

environment monitoring is regularly done in large enterprises. Number of workers under the annual health checkup was also increasing by year, increased by 1.7 times in 2011–2015 compared with 2006–2010 and by 7.2% in 2016 comparing with 2015. The number of workers under occupational disease examination was increased by 2.3 and 2.5 times, respectively in 2016 and 2015 in comparison with 2010. The model for prevention of common occupational diseases was implemented in enterprises of chemical, mining, construction industries, health care facilities and fishery. Many training courses on capacity building on working environment monitoring, occupational disease examination, diagnosis, treatment, rehabilitation were organised for OH staffs at provincial and district levels. OSH training courses were also conducted for employers, workers, OSH officers.

There are many difficulties and challenges faced by health sector in health care for workers, e.g. limited OSH human resources, limited provision of OH services to informal workers, SSEs and MSEs, traditional villages, agriculture, household business, etc. The only way in which OHS can be made accessible is to integrate it with general health care.

1667b OCCUPATIONAL SAFETY AND HEALTH SITUATION IN NEPAL

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The concept of occupational safety and health of the workers is a new concept even to the oldest industries of Nepal. The government of Nepal has enforced concepts of OSH through its Labour Act 1992. It has highlighted a few issues and provisions on working hours, physical infrastructural setup, yearly medical examination and provisions of safety measures in work etc.

In this light, except for a few enactments under Labour Act 1992, the issues of OSH still lack legal backup. Yet, the Ministry of Health and Population is ignorant about the occupational health issues. No health programs in Nepal address the prevention and control of occupational related diseases and conditions. Though the Labour Act 1992 states that occupational diseases are required to be reported, it has not defined the list of the occupational diseases and the process for providing welfare and compensation to the workers suffering from occupational diseases.

Though the Government of Nepal established the Occupational Safety and Health Project (OSHP) under the Ministry of Labour and Transport Management in 1995 with the prime objective of improving occupational safety and health in Nepal, it has not been able to obtain a permanent status for long term sustainability. The major facade to installing the concept of OSH in Nepal lies in the inability of concerned stakeholders to grasp the utility and importance of occupational health services. Major obstacles in enforcing effective OSH practices in Nepal from the nation's perspective are least priority of the government, lack of national strategy for OSH management, legal back up mechanism and focal point at government ministries. Few industries have taken prudent measures by establishing OSH setups thereby decreasing vulnerability of hazards.

There is an immediate need for enacting OSH specific legal tools.

1667c OCCUPATIONAL SAFETY AND HEALTH IN CHINA

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The supervision and management of occupational safety and health of enterprises have been in charge of by State Administration of Work Safety since 2010. The responsibility of health department for OSH includes worker health check and health education. The situation of OSH in China is different at various enterprises in different areas. Some enterprises with better economic situation passed OSMAS 18001 authentication with better OSH service, especially for healthy organisation in the eastern of China and in the State owned Large and medium-sized enterprises. They often have a good OSH management system and services such as health check, safety management, health education for OSH and health service for all employees, even clinic service at workplace, not only for employees with occupational hazard exposed. The employees of this organisation often had felt high wellbeing with better salary and social benefit. At the same time, some enterprises still lack of OSH service, especially in SME in the western of China and employees with occupational hazard exposed were lack of protection, such as coal miners. The OSH for modern service industry has been care in some Metropolis such as: Beijing, Shanghai; and job stress and mental health have come into service. With Healthy China 2030 take into effect, the OSH service will be improved and more and more enterprises will become healthy organisation.

1667d OSH IN INDIA: CHALLENGES AND OPPORTUNITIES

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The occupational safety and health (OSH) scenario in India is complex while catering to the needs of 63% productive age group with, 92.38% of this working in the informal economy, predominantly, agriculture and services and facing a triple burden of Non-communicable and Communicable diseases and Violence, Injuries.

No comprehensive legislation for occupational health and safety exists that covers all the economic sectors except for mining, manufacturing, ports, and construction sectors. Factories Act, 1948 has been unable to build up the workers' rights against occupational diseases and related hazards, with over 90% of Indian labour falling outside its purview. OSH services in informal sector are non-existent and dysfunctional, depriving these workers of basic occupational health care. Further, occupational health is not integrated with primary health care, falling under the Ministry of Labour, and not the Ministry of Health.

Newer service industries like Information Technology (IT), Business Process Outsourcing (BPO) are increasing rapidly; so is the proportion of females in the workforce, multiple job changes/insecurity and increasing numbers of migrant workers adding to job-related stress.

Major challenges are:

- Lack of National OSH Policy, legislation and mechanisms for provision of Occupational health services for Informal/unorganised sector and SMEs/Apathy & lack of sensitization