set a high standard for quality in its research. Major research commitments include business management, teacher education, Pacific studies, marine studies, agriculture, science and technology.

University of South Pacific, USP, provides multiple courses in occupational safety and health. An example of OHS training in the USP is the 15-module course (40) is shown in Table 13.

Table 14. OHS training courses of the USP (40)

No.	Module	Duration
1	OHS Mod 1 & 2	3 days
2	OHS Mod 3 & 4	3 days
3	OHS awareness - Employees	1 day
4	OHS awareness – Managers	2 days
5	Working at heights	1 day
6	Confine space entry	1 day
7	Permit to work system	1 day
8	Forklift operators' safety training	1 day
9	Electrical safety	1 day
10	OHS development & implementation	1 day
11	Heavy goods drivers defensive driving	1 day
12	Hazardous goods handling, storage & transportation	1 day
13	Develop emergency response plans	1 day
14	Accident investigation	1 day
15	Vehicle maintenance	1 day

5.4 OTHER ENFORCEMENT AGENCIES AND INSTITUTIONS

The Mineral Resources Department (MRD) regulates the mining industry in Fiji and controls the laws on mining, quarries, petroleum exploration and exploitation, explosives and the continental shelf protection, exploration and exploitation (41).

5.5 NATIONAL ADVISORY BODIES ON OHS

National Occupational Health and Safety Advisory Board (NOHSAB)

Established by the HASAW Act, the Board is the high-level tripartite body for design, follow-up and evaluation of the Fiji OHS policies and programmes (13, 22).

The functions of the Board are:

- (a) to advise the Minister on matters relating to occupational health and safety
- (b) to inquire into and report to the Minister on matters referred to it by the Minister
- (c) in liaison with the Inspectorate, to facilitate the development of national health and safety regulations, standards and approval of codes of practice for the Minister's consideration
- (d) other functions as are imposed on it by or under this or any other Act.

The Board has powers necessary to carry out its functions or as are conferred on it by the HASAW Act or any other act.

The added value of the Board is in regular gathering of the stakeholders to support and evaluate the development and implementation of the OHS policies. The NOHSAB shall prepare and submit to the Minister a report of its operations annually. The Board's annual report shall be included in the Ministry's annual report.

Advisory Committees

The NOHSAB may establish Committees to advise the Board on matters of occupational health and safety. A Committee may, with the consent of the Minister, be comprised wholly or partly of persons who are not members of the Board. The added value of the Committees is to bring expertise from various competence areas and interest groups to provide their competence and give their expert opinions to the policy making of the NOHSAB.

In keeping with the ILO's World Day for Occupational Safety and Health, observed every year on the 28th April, NOHSAB has appointed a World OSH Day committee which is tripartite together with an ILO rep. The committee sits every year to plan out activities to observe World OSH Day according to themes set out by the ILO in Geneva.

NOHSAB also oversees an accreditation of OHS trainers country-wide. The trainers from different industry workplaces, mainly OHS practitioners are encouraged to sit written and oral exams to qualify to be a trainer for OHS committees in workplaces. Accredited trainers are then issued with a training certificate and identity card and they are able to charge for their services. Accreditation lasts for 3 years whereby trainers are expected to take refresher courses and re-sit oral and written tests.

5.6 OCCUPATIONAL ACCIDENT AND DISEASE INSURANCE (WORKERS' COMPENSATION) SCHEMES



The Workmen's Compensation Act (Cap. 94) (20) places on employers the legal responsibility to compensate workers who have contracted injuries or occupational disease out of or in the course of their employment. The actual compensation is through monetary payments and medical care provisions for the workers. In cases of involving the death of workers, compensation is paid to the survivors of the deceased. The main types of compensations for occupational accidents and diseases are:

- Compensation of fatalities and benefits to the survivors
- Compensation in the case of permanent total incapacity
- Compensation in the case of permanent partial incapacity
- Compensation in the case of temporary incapacity.

The 2015 amendment of the WCA substantially elevated the level of compensation and the fines for the employer for non-compliance of notification of accidents. The WCA stipulates the requirements for the notice and application by the injured worker for compensation, the obligation of the employer to notify the injury or disease, medical examinations and treatment of the accident or disease. Procedures and right for appeal are determined, as well as the exceptional situations such as bankruptcy of the employer and

seafarers' compensation. The criteria for occupational disease, their diagnosis and treatment are stipulated by law and guided by the schedule annexed to the Act.

The insurance for occupational accidents and diseases is voluntary, but in special cases such as high risk activities, the Ministry may order the employer to insure his/her workers for occupational injuries and diseases. The problem recognized by the ILO and the ADB is the low coverage of the WCA leaving the majority of the workforce outside the compensation schemes. The same challenge concerns the whole sphere of social protection covering less than half of the labour force (3, 4).

The Ministry of Employment, Productivity and Industrial Relations has recognized gaps in the notification and registration of occupational accidents and diseases and is working for the improvement of notification practices among others by elevating the fines for non-reporting.

5.7 OHS INFORMATION

ILO Information

The ILO identifies, collects, analyses and shares knowledge and information in support to the ILO policy agenda in occupational safety and health (OSH). It aims at enhancing the relevancy and quality of knowledge products and services and building strong partnerships with knowledge related national agencies, institutions and organizations.

Statistics

The International Organizations encourage countries to develop their statistics and registration systems on occupational health, occupational safety and health and on work life in general. The basis for such information system is made by formal and official statistics according to the ILO Recommendation No. 170 (42).

ILO also collects national statistics on occupational accidents and makes them available in the ILO website (43, 44, 45). ILO Safety and Health Statistics provides three different kinds of OSH information on countries:

- ILO Indicators of outcome: number of occupational injuries and diseases, number of workers involved and work days lost
- Indicators of capacity and capability: number of inspectors or health professionals dealing with occupational safety and health
- Indicators of activities: number of trainee days, number of inspections.

ILO has three main information country-specific services concerning Fiji:

1. ILO National OSH profile, containing two main entries: a) NATLEX Fiji for all OHS laws and b) Entry for ILO Conventions and other instruments (6, 46).
2. ILO instruments, Conventions, Recommendations, over 40 Conventions and Recommendations on various aspects of OSH (6).
3. ILO Documentation and publications comprising thousands of relevant occupational health reports, Codes of Practices, Guidelines, over 40 different guides (47).

The quality and coverage of ILO information services is critically dependent on Member States' statistical and information systems. They can be substantially developed and thus, services can be improved through the development of national systems. From 2015, the ILO aims at achieving new strategic objectives, which are intimately linked and complement each other:

- Mobilize and facilitate sharing of knowledge and information
- Enhance knowledge and information networking activities
- Build institutional capacity to acquire and use knowledge and information
- Observe and report on the development and sharing of knowledge globally.

ILO maintains Fiji data in all the above three services and provides free access to all the ILO generic or specific data sources, such as (47, 48, 49):

1. ILO Encyclopaedia
2. Legal database
3. International chemical safety cards
4. Thesaurus

5. Glossary
6. Hazard datasheets
7. Bibliographic database
8. Ergonomic check points
9. Stress checkpoints
10. Ergonomics in agriculture check points.

National Profiles

As mentioned in the Introduction, both the WHO and ILO call the Member Countries for the preparation of National Profiles on Occupational Health. Such endeavour needs national information systems on the state of the art of occupational health in the country. The uses of profiles have been described in the Introduction (50, 51).

The Fiji Government has organized a Government portal for sharing publicly all relevant information on Government activities and outputs. It provides also information on OHS from the Ministry of Employment, Productivity and Industrial Relations (52).

Surveys

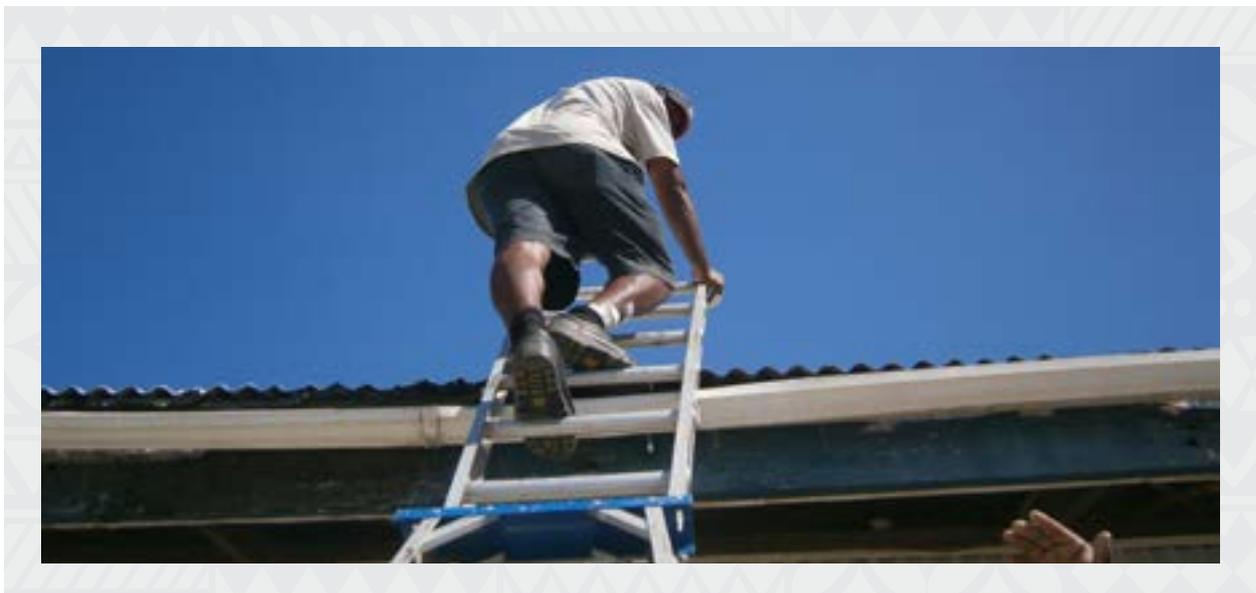
The official statistics serve only a part of the OHS information needs. The minimum occupational safety and health statistics is the Register of Occupational Accidents and Register of Occupational Diseases, which often are stipulated by law. Many countries complete the official statistics information with regular or periodic surveys. Several surveys may be carried out such as:

- Survey of conditions of work
- Survey of health and safety of workers
- Survey of work ability of workers
- Work life and working conditions, health of workers as an element in the household survey
- Barometers for monitoring annual changes in the work life and conditions of work
- Enterprise surveys.

Numerous European Union work life surveys are briefly introduced here to visualize the survey strategies.

The 28 European Union Countries and 3 EEA countries (Iceland, Lichtenstein, Norway and with equal rights Switzerland) are monitored periodically for several aspects in the work life and working conditions. Three regular surveys are carried out by the EUROFOUND, Dublin (53):

The European Company Survey (ECS), implemented in 2004, 2009 and 2013, gives an overview of workplace practices and how they are negotiated in European establishments. It is based on the views of both



managers and employee representatives. The third Eurofound's European Company Survey was carried out in 2013. It surveyed management representatives in over 24,000 establishments; where available, employee representatives were also interviewed – in 6,800 of these establishments. The European Company Survey captured workplace practices in terms of work organization, workplace innovation, human resource management, direct participation and social dialogue (54).

The European Quality of Life Survey (EQLS), implemented in 2003, 2007 and 2011-12, provides a comprehensive portrait of living conditions in European countries. It contains a broad range of indicators on different dimensions of quality of life, both objective and subjective. In addition, some EQLS questions were used in a Special Eurobarometer on Poverty and Social Exclusion in autumn 2009 and 2010. This report covers the 27 EU Member States, but a total of 43,636 people were interviewed in a total of 34 countries - the difference being made up of seven enlargement countries (countries applying the EU membership). Given the recent high level of interest in the quality of life of European citizens, the EQLS is increasingly important for Eurofound's contribution to the political and academic debate (55).

The European Working Conditions Survey (EWCS) is the longest running survey, and has become an established source of information about working conditions and the quality of work and employment. With six waves having been implemented since 1990, it enables the monitoring of long-term trends in working conditions in Europe. Themes covered include employment status, working time arrangements, work organization, learning and training, physical and psychosocial risk factors, health and safety, worker participation, work-life balance, earnings and financial security, as well as work and health. The 6th European Working Conditions Survey targets working people who were randomly selected from a statistical sample, comprising a cross-section of society, ranging from 1,000 to 3,300 people in each country. The survey explores the quality of work issues and provides information on exposure to physical and psychosocial risks, working time duration and organization, employment status and contract, place of work, work organization, work life balance and spill-over between work and life outside work, training and learning at work, voice at the workplace, health and well-being as well as earnings (56).

EU-OSHA

The European Agency for Safety and Health at Work, carries out several surveys on work, working conditions and OSH activities in the Member states either regularly or on ad-hoc basis (57). The surveys are the cornerstone of the EU OSHA work, and it aims at helping policy-makers and researchers to identify emerging trends. Additional useful statistics on safety and health in the workplace can be found in the following sources:

- European Survey of Enterprises on New and Emerging Risks (ESENER) (58)
- OSHwiki information on OSH statistics (59)
- EUROSTAT website provides data on accidents at work, work-related health problems and exposure to risk factors (60)
- DG Employment, Social Affairs and Equal Opportunities: health and safety at work (61)
- MEADOW – a European project designed to set out guidelines for collecting and interpreting harmonized data at the European level on organizational change and its economic and social impacts (62).

WHO Health information

In the Western Pacific Region, WPRO, there are ongoing efforts to improve the availability, quality and use of health information at country, regional and global levels. At Regional level, it is better to use health data standards, validation processes, sharing, visualization and analysis that will improve the utilization of health information. WHO promotes health information system improvements through effective peer-to-peer networks, knowledge sharing and technical assistance. WHO supports countries to attain multi-sectoral, coordinated, country ownership of health information systems. It assists them to strengthen capacity, improve data quality and put in place information systems to generate more reliable population health information, such as vital statistics. The Headquarters of WPRO and WHO provide a great amount of information to the member countries, for example:

- Western Pacific Country Health Information Profiles. 2011 Revision. This Document provides extensive database for health systems, health situation and health resources in the countries. The data on Fiji is well covered (63).
- WHO Western Pacific Regional Office. The Asia Pacific Observatory on Health Systems and Policies provides the Review of the Fiji Islands Health System describing the 2011 situation in the Fiji health sector comprehensively (28).

- WHO Regional Office for Western Pacific. Asia Pacific Observatory on Health Systems and Policies. The Observatory also continuously monitors the developments in health in the countries and provides information on the most recent developments and information needs (64).
- The WHO Global Health Observatory Data Repository makes health data available from all WHO Member States (65).

Ministry of Health and Medical Services information

The Ministry of Health and Medical services has organized a special Health Information Unit named Health Information, Research and Analysis Unit (25). It is responsible for the overall development and management of health information and promoting appropriate research for the National Health Service; monitoring and evaluation of the Ministry's Corporate & Strategic Plans including Key Performance Indicators for SFCCO and the management of ICT services for the Ministry. The Division assists the Corporate Services Division in the management of Information Systems relating to Assets, Finance and Human Resource Management; the Public Health Division in disease surveillance and disaster management, Health System Standards and other operational divisions in maintaining standards, monitoring and evaluation of health services. The division plays a vital role in the compilation and analysis of health statistics and epidemiological data and management of the information system (software) and also purchase and maintenance of computer hardware.

The division also manages the entire computer network infrastructure of the Ministry together with all the servers and maintenance of the Ministry website.

The three functional Units of the Division that carry out all these responsibilities are as follows:

1. Health Information
2. Health Research
3. Information and Communication Technology.

The role of the Director is to provide policy advice to the Permanent Secretary for Health on health policy matters conclusively derived from Health Information and Health Research. The incumbent plays a lead and vital role in initiating and coordinating the development of:

- National Health Information Policy and Planning
- National Health Information and Epidemiological Surveillance and Analysis
- National Health Information Systems Management, Development and Strengthening
- National Health Research activities
- National Health ICT Developments and Initiatives.

The Director ensures that effective communication is maintained with Divisional and Sub-Divisional Heads and other stakeholders involved in the health information and services delivery. As head of a Division the incumbent is responsible for planning, leading, coordinating, directing, and motivating the team, coaching and developing staff in change management and effectively managing resources allocated to the Division.

Universities

The Fiji Institutions of Higher Education have libraries and information services, including traditional and e-library with some OSH and OH information.

The USP Main Library of the University of the South Pacific based at Laucala Campus has an area of 6,500 square metres and 950 seats for readers. The USP Library network, comprising 22 libraries that are located across the USP member countries, offers more than 1 million books and serials in print, 7000 e-books, and 40,000 full text titles accessible via multidisciplinary databases with 24/7 access from the Library website. There is a special collection of materials relating to the Pacific Islands in the Pacific Collection. Campus and Centre Libraries have also been established in all the twelve USP member countries: Cook Islands, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. There are also eight Centre Libraries. The USP Library has a special entry for OSH in their information search (66).

The FNU Library as well can provide services for OH and OSH information (67). The FNU is an establishment to serve the needs of Post-Secondary education in Fiji learning and research. The FNU Libraries consists of the Main Library located in Nasinu Campus and other libraries in 15 places across the country. As an integral part of the academic programmes of the university and support service for the entire university, the libraries provide state of the art communications for information resource; maintain a fluid collection of monographs,

manuscripts, electronic documents and periodicals acquired to the library. The library provides access to on-site and remote electronic full-text resources. Furthermore, the FNU Libraries pursue goals of excellence in different activities through services, collections, and interlibrary cooperation, which ensure access to information and knowledge. It strives to provide excellent assistance in finding and evaluating resources to students, staff and alumni on-site in different campuses and centres at a distance. Librarians bring their considerable expertise to a multitude of initiatives promoting information literacy directly to students and faculty to incorporate information literacy into their teaching and learning process.

The Fiji Employers Organizations and Trade Unions provide OSH information for public use and for their memberships and they also transmit and distribute the information published by others - either national or international sources.

Fiji would benefit from the organization of a national occupational health information centre, focusing on the collection and transmission of OSH information, which is relevant for Fiji and the Southern Pacific. Usually, these kinds of centres have been organized by the National Institutes of Occupational Health.

5.8 SPECIALIZED TECHNICAL, MEDICAL AND SCIENTIFIC INSTITUTIONS WITH LINKAGES TO VARIOUS ASPECTS OF OHS AND OCCUPATIONAL HEALTH SERVICES

Research

The Institutions of Higher Education, FNU and USP, have limited research programmes on occupational safety and health (38, 39).

The FNU has research projects and publications on various topics relevant for occupational health such as health care workers' health, studies on health promotion and wellness, some special hazards like HIV/AIDS and the workplace, accidents and injuries. The USP also has research activities relevant for occupational health scattered in several disciplines, such as professional development, learning methods, physical and psychological health problems of garment workers, etc.

Services

National Occupational Health and Safety Services of the Ministry of Labour, Productivity and Industrial Relations

In addition to inspection and enforcement activities of HASAWA Law, the Occupational Health and Safety Service aims to promote and maintain a work environment, which is healthy and safe to both workers and employers and directly contributes to improved productivity. This is achieved by improved OHS awareness through the training of OHS committees, joint OHS partnership projects, development of OHS regulations and codes of practice, OHS audits, investigations and enforcement initiatives. The Service also processes Workers Compensation claims for work-related injuries and deaths (17).

The Service comprises the following five specialized units, which all provide services for enterprises:

- Training, Accreditation, Chemical and Hygiene (TACH)
- Capital Projects and Information Technology (CPIT)
- Risk Engineering (RE)
- Field Operations (FO)
- Workers Compensation (WC).

As an example, the service activity of the Risk Engineering Unit of the Ministry is described: The Risk Engineering Service is responsible for the vetting of plants and machinery designs gazetted under the Schedule 4 of the Health and Safety at Work (Administration) Regulations 1997, and the Non-Destructive Testing (NDT) of high tensile load structures such as tank surfaces, pipelines and building steel structures, with special emphasis to welding, to ensure compliance with the approved engineering standards for reliability and safety under the OHS legislation. The NDT techniques utilized are industrial radiography (X-Ray), ultrasonic, magnetic particle and dye penetrant. The key role of the Risk Engineering Service is to facilitate, provide advice on and enforce safety engineering principles to improve reliability, health and safety in all workplaces through the application of recognized standards, Codes of Practice and best practices to improve technological compliance and minimize OHS risks (17).

Laboratory services

There are several laboratory analytical services available for occupational hygiene and toxicology in Fiji. The majority of them are international private commercial services providing a wide range of analyses, for example, for asbestos fibres, volatile organics and toxic metals. On the basis of available reports, the environmental health inspectors and researchers have mainly carried out such services, while occupational health and OSH have been less active.

A public environmental laboratory covering biological and chemical hazards in Suva is well-equipped for numerous analyses of environmental and also occupational health hazards and for biological monitoring. The Food Unit was established in the MoHMS in 2008 under the Food Safety Act 2004 and it is also legally recognized as the competent authority for fish and fishery products for export purposes. The MoHMS also provides career opportunities for environmental health officers at the policy level, while local government councils employ them in city and town councils.

Human health impact studies among the general public or working populations are very rare, in both environmental health and occupational health. There is a need for strategic and programmatic approach to make systematic surveys of both, the monitoring of the work environment, general environment for exposures and general populations as well as working population for health impacts.

The FNU Training and Productivity Centre, NTPC, serves as a Think Tank, Catalyst, Regional Adviser, Institution Builder, and Clearinghouse for Productivity Information. The NTPC also serves as a Fiji Counterpart for the Asian Productivity Organization, APO. The Centre provides services for workplaces on several topics (68).

The activities carried out by NTPC as the APO for Fiji are as follows:

- To implement all APO projects and activities in the nation on behalf of the government
- Facilitating training courses, seminars and meetings on productivity for the government sector and the private sector
- Ensuring that a database of all the trainings attended by Fiji participants overseas is well recorded
- Developing methods and tools for improving productivity including the promotion of concepts like Quality Control Circles, 5S and Kaizen in the country
- Acquiring support from all quarters for productivity enhancement
- Measuring and publicising improvements in productivity
- NPO capacity development to undertake promotional and consultancy services in ISO 9000 accreditations for improved productivity and quality
- Development and promotion of the Fiji Business Excellence Awards (FBEA) Framework
- Stimulate and encourage the adoption of quality and productivity measures in the workplace through excellence awards
- Production of materials and brochures/flyers and relevant publicity material for the promotion of productivity
- Conduct national campaign awareness, designed to motivate all sections of the community towards the continuous improvement of quality and productivity, and ensure that this is to be maintained and strengthened
- Undertake strategic planning of productivity enhancement activities in country through participation in the strategic planning sessions of the APO
- Participate in the APO Governing Meeting to direct productivity activities in the member countries
- Collaborate with member countries and productivity networks to advance productivity and innovation in Fiji.

Non-Governmental Organizations (NGO) and Associations

Fiji Council of Social Services, FCOSS

Fiji NGOs active in the social field have organized an NGO, Fiji Council of Social Services (FCOSS) (69). It has several "public good interests" advocacy; community-based rehabilitation; child health and child development; education; family planning; health promotion; health education; NGOs; organizational development; sexual health; reproductive health; training; poverty and health. The FCOSS has served as a focal point for calling together several NGOs sharing the related missions: A dialogue and consultation forum. The leadership is provided by the National Council of Women (NCW) of Fiji. Other participants include the Fiji Law Society, Fiji Council of Social Services, Fiji Community Education Association, Fiji Island Media

Association, Fiji Manufacturers Association, Fiji Women's Rights Movement, Fiji Medical Association and the Fiji Disabled People's Association plus the most representative Employers' and Trade Unions' organizations. The outcome resulted in the formation of the Fiji Forum of Non-State Actors (FFONSA) in May 2001.

Fiji Medical Association, FMA, is a professional NGO recognized by the Public Service Commission (PSC) as the collective voice of doctors in the civil service. (70) It has a considerable role in the administration of the medical profession, (within the guidelines of the ACT), and appoints 3 of the 7 members of the Fiji Medical Council. FMA is represented on all the various advisory bodies which deal with health issues: NACA, NCD Taskforce, Mental Health Services Planning, National Research Ethics Committee, FSM Council, Tobacco Act Monitoring Taskforce, etc.

FMA is included with other NGOs in such bodies as the Summit Working Groups monitoring the national Development Plans implementation. FMA is also a member of FCOSS. It is not a Trade Union and does not have collective bargaining powers as Unions do.

Fiji Nursing Association, FNA

FNA is a professional and Trade Union organization, with competence to collective bargaining, and representing nurses in decisions, resolutions, promotion, education, publication, recruitment and registration (71). The FNA has 1400 members, making 87% of all nurses employed by the Government of Fiji. The membership is open to any nurse who is registered and practising in Fiji plus persons in training for the occupation of nursing (i.e. student nurses). Nurse's Aides, Nurse Auxiliaries and Medical orderlies are also eligible for membership.

The Association has 20 branches situated in various centres throughout Fiji. The FNA is recognized by the Government for Collective Bargaining under the provisions of the Trade Unions (Recognition) Act, 1976. With this recognition the Association is officially a professional and Trade Union body that can legally negotiate and represent members in employment relations and collective bargaining processes.

They all expressed the need to establish dialogue forums and especially for the Islands and because of their small size and distribution they would require to network more to ensure thorough consultation and dialogue. Fiji, as one of the largest Pacific Islands, has established a dialogue and consultation forum. The leadership is provided by the National Council of Women (NCW) of Fiji. Other participants of FOSS are the Fiji Law Society, Fiji Council of Social Services, Fiji Community Education Association, Fiji Island Media Association, Fiji Manufacturers Association, Fiji Women's Rights Movement, Fiji Medical Association and the Fiji Disabled People's Association.

5.9 COORDINATION AND COLLABORATION

National Advisory Bodies on OHS

National Occupational Health and Safety Advisory Board, NOHSAB

For NOHSAB and its Advisory Committee see Chapter 3.5.

Labour Relations Mediation and Advisory mechanisms and services

The Ministry of Employment, Productivity and Industrial Relations hosts a Mediation Centre for labour conflicts, called Mediation Service. The Mediation Service is newly established under Section 193, Part 20 (Institutions) of the Employment Relations Promulgation 2007 (19). It is the primary conflict-resolution institution at the national level, which must first be exhausted by the disputing or aggrieved parties before the secondary institutions of the Employment Relations Tribunal or Employment Relations Court are activated when needed. In this manner, the Mediation Service is basically the continuation of the good faith dialogue between the parties at the enterprise level. The only difference is that at the Mediation Service, a professionally trained and accredited Mediator provides the facilitative negotiator role. This is consistent with the duty and principles of good faith under the Employment Relations Promulgation 2007 and the Code of Good Faith for Collective Bargaining 2008 (72). The engagement of the Mediation Service is voluntary and provides the disputing parties with the opportunity to resolve the disputes themselves. Mediation is also the first port of call, under the new labour legislation, for all employment related problems and all reasonable attempts are made by the Mediators to resolve the disputes and grievances under the obligation of good faith. Any decision agreed to by the parties and endorsed by the Mediator is final and binding.

Employment Relations Tribunal

The Employment Relations Tribunal is a newly established body under Section 202, Part 20 (Institutions) of the Employment Relations Promulgation 2007 and its jurisdiction is much wider than that of the former Arbitration Tribunal, which it had repealed. If employment disputes or employment grievances are not resolved at the Mediation Service (73), the Employment Relations Tribunal assists employers and their representatives and workers and their representative trade unions by adjudicating and determining any grievance or dispute between parties to employment contracts. The Tribunal also assists the disputing parties to amicably settle disputes and have it in writing as a binding award or decision. In adjudication proceedings, there is also a requirement on the Tribunal to provide mediation assistance to the disputing parties when the need arises.

Employment Relations Court

The Employment Relations Court is newly established under Section 219, Part 20 (Institutions) of the Employment Relations Promulgation 2007, as a Division of the High Court (74). Similar to the High Court, the Employment Relations Court has a very wide jurisdiction to hear and determine aspects of law relating to employment matters including appeals, offences, all actions for the recovery of penalties, compliance orders and other functions or powers conferred on it by the Promulgation or any other written law. A party to proceedings before the Employment Relations Tribunal who is aggrieved by a decision of the Tribunal in the proceedings may appeal as of right or by leave to the Employment Relations Court. An appeal from the Employment Relations Court shall lie to the Court of Appeal.

Employment Relations Advisory Board, ERAB

According to the Employment Promulgation 2007, the ERAB is a tripartite Advisory Body for the Ministry to facilitate the fulfilment of Fiji's obligations as a member state of the ILO and other International Organizations (75).

The functions of the Board are:

- (a) to consider and advise the Minister on employment related matters including issues of policy as well as matters provided for by the Employment Promulgation and any other written law
- (b) to inquire into and report to the Minister on employment related matters referred to it by the Minister
- (c) in liaison with the Ministry, to facilitate the making of regulations, codes of practice and guides relating to matters covered by the Promulgation for the Minister's consideration
- (d) to advise the Minister on consultation and cooperation between labour and management and how this process may be promoted and strengthened
- (e) to advise the Minister on ILO instruments; and
- (f) to perform other functions under the Promulgation or any other written law.

The ERAB may invite any person it considers appropriate to act in an advisory capacity to the Board in its deliberations. The ERAB is currently (end of 2015) in the process of reappointment in connection of the 2015 Bill on Amendment of the ERP.

5.10 SUMMARY: SPECIALIZED TECHNICAL, MEDICAL AND SCIENTIFIC INSTITUTIONS WITH LINKAGES TO VARIOUS ASPECTS OF OHS AND OCCUPATIONAL HEALTH SERVICES

Fiji has established most of the governance organs and infrastructures for implementation of occupational safety and health and occupational health activities. There is still a need for better coordination and collaboration between different actors and opening doors for participation for all interested bodies. The support, competence and experience of special institutions, such as universities and professional bodies as well as other NGOs, including Trade Unions could be more effectively utilised for training, education and development of occupational health and safety and occupational health services.

Enhancement of competences in occupational health and occupational health services through basic and specialized training programs for various categories of occupational health experts, particularly, occupational health physicians, occupational health nurses and occupational (industrial) hygienists is recommended. National curricula for such training should be drawn up by using internationally available curricula as models. The Institutions of higher education are able and willing to take responsibility on OH expert training.

6

The role of the social partners in OHS



6.1 SOCIAL PARTNERS' PROGRAMMES ON OHS

The Fiji Social Partners, Employers and Workers Organizations participate in several National OSH Programmes or in Programmes with OSH relevance. The most prominent example is the Fiji Decent Work Country Programme, DCWCP, which was signed by the representatives of the Government, Employers and Trade Unions (76). The programme focuses on four areas of priorities proposed by the ILO:

- Priority 1. Review and implementation of the ERP and related legislation
- Priority 2. Promotion of decent employment opportunities
- Priority 3. Extending social protection
- Priority 4. Capacity building of tripartite partners and strengthening of tripartism.

By focusing on these four priorities, ILO's DWCP is closely aligned with the major development frameworks of Fiji with high numbers of more detailed objectives.

The Social Partners have particularly participated in some important DCW several programme elements; Elimination of Child Labour, prevention of HIV/AIDS, employment and youth employment, as well as migration issues.

6.1.1 EMPLOYERS' ORGANIZATIONS

Fiji Commerce and Employers' Federation (FCEF)

The FCEF has some 518 members among enterprises of all sizes in both the private and public sectors, employing more than 78,000 employees (some 60% of the employed population and 23% of the total labour force, 2008 data) (77). Any organization that is registered as an employer with the Fiji National Provident Fund (FNPF) is eligible to apply for membership of FCEF. Its members cover the full range of private enterprise endeavours, as well as many of the public sector activities entrusted to statutory undertakings or Government owned corporations.

FCEF's position is unique in that it represents and is involved in activities ranging from airlines to warehouses and everything in between, unlike other employer organizations that tend to be involved in the specific sectoral interests or activity grouping of their members.

FCEF is a non-profit organization principally financed by members' subscriptions. Occasionally, FCEF is the beneficiary of special grants from organizations such as the ILO and the Training and Productivity Centre (NTCP), for the funding of specific projects. FCEF has the long-term objective of decreasing its dependence on revenue from members' subscriptions and fulfils this objective by planning activities and training programmes appropriate to members' needs on a user pays basis.

The FCEF aims at provision to the employers of Fiji with the knowledge, understanding and capability to maintain the best possible labour relations while seeking to grow their businesses and the economy by encouraging the Government to provide the environment for the private sector to prosper. Furthermore, the FCEF aims to be the premier employers' representative promoting good governance and leadership, excellence and innovation that shapes and enhances the business environment. The objectives and activities of the FCEF are:

1. Promotion of free trade and commerce and the economic development of Fiji
2. Provision of a forum for consultation and exchange of information and views arising from the relations between:
 - Employers
 - Employers and their work people, including Trade Unions
 - Employers and Government
3. Promotion of co-operation between employers in the many industries, businesses, and commercial activities in Fiji, as well as with the various statutory organizations.
4. Promotion and acceptance of the concept that co-operation and consultation among employers is indispensable to the continued growth of Fiji.
5. Realization that although each member is autonomous and independent of other members, there is an interdependence between employers in acting in concert for the common good of all in Fiji

6. Working towards its strategic objectives the FCEF in partnership with the ILO's Employers' Bureau, ACT/EMP, launched its Employment Relations Service 2011. The service involves the employment of an Industrial Relations (IR) officer based in FCEF to assist employers with their IR queries or cases. In addition, FCEF launched an Employer's Guide to Employment Relations in Fiji.
7. The "Employer's Guide to Collective Bargaining" is intended to be a practical tool for employers and human resources personnel in collective bargaining. It is based on a publication authored by the ILO Bureau for Employers' Activities (ACTEMP) in collaboration with the International Organisation of Employers (IOE). It has been adapted for the local context by the Fiji Commerce and Employers Federation (FCEF).
8. The joint publication "Employers Guide to Gender Equality; Creating Gender responsive workplaces for women and men in Fiji" by FCEF and the International Labour Organization broadly outlines gender responsive international workplace practices (based on ILO principles and international conventions) whilst situating relevant examples that are applicable in the Fijian context. This approach provides practitioners information but also enables a pragmatic, innovative application of relevant gender equality principles.
9. The FCEF participates in several special programmes of the Ministry of Employment, ILO and other partners, such as the elimination of child labour, development of OSH in SME's.
10. It participates in the HIV/AIDS Prevention programme.
11. The FCEF organizes training for the member companies on OSH and OSH regulations and provides guidance in ad hoc issues concerning OSH and industrial relations.

Other Employer Organizations

Fiji has several other employer organizations representing specific sectors or groups of employers. In addition, high numbers of employers have not organized themselves in FCEF or any other employer organization. The main employer counterpart in the Government tripartite collaboration is the FCEF.

6.1.2 WORKERS' ORGANIZATIONS

The biggest trade union in Fiji is the Fiji Trade Union Congress (FTUC), which is affiliated to the International Trade Union Confederation, ITUC (78). There is a smaller national confederation, Fiji Council of Trade Unions, (FICTU), which originally split from the FTUC, but is now working increasingly together with the FTUC. The FICTU is an organization of about 20 Unions in different sectors of economy. Some trade unions, which belong to no confederation (e.g. airline pilots and nurses), carry out their own policies having often very special type of working cultures and work organization. Many Fijian trade unions belong to Global Union Confederations, such as the IUF (sugar workers), ITF (transport and tourism) and PSI (public services).

The Fiji Trade Unions Confederations participate in the tripartite social dialogue and several national programmes carried out on the tripartite basis, such as elimination of child labour and HIV/AIDS prevention at the workplace. They are also a part of the Fiji National Decent Work Programme.

The Unions are also participating in the Government advisory bodies, such as NOHSAB and ERAB.

6.1.3 TRIPARTITE CONTRIBUTION TO NATIONAL OHS PROGRAMMES

The Fiji National Programme for Decent Work, NDCWP

According to the ILO Report, the Fiji DWCP is the product of tripartite consultations. In August 2009, separate consultations with the FTUC, the Fiji Employers Federation (FEF), and the Ministry of Labour, Industrial Relations and Employment (MLIRE) were followed by tripartite consultations in September 2009 during which priorities for 2010 and 2012 were agreed on (76).

The priorities in the DWCP also take due account of Fiji Government's on-going labour reform agenda, the outcomes of the regional Tripartite High Level Meeting on 'Decent Work for Sustainable Development in the Pacific' held in Port Villa, Vanuatu between 5 and 9 February 2010, the Biennial Country Programme Review (2006-2007) for Pacific Island Countries (PICs), as well as ILO's comparative advantages vis-à-vis other UN and bilateral development partners, and the regional Tripartite Technical Meeting on Decent Work held in Nadi, Fiji between 26 and 28 November 2007.

As a result the NDCW Programme for 2010-2012 was agreed upon between the Government of Fiji, Fiji Employers' Federation, FEF, Fiji Trade Unions Congress, FTUC and the ILO included priorities for the programme period in concern.

The Priorities for the Fiji NDCWP were agreed upon in view of the overarching theme of "decent work for all men and women" in Fiji and in line with the ILO's Declaration on the Promotion of Social Justice for a Fair Globalisation (79):

Priority 1. Review and implementation of the ERP (Employment Relations Promulgation) and related legislation

Priority 2. Promotion of decent employment opportunities

Priority 3. Extending social protection

Priority 4. Capacity building of tripartite partners and strengthening of tripartism.

By focusing on these four priorities, ILO's DWCP is closely aligned with the Fiji Government's National Development Frameworks. The NDCWP is the main form for collaboration by the Social Partners to the development of Fiji working conditions, OSH and work life in general.

The agreement on the NDCWP also includes mechanisms for evaluation with criteria and indicators for assessment of its implementation and outcomes (45).

Special programmes for development of occupational health services in Fiji have not been initiated by the social partners.

6.2 PARTICIPATION AT NATIONAL, SECTORAL AND ENTERPRISE LEVELS

6.2.1 PARTICIPATION IN NATIONAL TRIPARTITE COMMITTEE FOR OHS

The relevant organ in the meaning of tripartite participation in OSH issues is the National OSH Advisory Board (NOSHAB), with its Advisory Committees (see Chapter 3.5).

6.2.2 BIPARTITE COMMITTEES

Information on special bipartite programmes is not available. The social partners participate actively in the National Decent Work Programme projects and make their contributions there.

6.2.3 PARTICIPATION AT ENTERPRISE LEVEL

The well-organized enterprises have established occupational safety and health committees, which discuss, advise and decide on workplace actions for OSH. The Committee is the main forum for collaboration at the workplace level. The challenge is the organization of systematic OSH work in the small enterprises and among the self-employed.

6.3 SUMMARY: THE ROLE OF SOCIAL PARTNERS AND PARTICIPATION

The collective bargaining mechanisms are available and the Ministry of Employment, Productivity and Industrial Relations assists the process if needed, with the help of the Chief Mediator. There is some discussion of the representativeness of different unions in the bargaining process. The ILO helps in developing the well working labour market and in protection of workers' rights. The collective bargaining process has not so far dealt with occupational health services in Fiji.

6.3.1 SUMMARY OF INDIVIDUAL EMPLOYER RESPONSIBILITIES

The HASAWA Law Part II articles 8-12 stipulate well the employer's responsibilities including duty to provide a safe and healthy work environment and also to consult the workers on decisions concerning safety and

health at work (13). Workers' duties and rights are also stipulated (Part II Article 13). Collaboration between employers and workers in OSH issues is emphasized. Inspection mechanisms by labour inspection have been described.

The Workmen's Compensation Act (Cap. 94) places on employers the legal responsibility to compensate workers who sustain injuries, lose their lives or contract diseases in the course of their employment (20).

Table 15. Summary of individual employer responsibilities (HASAW Act 13)

Does the employer have the responsibility to:	provided for in law? (yes/no)	generally taken up in practice? (yes/no/sometimes)
- establish an OHS policy	yes	
- implement preventive and protective measures	yes	
- provide safe machinery and equipment	yes	
- use non-hazardous substances	yes	
- assess risks and monitor them	yes	
- record risks and accidents	yes	
- report occupational accidents and diseases to the competent authority	yes	
- ensure health surveillance of workers	no	In some of the larger companies
- inform workers on hazards and the means of protection	yes	
- consult with worker representatives on OHS	yes	
- educate and train workers	yes	
- establish joint OHS committees	yes	In the larger companies

The HASAWA law does not obligate the employer to organise occupational health services for employees beyond first aid services.

6.3.2 SUMMARY OF WORKERS' RIGHTS AND DUTIES (HASAWA 13)

Table 16. Summary of workers' rights and duties

Does the worker have the:	provided for in law? (yes/no)	generally taken up in practice? (yes/no/sometimes)
- duty to work safely and not endanger others?	yes	
- right to compensation for hazardous work (e.g. hazard pay, reduced working time, earlier retirement, free foods and drink to combat the effects of exposure to hazards)	no	
- right to be kept informed about workplace hazards	yes	
- right to be provided with personal protective equipment and clothing	yes	
- right to incur no personal costs for OHS training, personal protective equipment, etc.	yes	
- duty to make proper use of personal protective equipment	yes	
- right to select worker OHS representatives	yes	
- right to remove themselves from danger in case of imminent and serious risk to health	yes	
- duty to report to the supervisor any situation presenting a threat to safety	yes	

6.3.3 SUMMARY OF WORKER OHS REPRESENTATIVES' RIGHTS AND RESPONSIBILITIES (HASAW ACT 13)

Table 17. Summary of worker OHS representatives' rights and responsibilities

Do worker OHS representatives have the right to:	provided for in law? (yes/no)	generally taken up in practice? (yes/no/sometimes)*
- inspect the workplace for potential hazards	yes	
- participate in investigation of the causes of accidents	yes	
- investigate complaints by workers relating to OHS or welfare	yes	
- participate in risk assessments and access to information concerning risk assessments	yes	
- call in the authorities responsible for OHS inspections	yes	
- participate in/submit observations to inspectors during inspection visits to the work site	yes	
- information given by inspection agencies responsible for OHS	yes	
- access to the list of accidents and diseases and reports of these in the enterprise	yes	
- access to records the employer is obliged to keep	yes	
- receive information and consultation by the employer in advance concerning measures which may substantially affect OHS and occupational health	yes	
- consultation in advance concerning the designation of workers or hiring of external services or persons with special responsibility for OHS or OH services	Not in law	Larger companies
- submit proposals to the employer with a view to mitigating risks and/or removing sources of danger	yes	
- appropriate training during working hours?	yes	
- facilities and time off with no loss of pay to be able to carry out their duties as OHS representatives?	yes	
- attend meetings of the OHS committee?	yes	
- access to outside experts?	Not in law	Larger companies
- stop dangerous work on behalf of workers?	yes	

* Information is limited to provide answers to this question.

7 Regular and on-going activities related to OHS



7.1 PROMOTIONAL OHS PROGRAMMES AND ACTIVITIES

The most important promotional programme is ILO's supported National Decent Work Programme 2010-2012. Its continuation is highly important for ensuring previous achievements and facilitating the developments to the next decade (76).

The institutions of higher education, FNU, the FNU Training and Productivity Centre, NTPC and the USP are motivated and have capacities to accommodate training of experts in occupational health in their training curricula. International support for designing training curricula is requested (37, 39, 40, 68).

The HIV/AIDS prevention programme at workplace is a long-term effort, as is the Child Work/Labour Programme, both of which should be continued during the whole decade and likely beyond (14, 80, 81).

The ILO's SOLVE programme dealing with stress, the problems of addiction (alcohol and drugs, tobacco, gambling, and cyber addiction); violence (both physical and psychological); the problems associated with HIV/AIDS; lack of adequate sleep, nutrition and regular exercise and economic stressors such as the threat of job loss all lead to health-related problems for the worker and lower productivity for the enterprise or organization. Taken together, they represent a major cause of accidents, fatal injuries, disease, absenteeism and presenteeism at work in both industrialized and developing countries. These problems may emerge due to the interaction between home and work, they may start at work and be carried home (or into the community) or vice versa. SOLVE focuses on prevention. MEPIR has included the SOLVE components into its OHS workplace training.

The combined effects of these psychosocial issues have considerable negative ramifications for workers, employers, the worker's family and society.

- For the worker, these problems can result in isolation, stigmatization, injury, illness and even death.
- For the organization or enterprise, these factors can result in increased absenteeism and accidents, reduced productivity, increased recruitment, training and insurance costs and decreased profits and therefore a lack of competitiveness.
- The family invariably suffers the full brunt of the loss of income, reduced welfare, missed opportunities for children, psychological trauma, lack of self-respect, and injuries, to the extent that the family may break up altogether.
- For society, the impact may be seen in terms of increased social costs, decreased consumer spending, increased crime and adverse economic development.

Numerous national development efforts include reforms for OHS and occupational health: The HASAWA Law reform is on the way and the Workmen's Compensation reform was completed in 2015.

Ministry of Health and Medical Services implements its National Strategic Plans 2016-2020 (31). The Plan contains two main strategic pillars broken down to 8 priority areas:

- Strategic Pillar 1: Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, elderly, those with disabilities and the disadvantaged.
- Strategic Pillar 2: Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability.

The Plan includes priorities for health workers occupational safety and health.

The National Strategic Human Resources Plan 2011–2015 (82) to take the full potential of human resources and talents available in Fiji for socio-economic and productivity development includes three thematic areas (= policy goals): (i) minimizing imbalances in the labour market, (ii) improving the functioning of the labour market, and (iii) improving the productivity of Fiji's workforce. In the priority area: Improving the functioning of the Labour Market the occupational safety and health reform programme has been included.

In addition, the Fiji Government Ministry of Strategic Planning, National Development and Statistics has provided several other national development plans, with value for occupational safety and health, for example: Sustainable Economic and Empowerment Development Strategy (SEEDS) 2008 – 2010, and the Strategic Development Plan 2007 to 2011 (83).

7.2 INTERNATIONAL CAPACITY BUILDING, TECHNICAL COOPERATION ACTIVITIES DIRECTLY RELATED TO OHS

The continuation of the National Decent Work Programme would be the most important international cooperation programme.

There are great and urgent needs for development of human resources for occupational health and occupational health services. With the WHO, the ILO and other international support and South Pacific collaboration, it is possible to organize an effective response to these needs.

OHS and occupational health will benefit from South Pacific collaboration in the field of occupational health in areas of training, curriculum development, information systems development and in the development of occupational health services. Support of international funding sources are needed (84).

7.3 SUMMARY: SITUATIONAL ANALYSIS AND RECOMMENDATIONS; REGULAR AND ONGOING ACTIVITIES

Continuation and extension of the ongoing and completed development programmes relevant for OHS and occupational health, particularly for occupational health services are needed and recommended.

The support from the ILO, and the WHO in strategy and policy planning and implementation should be continued. Financial support for the development of occupational health systems and human resources development should be searched from international and foreign national funding agencies. In the recommendations of this report, several proposals for occupational health of special groups of workers, development of occupational health service system for all working people and numerous training programs are presented.



8

Occupational health and safety outcomes



8.1 RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES

The HASAW Act and the WCA Act obligate employers to notify occupational accidents and diseases within 40 days they were recognized. The Ministry of Employment, Productivity and Industrial Relations has provided a web-based form for workplace injury and disease notification through health and safety at work (administration) regulations 1996. (85) The Ministry has expressed concern on the low level of notification, leading to under-reporting of events. The Workmen's Compensation registers the notified cases, but has an opinion that they are under-reported. (86)

8.2 STATISTICS RELATING TO OCCUPATIONAL ACCIDENTS AND DISEASES

Employers have been urged to ensure adequate compensation for work-related injuries and deaths to workers.

The Workmen's Compensation registered in the five-year period 2010-2014 a total of 1123 occupational accidents including 343 fatalities, i.e. 68.6 per year (87). The present Workmen Compensation statistics has low coverage (some estimates of 5% of the total workforce). The registered number of fatal accidents is accurate most of the time, but the ratio between the total number of all occupational accidents and fatalities is only 5 as it is in Vietnam 3.88, Thailand 189, Singapore 201 and 5000 in Finland. The low ratio between non-fatal and fatal accidents countries are likely due to the remarkable under-estimation of the rates of non-fatal accidents in Fiji and other Asian countries as a result of poor notification and registration practices of non-fatal accidents. In Fiji, the Ministry of Employment, Productivity and Industrial Relations has presented concern on the low level of notification and has undertaken actions for improvement. The Government measures for activation of notification are among others the elevation of the sanctions for non-reporting.

Suva recorded the highest percentage of work-related injuries with 703, followed by Lautoka 234, Ba 198, Nadi 197, Labasa 183, Sigatoka 35 while Savusavu recorded 42 during this four-year period.

Table 18. Statistics related to occupational accidents and diseases

Indicator	Value/yr	Unit* e.g.: per 100,000 employed or % or per million hours worked	Year	Trend* (increasing/ decreasing/ stable)
Fatal accidents	ca 68		2014	
Injury at work (resulting in more than 3 days absence)	ca 1123			
Compensated workplace accidents				
Commuting accidents	NA			
Serious work accidents causing disability of over 30 days	NA			
Table 17. Statistics related to occupational accidents and diseases (cont.)				
Notified occupational diseases (total)	NA			
Compensated occupational diseases	NA			
Repetitive strain injuries	NA			
Noise-induced hearing loss	NA			
Respiratory diseases	NA			
Skin diseases	NA			

*Information is limited to fill in these columns.

Another source of information is the research carried out by the FNU (87).

Table 19. Characteristics of workplace injuries in the FISH database, resulting in death or hospital admission [number (n), proportion (%)], by gender, age group, ethnicity, mechanism, intent, and severity. October 2005–September 2006 in Viti Levu, Fiji (87).

Characteristics	Total deaths	Hospitalisations	Total cases
Total	9	181	189
Gender			
Male	8 (89)	173 (96)	180 (95)
Age group (years)			
15 to 29	-	81 (45)	82 (43)
30 to 44	6 (67)	64 (35)	69 (37)
45 or more	-	36 (20)	38 (20)
Ethnicity			
i-Taukei	5 (56)	94 (52)	99 (52)
Indo-Fijian	3 (33)	78 (43)	88 (47)
Mechanism			
Fall	-	49 (27)	50 (27)
Hit by person or object	-	62 (34)	64 (34)
Cutting or piercing	-	49 (27)	50 (27)
Intent			
Unintentional	8 (89)	169 (93)	176 (93)
Severity of injury			
Moderate	-	153 (85)	153 (81)
Severe	9 (100)	23 (13)	31 (16)

Main Findings (87).

- 189 individuals suffered workplace injuries during study period.
- There were 9 fatalities during the 12 month period reviewed.
- The annual injury-related hospitalisation and death rates for this period were 73.4 and 3.7 per 100,000 workers, respectively.
- The median length of hospital stay was 3 days (range 0–72 days), 39% of cases were admitted for 0–2 days, 40% for 3–6 days and 20% for 1 week or longer.
- Males accounted for 95% of injuries, and hospitalisation rates were highest among those aged 15–29 years (33 per 100,000 workers).
- i-Taukei (indigenous Fijian) and Indo-Fijian workers had similar rates of admission to hospital (38.3 and 31.8 per 100,000 workers, respectively).
- Fractures (40%) and 'cuts/bites/open wounds' (32%) were the most common types of injury.
- The most common causes of injury were 'being hit by a person or object' (34%), falls (27%) and 'cutting or piercing' injuries (27%) .
- 7% of injuries were deemed intentional.

8.3 INDICATORS OF WORKING CONDITIONS

In the absence of National statistics and survey results in Fiji, indicators cannot be given. For further development of the data systems, the table of data is shown in the form, which is requested by the WHO in the guideline for National Occupational Health System Profile.

Table 20. Data on working conditions

Indicator	widespread serious problem	serious problem for some workers	moderate problem	minor problem	not a problem
exposure to noise above legal limit (please indicate legal limit)	NA				
exposure to vibration	NA				
exposure to radiation (ionising)	NA				
exposure to high temperatures	NA				
exposure to low temperatures	NA				
breathing in dangerous vapours, fumes, dusts, infectious materials, etc.	NA				
handling or touching dangerous substances or products	NA				
exposure to asbestos	NA				
exposure to pesticides	NA				
inadequate lighting	NA				
regular exposure to solar radiation (e.g. in construction work)	NA				
painful or tiring positions	NA				
lifting or carrying heavy loads	NA				
repetitive hand/arm movements	NA				
non-adjustable workstations (e.g. work bench, desk, chairs, etc.)	NA				
working at high speed	NA				
working to tight deadlines	NA				
stressful work	NA				
changing work organization	NA				
working time	NA				

8.4 SUMMARY: SITUATION ANALYSIS AND RECOMMENDATIONS: INDICATORS, INFORMATION SYSTEMS AND STATISTICS

Fiji is actively developing the legal systems for OSH. Occupational health and occupational health services have experienced less development in planning and in practice. One of the reasons may be the lack of well-developed information systems, statistics and registration of occupational accidents and diseases and surveys of conditions of work, health of workforce and conditions of work (as demonstrated in the tables above). There is a need to balance the development efforts by enhancing the development of occupational health services and improvement of information systems in the whole sector of occupational safety and health.

9

Sectors of economy and groups of workers in need of specially targeted activities



9.1 PROTECTION OF HEALTH AND SAFETY OF WORKERS IN EMERGENCY AND RESCUE SERVICES

Fiji is geographically situated in one of the most natural disaster prone areas in the world because of that a great deal of natural hazards occur in Fiji, due mainly to hydro-meteorological factors (storms, cyclones, hurricanes, floods) and in smaller part geophysical factors (earthquakes, volcanic eruptions, landslides). The rates and intensities of the natural disasters are in growth likely due to direct or indirect impact of climate change. Disasters may also be "man-made" originating from industrial facilities, high-energy sources, fires of buildings, grass or forest fires, or disasters from transportation. Fiji has the 16th highest risk among the 171 countries included in the World Risk Report (88).

Emergency workers' mission in disasters is to protect human life, property and the environment. Their typical fields of action may include:

1. Everyday emergencies (road accidents, crime scenes, gas explosions, fires)
2. Natural disasters (floods, storms, fires, earthquakes, volcanic eruptions)
3. Industrial accidents (involving hazardous materials, such as in the nuclear and mining sectors)
4. Transport accidents (major car crashes, plane crashes, rail accidents)
5. Terrorist and criminal attacks (bomb attacks, gas attacks, shootings)
6. Massive public events (negative events during concerts, sport events, demonstrations)
7. Epidemics (bird flu, swine flu, zika virus, etc. Infections)

Fiji has gained much experience on the preparedness for and management of natural disasters. Emergency situations comprise an acute and high-risk occupational safety and health challenge for emergency service workers. The largest professional groups of emergency workers range from career and volunteer fire-fighters, police officers, emergency medical staff (doctors and nurses, paramedics, emergency medical technicians, psychologists). In major disasters, rescue workers, technicians from large relief organizations, additional medical staff, social workers, military personnel, antiterrorist forces, body handlers, clean-up workers, construction workers, and numerous volunteers are involved. Depending on the emergency/disaster site, emergency workers need specialization for instance in water rescue, mountain rescue or rescue from heights (89).

The different groups are exposed to generic hazards and profession-specific hazards at work. Generic hazards are for example:

- Contaminated water or food
- Exposure to strong natural elements, storms, cyclones, floods, etc.
- Biohazards in the environment, insects and other vectors, viruses, bacteria, parasites
- Psychological hazards due to heavy work load, long working hours and dramatic events like loss of human lives.

Each professional group has their own specific hazards, such as:

- Burns and heat stress among fire-fighters
- Collapsing buildings and falling items, dusts (including asbestos) and falls among the rescuers in injured buildings
- Cold stress in mountain rescue
- Biohazard contamination of health workers
- Risk of violent attack toward police and security guards.

Preventive systems-oriented strategies are focused according to the needs; quick recovery of community techniques, housing, water supply, sewage and waste handling, safety and resilience of buildings and facilities, remote controls of hazardous processes, use of effective safety and control technologies, basic chemical safety and hygiene measures. Individual-oriented measures may include immunizations, personal protectors, good practice guidelines, insects control, etc. Resilient health system is a special project of the WHO South Pacific Programme (90).

Experiences of growing frequency and intensity of natural disasters have led the Fiji Government to substantial improvements of the preparedness for disasters and emergencies at all levels of the system in collaboration with the International Organizations, including WHO and ILO, the World Bank and with several foreign national aid organizations and NGOs, such as the International Red Cross. The Government has substantially improved the preparedness for disasters and emergencies. The Ministry of Health and Medical Services Humanitarian Action Plan provides a comprehensive practical programme for effective preparedness and response.

The emergency response capacity was substantially strengthened through renewed legislation, NDMO Act. The National Disaster Management Office (NDMO) was established as the coordinating centre of the Fiji Government in times of national disasters. The NDMO also implements the Fiji National Disaster Risk Management Plan (91).

The National Disaster Management Act and the National Disaster Management Office are governed by the Ministry of Defence, National Security and Immigration. The NDMO is the central operative actor in the cases of disasters. The NDMO operates under the National Disaster Management Act and coordinates the national management of disaster activities through the Ministry of Provincial Development organisation structures at the National level, the Divisional level, the District or Provincial level and to the local and community levels. The NDMO manages disaster activities at these levels through Disaster Preparedness programmes, Disaster Mitigation programmes, Disaster Response programmes in times of natural disasters and Disaster Rehabilitation programmes to restore normalcy after the adverse effects of a disaster hazard.

The international disaster policies have emphasized the critical role of citizens as natural first respondents in disaster management. In many civil law systems, which are common in Continental Europe, Latin America and much of Africa, there is a universal obligation of the citizen to rescue. The EU countries have stipulated the legal obligation to every citizen to help in the 'case of acute disease, accident, emergency or disaster'. The European Union, for example, has initiated policy actions for the development of resilient communities and resilient citizens (92).

The ILO's response to disaster is limited at the humanitarian phase, usually coming in with cash for work type programmes in affected communities or Community-based Emergency Employment (CBEE) to clear debris and at the same time putting cash into peoples' hands to support themselves. However, it plays a significant role in the economic and livelihoods phase with more resilient type economic activities such as entrepreneurship (Start /Improve your business) and work with women, disabled and communities to build back better livelihoods (93).

Fiji has much experience on disaster management and plays an important regional role in its further development in collaboration with International organizations. The Ministry of Health and medical services has generated the National Health and Disaster Management Action Plan (HEADMAP) 2013 (94). The Ministry has the national leadership role in the implementation of the Action Plan. The Fiji National Disaster management structure is described in Figure 3 and Figure 4.

Figure 3. The disaster management system in Fiji

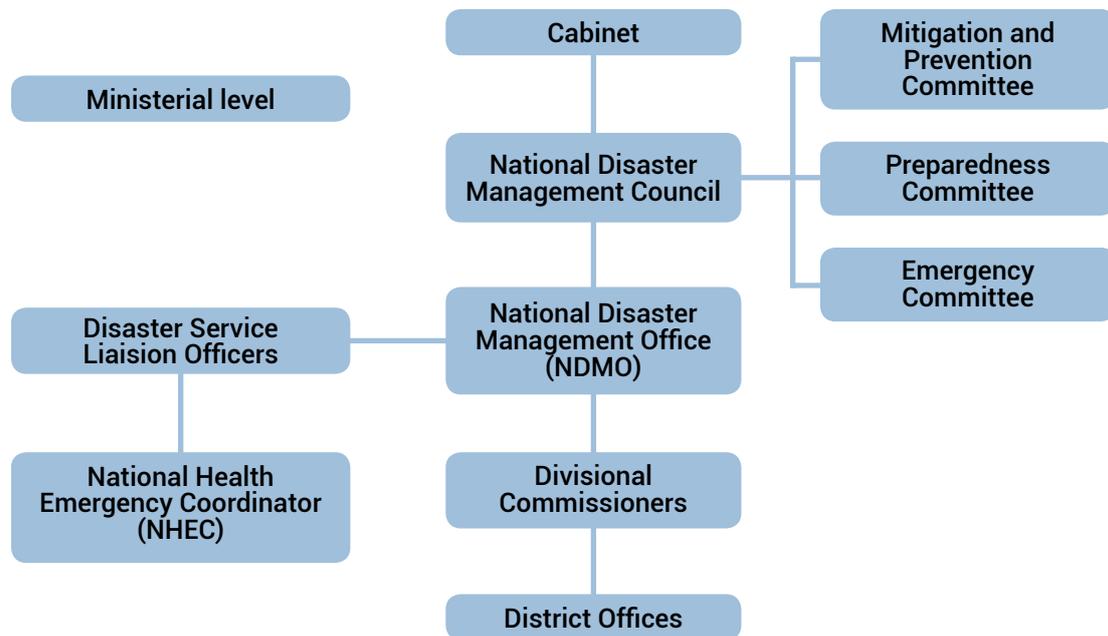


Figure 4. Structural view of the Fiji Disaster National Management System (Source NDMO).



Several International organizations and several countries within and outside the South Pacific Region have supported Fiji in disaster efforts. The international organizations that operate in Fiji supporting the NDMO efforts are:

- The United Nation organizations, UNOCHA, UNDP, UNCRD, UNDESA
- International Red Cross
- European Union
- World Bank
- World Health Organization
- Food and Agriculture Organization
- Foreign Embassies and Missions, and
- Numerous International NGOs.

International organizations and the EU have increased activities for the protection of emergency workers' health and safety at work. Following such an example, a national Programme for occupational safety and health, occupational health and protection of workers in emergency services is recommended either as an independent programme or as a part of an appropriate Fiji National Disaster Management Programme (95).

9.2 OCCUPATIONAL HEALTH SERVICES FOR SMALL AND MICRO ENTERPRISES (SME's)



The national economy and employment are in Fiji dependent not only on small and medium-sized enterprises, SMEs (i.e. the enterprises employing 50-250 workers), but also smaller and highly fragmented sectors of work life, micro-enterprises, self-employed and the informal sector workplaces. Here all types workplaces of small enterprises, self-employed and informal sector workers called with common name: small enterprises, if not specially mentioned. Two thirds of the estimated working population of Fiji work in these sectors: agriculture, handicrafts, micro manufacturing enterprises, and first of all, in services (see Table 22). Small enterprises are most common in the service sector but also in several types of primary production, such as agriculture, forestry and mining

The small enterprises are considered to be valuable for Fiji for several reasons:

- They provide a way to employment
- Their contribution to national GDB is substantial
- They offer the way out from poverty
- They are key economic actors within the local communities.

In addition to economic and employment functions, they also have importance through their social impact.

Numerous international studies provide evidence on occupational safety and health hazards in the small enterprises and particularly in the informal work, showing often higher occupational risks than in the larger industries, but weaker capacity to risk management and control. Construction, forestry, agriculture, fishery and small metal industries are known to be high-risk sectors in all countries.

In response to SMEs and the informal economy, the ILO has a Participatory Action-Oriented Training (PAOT) methodology to assist small scale businesses take on their occupational safety and health needs. The Fiji Ministry of Employment, Productivity and Industrial Relations has begun investing in this methodology since 2015 to take OHS to the rural areas and to the SME's (96).

Similarly, a recent European study (EU-OSH 2016) provides evidence on statistically higher rates of serious and fatal occupational accidents among small enterprises. Smaller enterprises have lower capacity for

good performance in the management of exposures associated with other types of injuries, work-related ill-health, the quality of jobs and the work environment. However, there may be a part of small enterprises characterized with relatively low risks, e.g. in certain special types of office- and small shop-type enterprises. As the OSH and other working conditions in the small enterprises are much less studied than the larger enterprises their risks have not become visible and also policies for their occupational health are universally less developed.

The European conclusions speak for findings that for a substantial proportion of workers in small enterprises, the risks to their safety and health are elevated by a combination of occurrence of hazards and inadequate capacity to prevent and protect workers. Particularly this is true in countries where the so-called 'low road' strategies have been chosen in search for economic survival of small enterprises. This has led to continuous occurrence of significant hazards, and especially in enterprises with low economic and OSH performance. Some other policies proposed by the ILO and several National Agencies, e.g. HSE in the UK and OSH Institutions in the Nordic Countries, have found the strategy "good OHS is good business" as the most successful one (97). However, there are also small enterprises in which less hazardous work is conducted and also those, where the 'low road' survival strategies are replaced by more safety and health oriented strategies in favour of greater business success. There are some suggestions in current research that risks may be better managed within this group, with positive OSH outcomes linked to business success. However, accurate data are not available to confirm this assumption (98). More specific and in-depth research is needed. In spite of their high numbers and employment and economic importance the conditions of work, health and safety are less characterized than in the larger enterprise sectors. A number of research reports speak for a similar situation in the developing countries and in developed economies, including Europe and the South Pacific.

In Fiji, the Government-funded Self Employment Service (SES) has been planned in 2016. These SES agencies include the National Centre for Small and Micro Enterprise Development (NCSMED), the Integrated Human Resources Development Program for Employment Promotion (IHRDPEP), Walking Out of Poverty (WOP) and the Agriculture Programs. A network between various operators A stakeholder workshop to establish sustainable network with the NEC under its SES is committed this year to enhance good governance in the allocation of resources, including the timely collation of employment creation data and information from these entities to the Minister for Employment. There is an intention to fulfil the Minister of Employment reporting obligation to Cabinet under the NEC law. In addition, the Ministry through Cabinet approval, set up a 'one stop shop' National Employment Centre (NEC) to consolidate, coordinate and monitor the various agencies involved in fostering employment opportunities (99,100).

The new services that have been successfully commissioned by the NEC include the Formal Employment Service (FES), Fiji Volunteer Service (FVS) and the Foreign Employment Service (FORES). The Self Employment Service (SES) will complete such service package during 2016. When completed, the SES agencies include:

- the National Centre for Small and Micro Enterprise Development (NCSMED)
- the Integrated Human Resources Development Program for Employment Promotion (IHRDPEP)
- Walking Out of Poverty (WOP), and
- the Agriculture Programs.

The aim is to establish sustainable network with the NEC under its SES to enhance good governance in the allocation of resources including the timely collation of employment creation data and information from these entities to the Minister for Employment.



9.3 OCCUPATIONAL HEALTH SERVICES FOR THE SELF-EMPLOYED AND THE INFORMAL SECTOR



The self-employed are typically a heterogeneous group of workers, including among others:

- Family farmers (see Chapter Agriculture)
- Informal sector workers
- Some community services, such as waste collectors
- Home workers, both engaged and the self-employed
- Small services, shops and personal services and street services, such as shoe shining, street food services, etc.

The hazards and workloads in the self-employed work are much the same as in the smallest SMEs and micro enterprises. Their conditions of work are neither regulated, nor inspected or monitored, but a substantial proportion of them are exposed to several risks related to the unorganized nature of the work. As they are not covered by the labour or OSH law, the conventional mechanisms of occupational safety and health do not reach these groups. Still they constitute a substantial part of the national economy and employment of particularly less skilled and poorest workers (101).

The role of informal work in the Fiji employment is paramount. The rate in the rural areas at 78.7 per cent was nearly double to that in the urban parts. Employment in agriculture and rural areas are dominantly informal. The prevalence of informality is a major concern from the social protection point of view. Informality means lack of coverage by the OSH legislation and of social security. Typically, informal workers are also poor. Counting employment in all sectors of the Fiji economies, in 2010/2011 a total of 60% of Fiji's workers were in informal employment. They do not contribute to the Fiji National Provident Fund (FNPF), which leaves them out from the employment-related social security (work pensions). In particular, female workers are working in informal employment (101).

According to the ILO, domestic workers comprise a significant part of the global workforce in informal employment and are among the most vulnerable groups of workers. They work for private households, often without clear terms of employment, unregistered in any book, and excluded from the scope of labour legislation. Currently, there are at least 53 million domestic workers worldwide, not including child domestic workers, and this number is increasing steadily in developed and developing countries. Even though a substantial number of men work in the sector – often as gardeners, drivers or butlers – it remains a highly feminized sector: 83 per cent of all domestic workers are women (102).

Their work may include cleaning the house, cooking, washing and ironing clothes, taking care of children, or elderly or sick members of the family, gardening, guarding the house, driving for the family, and even taking care of household pets.

A domestic worker may work on a full-time or part-time basis; may be employed by a single household or by multiple employers; may be residing in the household of the employer (live-in worker) or may be living in his or her own residence (live-out). A domestic worker may be working in a country of which she/he is not a national, thus referred to as a migrant domestic worker.

At present, domestic workers often face very low wages, excessively long hours, have no guaranteed weekly day of rest and at times are vulnerable to physical, mental and sexual abuse or restrictions on freedom of movement. The exploitation of domestic workers can partly be attributed to gaps in the national labour and employment legislation, and often reflects discrimination along the lines of sex, race and caste.

The ILO launched the International Convention No. 189 and Recommendation No. 201 on Domestic Workers in 2011, which deals with the domestic workers hired by home employer on formal labour contract, (103). The main rights given to domestic workers as decent work are daily and weekly (at least 24 hours) rest hours, entitlement to minimum wage and to choose the place where they live and spend their leave. Ratifying states' parties should also take protective measures against violence and should enforce a minimum age which is consistent with the minimum age at other types of employment. Moreover, workers have a right to a clear (preferably written) communication of employment conditions, which should be communicated prior to immigration in case of international recruitment. Furthermore, they are not required to reside at the house where they work, or to stay at the house during their leave. The ILO also emphasizes that the domestic workers without such contract should be given the same rights. In 2016, a total of 21 countries have ratified the Convention. Ratification by Fiji is also recommended. Thus, the challenge in Fiji is the system wide implementation into practice, which could be realized in the form of a special National Programme for OSH and OH in the agriculture sector. The international experience tells that this needs the public sector and community based approaches, as the private market mechanisms do not meet the needs and requirements in such a fragmented and less organized sector.

9.4 OCCUPATIONAL HEALTH SERVICES FOR AGRICULTURE

Agriculture in Fiji is in the process of modernization and transformation in order to provide response to several domestic and global challenges. According to the Government, Fiji requires an inclusive development framework for its agriculture economy to move forward by addressing new domestic and global challenges in line with food security, climate change, feedstock for renewable energy, the utilization of water resources for aquaculture, agriculture export, and the rehabilitation of its traditional agriculture export industries, the sugarcane and the coconut industries. Two main objectives are set for further development:

- a) To develop sustainable agriculture to meet the domestic need of food production and food security. This is going to be realized through shifting from dominance of sugar cane production to more versatile agricultural products and including also fish farming.
- b) To strengthen the competitiveness of Fiji agriculture in global markets (mainly Asia Pacific, South-east Asia and the European Union): Asian and European.

The Fiji Ministry of Agriculture has drawn up in collaboration with FAO the Fiji 2020 Agriculture Sector Policy Agenda, which provides priorities and mechanisms for future development.

To establish a diversified, economically and environmentally sustainable agriculture economy in Fiji, the strategic actions cluster around five key result areas, which have been identified from the translated objectives are:

- a) a modern organized agriculture
- b) a developed integrated infrastructure support
- c) an improved delivery of support services
- d) enhanced capabilities to generate fund and secure investment, and
- e) an improved project implementation and policy formulation.

These key result areas require synchronized collaborative efforts. Furthermore, this inclusive approach to agriculture development needs support by adequate investment and the application of sound technology and management systems. However, the development agenda formulation process considers the limitation of the government resources and the best way is to present the development agenda as a package of worthy projects for domestic and international investment. It is only when the Fiji 2020 Agriculture Development Agenda is operationalized as massive community based development agenda that real agriculture

modernization in Fiji has to take off progressively. Agriculture eventually becomes the most important piece of the national economy, employing 70% of the workforce and contributing to 9.2% of the GDP (93, 94).

Globally, agriculture is one of the most hazardous of all economic sectors and many agricultural workers suffer occupational accidents and ill health each year. It is also the largest sector for female employment in many countries, especially in Africa and Asia. Agriculture employs some one billion workers worldwide, more than a third of the world's labour force, and accounts for approximately 70 per cent of child labour worldwide. The occupational safety and health hazards and challenges throughout the world are much the same (accidents, agrochemicals, particularly pesticides, biohazards and heavy physical work). In Fiji, natural disasters comprise a special risk, affecting the workers, animals and produce. Success of agricultural work is critically dependent on occupational safety and on health of the worker (and animals). The Fiji 2020 Agriculture Policy Document contains objectives to animal health, but does not address to occupational safety and health of the agricultural workers.

The ILO launched The Safety and Health in Agriculture Convention in 2001 (No. 184) and it's supplementing Recommendation (No. 192). They provide guidance on the appropriate strategies to address the range of OSH risks encountered in agriculture in order to prevent accidents and diseases for all those engaged in this sector. They also provide guidance on the roles of the competent authorities, employers, workers and their organizations in promoting OHS within this sector. Importantly, OHS standards affecting women workers have been traditionally underestimated because these standards and exposure limits to hazardous substances are based on the male populations and laboratory tests. Since the majority of agricultural workers are women, the Convention takes into consideration the gender dimensions of OHS in agriculture. This is a positive development, which more closely reflects the reality of the sector (95, 96).

The Convention has been ratified by 16 countries, including Fiji. Thus the political and administrative basis for implementation in Fiji is well established.

The principles and practices of OHS in agriculture are further specified in the 2011 ILO Code of Practice. The Code was drawn up by an international group of experts and endorsed and approved by the Governing Body of the ILO. The Code gives practical guidance for the implementation of the principles of the Convention.

As Fiji economies are critically dependent on agriculture, and the Convention No. 184 has been ratified, Fiji is interested to implement the Code of Practice. The main challenge will be to extend the principles and practices of the Convention and the Code of Practice to highly fragmented part of the informal and self-employed agriculture.

9.5 SUMMARY: SPECIAL SECTORS OF ECONOMY AND GROUPS OF WORKERS

Fiji has a number of special features in its working life, which need specially targeted policies for OHS because of their importance in Fiji; the emergency workers in natural disasters, small and medium-sized enterprises, the self-employed and informal sector, including female workers, and agriculture sector. All these sectors, highly important for Fiji, need special actions for special national programmes for OHS, including occupational health services, training and education, and development of safe working practices and working environments.

10 Overall conclusions and recommendations

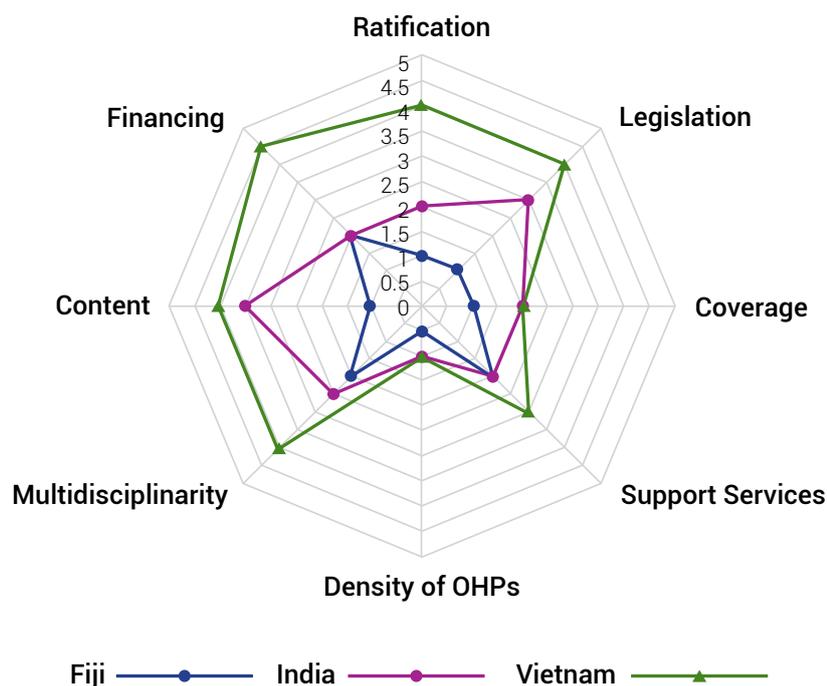


10.1 SUMMARY OF OHS AND OCCUPATIONAL HEALTH SERVICES IN FIJI

The economic structures in Fiji are developing rapidly to service economies, but still the primary production, agriculture, fishery, and manufacturing will play an important role. In terms of work and work ability, this implies that the challenges cover a broad scope from physically demanding jobs to jobs requiring high skill and knowledge and particularly in the tourism, versatile psychological and psycho-social skills. In every job the knowledge, skill and psychological abilities plays a continuously growing role. This all sets high demands to workers' physical and psychological work ability and to their competence. The challenges are not only the demands of safety, but also the total health and occupational health of the workers and of the whole working populations are needed. This requires further development of occupational health and promotion and maintenance of work ability of workers. The occupational health approach and occupational health services are needed more than ever. The socio-economic development of Fiji is critically dependent on knowledge, skills, motivation and work ability of workers; the healthy and productive working population is and remains to be the most valuable asset of any nation.

Compared to many other Asian countries, Fiji occupational health services are under-developed or non-existent and would need intensive and urgent development (Fig. 5). Such development has been started in many Asian countries and areas, e.g. Taiwan, Vietnam, Thailand, Indonesia and China. The ratification of the ILO Convention No. 161 on Occupational Health Services associated with drawing up of a National Programme for Occupational Health Services and the necessary legislation would be urgent tasks to start such development in Fiji. Several recommendations below aim at this objective.

Figure 5. Occupational health service profile of Vietnam, India and Fiji. (Due to lack of data, the Fiji profile is provisional.)



10.2 SWOT ANALYSIS OF FIJI OCCUPATIONAL HEALTH SYSTEM

The SWOT analysis provides a simple and an easy method for a situation analysis and for a vision into the future. Fiji occupational health SWOT identifies both strengths and opportunities, but also weaknesses and threats (Table 21). A general conclusion on the basis of SWOT is that Fiji needs to develop occupational health services (coverage gap), but also has good opportunities to do it. Much unused capacity would strengthen occupational health activities. International experience speaks for the positive occupational health impact, if occupational health services are made available to all workers and also a positive impact on the productivity and economy will be seen.

Table 21. A SWOT analysis on the situation of occupational health services in Fiji

Strengths	Weaknesses
<p>Well-organized Health & OSHA administration and inspections</p> <p>Strong preventive health policy in the Ministry of Health and Medical Services</p> <p>Close collaboration with international organizations, ILO and WHO</p> <p>Dynamic Government policies and governance for the development of the work life of the Country</p> <p>Forerunner and role-model position in the development in the Pacific Region (also a challenge)</p> <p>Well-working labour inspection with priorities</p> <p>Availability of District Environmental Health Centres with Inspectors</p> <p>High quality institutions for higher and middle level education of experts</p>	<p>National Occupational health policy not yet drawn up</p> <p>Lack of precise situation analysis on occupational health due to lack of statistics and registration systems</p> <p>Shortage of national surveys of actual conditions of work, health and safety and occupational health and work ability of Fijians</p> <p>Awareness of importance and benefits of occupational health services is low at the workplace level</p> <p>Lack of competent human resources for occupational health</p> <p>Low coverage of occupational health services</p> <p>Low coverage of notification, registration and statistics of occupational accidents and diseases</p> <p>Need for coordination of existing educational and training resources and programmes</p>
Opportunities	Threats
<p>Ratification of ILO Convention No. 161 provides good possibilities for drawing up the National Strategy and Programme for development of occupational health services</p> <p>Good opportunities for the Ministry of Health and Medical Services and the Ministry of Employment, Productivity and Industrial Relations to take joint leadership in the development of occupational health services</p> <p>Good perspectives for the organization of systematic occupational health expert training curricula and recruitment of competent educators</p> <p>Policy and expert support provided by the International Organizations, WHO and ILO and the EU and other industrialized countries</p> <p>Perspective for applying external international financial support for development programme</p> <p>Improvement of productivity and competitiveness of the Country through occupational health approach.</p>	<p>Continuous loss of human health, work ability and material values due to the lack of occupational health services</p> <p>Non-utilization of opportunities for the improvement of health of working population through occupational health services (e.g. ageing working population, vulnerable groups and prevention of occupational diseases, work-related diseases and NCDs)</p> <p>Growing gap in conditions of work between small-scale enterprises plus the self-employed and bigger enterprises</p> <p>Growing social costs due to occupational accidents, diseases and lowered work ability and disability</p> <p>Loss of economic values, productivity, competitiveness and quality of products due to substandard occupational safety and health and occupational health conditions</p> <p>Risk of retarding the strategic development programmes due to poor occupational health status of the workforce.</p>

10.3 CONCLUSIONS ON THE BASIS OF THE PROFILE MAKING PROCESS

1. The overall picture of Occupational health and occupational health services is fragmented; there is a need for provision of general view on "macro" occupational health situation for all key aspects. The concept of occupational health services is not well understood and most often it is seen identical with

- occupational safety and health, i.e. safety.
2. Fiji does not have a National Strategy on Occupational Health Services as recommended by the International Organizations, ILO (C 161) and WHO (WHA 60.24). This can be assumed to cause substantial loss of health and work ability of working people and affect the national economy and the development process.
 3. ILO Convention No. 161 on Occupational Health Services has so far not been ratified and the National Strategy and Programme for Occupational Health Services are not available.
 4. Inter-sectoral collaboration could be enhanced. Several jurisdictions are involved in the policies and programmes concerning OSH and OH services. The NOSHAB's Advisory Committee serves as an important forum for communication and collaboration in the work life matters. In some cases the inter-sectoral collaboration could, however, be tighter, particularly between the Ministry of Health and Medical Services and the Ministry of Labour, Productivity and Industrial Relations.
 5. Coverage of occupational health services is low in Fiji. International experience speaks for stipulation to the employer the duty for organization of occupational health services to be the best way to get the coverage of occupational health services expanded to all in need. Particularly, those who work for micro-enterprises and the ones who are self-employed need incentives.
 6. Information systems in general on OH, occupational health services and conditions of work are partly developed, partly could be substantially developed, expanded and enhanced. This concerns the whole "information chain" starting from the generation and compilation of information, processing and analysing, organizing, storing and presenting, and distributing to all stakeholders, the government, employers, workers, the self-employed and the public, policy makers, political decision makers and experts.
 7. As a part of strengthening the information systems on occupational health, registers and statistics are needed. Several stakeholders in their interviews informed that the registration and statistics systems are not well covering and better information services would be needed.
 8. There is a shortage of occupational health experts, OHPs and OHNs in Fiji. No occupational health specialists or occupational medicine specialists are available. Training and education programmes do partly exist, but holes are detected. There is a need to develop internationally harmonized specialist curricula for occupational health service personnel.
 9. The needs for occupational health experts are similar in all of the Pacific countries, expanding the potential number of trainees manifold. Meeting such needs would benefit from regional collaboration by joining the forces and harmonizing the training curricula to fit all the Pacific Countries.
 10. Workmen compensation is so far voluntary. According to the international guidance it should be based on national law obligating all employers to insure their workers for occupational accidents and occupational diseases and providing opportunity for the self-employed to join at least voluntarily to the insurance scheme (in some countries even they have obligation to join).
 11. Financial resources for the development of occupational health services in Fiji are limited. Special, ear-marked funding for development projects could be available from domestic and international sources.

10.4 RECOMMENDATIONS ON THE BASIS OF FINDINGS OF OHS PROFILE

1. Provision of OHS Profile is recommended for getting an overview of the occupational health situation in Fiji and for sharing up-to-date and same information on the needs and opportunities of occupational health and occupational health services for all the relevant stakeholders.
2. Drawing up a National OH Strategy or Programme, and discussing and approving it by all the stakeholders (Advisory Committee) is recommended. Development of occupational health services is recommended as an important and legitimate objective and element for both the occupational safety and health policies and health policies.
3. When the OH profile has been drawn up and the National OH Strategy/Programme has been approved, actions are recommended for the ratification of ILO Convention No. 161 on Occupational Health Services (National OH Programme is a prerequisite for ratification).
4. Strengthening mechanisms for closer inter-sectoral collaboration between the Ministry of Employment, Productivity and Industrial Relations and the Ministry of Health and Medical Services is recommended, not only at the top level (Advisory Committee), but also between various units. The Advisory Committee of NOSHAB could have an Occupational Health Task Force focusing on the development of occupational health in Fiji, its service systems, human resources and content of services and information systems.

5. A national project for enhancing and strengthening the current statistical systems and registers on work life; labour force, safety, health, conditions of work, occupational health, occupational accidents and occupational diseases is recommended. International Organizations, ILO and WHO will be able to help a great deal in this endeavour. An example is the development of statistics system on occupational diseases, with information on clinical data, health sector information, OSH information and workmen compensation information.
6. In addition to statistics, a national programme for the development of work life, information systems is proposed and could be included in the national OHS Strategy/Programme. National surveys for occupational health services, working conditions, workers health status and occupational health services are recommended. Publishing of a National Occupational Health Newsletter is also recommended.
7. A special programme for OHS training curricula for physicians and nurses should be generated by using the existing trainer resources. Such a programme could contain:
 - Training of Trainers courses
 - Training courses for OHS experts
 - Provision of internationally guided training curricula in OHS and Occupational Medicine (OM)
 - Provision of appropriate and quality training materials
 - Joint courses between other Pacific Countries
 - International training support could be effectively used for of development of OHS.
8. A training development programme for occupational health experts should be drawn up and external financing, for example from, EU ERASMUS plus programme and from other potential foreign national funding agencies should be applied for.
9. Coordination and strengthening of occupational health training programmes is proposed. Enhancement of collaboration between training institutions in Fiji with the other Pacific Countries is recommended. The Nordic advanced training Institute NIVA could be used as a model for regional collaboration (e.g. PIWA Institution) systems.
10. Expansion of coverage of Occupational Health Services is needed. The legal provision for the development and expansion of OHS with a comprehensive content and wide coverage is recommended either by using an independent law, or primary health care law, or OHS law, or all them together. Where comprehensive OHS is not feasible, the Basic Occupational Health Service (BOHS) approach is recommended, particularly for small-scale and micro enterprises and for the self-employed and the informal sectors.
11. Occupational health services for small and micro-enterprises, the self-employed and informal sector could be organized by using the Basic Occupational Health Service, BOHS model by using the support from the Environmental Health Inspectors and Occupational Safety and Health Inspectors. The feasibility of BOHS strategy could be tested by a pilot project.
12. Occupational safety and health and occupational health services should be organized for agriculture sector, covering in addition to formal agriculture work also informal agriculture.
13. International collaboration for the development of occupational health and occupational health services OHS with the ILO, The WHO and other International Organizations is recommended.
14. A National programme on occupational health and safety and occupational health for protection of emergency service workers is proposed as an urgent action for improvement of disaster preparedness and resiliency of emergency response system. Similar programmes should also be organized for other high-risk workers.
15. According to international practices, information and national education and training programmes for enhancement of awareness, preparedness and appropriate emergency, first aid and rescue actions in cases of disasters are recommended for inclusion into study curricula for whole population at all levels of educational system; primary, secondary, tertiary and specialist training. The leaders of the disaster response and relief should be given appropriate training, for example, the international master degree in disaster management and OSH training should be included in the curricula.
16. The completion of the labour reforms and the implementation of a modern Workers Compensation Law with a social insurance scheme that operates with risk pooling and experience rating should meet the needs of employers and workers.
17. Publishing of this and future national OHS profile documents is recommended to take place in connection with an appropriate national OHS event such as the World Day for Safety and Health at Work (28th of April).

11 Basic information¹



11.1 DEMOGRAPHIC DATA

Table 22. Basic demographic data

Indicator	Value	Remarks
Total population (1000)	869, 458	1. FBOS Census 2007 data http://www.statsfiji.gov.fj/index.php/2007-census-of-population 2. FBOS, 2016 http://www.statsfiji.gov.fj/images/infograph/infograph2.JPG The World Bank 2014. WB Data, FIJI. http://data.worldbank.org/country/fiji
Men (1000) (%)	427,176 (51)	FBOS Census 2007 data, FBOS Key Statistics 2015,
Women (1000) (%)	410,005 (49)	
Total labour force (1000)	366,8 Men 239,5 (65%) Women 127.3 (35%)	ILO Fiji Labour force update 2016 http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_465248.pdf
Employed (1000) (Paid employment) ¹	131.583	FBOS 2015 Key statistics, 2011 data
Men (%)	65.6	
Women (%)	34.4	
Young workers 15-24 years old (%)	Total 19.20 F 25.1 M 15.6	World Bank 2013. Unemployment, youth total (% of total labour force ages 15-24) https://www.quandl.com/data/WORLDBANK/FJI_SL_UEM_1524_ZS-Fiji-Unemployment-youth-total-of-total-labor-force-ages-15-24
in agriculture, forestry, fishing (%)	1.28 (42%)	FBOS 2015 Key Statistics. FBOS & Reserve Bank of Fiji. 2011 ILO Fiji Labour force update 2016 http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_465248.p
in primary production (%)	1.80	FBOS, Key Statistics 2015 http://www.statsfiji.gov.fj/index.php/document-library/cat_view/69-publication?order-by=dmdate_published&start=5
in manufacturing (%)	21.35	

in construction and energy (%)	7.40	
in services	68.20	
Active in the informal economy (estimated %)	60	ILO Fiji Labour force update 2016 http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_465248.pdf
Unemployment (%) (2014)	6.2	ILO Fiji Labour force update 2016 http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_465248.pdf
Total GDP (billion USD) 2015	4386	World Bank http://data.worldbank.org/country/fiji
GDP per capita (million USD) 2015	4800	World Bank http://data.worldbank.org/country/fiji
GDP produced by agriculture, forestry and fishery (%)	18,9	ADB & Aus AID: Revitalizing Fiji Economy http://www.adb.org/sites/default/files/publication/30184/fiji-2012-revitalizing-economy.pdf
GDP produced by industry and construction (%)	30,2	
GDP produced by services (%)	51,1	
Number of enterprises in operation	17,787	Registered tax-paying companies (with 20 employees or more)

11.2 HEALTH STATISTICS

Table 23. Health statistics

Indicator	Value	Remarks
Life expectancy (years) at birth	70	2013 data, WHO World Health Statistics 2015 http://www.who.int/gho/publications/world_health_statistics/2015/en/
Men	67	
Women	73	
Infant mortality per 1,000 live births	20	
Standardized death rate (SDR), cardiovascular diseases, 0-64 years/100,000	372.3	WHO Global Health Observatory http://apps.who.int/gho/data/node.main.A865CARDIOVASCULAR?lang=en
SDR, respiratory diseases, 0-64 years/100,000	50.3	WHO Global Health Observatory http://apps.who.int/gho/data/node.main.A866?lang=en
SDR, cancer, 0-64 years/100,000	97.9	WHO Global Health Observatory http://apps.who.int/gho/data/node.main.A864?lang=en
SDR, external causes of injury and poisoning, 0-64 years/100,000	64.0	WHO Global Health Observatory http://apps.who.int/gho/data/node.main.12?lang=en
Total health expenditure (% of GDP)	4.1	WHO World Health Statistics 2015 http://www.who.int/gho/publications/world_health_statistics/2015/en/
Physicians per 1,000 population	0.426	2009 data, Global Health Observatory Data Repository http://apps.who.int/gho/data/node.main.A1444
Dentists per 1,000 population	0.196	
Nurses per 1,000 population	2.242	

In this Table, the most recent available data has been presented, derived from several reliable sources. The individual indicators are not necessarily compatible with each other due to variation in data source.

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Healthy and productive workforce is the key factor behind socioeconomic development of any country. The Sustainable Development Goals (SDGs) include Early detection and case management of occupational diseases and injuries (as a part of SDG 1: End of poverty), Scale up coverage with basic and specialized occupational health services (as a part of SDG 3: Health) and Promotion of safe and secure working environments for all workers and the elimination of the worst forms of child labour (as part of SDG 8: Decent Work).

The World Health Organization, WHO and the International Labour Organizations, ILO, call the Member States to draw up occupational health and safety profiles. The intention was to compile a state-of-the-art information on countries' most important issues of occupational health and safety.

This is the first national occupational health and safety profile of Fiji produced on initiative by the WHO in collaboration with the ILO, Fiji Ministries of Health and Medical Services, Ministry of Employment, Productivity and Industrial Relations and the Fiji National University.

The profile should be periodically updated. It analyses the strengths, weaknesses, opportunities and threats of the national occupational health and safety system, and indicates the directions for further development. It provides common information base for joint efforts of stakeholders of occupational health and safety towards the achievement of the SDGs.

