A history of public OSH policies in Brazil

Brazil is a federal republic 8,511,000 km² in area, with 27 administrative units. The population is 169,873,000 with 137,925,000 (82%) living in urban areas and 31,948,000 (19%) living in the rural areas (figures have been rounded and are based on the Census conducted in August 2000). Brazil has 2,335,000 business establishments with 22,143,000 jobs directly covered by workplace and occupational safety and health (OSH) regulations (RAIS, 2002). Beyond the formal sector, there are many other workers who lack the cover of guaranteed social rights established in national work legislation. Those excluded are approximately six million public servants, (including military employees), and approximately nineteen million workers in the informal sector. Over all sectors, it is estimated that 75,918,000 people are potentially subject to coverage by either public and/or private OSH policies, (this is the number of persons who are classed as occupied according to the PNAD (2001)

Action by public authorities to improve working conditions is essential as work generates both products and wealth. Unfortunately, one of the products of work is accidents and diseases and these should be prevented. The prevention of accidents and diseases and the promotion of workers’ health is an activity involving employers, workers and the government, especially the Ministry of Labor and Employment.

Safety and health work in Brazil can be considered to have started in 1912, when the Brazilian Labor Confederation (CBT), was constituted during the Fourth Brazilian Workers’ Congress. This congress discussed many themes, including a demand for an eight hour working day and a six day week, compensation for work accidents, and compulsory insurance in case of illness. In 1918, the National Department of Labor was created in order to regulate work organization. In 1930, the Ministry of Labor, Industry and Commerce was created and has continuously maintained responsibility for inspection of work contracts, conditions and OSH issues, (despite frequent changes in its name).

In 1941, the first regulation on workplace committees for accident prevention (CIPA), was introduced. In 1943, the Consolidation of Labor Laws (CLL), included the basic legislation referring to OSH issues. In 1977, Law 6,514 altered the text of the CLL, widening the reference to those OSH questions to be covered by the Ministry of Labor. Administrative Order 3,214 with 28 Regulations, was published in 1978 and contained the principal obligations of companies, workers and the State regarding the major questions on the prevention of accidents and illness at work.

In spite of the legislative and regulatory processes, public sector activity in this field was very limited, rather random and lacking specific planning. This situation arose largely because OSH intervention was not formally organized within the Ministry, and only a very small
number of specialized professionals were available and, even then, were dispersed throughout the country. This situation only started to change in 1983 when the Ministry contracted a number of professional OSH specialists.

In the 1970s the government launched a wide ranging program to train technicians and professionals to work within companies. With FUNDACENTRO's participation, training on a large scale took place and this permitted the establishment of specialist OSH Services in medium and large sized companies. Over 100,000 specialized professionals were trained including industrial doctors and nurses, safety engineers, safety technicians and assistant nurses. These days OSH professionals are trained in specialized schools, supervised by the Ministry of Education.

At the end of the 1980s, the first General Action Plan (GAP) of the Labor Ministry was elaborated, seeking to plan more effective preventive actions through the use of OSH indicators. At the same time, there was an increase in the ratification and implementation of a number of relevant ILO Conventions on OSH. Convention No. 148 on the working environment (covering air pollution, noise and vibrations) and Convention No 155 on workers’ safety and health, were particularly important.

A number of factors were associated with the increased capacity of the State to intervene in workplace safety and health, i.e. the gradual weakening and eventual end of the military dictatorship in 1985, the rise of social movements, the emergence of central trade union organizations, and social demands and strikes to improve working conditions.

On the other hand, the 1990s marked the beginning of a process whereby tripartite national negotiations were established in an effort to improve working conditions. Emphasis was placed on regulations for: Benzene; Asbestos; motorized chain saws; boilers and pressure vessels; construction; workplace OSH committees (CIPAs); OSH in the mining industry, amongst others.

It is important to highlight the 1990 change in legislation related to work organization, which not only dealt with the physical environment but with a broad range of ergonomic factors such as work rhythm, operating practices, production, and work intensity (Wisner, 1994) This legislation answered the demands of workers who saw themselves being affected by the intensification of work occurring in production processes; questions that would become central issues at the end of the Twentieth Century when production systems were widely restructured (Antunes, 1997).

In the period between 1992 and 1994, which was subsequent to the impeachment of President Collor, (and in the wake of the social movements that had lead to it), the State reaffirmed its commitment to defend citizens rights and recognized the need to widen the government’s role in social control. In addition, the State recognized the need to rethink its role in regulating capital-labor relations. Simultaneously, there was recognition of an urgent need to strengthen organizations in civil society and to create mechanisms to balance the power of various sectors of society. OSH matters were placed within the context of the democratization of work relations and put on the agenda of Collective Labor Contracts (Lopes, 1993), which resulted in an increased capacity for the State to take effective action relating to the health of workers who came to be seen not only as workers but as citizens. (FNDCCRTB, 1993)
At the same time, changes were made to legislation to enlarge the scope of action taken to improve working conditions and workers’ health and quality of life. It became necessary for all companies to adopt safety and health management practices for their employees. The implementation of programs on environmental risk prevention and occupational health was made compulsory. It also became compulsory to provide workers and their representatives with information on the working environment and health issues.

There was a recognition that OSH overlapped with other areas of State action, including the work of the Ministries of Health and Social Security. An ‘Inter Ministerial Commission on Worker Health’ was set up in 1993 along with the ‘Inter-Institutional Executive Group on Worker Health’. The latter group was assigned the task of promoting actions which would integrate and harmonize the work of the various government bodies responsible for the implementation of OSH policy. See Diagram 1 (CIMST, 1993).

Diagram 1. Interface between the three main governmental activity areas related to OSH.
CAT = ‘Work Accident Communication’, LEM = ‘Report of a Medical Examination’.

In 1995, the (then named) Safety and Health Secretariat of the Ministry of Labor, established the National Campaign to Combat Work Accidents (CANCAT). The campaign used indicators of accidents, illness, and social security payments, related to work activities, to allocate priority to certain high risk sectors. Inspection services and national and regional preventive strategies were designed in partnership with the Social Welfare Ministry.
In 1996, Administrative Order No. 393 created the ‘Permanent Employer-Employee Parity Commission’ which established criteria for negotiation, alteration and publication of regulations. Consequently several regulations were changed after negotiation between workers, employers and government. Permanent National Commissions, (also with employer-employee parity), were created in order to monitor the introduction of negotiated regulations, similar to those that had already been developed, e.g. for specific sectors including construction, mining, agriculture; on benzene; dock working; the establishment of OSH committees (CIPAs). These and other initiatives led to the formation of commissions in some states and/or regions.

Currently, negotiated OSH regulations have been proposed for agriculture, electricity generation and transmission, workplace OSH services, and for the health care sector.

During 1999-2002, the Department of Occupational Safety and Health (DOSH), of the Ministry of Labor and Employment, worked under a policy which required close coordination with other government departments, and representatives from both private sector and workers’ organizations. Priority had to be given to collective negotiations and to the optimum use of resources in order to achieve the expressed objective of enhanced promotion of workers’ health and social inclusion.

In order to carry out this policy, an effort was made to: improve the quality of social indicators measuring quality of life; bring about results which would reduce damage to workers' health; establish effective tripartite relationships, sustainability and integrated action. In addition, partners were sought to engage in participative management and cooperative processes. It is important to note that priority was given to inspections conducted on the basis of information and epidemiological data about risks and work-related damage to health. Some specific sectors also received priority and research, education campaigns and public debates were conducted. Educational material was published and distributed. Staff from the MLE and other technical and inspectorate staff, were retrained. Efforts were made to use these trained people as agents for change.

This constituted an effort to make fundamental change to the “inspection paradigm”, traditionally based on actions that could be described as random, short-term, narrowly focused, reactive and limited. There was a move toward actions which could be evaluated in terms of their capacity to resolve problems, to be self-sustaining over time, and were long-term, holistic, pro-active and focused. There was a move away from a single approach to all workplaces - different strategies and tactics were used for different workplaces, in order to break the isolation of the inspectorate and to build dialogue on how to make significant changes in working conditions. These changes were based on commitment of the parties rather than on short-term inspection activities (see Table 1).

The paradigm change came about because planning, action, evaluation and control were based on a series of indicators drawn from official databases. The indicators took into account the number of establishments in a sector and their distribution across the various regions and states, and the accumulated and mortality rate of serious work accidents and illnesses. A series of actions were carried out in order to build up a “Planning System” to strengthen the inspectorate and its social partners. The planning system included: analyses of accident statistics, ergonomics; evaluation of OSH management systems; evaluation of results from inspectorate interventions.
Table 1. Paradigm changes in OSH inspection

<table>
<thead>
<tr>
<th>Old model</th>
<th>Present day model</th>
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<tbody>
<tr>
<td>Random, short-term and relatively limited action</td>
<td>Focused, holistic, pro-active and continuous actions</td>
</tr>
<tr>
<td>Single approach for all types of workplaces</td>
<td>Differentiated strategies and tactics for different workplaces</td>
</tr>
<tr>
<td>Isolated inspectorate</td>
<td>Dialogue with social partners</td>
</tr>
<tr>
<td>Short-term changes</td>
<td>Sustainable changes</td>
</tr>
<tr>
<td>Inspection of workplaces</td>
<td>Commitment by social partners</td>
</tr>
</tbody>
</table>

Data on OSH inspection in Brazil from 1996 to 2002

Relevant data about the work of the Ministry of Labor and Employment’s OSH inspectorate was not systematized until 1996. Prior to this, relevant information was poorly organized and difficult to work with.

Table 2 provides a consolidated picture of the 1996-2002 period including the number of formal sector jobs, the number of OSH inspectors in the MLE, the number of OSH inspectors per 100,000 employees, and the number of inspections carried out each year.

Table 2. Comparative data on the number of OSH inspectors and inspections carried out between 1996 and 2002. Source: SFIT

<table>
<thead>
<tr>
<th>Year</th>
<th>Formally employed population</th>
<th>OSH Inspectors in Labor Ministry</th>
<th>Inspectors per 100,000 Firms</th>
<th>Inspections</th>
<th>OSH inspections/inspector/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>18,905,308</td>
<td>629</td>
<td>3.3</td>
<td>101,112</td>
<td>161</td>
</tr>
<tr>
<td>1997</td>
<td>19,116,477</td>
<td>608</td>
<td>3.2</td>
<td>140,799</td>
<td>232</td>
</tr>
<tr>
<td>1998</td>
<td>19,222,602</td>
<td>654</td>
<td>3.4</td>
<td>160,950</td>
<td>246</td>
</tr>
<tr>
<td>1999</td>
<td>19,407,732</td>
<td>698</td>
<td>3.6</td>
<td>162,858</td>
<td>233</td>
</tr>
<tr>
<td>2000</td>
<td>20,374,176</td>
<td>694</td>
<td>3.4</td>
<td>139,515</td>
<td>201</td>
</tr>
<tr>
<td>2001</td>
<td>21,129,552</td>
<td>689</td>
<td>3.3</td>
<td>127,414</td>
<td>185</td>
</tr>
<tr>
<td>2002</td>
<td>22,142,976</td>
<td>694</td>
<td>3.1</td>
<td>125,390</td>
<td>181</td>
</tr>
</tbody>
</table>

Table 2 shows that in spite of the increase in the number of formal sector jobs over the period, the number of OSH inspectors didn’t change from 1999 onwards because no new staff were recruited after 1998.

Graph 1. shows the growth of formal sector jobs, 1996 - 2002.
Source: RAIS

Graph 2 indicates the relationship between the numbers of specialist OSH inspectors for every 100,000 companies, from 1996-2002. The graph shows a declining trend over the whole period; in 2002 the ratio is similar to that of 1997.

Graph 2. Number of OSH inspectors per 100,000 companies in Brazil, 1996-2002. Source: RAIS.

Graph 3 shows the number of annual OSH inspections from 1996-2002. In spite of the declining trend, there was a general appreciation that inspection processes should be evaluated qualitatively as the overall quality of inspection was improved by evaluation of the innovations made due to the adoption of the new paradigm and to the greatly improved and more thorough planning processes implemented.
Graph 3. The number of companies in Brazil inspected per year by specialized OSH inspectors, 1996-2002. Source: Federal Work Inspection System (SIFT) of the Ministry of Labor and Employment.

The numbers of work accidents in Brazil

Data on work accidents is collected by the Ministry of Social Welfare through “accident communication forms” (CAT) which should be completed whenever any event occurs which is covered by the legal definition of a work accident, including work-related illnesses. This data refers only to those workers engaged in the formal labor market.

An evaluation of the number of work accidents registered from 1988-2002 shows a gradual reduction. However, from 1994 onwards, the decrease was less pronounced than in earlier years, which may mean traditional prevention methods have reached their limits; see Graph 4.

Graph 4. The number of work accidents in Brazil, 1988-2002. Source: AEAT
Graph 5 shows the variation in the rate of work accidents from 1998-2002. From 1997-2001 there was a continuous decline of 27%.

Graph 5. Rate of Work Accidents in Brazil, 1996–2002. The accident rate corresponds to the number of registered work accidents divided by the number of registered employees multiplied by 100.
Source: AEAT RAIS.

Between 1998 and 2002 there was a very significant change in the number of deaths and in the fatal accident rate; see Graphs 6 and 7. In the selected period – 1998 to 2002 - the reduction in the rate of fatal accidents was 45%:

Graph 6. Number of Deaths from Work Accidents in Brazil, 1996-2002
Source: AEAT
Graph 7. Fatal Work Accident Rate in Brazil, 1996–2002. The accident rate corresponds to the number of registered work accidents divided by the number of registered employees multiplied by 100,000. Source: AEAT, RAIS

Graph 8 shows that during the period 1998-2002, there was a reduction in the rate of serious accidents, including fatal accidents and accidents causing total, permanent incapacity. (This rate is taken as a reliable indicator of the overall changes in work accidents in the country because it calculates accidents causing permanent incapacity, which like fatalities, are likely to be reported.)

Graph 8. Serious Work Accidents Index, Brazil, 1996 - 2002. The serious accident rate is calculated by dividing the number of registered deaths and permanent, total incapacity accidents due to work accidents, by the number of registered employees, multiplied by 10,000. Source: AEAT, RAIS
Graph 9 compares fatal accident rates in Brazil 2002 with a selected group of countries and regions.

Graph 9. Rate of Fatal Work Accidents in Brazil (2002) and a Selected Group of Countries and Regions (1990s). (The fatal accident rate of other countries and regions was drawn up by the ILO, this table must be treated with a certain level of caution given that the statistics do not refer to the same calendar year and the criteria for inclusion can vary from one country to another.) Sources: International Labour Organisation www.ilo.org. AEAT, RAIS

Graph 10 presents a comparison of fatal work accident rates in Brazil in 2002, compared with economically developed countries.

Graph 10. Fatal work accident rates in Brazil in 2002 compared with economically developed countries (1990s). (Concerning the measures, see the text of Graph 9.) Sources: International Labour Organisation www.ilo.org. AEAT, RAIS
The preceding graphs show that a lot remains to be done in order to reduce the rates of work accidents. Currently, available statistics only permit examination of the reduction of work accidents in the formal sector, and even here, caution is needed when interpreting the figures. One reason for caution is under notification because accidents or illnesses are not properly reported to the Ministry of Social Welfare. Historically, under-reporting has occurred in many countries, particularly in relation to minor injuries, which is in fact a very important indicator of human suffering. A particular reason for under-reporting in Brazil is the fact that accidents that result in less than 15 days of lost working time, (the minimum period necessary for payment of a social welfare benefit), are rarely registered.

Two further points can be raised on the reduction in the number of reported accidents. Firstly, while many people working in the formal labor market are covered by some legally approved form of social welfare, their accidents do not result in the issuing of an accident communication form (CAT), the basis of the accident reporting system. (The statistics used in this chapter are based on CATs). Public servants, military personnel, domestic workers and ‘individual taxpayers’ are among them because they are not entitled to payments from the ‘work accident compensation system’. Secondly, there is a group in the labor market statistics defined as ‘others’, i.e. a group made up of people employed in the formal economy but who work informally. For example, this occurs frequently with laborers who are engaged under temporary contracts by one firm which then sub-contracts their services to another formal sector firm. In other words, such workers are considered to be employed in terms of the major labor legislation (CLL) but, because they are not legally registered, their employment relationship is not formally recognized and they don’t contribute to the General Social Welfare Fund. These employees suffer accidents like any other employees but, because of their situation in the labor market, their accidents are generally not registered.

There is a third category that can be defined as ‘legal, informal workers’, including the enormous number of street hawkers, scavengers and other underemployed people. It is a neglected category, and should receive more attention from everyone concerned about welfare at work. Existing labor and social welfare legislation will have to be reformed to cover this group of workers, rather than try to fit them into existing legislation.

There are also many “hidden” occupational illnesses that are not recognized and categorized as being caused by work and therefore are not officially registered as work accidents. It is estimated that within the Social Welfare system, about 30% of all occupational illnesses are “hidden” and not registered. Without doubt, this problem is directly influenced by problems in the basic public health system and because medical specialists employed in the Social Welfare system fail to diagnose and recognize such illnesses.

By using the denominator of 22,143,000 registered employees, 29% of the working population of 77 million, an extrapolation can be made about the overall situation of work accidents in the country, including the whole EAP (Economically Active Population). Such an exercise assumes that the average rate of accidents is the same across both the formal and informal sectors. (If this assumption is incorrect, the average rate would be higher in those sectors that have not been evaluated and would result in an even larger number.) Unfortunately, there is no information available to indicate accident rates in informal work, however, an extrapolation of the number of accidents affecting the EAP leads to an estimate of more than 1,300,000 work accidents per year, which constitutes an enormous cost to the country.
The work carried out by the MLE, is important. The Ministry currently has 694 OSH inspectors, including industrial doctors and safety engineers, who carried out 125,000 inspections in 2002. In addition to inspections, the Inspectorate engages in a variety of other activities of vital importance. Production processes are the result of open and dynamic socio-technical systems which constantly lead to new work practices and new risks, so it is fundamental that effective regulations are maintained. It is imperative that a permanent retraining structure for inspectors is maintained so that they remain capable of dealing with technological innovations and new forms of workplace organization. In addition, employees and employers also need information and training to deal with changes in the workplace. The role of the MLE in the development and monitoring of indicators is also worthy of mention, as well as their coordination action between various government services that also have OSH responsibilities.

**Proposals for the development of private and state OSH interventions**

Given the various themes raised in this chapter, a series of steps relating to private and public policies on OSH, can be proposed in order to produce more positive results:

- **Build a single, overall policy on the prevention of work risks that is coherent and systematic.** Such a policy should go beyond the dispersed regulations and actions historically carried out by public sector bodies that have resulted in an accumulation of differentiated approaches and orientations, many of which originated prior to the country’s current Constitution which dates from 1988. The overall policy should lead to practices focused on transforming the everyday reality of work and the achievement of visible results.

- **Articulate various spheres of government action which result in direct or indirect interventions on OSH.** Interventions could include labor relations policies; action by the Health Ministry as part of its ‘Unified Health System’ (SUS); action by the Social Welfare Ministry, particularly involving Accident Compensation; wider environmental issues. Other OSH questions are relevant to other government ministries including Ministries of Education, Justice, Economic Development, and Industry and Commerce.

- **Aid in the development of private OSH policies, irrespective of whether they are carried out by non-government organizations (NGOs), or within companies.**

- **Expand social dialogue by strengthening institutional mechanisms for negotiation and consolidate a new system of labor relations which will increase the participation of citizens in State action.**

- **Increase the number of workers covered by public or private policies on prevention of work-related risks.** Introduce new methodologies and strategies for action to guarantee a universal right to adequate working conditions, irrespective of the manner in which people are involved in the labor market (formal or informal).

- **Enlarge the scope of the social welfare system to guarantee compensation for work accidents, paying special attention to certain categories of workers such as young people, older workers, women, pregnant workers, those who have recently given birth, and those with special needs.**
- Establish compulsory analysis of the causes of all accidents or illnesses treated within the public health system. This can be done by organizing a communications system that can bring together information on work accidents occurring in the informal labor market. This would help detect under-notification and under-registration.

- Build a common system for managing accident data and other pertinent information. This requires all data bases (existing or planned), to be made compatible through the creation of comparable categories. Data must be available to the various government services involved in OSH. Such a data system would permit real time analysis and could be used to guide interventions by State officials and to build programs for different sectors of the economy.