

### **Access to Occupational Health Services for Health and Safety of Workers in Industrial and Service Sectors**

**Meaning of workers in industrial and service sectors:** Workers here refer to those in the industrial and service sectors under the Social Security Act, B.E. 2533 and workers who accept work from hirers to be carried out at home under the Home Workers Protection Act., B.E. 2553.

#### **Occupational safety situation**

1. The economic development policies from 1960 to the present have led to the expansion of the industrial and service sectors. Statistical data indicate that there are 395,924<sup>1</sup> small, medium and large establishments scattering throughout the country, with 8,955,744<sup>2</sup> employees in the social security system. During the 2002-2010 period, the number of employees who were sick or injured, disabled, and died or missing, due to work-related causes, totalled 1,706,779. On average, 25 out of 1,000 employees were exposed to harm every year and the average loss of life was 791 employees per year.

2. In 2007 there were 440,251 home-workers working from 294,290 households.<sup>3</sup> 28.5% of workers in the home-worker category experienced problems of lack of safety related to occupational health and environment. These included vision problems as well as problems of dust, work postures, use of machinery, and exposure to chemicals.<sup>4</sup>

3. These were direct losses, i.e., income and productivity, as well as indirect losses, i.e. impact on employee's mentality and their livelihood. The International Labor Organization has estimated the economic losses due to safety and occupational health problems at 4% of national income, while losses in terms of quality of life are immeasurable and uncompensatable.

#### **Problems in gaining access to occupational health services**

4. There are three aspects of access to occupational health services: prevention, safety promotion, and access to medical and diagnostic services.

##### **(1) Prevention**

5. The Occupational Safety Health, and Environment Act, B.E. 2554 stipulates that there shall be risk-based health examinations for workers every year, and that there shall be measures for inspections and assessments of workplace risks. However, in practice, there is a lack of law enforcement and campaign for strict compliance among parties involved. There has been no attempt to raise and improve safety management standards based on risk factors to keep up with industrial production advancement. As for home-workers, they are taken care of under

provisions of the Home-workers Protection Act, B.E. 2553, Chapter 4, which deals specifically with safety at Work.

### **(1.1) Occupational risk inspections and assessments**

6. Thailand lacks a collection and storage systems for data and statistics relating to the industries and workers, that are classified by risks factors from work and the environment. The Office of the Workmen's Compensation Fund, the Ministry of Labour, estimates that there are over 10 million workers at risk in the industrial sector. If it is estimated that 50% of workers are exposed to chemicals, loud noises, heat, light, and radiation, this means that there is about 5 million workers who will require risk factor monitoring.

7. According to the Occupational Safety and Health Bureau, in 2010 only 17,883 (4.76%) of 375,914 establishments received safety and environment inspections, and these inspections were carried out visually, without using scientific measuring instruments. In short, on average every year the Ministry of Labour was able to send labor inspectors to carry out safety inspections at only approximately 5% of all the establishments. This figure does not include workplaces of home-workers.

8. Why inspections and assessments of occupational risks have been carried out to such a limited extent can be explained by the fact that there are only a small number of occupational health personnel to inspect and assess the degree of exposure to hazardous substances and the work environment. On the other hand, personnel from the Department of Labour Protection and Welfare, the key agency overseeing the enforcement of the law governing risk inspections and assessments, are trained in social sciences and only receive additional training in occupational health. Moreover, there are not enough inspection instruments to do the work and there are only a few consultancy companies, located mostly in Bangkok, that provide inspection services.

### **(1.2) Health examinations based on risk factors**

9. In Thailand there are about 500 occupational health doctors, mostly located in Bangkok, and about 2,000 occupational health nurses. This is hardly sufficient to provide services for a large number of workers. Moreover, risk-based health examination services are offered only at some large central and general hospitals, which still cannot provide integrated comprehensive services because only certain types of equipment are available at these facilities.

10. The Bureau of Occupational and Environmental Diseases reported that during the 6-month period of the year 2011, 60 occupational disease clinics provided proactive services by conducting health examinations of 7,557 workers from 757 establishments. Health examinations were carried out at occupational disease clinics for 56,690 workers from 686 establishments. Thus, it can be estimated that only a small percentage of workers have access to occupational health services.

## **(2) Safety promotion**

11. The Ministry of Labour organizes several safety promotion activities. Some important activities include the annual National Safety Occupational Week, the Establishment with Outstanding Occupational Safety Scheme Contest, and the Zero-Accident Campaign. Moreover, there is a law requiring establishments to provide training for employees at the leaders' levels to be appointed as occupational safety officers at the executive level. They are also required to provide training for supervisors of workers to be appointed as occupational safety officers at the supervisory level, and training for members of the Occupational Safety, Health and Environment Committee. They are required to ensure that there are safety officers at the technical, advanced technical or professional levels according to the establishment category and the number of employees. Of significance is the fact that there are laws that require the establishments to educate their employees on fire incidents and on the use of personal protection equipment.

12. Still, none of the above safety promotion activities provides employees and employers with knowledge and understanding of the principles and provisions of the laws governing occupational health and safety services. The result is the problem of access to the rights of workers injured at work.

13. The government recognized these fundamental problems and had laid grounds for actions to be taken by relevant agencies by making occupational health and safety a national agenda in 2007. This included issues such as providing employees with knowledge and understanding of occupational safety. The Labour Protection and Welfare Department also prepared the Occupational Safety, Health and Environment Master Plan No. 3 (2012-2016) that prescribes various measures and approaches that will lead to the success of work on occupational health safety and environment. Furthermore, the Occupational Safety, Health and Environment, B.E. 2554 also stipulates that the "Institute for Promotion of Occupational Safety, Health and Environment" be established by July 2012 to be chiefly responsible for promotion of various safety activities.

14. Consideration should be given to an attempt to increase employees' participation in safety activities. That is, taking part in and joining employees' safety activities.

15. The efficiency of safety promotion depends on the way information essential for management is linked together. Thus, importance must be given to integration and utilization of information from various agencies. Effort should be made to improve the information systems of agencies involved.

### **(3) Access to medical services and problems in occupational disease diagnosis**

#### **(3.1) Occupational disease clinics**

16. Up to the present, 68 occupational disease clinics have been established with the collaboration of the Social Security Office and the Ministry of Public Health. Sixty of these

clinics are located in central and general hospitals. The remaining eight clinics are in universities. Each clinic has limitations in terms of the number of occupational health doctors and related personnel, health examination equipment and service quality standards. The only occupational health clinic that is fully prepared and can provide services at the tertiary level is the one at Nopparat Ratchathani Hospital in Bangkok. In general, the limitations in terms of the quantity and distribution of personnel and service facilities have resulted in workers finding it difficult to gain access to their right to receive medical services.

17. According to the study conducted by the Bureau of Occupational and Environmental Diseases in 2010, 56,690 employees were given health examinations. Of this, 3,182 were suspected of having occupational diseases while 3,153 were diagnosed as having occupational diseases. The above information suggests that service receivers were those who were directly affected by work.

18. Home-workers can use health examination services at occupational disease clinics if they wish, but the expenses incurred must be paid by the National Health Insurance Office. If the diagnosis indicates that it is a case of occupational illness or injury home-workers are not entitled to receive compensation for a work-related illness, injury, death, or missing from work under the Workmen's Compensation Act, B.E. 2537, because this law does not apply to home-workers.

### **(3.2) Problems in diagnosing occupational diseases**

19. With constraints in the number of occupational health doctors and occupational disease clinics, most workers have to use the services of general medical facilities, which lack knowledge and expertise in occupational health. The inability to accurately diagnose occupational diseases or the delay in doing so could result in workers not getting proper treatment. In several cases, this has led to chronic diseases or death. Moreover, it deprives workers with occupational diseases from their right to lawfully receive money from the Workmen's Compensation Fund for their medical treatment. There were also problems of different opinions between first class modern medical doctors and occupational health doctors or the medical team of the Workmen's Compensation Fund. Workers are affected as they have to bear the burden of proving their legal rights regarding compensation money and entering the justice process.

### **(3.3) Lacking access to medical services**

20. Although there are mechanisms and agencies at various levels to respond to the need for care and treatment of those suffering from occupational illnesses in the industrial sector, the important fundamental problem of workers is the fact that they are not aware that the diseases are work-related. In some cases although workers knew that their illnesses were related to work, their employers pushed them to use services from the Social Security Office instead of using the Workmen's Compensation Fund. In many cases, workers dare not exercise their rights for fear of being dismissed (afraid that employers would know that they are sick, especially with chronic

diseases). Workers in small establishments and home-workers, as well as workers in establishments without strong workers organizations, don't even know what their rights to protection are.

To sum up, the following are important issues affecting the attempt to solve the problem of access to occupational health and safety services:

### **(1) Structural Issues**

21. **Economic and industrial development policies** that focus on accelerating economic growth by promoting investment in low-cost industries, with even more expedited expansion of some groups of hazardous upstream industries such as the pollution-induced-petrochemical and steel industries, have made it necessary to make improvement on management of workers' safety and health services.

22. **Law and law enforcement:** In Thailand there are several laws that prescribe the standards of occupational health and safety management to be equivalent to international standards, i.e. the Constitution of the Kingdom of Thailand, B.E 2550, the Occupational Safety, Health, and Environment Act, B.E. 2554, the Home-workers Protection Act, B.E. 2553, the Labour Protection Act, B.E. 2541, and the Workmen's Compensation Act, B.E. 2537. Several laws facilitate the management of occupational health and safety services. For example, section 52 of the Occupational Safety, Health, and Environment Act, B.E. 2554 stipulates that the Institute for Promotion of Occupational Safety, Health, and Environment be established with the objective of promoting occupational safety, health, and environment within one year after this law takes effect. Section 28 of the Workmen's Compensation Act, B.E. 2437 stipulates that "The Ministry of Labour has the authority to allocate money from the Fund, not exceeding twenty-two percent of the annual interest thereof, for the expenses in providing medical treatment and industrial rehabilitation of the employees as prescribed by the Notification of the Ministry of Labour, and for promotion or protection of industrial safety, and not exceeding three percent of the annual interest of the Fund for operating expenses of the Office of Workmen's Compensation Fund, and for the expenses under Section 43". However, the problem in enforcing the laws still prevails. The Occupational Safety and Health Bureau reported in 2010 that only 17,883 (4.76 percent) of the total 375,914 establishments nationwide received safety and environment inspections.

23. At the same time, the Thai government still has not ratified several ILO conventions related to occupational health and safety management, such as the ILO convention No. 155 Occupational Safety and Health 1981 (B.E. 2524); the ILO Convention No. 161, Occupational Health Services 1985 (B.E. 2528); and the ILO Convention No. 187, Framework for Promotion of Safety at Work and Occupational Health 2006 (B.E. 2549). Thus, enactment of relevant principal and secondary laws still is not inclusive of nor consistent with international agreements,

resulting in a lack of incentive on the government's part to be determined to fully implement occupational health services.

24. **Strength of labour organizations:** Experiences of other countries show that strong labour organizations help workers to gain access to occupational health and safety services and other rights. In Thailand, there are 1,307 labour unions in private enterprises, with 358,413 members, a very small number when compared to the number of all employees in Thailand. Home-workers who scatter all over Thailand find it even more difficult to get organized. Non-government organizations and organizations of patients suffering from occupational diseases still play a limited role in this regard.

25. **Cultivating a "Safety Culture":** There is a lack of cultivation and instilling knowledge and culture of workers' safety and protection of workers' rights, as well as a lack of recognition of the responsibilities in living together.

## **(2) Issues relating to stakeholders**

26. **Employers:** Some establishments are found to have no health and safety promotion and prevention program for workers, even when laws require that employers must monitor the work environment, provide annual health examinations based on risk factors, and inspect and assess occupational risks. On one hand, employers themselves have difficulty gaining access to inspection service providers, which are small in number. On the other hand, implementation of such services involves high expenses. Large enterprises may have the capacity to bear this burden, but not small enterprises. Thus, some employers evade the monitoring requirement to avoid responsibilities arising from inspection and assessment results. Some employers fail to register their employees legally and make workers who have occupational illnesses use their rights in the social security system instead, in order to avoid having to report the incidents incurred to employees to competent officers and to reduce the burden of making contributions to the Fund.

27. **Workers:** Most workers do not understand nor recognize occupational health and safety problems. Nor do they know their protection rights under the law, such as the right to receive protection under the Worker's Compensation Law, the right to be protected under the Home-worker Protection Law, and the right to get examinations and diagnosis from experts in occupational medicine. They also do not have the capacity to protect themselves from unsafe situations at work and cannot provide detailed information on their sickness or exposure to harm that is sufficient for diagnosis, to officers at the Compensation Fund Office or to doctors. This, in turn, deprives them of the opportunity to access their right to compensation and medical assistance.

28. **Public Sector:** Agencies and personnel who can educate workers and protect their rights are limited in number and are not well distributed. They also do not have sufficient skills to diagnose occupational diseases.

**Issue to be considered by the National Health Assembly**

The National Health Assembly is requested to consider the Health Assembly Document 4/Draft Resolution 3.