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## OCCUPATIONAL HEALTH IN LEBANON REVIEW/ANALYSIS AND RECOMMENDATIONS



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# **CHAPTER 1: BACKGROUND AND SIGNIFICANCE**

## **1.1. BACKGROUND**

The principle and the objectives for the provision of occupational health are universal, but the variability arises from the different used methods for the provision of the services and their extent. Different administrative pathways have been proposed but each country has to choose the most appropriate and efficient pathway. The choice will depend on the responsibility of the state, the employer who creates the risks, and the employees, who work under the given circumstances.

Occupational health is not limited in scope to only preventing and controlling specific occupational diseases. Workers health program should deal with the full relationship between work and total health of man. Occupational Health Programs should aim (WHO, 1973):

1. To identify and bring under control at the workplace all chemical, physical, mechanical, biological, and psychological agents that are known to be or suspected of being hazardous.
2. To ensure that the physical and mental demand imposed on people at work by their respective jobs are properly matched with their individual anatomical, physiological, and psychological capabilities, needs, and limitations.
3. To provide effective measures to protect those who are especially vulnerable to adverse working conditions, and also to raise their level of resistance.
4. To discover and improve work situations that may contribute to the ill health of workers in order to ensure that the burden of general illness in different occupational groups is not increased over the community level.
5. To educate management and workplace to fulfill their responsibilities relevant to health protection and promotion.
6. To carry out comprehensive in-plant health programs dealing with man's total health, which will assist public health authorities to raise the level of community health.

## **1.2. PROVISION OF HEALTH CARE TO WORKING POPULATION**

Health care for the working population must be considered a national developmental priority, because any developmental program depends on human resources. Any human to function optimally must be maintained in a state of good health.

An employee, whatever occupation he pursues, is susceptible to health problems in the community as well as being exposed to work-related problems and diseases. The work related diseases are multi-factorial and they may be aggravated, accelerated or exacerbated by the workplace exposures. They are more common than occupational diseases and it is *very essential* when providing occupational health services to consider the employee as a whole.

### **1.3. RESPONSIBILITY FOR HEALTH**

Lebanon, similar to the countries in the EMR, still suffers from the historical conflict as to whether the provision of OH services is the responsibility of the Ministries of Labor or those of Health. A recent national workshop on safety and Occupational Health held in Beirut on 18/1/2001, addressed this issue and recommended the following:

“The Ministry of Labor, the Ministry of Health and the Ministry of Environment are requested to revive a high-level national committee on occupational safety and health and to include in its membership the Ministries concerned, Employer’s and Worker’s Organization, and concerned Governmental and Non-Governmental Organizations for the purpose of coordinating occupational safety and health matters and providing advice in the implementation of a sound national policy on occupational safety and health.”

In our view, to achieve a successful provision of an Occupational Health Service it must be recognized as being very much a collaborative effort between several ministries and institutions such as Health, Labor, Environment, Agriculture and Education as well as Universities and other Technical Institutions. This is crucial if we accept the fact that health is influenced by four elements: *human biology, environment, life style and health care organizations*.

### **1.4. THE TRIAD – RESPONSIBILITY**

The triad, employee, employer and government have equal responsibility for the health of the working population. The role of the worker is crucial to any occupational health program. To have a positive role the worker must be aware of the hazards, educated to practice safe work procedures and provided with the facilities to work safely. Programs addressing common problems, such as hypertension, CVD risk factors, etc. need the worker’s cooperation to be successful. On the other hand, the employer should accept the responsibility for the provision of health care for the worker. Though the employer is the immediate beneficiary of the labor of his employee, the ultimate beneficiary is society and the state. Therefore, the responsibility for the health of the employee should be that of society, the state and the employer.



## **1.5. OBJECTIVES**

The objectives of the present study are:

1. To review the existing status of the provision of occupational health and safety in Lebanon.
2. To review the role of laws and regulations regarding occupational health.
3. To review the status of teaching and training in occupational health and Safety at different schools.
4. To outline the role of government ministries, UN agencies, Labour unions and NGO's in the position of occupational health and safety.
5. To recommend a plan of action.

## CHAPTER 2: METHODOLOGY

This study intends to assess current conditions of occupational health and safety in Lebanon. For this purpose published and unpublished documents along with labor laws were revised. Also, NGOs, governmental agencies, academic institutions, and labor unions were contacted.

The academic institutions were contacted to seek information about current teaching and training curricula as well as their future plans in the field of occupational health and safety. Labor unions were contacted to inquire about the magnitude of occupational injuries and diseases among the workers in the sectors they represent as well as about the unions' current and future activities in the field of occupational health and safety.

### 2.1. PROCEDURES

To achieve the objective of this study different modalities were used: (1) review of literature including both published and unpublished documents, (2) interviews of individuals from the above-mentioned organizations and institutions, and (3) participating in a national workshop on occupational health and safety in Lebanon.

#### 2.1.1. Revision of Published and Unpublished Documents

A search was run using the Medline database and the Lebanese Corner at the Saab Medical Library - American University of Beirut, along with looking at theses and projects carried out by students at the Saint Joseph University and the Lebanese University.

#### 2.1.2. Interviews

##### 2.1.2.1. Contact with Schools of Public Health, Medicine, and Nursing

A standardized questionnaire was sent to most medical, nursing and public health schools in Lebanon to inquire about their teaching and training curricula in occupational health and safety. The questionnaire was divided into two sections: current teaching and training curricula and future plans in the field of occupational health and safety. A copy of the questionnaire is presented in Appendix A1.1. The questions were as follows:

*Question 1.* Do you offer a complete or partial course on occupational health and safety?

- Question 2.* Do you offer lectures on how to take an occupational history and stress the importance of such information in patient management and follow-up?
- Question 3.* Do you offer lectures on types of occupational hazards and their impact on the health and safety of workers?
- Question 4.* Do you take your students on field visits to workplaces (such as industries, construction sites, etc.)?
- Question 5.* Do you hold seminars or grand rounds related to occupational health and safety?
- Question 6.* Do you offer one or more lectures on noise, asbestos, silica, lead, heat, mercury, radiation, or other topics?
- Question 7.* Does your program address issues of prevention and protection among health care workers, such as prevention and protection from exposure to HIV, Hepatitis, Tuberculosis, radiation, chemotherapeutic agents, etc.?
- Question 8.* What are the future steps considered for including some of the above topics in your teaching and training curriculum?

The following schools were targeted:

- Public Health:
  1. Faculty of Public Health/Lebanese University (LU)
  2. Faculty of Health Sciences/ American University of Beirut
  3. Faculty of Health Science (Public Health and Development Sciences Program) / University of Balamand
  4. Faculty of Health Sciences (Nursing Program, BS)/ University of Balamand
- Medicine:
  5. School of Medicine/Lebanese University
  6. School of Medicine/ University Saint Joseph
  7. Faculty of Medicine/ American University of Beirut
  8. School of Medicine/ Beirut Arab University (BAU)
- Nursing
  9. School of Nursing Science/ University Saint Joseph (USJ)
  10. IGSPS/ University Saint Joseph
  11. School of Nursing/ American University of Beirut (AUB)

A list of the contacted persons from the selected schools and their respective addresses is presented in Appendix A2.1. These were interviewed either personally or through the telephone and fax.

#### 2.1.2.2. Contact with Schools of Engineering

Another questionnaire was developed to interview members of engineering schools who are informed about the schools' teaching and training curricula. A sample questionnaire is presented in Appendix A1.2. This questionnaire was divided into two sections: one section addressed the current teaching and training curricula while the second addressed future plans in the field of occupational health and safety. The questions were as follows:

- Question 1.* Do you offer lectures on the basic knowledge of work safety needed by all engineers in their profession?
- Question 2.* Do you offer lectures on types of occupational hazards and their impact on the health and safety of workers?
- Question 3.* Does your program address issues of prevention and protection among workers (such as recognition and analysis of danger factors in production work, development of accident-preventive measures, calculation of safety levels, directing accident prevention programs at work, etc.)?
- Question 4.* Do you emphasize the importance of following safety rules and regulations during laboratory hours?
- Question 5.* Do you emphasize the importance of following safety rules and regulations in their practice as engineers?
- Question 6.* Do you take your students on field visits to workplaces (such as industries, construction sites, etc.)? If yes, are health and safety issues discussed with students then?
- Question 7.* Do you hold seminars on or invite speakers to talk about work health and safety?
- Question 8.* Do you offer one or more lectures on the following topics in your curriculum: noise, asbestos, silica, heat, ergonomics, chemical safety, electrical safety, construction safety, fire safety, and other.
- Question 9.* What are the future steps considered for including some of the above topics in your program?

Then, selected schools of engineering in Lebanon were chosen as the target academic institutions. These included:

- Department of Mechanical Engineering/ Faculty of Engineering and Architecture (FEA)/ American University of Beirut (AUB)
- Department of Civil Engineering/ FEA/ AUB
- Department of Electrical Engineering/ FEA/ AUB
- Engineering Program/ Lebanese American University (LAU)
- Engineering School/ Beirut Arab University (BAU)
- Engineering School/ Lebanese University (LU)

A list of the respondents from the selected schools and their respective addresses is presented in Appendix A2.2. These were interviewed either personally or through the telephone and fax.

#### 2.1.2.3. Contact with Governmental Agencies

The contacted governmental agencies included the Ministry of Public Health, Ministry of Environment, and the National Social Security Fund (NSSF).

#### 2.1.2.4. Contact with Labor Unions

In contacting the labor unions, first, a list of the labor unions in Lebanon was obtained from the Fredrich Ebert Foundation. This list included addresses for 37 unions from which 12 were selected with the aim to cover (1) the greatest variety of occupations, and (2) different regions of Lebanon. The selected unions included those representing workers and employees in: chemical materials, printing and advertising, health sector, petroleum, construction and wood/carpentry, food products, marine transport, public transport, agriculture, mechanics and foundry, paper products, tobacco. Refer to Appendix B for further information on the selected unions.

A standard questionnaire was used to interview the unions' representatives (see Appendix A1.3). It consisted of 10 questions addressing the following:

- Name of the union
- Any process of gathering/collection of information on occupational injuries and diseases
- An estimation of the magnitude of occupational injuries and diseases (based on experience or statistics)
- Most prevalent occupational injuries and diseases
- Presence of one or more occupational health and safety specialists within the union
- Pamphlets or brochures published addressing occupational health and safety
- Workshops or seminars organized on occupational health and safety
- Legal representation of any of its members for compensations of an occupational injury or disease
- Current occupational and health safety law(s)/regulations related to the jobs the union represents
- Future plans or current activities to develop new occupational health and safety for the jobs the union represents

#### 2.1.2.5. Revision of Labor laws

Labor laws pertaining to specifications of workers, child labor, work permits, occupational health and safety conditions, and inspection of work settings were reviewed.

## CHAPTER 3: INDUSTRIES AND OCCUPATIONS IN LEBANON

### 3.1. INTRODUCTION

Unless otherwise specified, most of the information presented in this chapter is extracted from the two papers prepared by Dr. Riad Tabbarah, the director of the Center for Development Studies and Projects (MADMA)<sup>1</sup>.

The total population of Lebanon is estimated to be around 3,363,520 in 2001 and is expected to reach about 4,356,751 in the year 2021. The yearly growth rates of the different age groups reflects a situation in which the population aged below than 15 years will fall to 25 percent in 2021, and the older population of 65 years and above will rise to more than 8 percent in 2021. Thus, it may be concluded that the proportion of the working age population, 15 to 64 years of age, is increasing as shown in Table 1.

Table 1. Projected Population of Lebanon by Age Groups

Year	<15		15-64		65+		Total	
	1000's	%	1000's	%	1000's	%	1000's	%
1990	958	35.0	1,641	60.0	141	5.0	2,740	100
1995	1,036	34.2	1,825	60.3	166	5.5	3,027	100
2000	1,092	33.0	2,026	61.2	192	5.8	3,310	100
2025	1,050	23.4	3,085	69.0	341	7.6	4,476	100

Source: Tabbarah, 1999

### 3.2. WORKFORCE IN LEBANON

During the past years, the Lebanese labor force went through drastic changes especially in its size and sex structure. In 1996 the total Labor force in the country was around 1,031,000 individuals. The annual growth of the country's labor force is reported to be 2 to 2.3 percent, which is higher than the Lebanese population growth rate of 1.5 percent. In fact, the proportion of the population in the labor force increased from 27 percent in 1970 to 32 percent in 1996, and is expected to reach 36 percent by the year 2011.

This increase is mainly attributed to: (1) the increase in the proportion of the working age population (15-64 years) and (2) the significantly increased participation of women in the labor force.

<sup>1</sup> The first, published in 2000, is titled "Employment and Unemployment in Lebanon, 2000" and the second, published in 1999, is titled "The Employment Situation in West Asia" Issues, Trends and Policies".

### 3.3. GENDER AND AGE

The increase in economic activity rates<sup>2</sup> is the result of the increased participation of women in the labor force. Tables 2 presents the gender distribution according to participation in the Labor force while Table 3 shows the economic activity rates by gender of the Lebanese workforce (Tabbarah, 2000). The activity rates are calculated as economic active population (age 15+) over total population (aged 15+).

Table 2. Participation rate in labor force (15+) by gender

Year	Male (%)	Female (%)	Total (%)
1980	44.5	12.6	28.3
1996	49.3	18.7	35.1

Source: Tabbarah, 1999

Table 3. Economic activity rates<sup>2</sup> by gender and age group

Age group	1970		1996		2010	
	Male	Female	Male	Female	Male	Female
10-14	6.0	6.6	5.0	0.7	0.0	0.0
15-19	38.0	15.8	36.0	6.4	32.9	6.7
20-24	72.7	23.8	73.9	24.2	74.0	30.5
25-29	92.6	20.2	88.9	31.3	89.1	41.8
30-34	96.4	16.7	98.9	28.4	99.1	41.7
35-39	97.7	13.9	95.5	25.4	95.0	37.9
40-44	96.2	13.3	95.7	23.3	96.3	34.8
45-49	94.3	12.4	91.5	18.7	91.6	28.1
50-54	88.0	10.2	91.4	13.0	89.8	18.4
55-59	80.5	7.9	82.9	10.6	78.8	11.6
60-64	69.5	8.3	74.4	8.1	69.2	8.6
65+	41.9	4.1	38.5	2.7	33.4	2.1
All (10+)	62.2	13.3	65.7	16.3	66.7	22.1

Source: Tabbarah, 2000

### 3.4. SECTOR

During the past two or three decades, the country has experienced a shift in the labor force from agriculture to industry and services (Tables 4 and 5). According to United Nations estimates, the proportion of the Lebanese labor force working in agriculture has fallen from

<sup>2</sup> Economic Activity rates are internationally defined as the proportion of 15 years of age and over that is in the labor force. This definition does not consider housewives to be in the labor force (ESCWA, 1999).



29 percent in 1965 to 11.4 percent in 1980 to 5.5 percent in 1990. At the same time, the proportion of the labor force working in industry was 40.2 in 1990 and dropped to 38 percent in 1996.

Table 4. Percent of economically active population of age 15+ by sector and gender

Year	Men			Women			Total		
	Agr*	Ind**	Services	Agr*	Ind.*	Services	Agr*	Ind**	Services
1980	11.4	36.4	52.2	16.8	33.2	50.0	12.7	35.6	51.8
1990	5.5	42.5	52.0	8.3	34.4	57.3	6.3	40.2	53.5

Source: ESCWA (1999)

\*Agr: Agricultural sector

\*\* Ind: Industrial sector

Table 5. Distribution of workforce by gender, category and activity

Economic Activity	Total Workforce*		
	Total	Male	Female
Agriculture & Hunting Products	26	26	0
Basic metals	417	382	35
Chemicals and man-made fibers	2,797	2,123	675
Clothes and fur dyeing	10,562	6,808	3,754
Coke and refined petroleum products	312	282	29
Electrical machinery and apparatus	1,588	1,460	128
Fabricated metal products	14,492	13,988	504
Food products and beverages	26,390	22,750	3,641
Furniture and other manufactured goods	11,068	10,427	641
Leather and leather products	6,482	6,097	384
Machinery and equipment	2,772	2,422	350
Metal ores	37	37	0
Motor vehicles, trailers and semi-trailers	151	146	5
Other mining and quarrying products	756	751	5
Other non-metallic mineral products	13,376	12,919	457
Other transport equipment	44	42	2
Printed matter and recorded media	4,818	4,059	759
Pulp, paper and paper products	2,944	2,411	533
Radio, Television and communication equip.	106	74	32
Rubber and plastic products	2,777	2,417	359
Textiles	3,671	2,592	1,079
Tobacco products	1,589	912	677

Table 5- Continued

Wood products (except furniture)	6,933	6,779	154
<b>Total</b>	<b>114,108</b>	<b>99,904</b>	<b>14,204</b>
<b>Total in %</b>	<b>100.0%</b>	<b>87.6%</b>	<b>12.4%</b>

Source: Lebanese Ministry of Industry,  
<http://www.industry.gov.lb/events/frametop.html>.

\*This number excludes seasonal workers

### 3.5. EDUCATION

The educational level of the labor force also rose substantially during the past 30 years. The percentage of the Lebanese labor force having an education of less than primary fell from 65 percent in 1970 to less than 9 percent in 1997. In contrast, the population of the labor force increased from 4 percent in 1970 to more than 16 percent in 1996.

### 3.6. REGION

The regional distribution of industries in Lebanon is presented in Figure 1 which is taken from data presented on the Ministry of Industry website on February 21, 2001. This data is based on an industrial survey carried in 1994 (website: <http://www.industry.gov.lb/events/frametop.htm>).

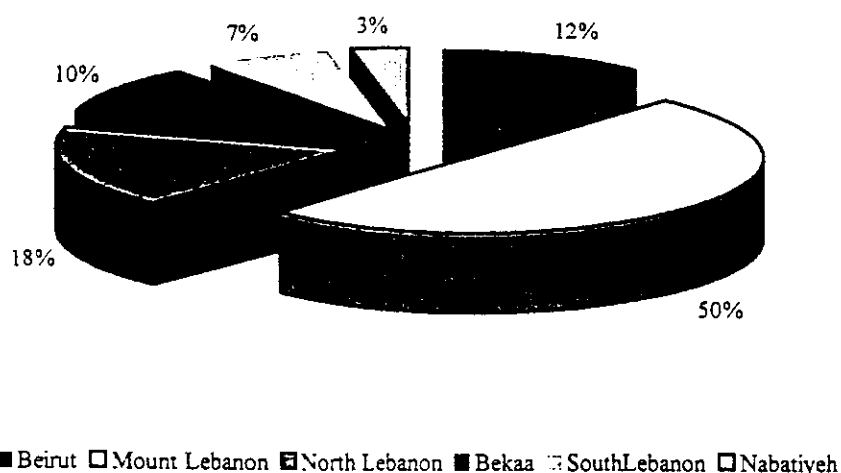


Figure 1. Regional distribution of Lebanese establishments

### 3.7. TYPES OF INDUSTRIES IN LEBANON

In 1994, the Lebanese Ministry of Industry carried out an industrial survey consisting of two parts. The first part aimed at determining the characteristics of industries in the country in terms of total number, geographical location, number of employees in each industry, its legal status and nationality. The second part aimed at collecting further details through taking a sample of 3000 industries, interviewing them thoroughly, and extrapolating results to all of the industries in the country.

The general survey showed that industries are mainly concentrated in the following areas: food products and beverages, metal products, clothes and fur dyeing, wood, furniture and other manufactured goods. The distribution of industries by type is presented in the following table (Table 6).

Table 6. Distribution of Lebanese industries by type

Type of Industry	Number of Establishments	As percentage of Total Industries (%)
Agriculture and Hunting Products	5	0.02
Basic metals	6	0.03
Chemicals products and man-made fibers	323	1.47
Clothes and fur dyeing	2,262	10.27
Coke and refined petroleum products	36	0.16
Electrical machinery and apparatus n.e.c.	208	0.94
Food products and beverages	4,482	20.35
Furniture and other manufactured goods n.e.c.	2,350	10.67
Leather and leather products	1,292	5.87
Machinery and equipment n.e.c.	389	1.77
Metal ores	5	0.02
Metal products	3,554	16.14
Motor vehicles, trailers and semi-trailers	24	0.11
Other mining and quarrying products	121	0.55
Other non-metallic mineral products	416	1.89
Other transport equipment	18	0.08
Printed matter and recorded media	782	3.55
Products of wood (except furniture)	2,246	10.20
Pulp, paper and paper products	165	0.75
Radio, Television and communication equipment	7	0.03
Rubber and plastic products	416	1.89
Textiles	804	3.65
Tobacco products	1	0.005
Total	22,025	100

Source: Lebanese Ministry of Industry, <http://www.industry.gov.lb/events/frametop.html>.

### 3.8. MIGRANT WORKERS IN LEBANON

The absolute size of the foreign labor force in Lebanon could not be determined due to the lack of adequate data. The distribution by nationality may be obtained from the work permits given to foreign workers. But the problem of this indicator is that the majority of Syrian workers do not obtain work permits and they tend to move, to a certain extent, freely across the northern and eastern borders of the country. Also, the available statistics reflect the number of permits obtained but not the ones left or renounced.

However, among non-Syrian foreign labor force, Asians account for 56 percent of the total. Among the Asians, Sri Lankans are the largest group; they account for one-third of the total foreign labor force excluding Syrians.

The second largest group, of migrant workers is that of the Arabs who account for 30 percent of the total foreign workers. Of the Arab group, 94 percent are Egyptians (see Table 7).

Table 7. Distribution of work permits according to major nationality

Nationality	Total 1998		First quarter of 1999	
	Number	Percent	Number	Percent
Arabs	22,183	30.9	6,748	34.4
Asians Non-Arabs	39,415	54.9	9,777	49.8
Other nationalities	10,134	14.1	3,088	15.7
Grand total	71,732	100.0	19,613	100.0

Source: Tabbarah, 2000

As for Syrian labor force, estimates range from some 300,000 to 1,000,000 or more. The size of this labor force is influenced to a great extent with seasonal agricultural demand and with economic growth, especially in construction sector.

The majority of foreign workers occupy jobs that the Lebanese workers do not want to work in. In general, Egyptians and Syrians work in the “low echelons of construction and other industries and the bulk of the Asians work at households”.

### 3.9. WOMEN WORKERS IN LEBANON

One pattern observed in the women labor force is an occupational shift in which women moved from the generally lower skilled occupations to the higher skilled professional and managerial occupations (see Table 8 and Figure 2). For example, while the “professional,

technical, administrative and managerial” (PTAM) category had 32 percent of the female labor force in 1970, this percentage increased to about 47 percent in 1996.

Table 8. Economically active women by occupational category

Year	PTAM*	Clerical sales and services	Production and transport	Agriculture
1970	31.8	25.7	19.9	22.6
1996	46.8	27.9	23.8	1.5

\*PTAM: Professional, Technical, Administrative And Managerial

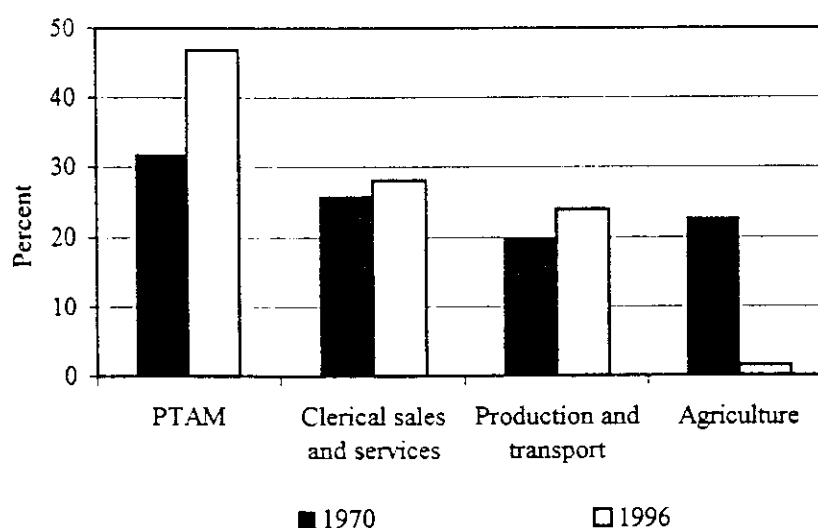


Figure 2. Women labor force movement from the lower skilled occupations to the higher skilled ones

### 3.10. CHILDREN WORKERS IN LEBANON

The data presented in this section are based on the results of a study conducted in 1997 on child labor in Lebanon<sup>3</sup>. The study aimed at identifying the main characteristics of child labor in Lebanon, as well as the variables that affect this phenomenon (Issa and Houry, 1997). It should be noted that the patterns and characteristics of child labor below the age of 10 are not available in this study.

Child labor is considered to be a social problem in Lebanon. The number of working children aged 10-13 years is about 43,163 and those in the same age group that are looking for a job is

<sup>3</sup> The United Nations Children’s Fund (UNICEF) and the Lebanese Ministry of Social Affairs. “Characteristics of Child Labor in Lebanon Based on the Data Made Available by the Population and Household Survey”, 1997.

about 1,947. For the age group 14-17, these numbers are 28, 786 and 9,525 respectively. Also, the proportion of females among the working children group is less than the proportion of females in the overall labor force (see Table 9).

Table 9. Number and distribution by gender of working children aged 10-17

Age group	Number of working children (children)	As percent of the total population in that age group (%)	Distribution by sex	
			Girls (%)	Boys (%)
10-13	3,163	12	12	88
14-17	28,786	10.9	14	86

It should be noted here that the low percentages of working girls (12 percent) may be because the surveyed occupations were those in which girls are not usually employed (such as carpentry, mechanics, industries, etc.). Girls are generally known to be employed as housemaids, tailors, baby sitters and others.

The proportion of working children in the age groups 10-13 and 14-17 is highest in the North of Lebanon, followed by Mount Lebanon, then Beirut, Beqaa, and the South. It is reported that 80 percent of the child labor is present in the districts of Tripoli, Minyeh, Akkar, Baabda, Baalbeck, Zahleh, Saida and Tyre. The characteristics of child labor in these areas are summarized in Table 10.

As expected, the educational level of the working children is much lower than that of the Lebanese labor force as a whole. The proportion of illiterates among working children aged 10-13 years and 14-17 years is 95 percent and 84 percent respectively. Also, most of the working children are Lebanese (90 percent of those in the 10-14 years age group and 95 percent of those in the 14-17 years age group).

Eighty-four percent of the children in the age group 10-13 are in occupations not requiring any skills, only manual labor such as artisans, industry, and construction works. On the other hand, children in the age group 14-17 years are concentrated in the previous types of work as well as in services sector (restaurants, hairdressing salons, domestic workers...) and in operation of machinery.

The industrial and commerce sectors employ 42 percent and 25 percent respectively of the working children. The next important sector is that of services.

With respect to the duration of their work, 80 percent have permanent jobs while 20 percent have seasonal or irregular jobs.

Table 10. Characteristics of some Lebanese areas with respect to child labor

Area	Area characteristics with respect to child labor
Akkar	High percentage of the working children aged 10-13 High proportion of working girls (34 % of those aged 10-13 and 16 % of those aged 14-17) High proportion of children working in agriculture High proportion of irregular or seasonal working children
Baabda	One of the worst affected areas having high percentage of the working children Bourj Barajneh in Baabda is one of the worst affected areas having high percentage of the working children with high working in trade and industrial sectors Bourj Barajneh has high proportion of working aged 14-17 (15 %)
Baalbeck	High percentage of the working children aged 10-13 High proportion of irregular or seasonal working children
Hermel	High proportion of children working in agriculture
Metn	Bourj Hammoud is one of the worst affected areas having high percentage of the working children with a high proportion working in trade sector Bourj Hammoud has high proportion of working girls (50 % of those aged 10-13 and 19 % of those aged 14-17)
Minyeh	High percentage of the working children aged 10-13 High percentage of children working in industrial sector
Ouzai'	High percentage of children working in trade sector
Saida	High percentage of the working children aged 10-13 High percentage of children working in trade sector
Tripoli	High percentage of the working children aged 10-13 Bab Tebbaneh in Tripoli is one of the worst affected areas having high percentage of the working children who are mostly in industrial sector
Tyre	High percentage of the working children aged 10-13 High proportion of children working in agriculture High proportion of irregular or seasonal working children
Zahleh	High percentage of the working children aged 10-13

Summarized from the "Characteristics of child labor in Lebanon" paper by UNICEF,  
<http://www.unicef.org/lebanon/stop.htm>.

### 3.11. UNEMPLOYMENT IN LEBANON

It is said that until 1998, unemployment was not a major problem in Lebanon. However, in 1999 and the beginning of 2000 and in response to the significant decline of the rate of growth of real GDP, a sharp rise in unemployment rates took place. This unemployment affected various age groups differently. Generally, the level of unemployment rate is higher among youth (15-24 years of age) entering newly into the labor force. Lebanese data reflect that the youth unemployment rate may be about 2 to 2.5 times the total unemployment rates (see Tables 11 and 12).

Table 11. Unemployment by major age groups

Age	1970	1996	1997	First half of 2000
15-24	12.8	14.0	21.3	31.2
25+	3.5	4.6	5.2	9.6
15+	5.8	7.0	8.3	14.9

Source: Tabbarah, 2000

Table 12. Unemployment rates by gender for youth and total

Year	15-24			15+			Percent youth/Total
	Women	Men	Total	Women	Men	Total	
1996	11.0	17.6	16.2	5.7	7.4	7.0	2.3
1997	12.6	23.8	21.3	7.2	8.5	8.2	2.6

Source: ESCWA, 1999

With the increased level of education of the labor force, an increasing proportion of the unemployed became of higher educational level. "For example, the proportion of the unemployed with university or higher degree rose from 4 percent in 1970 to 12 percent in 1996 to about 25 percent in 2000.

1997 data show that unemployment duration (i.e. average time to find a job) was 14 months for the unemployed in general and 16 months for new entrants into the labor force. This duration is designated as quite high (Tabbarah, 2000).



## CHAPTER 4: WORK ENVIRONMENT AND WORK-RELATED DISEASES AND INJURIES

### 4.1. WORK ENVIRONMENT

Between 1995 and 1996, a study was conducted to determine the level of occupational hazards and to examine the work environment in industrial establishments in Lebanon. Sample industries were selected from different areas including Beirut, eastern and southern districts of Beirut, Tripoli, Saida, and Zahle. According to this study, no occupational health and safety controls are applied in any of the sampled industrial establishments. About 70 percent of the technical operations in all industrial sectors are accompanied with an average of 4 to 6 hazards. The ranking of industries according to the number of hazards workers are exposed to is presented in Table 13.

Table 13. Industries ranking according to the number of hazards workers are exposed to

Type of Industry	Hazards/Technical process
Printing	5.14
Chemical and Plastic industries	4.86
Metal industries (except transportation)	4.42
Leather production	4.37
Furniture industries	4.18
Paper and cardboard industries	4.00
Machines and Electrical Equipment industries	3.41
Non-metallic mining material	3.26
Clothes industries	3.19
Food industries	3.04
Wood industries	2.80
Various industries	2.54

In a high percentage of the sampled industrial establishments, technical operations are carried out under unacceptable occupational health and safety conditions. This is confirmed by the finding that the type of applied processes determines the types of occupational hazards in the industry.

The majority of industrial establishments are characterized by poor ventilation, high humidity and temperature, poor illumination that causes increased incidents/accidents particularly in places above ground level or in processes involving mechanical hazards. Noise was also

observed as an occupational hazard leading to early hearing loss. The high levels of dust involved with the processes of the non-metal mining industries should be accompanied with strict regulations for wearing the safety goggles and respirators. In addition to the nature of the involved processes, mechanical hazards are caused by the poor organization and cleanliness of the passageways at the worksite as well as to the lack of safety regulations regarding safety clothing apparel (helmets, safety belts in high places, work clothes, and boots). As for fires, they are found to be caused by electrical contacts, fuel tanks catching fire, thunder, or workers smoking near flammable materials and fuel tanks.

Hence, this study concluded that the country should establish a national policy for industrial safety. Such a policy should:

- ❑ Establish national industrial standards for permissible risk exposures along with regulations obliging industrial establishments to abide by occupational health and safety requirements.
- ❑ Establish separate occupational health and safety rules and regulations for each type of industry
- ❑ Conduct training sessions in occupational health and safety for all industrial workers and prohibit workers with no permit from being employed in industrial establishments. Also, the workers should comply with the requirements of wearing the personal protective equipment when they are required to.
- ❑ Necessitate the availability of safety signs at the worksite to inform employees about the nature of the hazards that they might be exposed to during their work, the right work procedures, and the steps to be followed in case of emergencies.
- ❑ Emphasize the role of labor unions in raising the issue of occupational health and safety as part of their working agenda (Shalhoub, 1998).

#### **4.2. WORK RELATED DISEASES AND INJURIES**

Studies (published and unpublished documents, theses and projects) relating to occupational health and safety status in Lebanon, available at the American University of Beirut, University Saint Joseph and Lebanese University are presented in Tables 14 through 16.

Table 14. Published documents addressing occupational health and safety status in Lebanon

Title	Author	Source	Year
Acoustic trauma in unprotected airport workers	Karam, F	<i>Lebanese Medical Journal</i> , 31 (3), pp. 281-285	1980
Assessment of AIDS knowledge, attitudes, behaviors and occupational risk of Laboratory	Jurjus, A.R.	<i>Lebanese Medical Journal</i> , 46 (5), pp. 285-290	1998
Manipulation des produits anticancereux et information des infirmieres (in French)	Habib C., Karam S., Khaled H., Rustom R., Gueutcherian Y., Akatcherian R., and Ghosn M.	<i>Journal Médical Libanais</i> , 40 (4), pp. 182-186	1992
Sero-prevalence of brucella antibodies among persons in high-risk occupation in Lebanon	Araj, G.F., and Azzam, R.A.	<i>Epidemiological Infection</i> , 117, pp. 281-288	1996
True exfoliation of the lens capsule in bakers in Lebanon	Shawaf, S.	<i>The Medical Periodical</i> , 1 (5), pp. 21-23	1998
Industrial Safety and Work Environment in the Lebanese Industry (in Arabic)	Shalhoub, T.W.	Beirut, Lebanon; Lebanese Center for Studies (1 <sup>st</sup> edition)	1998

Table 15. Articles covering different aspects of occupational health and safety published in Lebanon

Title	Author	Source	Year
حتى لا نسي... صحة العمال في لبنان و سلامتهم	Nuwayhid, I	Annahar Newspaper	1996
حسوات ضارتي العمل تفتت من القانون: وزارة العمل عاجزة عن مراقبة المؤسسات	Aalwa, S.	As-Safir	---

Table 16. Theses and projects relating to occupational health and safety status in Lebanon

Title	Author	Source	Year
Accidents du Travail au Lecico (Work accidents at Lecico)	El Asmar, A.	Saint Joseph University, Faculty of medicine, IGSPS (Institut de Gestion de la Santé et de la Protection Sociale)	1999-2000
Amiante: santé des nouveaux embauches (Asbestos: Health of the new employees)	Sandakli, A.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Application des mesures de prévention personnelle et collective dans la construction des bâtiments état de lieux du Liban (Application of the personal and collective preventive measures in the buildings construction, the current Lebanese conditions)	Asmar, B.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Application des mesures de prévention personnelle et collective dans l'industrie du plastique (Tuyauterie) état de lieu du Liban (Application of the personal and collective preventive measures in the plastic industry (piping), the current Lebanese condition)	Asmar, A.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Cervicalgie chez les secrétaires médicales (Cervical pain of the medical secretaries)	Fadel, P.	Saint Joseph University, Faculty of medicine, IGSPS	1999-2000
Evaluation des méthodes de prévention de l'hépatite virale chez les infirmières (Evaluation of the preventive methods for the viral Hepatitis among nurses)	Hajj, M.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Impact du bruit sur l'audition (Noise impact on audition)	Krayem, J.	Saint Joseph University, Faculty of medicine, IGSPS	1999-2000
L'Industrie du Bois (Wood Industry)	Fakreddine, M.	Saint Joseph University, Faculty of medicine, IGSPS	1999-2000
La nuisance sonore dans l'industrie libanaise nécessite d'une stratégie de surveillance et de prévention (The auditive damage in the Lebanese industry requires a surveillance and preventive strategy)	El Saddik, N.	Saint Joseph University, Faculty of medicine, IGSPS	2000
La Verrerie (A Glassware)	A'war, G.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Le stress au travail (Stress at work)	Richa, S.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Les accidents avec exposition au sang chez le personnel soignant (Health staff accidents with blood exposure)	Abou Rjeily, Z.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Les pesticides au Liban (Pesticides in Lebanon)	Nohra, P.	Saint Joseph University, Faculty of medicine, IGSPS	1999-2000
Les risques de l'emulsion-vinyle des peintures industrielles (Risks of vinyl-emulsion of industrial paintings)	Baini, M.	Saint Joseph University, Faculty of medicine, IGSPS	2000

Table 16 - Continued

Observation du department médical de la compagnie d'aviation nationale: la Middle East Airlines (Observation of the medical department of the national airway company: the Middle East Airlines)	Sina Rahme, D.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Occupational stress among residents at AUH	Medicine I Studies	<i>American University of Beirut, Faculty of Medicine, Saab Medical Library, Lebanese Corner</i>	1994
Pathologie respiratoire due à la poussiere farineuse (Respiratory pathology due to flowery dust)	Saade, E.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Pollution sonore at police de la circulation au Liban (Auditive pollution and police circulation in Lebanon)	El Takach, H.	Saint Joseph University, Faculty of medicine, IGSPS	2000
Recommandations et pratique actuelle dans la prevention des lombalgies du personnel hospitalier (Recommendations and actual practices in the prevention of back pain for the hospital staff)	Kalouche, L.	Saint Joseph University, Faculty of medicine, IGSPS	1999-2000
The prevalence of respiratory diseases and back pain among male employees of the port of Beirut	Medicine I Studies	<i>American University of Beirut, Faculty of Medicine</i>	1994
Vaccinations chez le Personnel de Santé à l'HDF (Vaccination of the health staff at HDF)	Jabre, P.	Saint Joseph University, Faculty of medicine, IGSPS	1999-2000

## **CHAPTER 5: OCCUPATIONAL HEALTH AND SAFETY REGULATIONS**

The Second World War and the changing patterns of work accelerated worldwide development in the provision of health care at work which have adverse effects on mental health and well being. Similarly, in Lebanon, labor legislation and labor acts were ratified since the thirties. And it was until the 23rd of September 1946 that the Lebanese Labour act was approved (Milki, Sader and Sader, 1999; Sader and Sader 2001). The Lebanese Labor Law, through its different orders and decrees, dealt with the following issues:

### 1. Child Labor

- Decree 700 of 25/5/1999
- Order 49/1 of 6/2/1997
- Articles 21 through 25 and Article 30 of the Lebanese Labor Law

### 2. Classification of Dangerous Occupational Settings

- Decree 2009 of 22/8/1959
- Decree 7558 of 8/9/1961

### 3. Occupational Hygiene and Safety

- Decree 6341 of 24/10/1951
- Decree 7380 of 22/5/1967
- Order 225 of 3/12/1955
- Order 129/2 of 22/4/1963
- Order 384/1 of 5/8/1966
- Order 27 of 13/12/1980
- Order 493/1 of 3/9/1997
- Order 10 of 25/1/1956
- Articles 61 & 62 of the Lebanese Labor Law

### 4. Occupational Accidents and Emergencies

- Legislative Decree 136 of 16/9/1983
- Law 220 of 29/5/2000

### 5. Construction Sites

- Decree 7380 of 22/5/1967
- Order 1632/2 of 31/1/1995
- Decree 2791 of 15/10/1992

- Order 1388/B of 2/10/1989
- Legislative Decree 148 of 16/9/1983

#### 6. Work Inspectors

- Decree 14900 of 2/5/1949
- Decree 2763 of 2/10/1965
- Decree 3273 of 26/6/2000

#### 7. Working Hours

- Order 46/1 of 6/2/1997
- Order 127/1 of 28/3/1983
- Legislative 1 of 24/7/1943
- Order 403/1 of 18/9/1963
- Order 104/1 of 11/3/1967
- Order 126/1 of 30/3/1974
- Order 289/1 of 10/6/1967
- Order 228/1 of 23/7/1993
- Order 163/1 of 23/7/1993
- Order 30 of 20/2/1956
- Order 164/1 of 8/4/1967
- Order 165/1 of 8/4/1967
- Order 730 of 10/4/1956
- Order 230 of 23/10/1956
- Order 163/2 of 31/1/1995
- Order 487/1 of 29/9/1995
- Order 449/1 of 16/8/1997

#### 8. Organization of the Apprenticeship Contracts

- Decree 17386 of 2/9/1964
- Decree 2952 of 20/10/1965

#### 9. Workers Training and Education

- Decree 16293 of 11/5/1964

#### 10. Appointment of Medical Officers

- Decree 4568 of 30/6/1960

## **5.1. MEDICAL SUPERVISION**

In June 1960, Decree No. 4568 was approved. It addresses the supervision of health conditions of personnel at worksites and provides for the appointment of physicians at the worksite.

Article 1 of this decree requires that all state corporations, which employ more than twenty employees, are required to hire a doctor called the “works medical officer”. The decree is composed of 17 articles addressing issues regarding onsite doctors and their responsibilities, medical check-up of employees prior to their employment, regular submittal of medical examination by employees, assessment of impact of change in technical methods on health conditions of the worker, along with issues of the Social Security Fund.

Legislative Decree 25/ET of 4 May 1943 consists of 43 Articles addressing labor accidents. It also has an Annex- Annex I to Legislative Decree 25/ET of 4 May 1943- which is a schedule of certain injuries considered as entailing a partial and/or permanent disability. Table 17 lists the different acts and legislative decrees pertaining to health and safety, in chronological order (Boutros, 1974; Milki, Sader and Sader, 1999; Sader and Sader 2001).



Table 17. Lebanese Labor Laws, Orders, Decrees and Legislation on Occupational Health and Safety (1943-2000)<sup>4</sup>

رقم القرار / المرسوم	تاريخ الإصدار	
قانون ٢٢٠	٢٩ أيار ٢٠٠٠	حقوق الموظف المصاب أثناء الوظيفة بإعاقة بطلب صرف من الخدمة
قرار رقم ٧٠٠	٢٥ أيار ١٩٩٩	تحذير استخدام الأحداث قبل إكمالهم السادسة عشرة أو السابعة عشرة في الأعمال الخطرة بطبيعتها و التي تشكل خطرا على الحياة أو الصحة أو الأخلاق
قرار رقم ١١٤٩٣	٣ أيلول ١٩٩٧	تطبيق أحكام اتفاقية العمل الدولية رقم (١٢٠) حول الظروف البيئية: تهوية، إضاءة، حرارة، .....
قرار رقم ١/٤٤٩	١٦ آب ١٩٩٧	تحديد دوام عمل صالونات الحلاقة في طرابلس والميناء
قرار رقم ١١٤٩	٦ شباط ١٩٩٧	عدم السماح باستخدام الأطفال و الأحداث في المهن غير الصناعية
قرار رقم ١١٤٦	٦ شباط ١٩٩٧	الإعلان عن ساعات العمل و فترات الراحة ووضع سجل في المؤسسات للساعات الإضافية
قرار رقم ١/٤٨٧	٢٩ أيلول ١٩٩٥	تحديد مواقيت الفتح والإقفال لأصحاب محلات الصاغة والجوهرجية في بيروت وجبل لبنان
قرار رقم ٢١١٦٣	٣١ كانون الثاني ١٩٩٥	تحديد دوام العمل في ورش البناء و الأشغال العامة
قرار ١/٢٢٨	٢٣ تموز ١٩٩٣	تحديد مواقيت الإقفال لصالونات التجميل للسيدات في بيروت وجبل لبنان
مرسوم رقم ٢٧٩١	١٥ تشرين الأول ١٩٩٢	تعديل المرسوم التطبيقي لقانون البناء كما يوجد رسومات هندسية منبثقة عن نص المواد التقنية للمرسوم التطبيقي لقانون البناء رقم ٩٢١٢٧٩١
قرار رقم ١٣٨٨ أ ب	٢ تشرين الأول ١٩٨٩	يتعلق بإخضاع مساعد المباني لترخيص مسبق و لشروط فنية وقائية

<sup>4</sup> Law = قانون

Article = مادة

Order = قرار

Decree = مرسوم

Legislative Decree = مرسوم اشتراعي

Table 17 - Continued

مرسوم اشتراعي رقم ١٤٨ معدل بامرسوم الاشتراعي رقم ٤٥	١٦ أيلول ١٩٨٣ ٢٣ آب ١٩٨٥	يتضمن أربع عشرة فصلاً: الفصل الأول في رخصة البناء الفصل الثاني في الغلاف الذي يجب أن تبقى الأبنية داخله الفصل الثالث حول العقوبات الفصل الرابع حول أحكام عامة
مرسوم اشتراعي رقم ١٣٦	١٦ أيلول ١٩٨٣	ضوابط العمل
ملحق بامرسوم الاشتراعي رقم ١٣٦	١٦ أيلول ١٩٨٣	جدول بمعدلات بعض أنواع العطب التي تعتبر مؤدية إلى عجز عن العمل جزئي مستقيم
قرار ١/١٢٧	٢٨ آذار ١٩٨٣	إصدار مفعول القرار رقم ١/٦٥٧ تاريخ ١٩٧٤/١٢/٣ القاضي بتجميد قرارات تحديد مواعيد الفتح والإقفال في الأعمال والمهن الواحدة والمتشابهة
قرار رقم ٢٧	١٣ كانون الأول ١٩٨٠	فرض شروط السلامة العامة في المؤسسات التجارية في مدينة بيروت
قرار رقم ٢٧م	١٣ كانون الأول ١٩٨٠	يتعلق بفرض شروط السلامة العامة في المؤسسات التجارية
قرار رقم ١/١٢٦	٣٠ آذار ١٩٧٤	تحديد أوقات العمل في الفنادق
قرار ١/٢٨٩	١٠ حزيران ١٩٦٧	تحديد ساعات العمل للإجراء العاملين في محلات التزيين الجالية
مرسوم رقم ٧٣٨٠	٢٢ أيار ١٩٦٧	تنظيم الحماية والوقاية والسلامة في العمل في ورش البناء
قرار ١/١٦٥	٨ نيسان ١٩٦٧	تحديد مواعيد العمل والفتح والإقفال لمؤسسات أصحاب مراتب (كراجات) تصليح السيارات في محافظة بيروت وضواحيها
قرار ١/١٦٤	٨ نيسان ١٩٦٧	تحديد مواعيد العمل والفتح والإقفال في المؤسسات التي تتعاطى تجارة الأقمشة والنوفوتيه
قرار ١/١٦٣	٨ نيسان ١٩٦٧	تحديد ساعات العمل في محطات المحروقات
قرار رقم ١/١٠٤	١١ آذار ١٩٦٧	تحديد أوقات العمل في المطاعم والمقاهي والملاهي والحانات
قرار رقم ١١٣٨٤	٥ آب ١٩٦٦	شروط الوقاية والسلامة في العمل في مطاحن
مرسوم ٢٩٥٢	٢٠ تشرين الأول ١٩٦٥	إخضاع بعض المؤسسات إلى تسوية النزاع الجماعي فور إنهاء عملية الوساطة
مرسوم رقم ٢٧٦٣	٢ تشرين الأول ١٩٦٥	تشكيل لجان مشتركة من موظفي الإدارات العامة المختصة لتفتيش ومراقبة ومؤسسات الأقران
مرسوم رقم ٤٧٥	١٦ تشرين الثاني ١٩٦٤	مراقبة المراجل البخارية

Table 17 - Continued

قانون عقود العمل الجماعية و الوساطة و التحكيم	٢ أيلول ١٩٦٤	مرسوم رقم ١٧٣٨٦
إنشاء لجنة دائمة للتدريب النقابي و تشييف العمالي	١١ أيار ١٩٦٤	مرسوم رقم ١٦٢٩٣
تحديد ساعات العمل للذين يعملون في المؤسسات التي تتعاطى مهنة الصيدلة	١٨ أيلول ١٩٦٣	قرار رقم ١١٤٠٣
تحديد بعض تدابير الوقاية و السلامة المفروضة على مؤسسات الأفران	٢٢ نيسان ١٩٦٣	قرار رقم ٢١١٢٩
تعديل تصنيف المؤسسات الخطرة و امضرة بالصحة العامة و المزعجة	٨ أيلول ١٩٦١	مرسوم رقم ٧٥٥٨
تعيين طبيب في كل المصالح العامة و المؤسسات التي تخضع لقوانين العمل لاجل مراقبة حالة الأجراء الصحية	سنة ١٩٦٠	قرار رقم ٤٥٦٨
جدول إضافي بتصنيف بعض الصناعات و المؤسسات الخطرة و امضرة بالصحة و المزعجة	٢٢ آب ١٩٥٩	مرسوم رقم ٢٠٠٩
تحديد ساعات العمل لبعض فئات مأموري سكة الحديد	٢٣ تشرين الأول ١٩٥٦	قرار رقم ٢٣٠
زيادة الحد الأقصى لساعات عمل لخدم الأديرة و مراكز السلطات الدينية	١٠ نيسان ١٩٥٦	قرار رقم ٧٣٠
إمكان زيادة ساعات العمل لمستخدمي المؤسسات التجارية	٢٠ شباط ١٩٥٦	قرار رقم ٣٠
شروط الوقاية الصحية في المطابع	٢٥ كانون الثاني ١٩٥٦	قرار رقم ١٠
وقاية العمال في كسارات نهر الموت	٣ كانون الأول ١٩٥٥	قرار رقم ٢٢٥
تنظيم الحماية و الوقاية الصحية في كافة المؤسسات الخاضعة لقانون العمل	٢٤ تشرين الأول ١٩٥١	مرسوم رقم ٦٣٤١ معدل بموجب المرسوم رقم ١٠١٢٢
تعيين مفتشي العمل و تحديد اختصاصهم	٢ أيار ١٩٤٩	مرسوم رقم ١٤٩٠٠
المادتان ٦١ و ٦٢: مسؤولية و واجبات أرباب العمل تجاه بيئة العمل	١٩٤٦	قانون العمل اللبناني
يستعلق بحوادث العمل و حقوق العمال المصابين بحوادث عمل بالرعاية الصحية، التغيب عن العمل، و التعويض	سنة ١٩٤٣	مرسوم رقم ٢٥ معدل بالمرسوم الاشتراعي رقم ١٣٦ (سنة ١٩٨٣)
تحديد ساعات فتح صالونات الترتين	٢٤ تموز ١٩٤٣	أشتراعي ١

## **CHAPTER 6: OCCUPATIONAL HEALTH AND SAFETY EDUCATION**

### **6.1. SCHOOLS OF MEDICINE, NURSING, AND PUBLIC HEALTH**

Out of the 11 schools of medicine, nursing, and public health listed on page 6, nine (82%) responded to the questionnaire on occupational health and safety education (Appendix A1.1). The results are shown in Table 18:

- 7 reported offering complete or partial courses on occupational health and safety;
- 6 reported emphasizing occupational history in patient management and follow up;
- 8 reported offering lectures on types of occupational hazards and their impacts;
- 4 reported taking students on field visits (not specified);
- 3 reported taking their students on grand rounds or to seminars but not frequently;
- 7 reported providing lectures on topics such as noise, heat, radiation, AIDS etc.; and
- 8 reported addressing the issues of protection and prevention among health workers.

The above results reveal that the majority of the health professional schools in the country offer some information on occupational health and safety in their current curricula. All are working on either integrating occupational health and safety in their courses, developing independent courses to address occupational health and safety, or developing more courses that allow their undergraduate and graduate students to take a track in this field.

For instance, the Nursing School at the American University of Beirut, reported that it is already emphasizing the areas of occupational health and safety as pertinent to nursing. Occupational health and safety are addressed partially in the course “Nursing 200- Introduction to Nursing”. Lectures on the types of occupational hazards and their impact on the health and safety of workers, are offered as part of the “Chemo and Radiation Therapy” course. Regarding seminars related to occupational health and safety, these are held as part of the senior projects in community nursing. “Nursing 201- Fundamentals of Nursing” and “Nursing 306 and 307- Nursing Care of children” provide lectures about noise, asbestos, silica, lead, heat, mercury, radiation, etc. Also, nursing students at AUB are exposed to such topics in the nutrition and emergency units, as well as in the clinical nursing and medical surgical courses (I and II). Also, the Faculty of Health Sciences at AUB is aiming towards developing more courses on occupational health and safety in order to allow students to become more familiar in this area/subject. As for the School of Medicine at AUB, it is reported to be creating an occupational module for Family Medicine residents.

## 6.2. SCHOOLS OF ENGINEERING

The response rate of the civil, mechanical, and electrical engineering schools was 3 out of 6, the results of which are presented in Table 19. Two out of 3 respondents reported offering basic information on work safety: only one offered lectures on types of occupational hazards and their impacts; and only one addressed issues of prevention and protection among workers. Only two respondents reported emphasizing the importance of following safety rules and regulations during laboratory hours and in practice, while the third respondent admitted to not doing enough in this area. Although the three respondents reported taking their students on field visits, only one discusses the issues of occupational health and safety and one addresses this topic partially. None of the respondents hold seminars or invite speakers to talk about work health and safety. All three respondents offered few lectures on topics such as fire safety, chemical safety, electrical safety, etc., (only 1-4 of these topics).

These responses show that the engineering schools in the country do not offer enough information or emphasize the importance of occupational health and safety in their current curricula. As for their future plans, none indicated taking any action for including material on occupational health and safety in their curricula.

## 6.3. TECHNICAL PROGRAMS

There are five recognized technical programs, which offer both vocational and theoretical training leading to a degree in technical education:

- الكفاءة المهنية: provided to students who pursuit a two years program in a field of specialty after they have successfully passed the fifth elementary.
- التكميلية المهنية: provided to students who pursuit a two years program in a field of specialty after they have successfully passed the second intermediate.
- البكالوريا الفنية: provided to students who pursuit a three years program in a field of specialty after they have successfully passed the fourth intermediate.
- الامتياز المهني: provided to students who pursuit a three years program in a field of specialty after they have successfully passed the baccalaureate part II or have received the البكالوريا الفنية .
- الإحازة التعلیمیة الفنية: provided to students who pursuit a four years program in a field of specialty after they have successfully passed the baccalaureate part II or have received the البكالوريا الفنية .

No occupational health and safety courses or lectures are integrated into these technical programs; only minimal instructions on such issues are discussed during laboratory hours.

Table 18. Occupational Health and Safety Education: Schools of Medicine, Nursing and Public Health

School/University	Question 1 Complete/ Partial Courses	Question 2 Occupational History Lecture	Question 3 Occupational Hazards	Question 4 Field Visits	Question 5 Seminars/ Grand rounds	Question 6 Specific topics	Question 7 Preventive & Protective Steps	Question 8 Future Steps
<b>Schools of Public Health (3/4)</b>								
School 1	Complete course	Yes	Yes	No	No	Yes (plus pesticides and infectious diseases)	Yes	Courses offered to medical students and to professionals
School 2	Complete courses for undergraduate and graduate	No	Yes	Yes	Yes but not frequent	Yes (plus topics on management issues and other hazards)	Yes	Aiming to develop more courses on OHS to allow students to take a minor or track in this field
School 3	Complete course for Junior year	No	Yes	Yes	Currently no but intend to.	Only on noise, lead, asbestos, radiation and PAHs	Yes	Intend to develop more courses on OHS and to develop an occupational hygiene laboratory for hazard monitoring
<b>Schools of Nursing (3/3)</b>								
School 4	Partial courses for undergraduate and graduate	Yes (integrated in courses of pathology and epidemiology)	Only in courses of hygiene and microbiology	Yes (as part of public health courses)	No	Yes (as well as on AIDS, hepatitis, and contact dermatitis)	Yes	Preparing an independent course in OHS and will increase the credits of public health to include training in this field

Table 18 - Continued

School 5	Yes	Yes	Yes, only on those related to hospital setting	No	Only as seminars or senior nursing projects	Yes (as well as on drugs, infectious diseases and vaccination)	Yes	Already areas pertinent to nursing are being emphasized. However, in certain courses the introduction of projects on "Policy regarding OHS" and the introduction of an OHS course for seniors are being considered. Also, seminars on OHS topics could become more extensive.	
School 6	No	Yes, as information integrated in patient's physical assessment, nursing diagnosis, and intervention	Yes	No	No	No	Yes	Intend to offer an elective course on OHS within the current BSc Nursing curriculum, and the possibility of introducing Occupational Nursing in one of the post basic educational options	
<b>Schools of Medicine (3/4)</b>									
School 7	No	No	No	No	N.R. <sup>a</sup>	No	No	Reviewing the possibility of giving OHS <sup>b</sup> more attention	
School 8	Partial course	Yes	Yes	Yes (but not frequently)	No	Only on noise, heat, and radiation	Yes	Creating an occupational Medicine module for Family Medicine residents	
School 9	Complete	Yes	Yes	Yes	Hold grand rounds	Yes (on all mentioned topics)	Yes	The topics are already included in the teaching and training curricula	

<sup>a</sup> N.R.      **No Response**

<sup>b</sup> OHS      **Occupational Health and Safety**

Table 19. Occupational Health and Safety Education: Departments and Schools of Engineering

School/University	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9
School 1 (Mechanical Engineering)	No	No	No	Yes	Yes	They take students to field visits but do not discuss with them issues of OHS <sup>b</sup>	No	Only give lectures on Fire safety	None at present
School 2 (Electrical Engineering)	Yes	Yes	No	Yes	Yes	Take them on field visits and explain the health and safety issues	No	Only give lectures on electrical safety	A new curricula for implementation starting October 2001
School 3 (Electrical Engineering)	Not enough	No	Yes	Not enough	Not enough	They take them to the field but discuss the health and safety issues partially	No	Give lectures on noise, heat, chemical safety, electrical safety, construction safety	

<sup>a</sup> N.R. No Response

<sup>b</sup> OHS Occupational

Health

and

Safety



## CHAPTER 7: ROLE OF GOVERNMENTAL AND NON-GOVERNMENTAL GROUPS

### 7.1. GOVERNMENTAL AGENCIES

#### 7.1.1. Ministry of Environment

The contact with the General Director of the Ministry of Environment (MoE) revealed that the Ministry is not oriented towards occupational health issues. Instead the Ministry of Public Health (MoPH) and Ministry of Labor (MoL) are the ones more involved. The MoE reported to have only one report on noise levels which is not enforced as well as a protocol for asbestos.

#### 7.1.2. Ministry of Public Health

The MoPH reported that it lacks the following:

- ❑ Manpower in the department which is concerned with occupational health issues. One person (Dr. Khoury) currently mans the department.
- ❑ Equipment for measurement of hazards
- ❑ Laboratories
- ❑ Division of responsibilities within the MoPH

According to the MoPH, a health council at the Mohafazat carries out licensing of factories. This council is usually headed by the Mohafez and includes a representative from the MoPH. However, this is currently only theoretical (i.e., on paper). Also, it is reported that the Ministry of Labor (MoL) is more involved in inspection because they have the manpower (medical and administrative inspectors) as well as in legislation. Concerning child labor, a prospective law is expected with the collaboration of the NSSF, Ministry of Social Affairs, and UNICEF.

As for the NSSF, it covers diseases but not work-related injuries and till now there is no change regarding the coverage of occupational injuries.

## 7.2. NON-GOVERNMENTAL GROUPS: LABOR UNIONS IN LEBANON

All of the 12 contacted union representatives responded: 7 of the respondents were interviewed personally, while the remaining 5 received and returned the questionnaire by fax. The results of the questionnaire (Appendix A1.3) are presented for each question separately.

*Question 2:* Do you have a system for gathering/collection of information on occupational injuries and diseases?

The Union of Construction and Carpentry Syndicates reported registering incidents in which the worker presents a complaint to the union. The union of Food Products also reported that it has such a unit. This could not be confirmed, especially that the union stated that they do not have any statistical information about occupational injuries and diseases within the occupations they represent. The remaining unions reported the absence of such a process.

*Questions 3 and 4:* What are the estimated magnitude of occupational injuries and diseases (based on experience or statistics) and the prevalence of occupational injuries and diseases?

Table 20 shows the summary of responses of all unions.

Table 20. Estimated magnitude and most prevalent occupational injuries and diseases as reported by each union

Union	Estimated magnitude of occupational injuries and diseases	Most prevalent occupational injuries and diseases
1. Union of Chemical Materials Workers	Not Available (N.A.)	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Respiratory Diseases</li> </ul>
2. Union of Public Transport Syndicates	Most of the drivers who are 45 years of age or older are exposed to occupational injuries and diseases.	<ul style="list-style-type: none"> <li>• Back pain</li> <li>• Pain in the legs</li> <li>• Hearing loss</li> <li>• Cancer</li> </ul>
3. Union of Petroleum Employees and Workers Syndicates	Only few cases are reported	<ul style="list-style-type: none"> <li>• Dermatitis (skin allergy)</li> </ul>

Table 20 - Continued

4. Union of Construction and Wood Carpentry Syndicates	<p>In carpentry: more than 100 cases per year and mostly due to exposure to chemicals during painting in Beirut area.</p> <p>In construction: more than 25 cases per year in Beirut area.</p>	<p>In carpentry:</p> <ul style="list-style-type: none"> <li>▪ Allergy</li> <li>▪ Respiratory diseases</li> <li>▪ Reduced vision</li> </ul> <p>In construction:</p> <ul style="list-style-type: none"> <li>▪ Something like osteoporosis</li> <li>▪ Back pain</li> </ul> <p>In cement factory:</p> <ul style="list-style-type: none"> <li>▪ Allergy</li> <li>▪ Asthma</li> </ul> <p>An overall increase in cancer cases</p>
5. Union of workers and employees of paper products inn Lebanon	Not less than 1 percent of the workforce represented by the union, i.e. about 50 different cases of injuries and diseases	<ul style="list-style-type: none"> <li>▪ Amputation of the fingers</li> <li>▪ Bone fractures in the legs</li> <li>▪ Respiratory diseases due to inhaling chemicals</li> </ul>
6. Union of Health Sector Syndicates	At least 20 percent of the workers are exposed to occupational injuries and diseases.	<p>Diseases due to exposure to chemicals and radiation such as:</p> <ul style="list-style-type: none"> <li>▪ Tuberculosis</li> <li>▪ Jaundice (Hepatitis)</li> <li>▪ Cancer</li> </ul>
7. Union of Printing and Advertising Syndicates	About 4 to 5 percent of the workers are exposed annually to occupational injuries and diseases.	<ul style="list-style-type: none"> <li>▪ Reduced vision</li> <li>▪ Sexual impotence</li> <li>▪ Hernia</li> </ul>
8. Lebanese Labor Union for Mechanical and Foundry Workers	Not more than 5 percent of the workers are exposed annually to occupational injuries and diseases	<ul style="list-style-type: none"> <li>▪ Breathing difficulties</li> <li>▪ Allergy</li> <li>▪ Fingers and hand amputation</li> </ul>
9. Union of Employees and Workers of Food Products Syndicates	N.A.	<ul style="list-style-type: none"> <li>▪ Breathing difficulties</li> <li>▪ Minor injuries</li> </ul>
10. Jabal Aamel Union for Agricultural Syndicates	8 percent of the agricultural workers are exposed to occupational injuries and diseases.	<ul style="list-style-type: none"> <li>▪ Poisoning</li> <li>▪ Sun stroke</li> <li>▪ Fractures</li> <li>▪ Diarrhea</li> </ul>
11. Union of workers in the Tobacco Syndicates of Lebanon	N.A.	<ul style="list-style-type: none"> <li>▪ Cancer diseases</li> <li>▪ Breathing difficulties</li> <li>▪ Asthma</li> </ul>
12. Marine Transport Syndicate	--	<ul style="list-style-type: none"> <li>▪ Digestive tract diseases</li> <li>▪ Allergy</li> <li>▪ Contusions and bruises</li> <li>▪ Malnutrition</li> </ul>

*Question 5:* Do you have one or more occupational health and safety specialists within the union?

Six unions (the Union of Workers and Employees of Paper Products in Lebanon; the Union of Printing and Advertising Syndicates; the Union of Health Sector Syndicates; the Union of Employees and Workers of Food Products Syndicates; the Jabal Amel Union for Agricultural Syndicates; and the Union of Workers in Tobacco Syndicates of Lebanon) reported to have a person assigned to occupational health and safety. In addition, one reported that the work of this specialist is a routine procedure of attending lectures and workshops addressing occupational health and safety.

The remaining 6 unions have not assigned a person to follow up on issues of occupational health and safety. However, these unions, through seminars, persist on requesting the application of feasible occupational health and safety procedures in factories and other workplaces.

*Question 6:* Do you publish pamphlets or brochures addressing occupational health and safety?

Eleven out of the 12 unions reported not publishing any brochures or pamphlets. The main reason was economic constraints. Previously, between 1965 and 1995, the Union of Mechanical and Foundry Workers used to publish the magazine of "Lebnan Al-Amel" which included articles about occupational safety. The union also used to distribute occupational health and safety brochures received from the International Union for the Labor Organization of Foundry Workers.

Currently, the Union of Public Transport Syndicates publishes pamphlets that address health hazards to which drivers are exposed and it is issued 3 to 4 times per year but not on a regular pattern.

*Question 7:* Do you hold workshops or seminars on occupational health and safety?

Five unions reported organizing workshops on occupational health and safety. These are:

- The Union of Health Sector Syndicates which in collaboration with the Fredrich Ebert Foundation, organized one workshop in 1998 on the following topics: (1) needle pricks, (2) handling of chemical products, (3) exposure to radiation, and (4) prevention of exposure to microbiological hazards in the laboratory.
- The Union of Printing and Advertising Syndicates in collaboration with the Fredrich Ebert Foundation, organized two workshops in 1990 and 1997 emphasizing unity and

the formation of a strong front in support of their demands and to protect workers from exposure to hazards of their jobs.

- The Labor Union for Mechanical and Foundry Workers organized 3 workshops in the years 1971, 1973, and 1983 addressing issues of sanitary conditions at work, occupational health and safety, and occupational safety respectively.
- The Union of Employees and Workers of Food Products Syndicates organized two workshops in the years 1999 and 2000 that addressed public health and the environment, role of media and the general standards of living.
- The Jabal Aamel Union for Agricultural Syndicates organized workshops, but did not mention what topics were covered.

The remaining unions attended lectures on occupational health and safety within workshops.

*Question 8:* Have you ever legally represented any of its members for compensations of an occupational injury or disease?

Except for the Union of Public Transport Syndicates, all unions reported legal representation or involvement regarding occupational injuries or diseases, based on Lebanese Labor Law. Most of those cases deal with compensations not paid by insurance agencies to employees.

Two unions said that the number of cases is limited because of the presence of collective contracts that clarifies the responsibility of the employer towards the employees.

*Question 9:* What are the current occupational and health safety law(s)/regulations related to the jobs the union represents?

All of the unions reported that the Lebanese Labor Law is the basis for compensation for workers in cases of occupational injuries or diseases.

The Lebanese Labor Union for Mechanical and Foundry Workers reported that in addition to the Lebanese Labor Law, they depend on the recommendations of the International Labor Organization and the Arab Labor Organization. However, they complained that these agreements are limited and cannot become widespread or inclusive of all companies.

The Union of Public Transport Syndicates said that the Lebanese Labor Law does not apply to the public transport drivers who are compensated for by the NSSF for illness. In case of a car accident, the court decides what the driver is entitled to.

The Jabal Aamel Union for Agricultural Syndicates reported that, besides the labor law, there is no law that is directly concerned with health and safety for agricultural workers, especially that most of the workers in this sector are seasonal. Seasonal workers are not covered by the NSSF.

The Marine Transport Syndicate depends on the Lebanese Marine Trade Law. They also try to apply some international laws that they have learned through working with foreign ships that apply the regimes adopted in the countries of the IMO and SOLAS organizations.

*Question 10:* Future plans or current activities to develop new occupational health and safety for the jobs the union represents

The Union of Petroleum Employees and Workers Syndicates and the Jabal Aamel Union for Agricultural Syndicates reported that they follow the General Confederation of Workers in Lebanon (GCW) which has special committees working on developing the Labor Law. Under these recommended developments the Jabal Aamel Union for Agricultural Syndicates aims at including the agricultural workers in the labor law.

The Union of Chemical Materials Workers reported that they are working on developing the current Labor Law to become more suitable for current working situations. However, the government is not responding to their proposals and the Ministry of Labor worked on changing the Labor Law without even considering their needs and demands.

The Union of Public Transport Syndicates believes it is in the best interest for its drivers to become covered by the NSSF rather than any other law. Thus, the union aims towards including its members under the social security.

The Union of Construction and Wood/Carpentry Syndicates presented memos to the Ministry of Labor but the ministry did not consider their request. This union prefers that the occupational injuries or diseases be considered as an item in the NSSF law because they believe it to be more developed and up to date than the Lebanese Labor Law.

The Union of Workers and Employees of Paper Products in Lebanon seeks to apply the current Labor Law while the Union of Health Sector Syndicates always sends the recommendations of the workshops it attends to the government but gets no response.

Finally, the Marine Transport Syndicate reported continuous efforts to adjust the current Lebanese laws.

## **CHAPTER 8: NATIONAL WORKSHOPS ADDRESSING OCCUPATIONAL HEALTH AND SAFETY IN LEBANON**

### **8.1. NATIONAL ROUNDTABLE ON OCCUPATIONAL HEALTH AND SAFETY OF 18 JANUARY 2001**

On the 18<sup>th</sup> of January, 2001, the Regional Office for Arab States, in cooperation with the Ministries of Labor, Health and Environment, and with the participation of the Ministries of Agriculture, Industry, Interior and Municipalities, the Social Security Fund, the Association of Lebanese Industrialists, World Health Organization (WHO) and other UN agencies, the AUB and USJ, held a national roundtable on occupational health and safety in Beirut. This meeting ended with twelve recommendations addressing the following issues:

- (1) The coordination of occupational health and safety matters among concerned ministries, employers and worker's organizations, and concerned governmental and non-governmental organizations;
- (2) The ratification of international labor conventions by the MoL;
- (3) The development and strengthening of the Ministry of Labor (MoL);
- (4) The reactivation of Occupational Diseases Department at the MoH;
- (5) The involvement of employer's and worker's organizations on occupational safety and health activities;
- (6) The contribution of the Social Security Fund to the funding of occupational safety and health activities;
- (7) The collaboration of MoL, MoH and other concerned ministries in compiling information about industrial institutions/enterprises in the country;
- (8) The re-operation of the Occupational Health and Diseases unit at the Social Security Fund;
- (9) The planning and execution of programs and projects related to application of rules and regulations relating to occupational health and safety
- (10) The provision of technical assistance to the MoL to support all occupational safety and health programs;
- (11) The provision of support to occupational safety and health activities; and
- (12) The encouragement of media campaigns aiming at community awareness regarding the importance of occupational health and safety.



## **8.2. NATIONAL ROUNDTABLE ON OCCUPATIONAL HEALTH AND SAFETY FROM 23 TILL 27 OF APRIL 2001**

The ILO held another workshop from 23<sup>rd</sup> till 27<sup>th</sup> of April 2001. This workshop concluded with 23 recommendations that encourage labor ministries to ratify international occupational and health agreements, to create occupational health and safety units within the ministries, and to enhance national regulations concerning this topic. They also requested the development of national capabilities in the field of occupational health and safety along with provision of technical support from the Torino International Training Center. Other recommendations included the development of statistical procedures for occupational injuries and diseases, the involvement of NGO's, media and educational institutions' in raising public awareness on occupational health and safety, the development of national regulations and standards, and holding systematic conferences and workshops relating to occupational health and safety and the work environment under the care of the ILO and the Arab Labour Organization (ALO). These detailed recommendations of the above two workshops are presented in Appendix 4.

## **CHAPTER 9: RECOMMENDATIONS: NEEDS AND PRIORITIES**

There is a great need to outline and adopt a National Occupational Health Policy, which should address the following priorities:

1. Organization of Occupational Health Services, enforcement of existing regulations, and introduction of statutory minimum standards of health and safety in the worksites.
2. Training
3. Service
4. Research

### **9.1. ORGANIZATION**

- (i) A number of authorities in Lebanon are concerned with Occupational Health and Safety. In this context the recommendation No. 1 of the National Roundtable on Occupational Health and Safety (Appendix 3), should be adopted and implemented. It states the following:

“The Ministry of Labour, the Ministry of Health and the Ministry of Environment are requested to revive a high-level national committee on occupational safety and health and to include in its membership the Ministries concerned, Employer’s and Worker’s Organization, and concerned Governmental and Non-Governmental Organizations for the purpose of coordinating occupational safety and health matters and providing advice in the implementation of a sound national policy on occupational safety and health.”

- (ii) To study in more depth the recommendations of both the National Roundtable (Appendix 3), and the workshop on Comparative Criteria (Appendix 4), as well as the findings of this study in order to outline an operative and a stepwise implementation program.

### **9.2. TRAINING**

The need is for more and better-trained manpower in occupational health. The planning of educational programs in occupational health must address the following issues:

- (i) What type of training should be provided?

- (ii) How should training be provided?
- (iii) Who should be trained?
- (iv) Who should do the training?
- (v) Where should the training be provided?

### **9.2.1. Training Program**

They must be tailored within the context of the occupational health status in Lebanon, and the patterns of its development. Existing programs have to be examined critically and strengthened where necessary. Also continuing education in occupational health can be of great benefit if it is oriented toward problem-related and practical situation case studies.

### **9.2.2. Teaching Curricula and Methodology**

1. The educational curriculum must be practice- and problem-oriented, requiring some degree of field training. A multidisciplinary approach is recommended.
2. Occupational Health has to be taught in the context of prevention and public health.
3. Training must be relevant to the expected roles of the Occupational Health Team.
4. Educational programs for occupational health can be integrated within training of Primary Health Care workers and other public health personnel. This is needed to support one another's efforts and avoid unnecessary duplication of work and competition for limited health resources.

### **9.2.3. Target Groups**

Comprehensive Education and Training should be aimed at the following categories:

1. Medical Staff (physicians, nurses, medical students, and other medical auxiliaries).
2. Safety and hygiene personnel.
3. Engineering, Technical Institutes, and School students.
4. Trade Unions and Workers in small industries.
5. Company and Worksite management.
6. Decision makers (at different levels including legislative bodies).

### **9.2.4. Educators**

1. Ideally, teachers of occupational health should be experienced practitioners themselves, familiar with the local environment.
2. Their exposure must be broad enough, bringing together a multidisciplinary perspective to the study of occupational health and safety.

### **9.2.5. Educational Settings**

1. Training is best done at the actual sites of practice i.e. educational programs will have to include practical training in the field, with adequate exposure to real life problems and situations.
2. Experience and educational facilities may be shared and local centers of specialty can be further developed.

### **9.3. SERVICE**

1. The distinct health needs to provide high productive work justify good medical facilities in major worksites and group facility for smaller worksites.
2. Services can be integrated within PHC depending on the location. Thus it will lessen expenses and utilize optimally limited resources.
3. Different models of services with tripartite collaboration can be developed in the different regions of Lebanon.

### **9.4. RESEARCH**

The justification for applied research in occupational health in Lebanon is greatly needed since it will have a significant impact on occupational health services in the country and on the overall quality of the working environment. The following are recommended areas to be studied methodically:

1. Collection of information on national occupational health and Safety problems in Lebanon.
2. The actual status and trends of occupational health and Safety hazards and risks.
3. Setting priorities for occupational health and Safety policies.
4. Provision of acceptable tools for practical prevention and control of occupational health and Safety problems.
5. Strengthening and developing occupational health and Safety services.
6. Development of methods for absorbing and applying the results of international research and recommendations at the national level.

There are problems in carrying out the research on the above-mentioned areas. Such problems are the following:

- (i) Support from sponsors is sporadic and unstable.
- (ii) Difficulties in collaboration particularly across borders of administrative sectors.
- (iii) Shortage of trained manpower and of expert, technical and assisting personnel.
- (iv) Shortage of technical infrastructure and facilities.

In conclusion, in our view none of these obstacles alone seems seriously obstructive to a research program, but in total they may have a cumulative effect on implementation. It is our contention that with the help and assistance of WHO and other international agencies, the obstacles can be overcome.

Another issue, which should be reemphasized, is legislation, which is another important factor in the development of occupational health and safety. Influence should be exerted on decision-makers to enact or modify laws, which would give priority and more emphasis to occupational health.

Finally, we earnestly hope that this study marks only the beginning, albeit a very useful one, of a new era of active cooperation and involvement of WHO – EMRO in the development of Occupational Health and Safety in Lebanon.

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## **APPENDICES**

### **Appendix 1: Sample of Developed Questionnaires**

- A1.1: Questionnaire addressed to selected schools of health professionals in Lebanon
- A1.2: Questionnaire addressed to selected schools of engineering in Lebanon
- A1.3: Questionnaire addressed to representatives of the twelve Labor Unions in Lebanon

### **Appendix 2: List Of Respondents**

- A2.1: List of selected schools of health professionals and their respective respondents
- A2.2: List of selected engineering schools and their respective respondents
- A2.3: List of selected unions with their respective representatives and addresses

### **Appendix 3: Recommendations of the Roundtable on Occupational Safety and Health (18/01/2001)**

### **Appendix 4: Recommendations of the Roundtable on Occupational Safety and Health (23-27/04/2001)**

A1.1: Questionnaire addressed to selected schools of health professionals in Lebanon

Occupational Health and Safety  
in Schools of Medicine, Public Health, and Nursing in Lebanon

Upon a request from the World Health Organization, Dr. Mustafa Khogali and Dr. Iman Nuwayhid from the American University of Beirut are carrying out a study on occupational health and safety in Lebanon. This study intends to assess current conditions through reviewing the literature (documents, regulations, publications) and interviewing key stakeholders such as syndicates, non-governmental organizations, and academic institutions.

This questionnaire is addressed to selected schools of health professionals in Lebanon to inquire about their current teaching and training curricula and their future plans in the field of occupational health and safety.

Name of the school/university: \_\_\_\_\_

Current teaching and/or training curriculum:

1. Do you offer a complete or partial course on occupational health and safety?  
\_\_\_\_\_
2. Do you offer lectures on how to take an occupational history and stress the importance of such information in patient management and follow-up?  
\_\_\_\_\_
3. Do you offer lectures on types of occupational hazards and their impact on the health and safety of workers?  
\_\_\_\_\_
4. Do you take your students on field visits to workplaces (such as industries, construction sites, etc.)?  
\_\_\_\_\_
5. Do you hold seminars or grand rounds related to occupational health and safety?  
\_\_\_\_\_



6. Do you offer one or more lectures on the following topics:

	Yes	No	In which courses?
Noise	_____	_____	_____
Asbestos	_____	_____	_____
Silica	_____	_____	_____
Lead	_____	_____	_____
Heat	_____	_____	_____
Mercury	_____	_____	_____
Radiation	_____	_____	_____
Other	_____	_____	_____

7. Does your program address issues of prevention and protection among health care workers, such as prevention and protection from exposure to HIV, Hepatitis, Tuberculosis, radiation, chemotherapeutic agents, etc.? \_\_\_\_\_

**Future plans:**

1. What are the future steps considered for including some of the above topics in your teaching and training curriculum?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>Date: _____ / _____ / _____</p> <p style="text-align: center;">Day Month Year</p> <p>Place of interview: _____</p> <p>Name/ title of the respondent: _____</p> <p>Name of the interviewer: _____</p>
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## A1.2: Questionnaire addressed to selected schools of engineering in Lebanon

### Occupational Health and Safety in Departments of Civil, Mechanical, and Electrical Engineering in Lebanon

Upon a request from the World Health Organization, Dr. Mustafa Khogali and Dr. Iman Nuwayhid from the American University of Beirut are carrying out a study on occupational health and safety in Lebanon. This study intends to assess current conditions through reviewing the literature (documents, regulations, publications) and interviewing key stakeholders such as syndicates, non-governmental organizations, and academic institutions.

This questionnaire is addressed to selected professional schools in Lebanon to inquire about their current teaching and training curricula and their future plans in the field of occupational health and safety.

Name of the school/university: \_\_\_\_\_

Program (choose one):  
 Mechanical Engineering  Electrical Engineering  
 Civil Engineering

Current teaching and/or training curriculum in the program selected above:

8. Do you offer lectures on the basic knowledge of work safety needed by all engineers in their profession? \_\_\_\_\_
9. Do you offer lectures on types of occupational hazards and their impact on the health and safety of workers? \_\_\_\_\_
10. Does your program address issues of prevention and protection among workers (such as recognition and analysis of danger factors in production work, development of accident-preventive measures, calculation of safety levels, directing accident prevention programs at work, etc.)?  
\_\_\_\_\_
11. Do you emphasize the importance of following safety rules and regulations during laboratory hours?  
\_\_\_\_\_
12. Do you emphasize the importance of following safety rules and regulations in their practice as engineers? \_\_\_\_\_
13. Do you take your students on field visits to workplaces (such as industries, construction sites, etc.)?  
 Yes  No  
If yes, are health and safety issues discussed with students then?  
\_\_\_\_\_
14. Do you hold seminars on or invite speakers to talk about work health and safety?  
\_\_\_\_\_

15. Do you offer one or more lectures on the following topics in your curriculum:

	Yes	No	In which courses?
Noise	_____	_____	_____
Asbestos	_____	_____	_____
Silica	_____	_____	_____
Heat	_____	_____	_____
Ergonomics	_____	_____	_____
Chemical Safety	_____	_____	_____
Electrical safety	_____	_____	_____
Construction safety	_____	_____	_____
Fire Safety	_____	_____	_____
Other	_____	_____	_____

**Future plans:**

2. What are the future steps considered for including some of the above topics in your program?

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day                      Month                      Year

Place of interview: \_\_\_\_\_

Name/ title of the respondent: \_\_\_\_\_

Name of the interviewer: \_\_\_\_\_

### A1.3: Questionnaire addressed to representatives of the twelve Labor Unions in Lebanon

#### الصحة و السلامة المهنية والنقابات العمالية

يقوم الدكتور مصطفى حوحي و الدكتور ايمان نويض من الجامعة الأميركية في بيروت بدراسة تقييمية حول الصحة و السلامة المهنية في لبنان بناء على طلب منظمة الصحة العالمية. تشمل هذه الدراسة تقييم للوضع الحالي من خلال مراجعة الوثائق و لقاء المعنيين في هذا المجال من نقابيين و صاعين و جمعيات و أكاديميين.

تهدف هذه الاستمارة المتضمنة الموجهة إلى بعض النقابات العمالية إلى الاستفسار عن حجم الإصابات و الأمراض المهنية ضمن العاملين في المهن التي تختص و عن نشاطاتها في مجال الصحة و السلامة المهنية (الوقاية و الحماية من الأمراض و الإصابات داخل مكان العمل).

(١) اسم النقابة: \_\_\_\_\_

(٢) هل تجمع نقابتكم معلومات و إحصاءات حول الأمراض و الإصابات المهنية؟

نعم

كلا

(٣) ما هو تقديركم، بناء على الإحصاءات المتوفرة أو خبرتكم، لحجم الأمراض و الإصابات المهنية؟

\_\_\_\_\_

(٤) ما هي، حسب خبرتكم، الأمراض و الإصابات المهنية الأكثر شيوعاً بين العاملين في المهن التي تمثلون؟

\_\_\_\_\_

(٥) هل يوجد ضمن نقابتكم شخص أم أكثر معينين أو مختصين بمسائل الصحة و السلامة المهنية؟

نعم

كلا

إذا نعم، حدد: \_\_\_\_\_

\_\_\_\_\_

(٦) هل تصدر نقابتكم أية منشورات أو نشرات تتحدث عن الصحة و السلامة المهنية؟

\_\_\_\_\_

(٧) هل سبق أن أقامت نقابتكم ندوات أو دورات حول الصحة و السلامة المهنية؟

نعم

كلا

إذا نعم، حدد: \_\_\_\_\_

ما هي المواضيع المطروحة؟	متى	
		١.
		٢.
		٣.

٨ هل سبق لثقافتكم أن مننت أو ساعدت أحد أعضائكم قانونيا لتحصيل حقوق أو تعويضات بسبب أمراض أو حوادث مهنية؟

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٩ ما هي القوانين الحالية التي تعنى بالصحة و السلامة المهنية في المهن التي تمثلون؟

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١٠ هل تعملون حاليا على تطوير بعض هذه القوانين أو العمل على وضع قوانين جديدة في مجال الصحة و السلامة المهنية في حال عدم توفرها؟

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تاريخ إجراء المقابلة:		
يوم	شهر	سنة
مكان إجراء المقابلة:		
اسم و مسؤولية المتحدث باسم النقابة:		
اسم الباحث:		

A2.1: List of selected schools of health professionals and their respective respondents

Name of the School/University	Name of the respondent	Address	Telephone
Health Sciences/LU	Dr. Bernadette Abi Saleh Dean of the School of Public Health	Dekwaneh	Tel: 01/686340 Fax: 01/686321
School of Medicine LU	Dr. Salah Mansour Vice Dean	Dekwaneh	Tel: 01/484130
School of Nursing Science/USJ	Mrs. Daniel Cremona Vice Dean of the school	USJ- شعبر	Tel: 01/614001-2-3
School of Medicine/ USJ	Professor Pierre Farah	USJ- شعبر	Tel: 01/614001-2-3 Fax: 01/614054
IGSPS/USJ	Dr. Tobie Zakhia Director	Contact via Fax	Tel: 03/254307 Tel: 01/614001-2-3 Fax: 01/612428
School of Nursing/ AUB	Dr. Salwa Makarem	Office at AUB	Tel: 01/350000 ext. 5953
Faculty of Health Sciences/AUB	Dr. Iman Nuwayhid Associate Professor at the Faculty of Health Sciences	Office at AUB	Tel: 01/350000 ext. 4627
School of Medicine/AUB	Dr. Mustafa Khogali Professor	Office at AUH	Tel: 01/350000 ext. 5450
Public Health and Development Sciences Program, Faculty of Health Science/ Balamand	Dr. Berj Hatjian Director of Program	Contact via e-mail	-----
Faculty of Health Sciences/ Nursing Program (BSc), Balamand	-----	Via e-mail	-----
Medical School/ BAU	Mr. Mahmoud Shbeib	Contact via Fax	Tel: 01/30010 Fax: 01/818402

## A2.2: List of selected engineering schools and their respective respondents

Name of the School/University	Name of the respondent	Address	Telephone
Department of Mechanical Engineering/ FEA/ AUB	Dr. Fadi Moukalled Chairperson	AUB	Tel: 01/35000 ext. 3590/ 3595
Department of Civil Engineering/ FEA/ AUB	Dr. Bilal Hamad Acting Chairman	AUB	Tel: 01/35000 ext. 3464
Department of Electrical Engineering/ FEA/ AUB	Dr. Hassan Diab	AUB	Tel: 01/35000 ext. 3524
Engineering Program/ LAU	Dr. George E. Nasr Chairman of the Engineering Program	Through Fax	Tel: 09/ ext. Fax: 09/
Engineering School/ BAU	----	Through Fax	Tel: 01/300110
Engineering School/ LU	----	Through Fax	Tel: 01/850180
Engineering Program/ LAU	Dr. George E. Nasr Program Director	Through Fax	Tel: 09/547262 ext. 2367

### A 2.3: List of selected unions with their respective representatives and addresses

Name of the respondent	Union Name	Place of Interview	Telephone
Mr. Sleiman Hamdan	Union of Chemical Materials Workers	Watta AL-Moseitbeh, near New TV, 2 <sup>nd</sup> floor	Tel: 01/300386
Mr. George Abi Haidar	Union of Petroleum Employees and Workers Syndicates	Phoenicia Oil Station Antelias Area, facing Golden Beach	Tel: 03/614057
Mr. Nasser Nazzal	Union of Marine Transport Syndicates	General Labor Union Assembly Cornish Al-Naher, near Debbas	Tel: 03/425463
Mr. Abed Al Ameer Najdeh	Union of Public Transport Syndicates	Cola Area Facing Zheiri Oil Station	Tel: 01/300577
Mr. Mohammed Kassab	Jabal Aamel Union for Agricultural Syndicates	Through Fax	Tel: 03/329422 Fax: 07/435205
Mr. Catsro Abdallah	Union of Construction and Wood/Carpentry Syndicates Union of	Cola Area Building Facing Photo Anwar	Tel: 01/817760 03/783840
Mr. Ibrahim El-Durry	Union of workers and employees of paper products inn Lebanon	Cola Area Near Beirut Arab University	Tel: 03/737626
Mr. George Harb	Lebanese Labor Union for mechanical and Foundry workers	Dar Lubnan Al-Aamel Al-Sabtieh, near Bitar Hospital	Tel: 03/941942 01/692212
9. Mr. Bassam Helmy	Union of Health Sector Syndicates	Islamic Elderly Home Near Sports City	Tel: 01/856658
Mr. Haleem Matar	Union of Printing and Advertising Syndicates	General Labor Union Assembly Cornish Al-Naher, near Debbas	Tel: 03/598777
Mr. Ahmad Sleem	Employees and workers of Food Products Syndicates	Crown Flour Mills Cornish Al-Naher, near Debbas	Tel: 01/448104
Mr. Hassan Kassem Fakieh	Union of workers in the Tobacco Syndicates of Lebanon	Through Fax	Tel: 03/880093 Fax: 07/764237



## Appendix 3: Recommendations of the Roundtable on Occupational Safety and Health (18/01/2001)

### **International Labour Organization Regional office for Arab States**

#### **Recommendations**

The regional Office for Arab States organized a National Roundtable on Occupational Safety and Health in Beirut on 18 January 2001. Dr. Nabil Watfa, the Senior Specialist on Occupational Safety and Health/ARM AT, conducted the meeting.

The meeting was organized in cooperation with the Ministries of Labour, Health and Environment and with the participation of the Ministries of Agriculture, Industry, interior and Municipalities, the Social Security Fund, and the Association of Lebanese Industrialists, WHO and other UN agencies, the American University of Beirut and Saint Joseph University. The meeting concluded with the following recommendations:

1. The Ministry of Labour, the Ministry of Health and the Ministry of Environment are requested to revive a high-level national committee on occupational safety and health and to include in its membership the Ministries concerned, Employer's and Worker's Organizations, and concerned Governmental and Non-Governmental organizations for the purpose of coordinating occupational safety and health matters and providing advice in the implementation of a sound national policy on occupational safety and health.
2. The Ministry of Labour is requested to start the process of ratification of the International Labour Conventions related to occupational Safety and Health particularly Convention (No.155) 1981, Convention (No.161) 1985, convention (No.170) 1990 and Convention (No. 174) 1993, especially that Lebanon is the host country for ILO/ROAS which is expected to set a lead.
3. The factory inspectorate at the Mol should be developed and strengthened and its coordinating role with other concerned agencies be promoted.
4. Request the Ministry of Health to re-activate the role of its Occupational Diseases Department and to ensure full coordination with the concerned Departments of the Ministry of Labour, and other units concerned with the occupational safety and health in other ministries.

5. Involvement of Employer's and Worker's organizations in occupational safety and health activities, and the recognition of their responsibilities and duties in protecting workers' rights, within a positive spirit of constructive and transparent cooperation.
6. Request the Social Security Fund to contribute to the funding of occupational safety and health activities including the organization of training courses, and to cooperate with other concerned parties to encourage and promote the principles of occupational safety and health on the level of the enterprise, as their participation will be financially rewarding and will have a positive impact on the social security system.
7. Request the Ministry of Labour to collaborate with the Ministry of health and other concerned Ministries and parties to compile a guide of industrial enterprises and institutions in Lebanon according to their size, type, and degree of hazards.
8. Request the government to issue the Resolution to institutionalize and operate the unit concerned with occupational accidents and diseases at the Social Security Fund.
9. Request the General Directorate of Vocational and Technical Education of the Ministry of Education and Higher Learning to participate in planning and executing programs and projects related to the application of rules and regulations relating to occupational safety and health, such as personal protection at work; and to implement training of the trainers at the educational and training institutions and to integrate the subject of occupational safety and health in educational program, continuous training and accelerated vocational courses.
10. Request the ILO Regional Office for Arab States to provide technical assistance to support all occupational safety and health programs at the Ministry of Labour and other concerned Ministries.
11. Request the Governmental parties concerned to support occupational safety and health activities especially those related to reproductive health rights, and to conduct special research on related industrial hazards and their effect.
12. Encourage the media to organize the necessary campaigns and plans to make the community aware of the importance of the occupational safety and health at the national level.

## Appendix 4: Recommendations of the Roundtable on Occupational Safety and Health (23-27/04/2001)

### ورشة العمل حول

"المقارنة التحليلية بين معايير العمل الدولية والوطنية الخاصة بالصحة والسلامة المهنية"

بيروت، ٢٣-٢٧ نيسان / أبريل ٢٠٠١

توصلت ورشة العمل إلى التوصيات التالية:

١. حث وزارات العمل على اتخاذ الإجراءات الكفيلة بتصديق الاتفاقيات الدولية والعربية الخاصة بالسلامة والصحة المهنية والاسترشاد بالتوصيات الصادرة بهذا الشأن والسعي لوضع الآلية اللازمة لاستكمال التصديق على هذه الاتفاقيات.
٢. دعوة وزارات العمل لاعتماد مدونة السلوك الخاصة باستعمال المواد الكيماوية في العمل ومدونة السلوك الخاصة بمنع وقوع الحوادث الصناعية الكبرى للاسترشاد بها وتثبيت هذا الاعتماد وفقاً لما تقتضيه الأنظمة المرعية والإجراءات المحلية.
٣. العمل على تطوير التشريعات الوطنية في الدول العربية الناضجة لتفتيش بيئة العمل والسلامة والصحة المهنية وبما يتماشى مع المعايير الدولية والعربية الصادرة في هذا المجال.
٤. التأكيد على أهمية المشاركة الثلاثية لأطراف الإنتاج الثلاثة في الدول العربية في الأنشطة والبرامج التدريبية التي تقيمها كل من منظمة العمل الدولية ومنظمة العمل العربية في مجالات العمل المختلفة وبخاصة السلامة والصحة المهنية.
٥. تطوير قدرات المعنيين بمعايير العمل وكذلك في مجال حماية بيئة العمل والسلامة والصحة المهنية لدى وزارات العمل العربية من خلال التدريب والتأهيل وتوفير مستلزمات العمل من التجهيزات وأتوات ووسائل قياس ومراقبة.
٦. الطلب من منظمي العمل الدولية والعربية توسيع نطاق وبرامج وأنشطة التعاون الفني والتقني لأطراف الإنتاج الثلاثة في الدول العربية لدعم جهودهم في مجالات العمل المختلفة بما في ذلك الأنشطة ذات الصلة بمعايير العمل الخاصة بالسلامة والصحة المهنية.
٧. دعوة منظمة العمل الدولية لتوسيع قاعدة تعريب وثائق المنظمة وخاصة تلك ذات الصلة بالسلامة والصحة المهنية بما فيها موسوعة السلامة والصحة المهنية الصادرة عن المنظمة وكذلك تعريب صفحة المنظمة على الإنترنت.
٨. دعوة المركز الدولي للتدريب، تورينو التابع لمنظمة العمل الدولية لزيادة الدعم الفني المخصص للدول العربية في مجالات العمل المختلفة الخاصة في مجال معايير العمل والسلامة والصحة المهنية والعمل

على تنفيذ الأنشطة والبرامج التدريبية في الدول العربية وذلك لإفساح المجال لمشاركة أكبر عدد ممكن في هذه الأنشطة والبرامج والاستفادة منها.

٩. حث الدول العربية من خلال وزارة العمل والتي لا يوجد بها إدارة سلامة وصحة مهنية العمل على تشكيل جهاز متخصص بالسلامة والصحة المهنية وبيئة العمل وتوفير المستلزمات الضرورية لعمله.

١٠. تطوير النظم الإحصائية لاصابات العمل والأمراض المهنية في الدول العربية وبما يتوافق والنظم الإحصائية المعمول بها دولياً والعمل على نشر هذه الإحصائيات بشكل دوري.

١١. السعي لإنشاء قاعدة بيانات ومعلومات خاصة بالسلامة والصحة المهنية في كافة الدول العربية والوقوف على آخر المستجدات الدولية في هذا المجال.

١٢. التأكيد على أهمية دور وسائل الإعلام المختلفة والبرامج الدراسية بكافة مستوياتها في رفع الوعي الوقائي والصحي لكل أفراد المجتمع وخاصة فيما يتعلق بالسلامة والصحة المهنية.

١٣. أهمية وضع إستراتيجية وطنية عامة لمواجهة الكوارث بما فيها الحوادث الصناعية الكبرى على كافة المستويات.

١٤. التأكيد على أهمية التعاون والتنسيق بين الأجهزة العاملة في مجال حماية بيئة العمل وفي مجال حماية البيئة العامة باعتبارهما جزءاً لا يتجزأ يتأثر كل منهما بالآخر.

١٥. تشجيع الجمعيات الأهلية ذات الاهتمام بالسلامة والصحة المهنية في نشر الوعي الوقائي.

١٦. التوسع بإنشاء المراكز والمعاهد الوطنية لتدريب الكوادر المتخصصة في مجالات السلامة والصحة المهنية وإجراء التجارب وعرض أحدث وسائل الوقاية.

١٧. ضرورة وضع واعتماد مواصفات وطنية خاصة بالسلامة والصحة المهنية والتأكيد على الالتزام بها وتطبيقها في المنشآت الصناعية ومستلزمات تجهيزها وعملها.

١٨. ضرورة وضع وتطوير معايير وحدود مؤشرات التعرض المهني الوطنية في كل دولة عربية وكذلك وضع وتطوير جداول الأمراض المهنية الوطنية وفق المستجدات العلمية والعربية الصادرة في هذا المجال.

١٩. تشجيع التخصص العلمي في مجال السلامة والصحة المهنية واعتماد أسلوب البحث العلمي وإيجاد نظام لتحفيز العاملين في هذا المجال مادياً ومعنوياً.

٢٠. التأكيد على أهمية التعاون القائم بين منظمي العمل الدولية والعربية في مجالات العمل المختلفة وبخاصة في مجال السلامة والصحة المهنية ودعوتهما إلى تطوير وتعزيز هذا التعاون بما يخدم اطراف الإنتاج الثلاثة في الدول العربية.

٢١. دعوة منظمي العمل الدولية والعربية لعقد مؤتمر دوري خاص بمسؤولي السلامة والصحة المهنية وبيئة العمل.

٢٢. تقديم الشكر للجمهورية اللبنانية ممثلة بوزارة العمل على رعايتها لآعمال ورشة العمل وكذلك لوزارة الصحة ووزارة الزراعة ووزارة البيئة لتلبية دعوة المشاركة.

٢٣. تقديم الشكر لمنظمة العمل الدولية ممثلة بالمكتب الإقليمي في بيروت وأمركز الدولي في تورينو لإقامة هذا النشاط، وكذلك الشكر لمنظمة العمل العربية ممثلة بالمعهد العربي لنصحة والسلامة المهنية بدمشق للمشاركة الفاعلة في أعماله.

الجمهورية اللبنانية  
مكتب وزير الدولة لشؤون التنمية الإدارية  
مركز مشاريع ودراسات القطاع العام