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

- about OSH among stakeholders and stakeholder networks/linkages
- Inadequate OSH infrastructure and OSH professional capacities to manage emerging health risks
- Addressing the NCD burden through Workplace Wellness Movement

Opportunities are:

- Utilisation of primary health care ecosystem for delivery of BOHS for informal sector
- Accreditation Mechanism under Ministry of Labour
- Regulatory framework under Factories' Act and governance apparatus under National Skills' Mission to develop requisite OSH human resources
- Corporate Social Responsibility initiatives to set up Risk Observatory Mechanisms with multisectoral linkages

1667e HOW WE PROMOTE PARTICIPATORY MULTIFACETED WORKPLACE IMPROVEMENTS FOR AVOIDING OVERSTRAINED WORK KNOWN AS 'KAROSHI'

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Overwork-related disorders, such as cerebrovascular/cardiovascular diseases (CCVD) and mental disorders due to overwork known as 'Karoshi', are a major occupational and public health issue in East Asian countries. The Japanese Government passed the 'Act on Promotion of Preventive Measures against Karoshi and Other Overwork-Related Health Disorders' in June 2014 to develop a national initiative towards the prevention of overwork-related disorders. A part of the frame of the Law, National Institute of Occupational Safety and Health, Japan (JNIOSH) has been started researches for compensation claims related to overwork-related disorders. A picture of victims of Karoshi revealed the need for workstyle reform and promoting comprehensive occupational health services in Japan.

Participatory workplace improvement programs spreading to various sectors should be a key solution against overwork-related disorders. A recent trend is to apply participatory programs for preventing work stress. Emphasis is usually placed on conducting multifaceted workplace improvements that have real impact on avoiding overstrained work. The reviewed programs for healthcare workers, local government employees and small and medium sized enterprises followed the guidelines for stress prevention programs concerning learning local good practices, addressing multifaceted stress-related risks and taking workplace-level group-work steps. A clear focus of these programs is placed on low-cost actions for improving internal communication, working schedules and teamwork methods. Improvement in these aspects accounted for the majority of improvements. Participatory steps focusing on feasible actions reflecting local good practices are effective for achieving these multifaceted improvements.

For preventing work stress by avoiding overstrained work, it is suggested to organise participatory group-work steps in each workplace by using locally adapted action checklists reflecting these multifaceted actions. Collecting good examples in comprehensive occupational health programs focusing on

overwork-related disorders and exchanging these experiences contribute to workers' safety and health in Asia.

1667f THE STRENGTHENING OF OSH REGULATION IN INDONESIA TO IMPROVE THE OCCUPATIONAL DISEASES MANAGEMENT

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Introduction Currently, Indonesia have been facing the triple burden of diseases including Communicable Diseases, Non Communicable Diseases, and Environmental/Occupational Accidents/Diseases. However, Occupational Diseases are still under reporting. This presentation is aimed to show the importance of the strengthening the regulation aspect toward a better Occupational Diseases Management.

Method Article review of the practice of Occupational Diseases management, and the policy and regulation in relation with the Occupational Health and Safety in Indonesia were used to explore the implementation and its challenges.

Result The National Workers Social Security Agency in 2015 compensated Occupational Accidents of 110.285 cases with spent the cost of IDR 661 Billion. However due to under diagnosed only less than 10 cases per year as the compensated cases of occupational diseases for 5 consecutive years, one of the weaknesses is the lack of regulation and guideline of Occupational Diseases Management. In 2014, Indonesian Government implemented the National Social Security included National Health Insurance and National Workers Social Security. 2016, the Ministry of Health of the republic Indonesia launched the Ministry Decree concerning Occupational Diseases management, and Threshold Limit Value of physicals and chemical exposures at the workplace.

Discussion The regulation of Occupational Diseases management, and Threshold Limit Value of physicals and chemical exposures at the workplace as further guidance for the OHS professionals in practicing the improvement of the management and control of Occupational Diseases in the context of National Social Security and Universal Health Coverage in Indonesia.

1705 OCCUPATIONAL SAFETY AND HEALTH IN LATIN AMERICA: STATE OF THE ART AND FUTURE CHALLENGES

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Aim of special session To review the challenges, progress and priorities in Occupational Safety and Health in some countries in Latin America

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