



# Occupational Health in Brazil: challenges and opportunities

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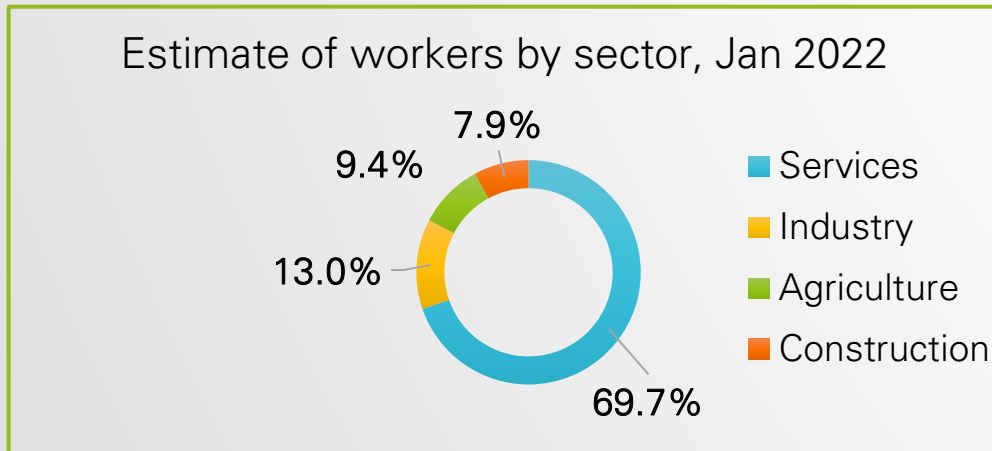
21<sup>st</sup> February 2022

# Agenda

- Brazil: a continental country with heterogeneous challenges
- OH in Brazil / statistics
- Challenges in specific sectors and activities
- Current and future opportunities

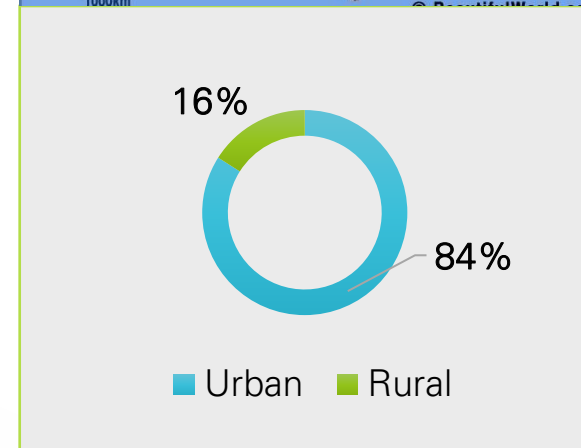
# “A continental country with heterogeneous challenges”

- 214 million inhabitants (IBGE, 2022)
- Fifth largest country in the world and accounts for one-third of LATAM’s population
- Diversified economy that includes industry, agriculture and a wide range of services
- Brazilian labor force is estimated at 107.3 million, of which:



IBGE (Brazilian Institute of Geography and Statistics), Jan 2022.

- Workers in informal jobs: 40.6% (the majority in the North and Northeast regions).

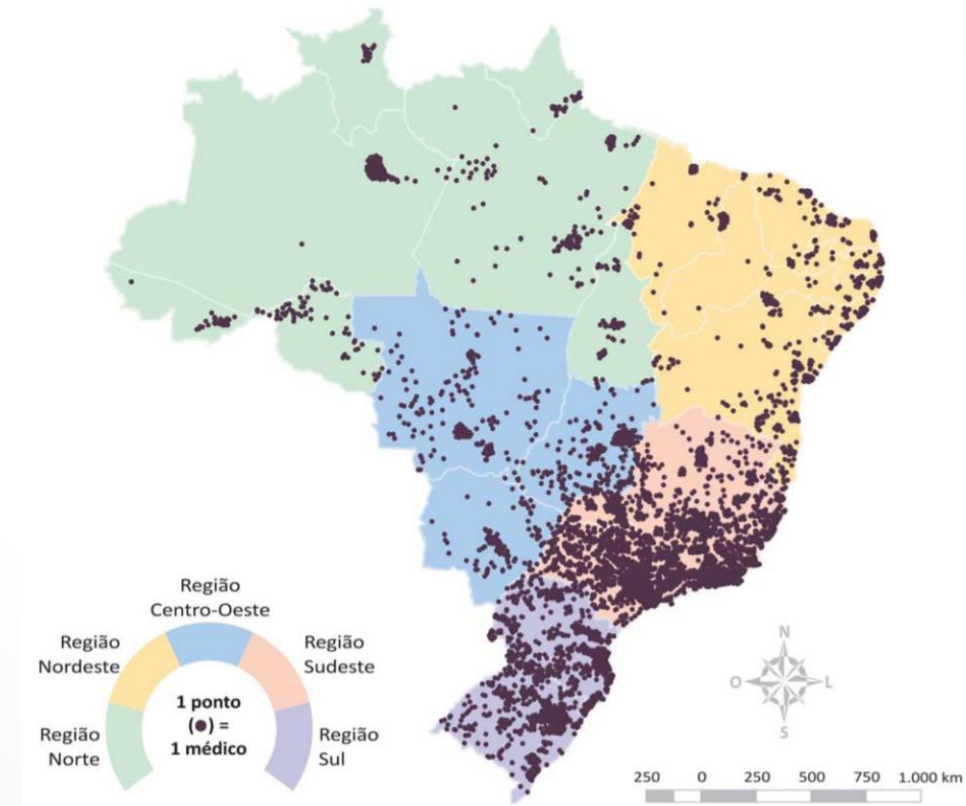


# Occupational Health in Brazil

## Context

- ANAMT (1968) / 27 local component societies
- 60s/70s - high prevalence of work-related accidents
- 1972 - Legislation made it mandatory for companies to implement Occupational Health and Safety services
- 1978: Brazilian Regulatory Standards (NRs) in OH&S
- 2002 – Occupational Medicine was formally recognized as a medical specialty

OH Physicians: 19.797 specialists  
(Southeast region: 56.1% / North region: 3.8%)



Source: SCHEFFER, M. et al., Physician's demography in Brazil. São Paulo, SP: FMUSP, CFM, 2020.

# Contrasting working conditions and unequal access to OH/IH resources

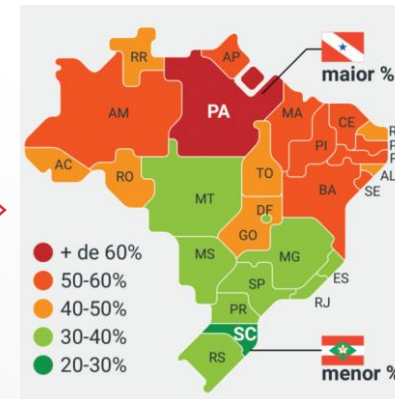


- Overall, a **highly regulated** country, however, some sectors/activities lack specific regulations.
- Compliance-driven practices X health and well-being of workers seen as a real value
- Unequal availability of OH professionals in some regions
- Capability of third-party OH providers and lack of high standard medical care/resources in some regions
- Labour inspections



## Informal work

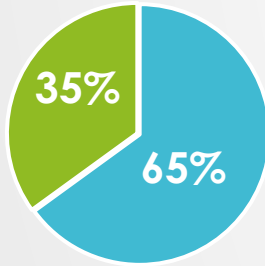
- Lack of protection by labor legislation and Social Security benefits.
- Low risk perception / education
- Extremely vulnerable to occupational health risks
- Lack of access to OH/IH resources



# Work-related Disability Benefits – Brazilian Social Security

Work-related disability: Benefits granted by the Social Security. Brazil, 2012-2020

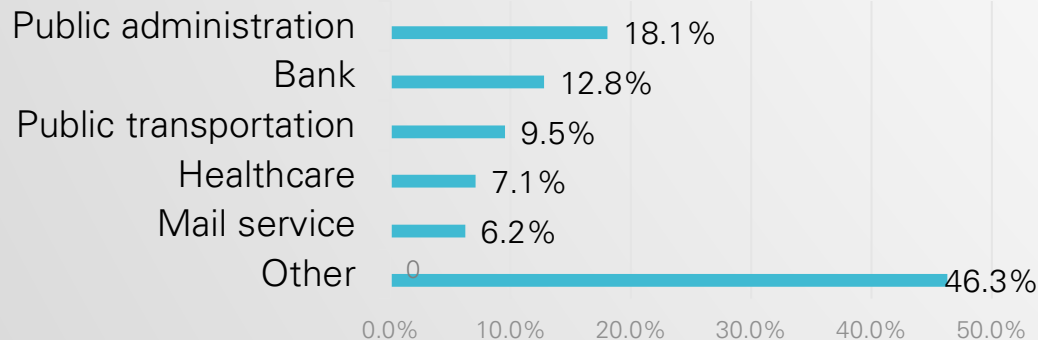
37% - Low back pain + shoulder injuries



- Work-related accidents
- Work-related illnesses

Top 5: Public administration; transportation; construction; retail; healthcare.

Work-related Disability Benefits due to mental health disorders: sectors with the highest frequencies, 2012-2016.



## Challenges for tracking work-related disability/illness statistics:

- One key data source
- Workers in informal jobs or those not registered with the Brazilian Social Security
- Underreporting
- Lack of proper investigation and recording of work-related illness with long-term health effects
- *SINAN* (Notifiable Diseases Information System) - not well implemented and widely used in all regions.

# Challenges in specific sectors and activities



## Small-scale mining

- Remote, rural areas; poorly educated/skilled workers; no OHS regulations; lack of proper inspections; exposure to several hazards
- Chemical (mercury, silica dust); physical (noise, UV); biological (mosquito-borne diseases; unclean water); psychosocial; injuries



## Agricultural sector (family agriculture)

- Injuries; heat stress; musculoskeletal disorders; pesticide illness/poisonings; respiratory disease
- Older workforce; 1 in 7 is covered by the Social Security
- Underreporting of cases due to pesticide poisoning: **50 cases for each registered case.**
- 2010-2019: **233% increase** in intoxications related to occupational exposure to pesticides (MoH).



## Solid waste workers

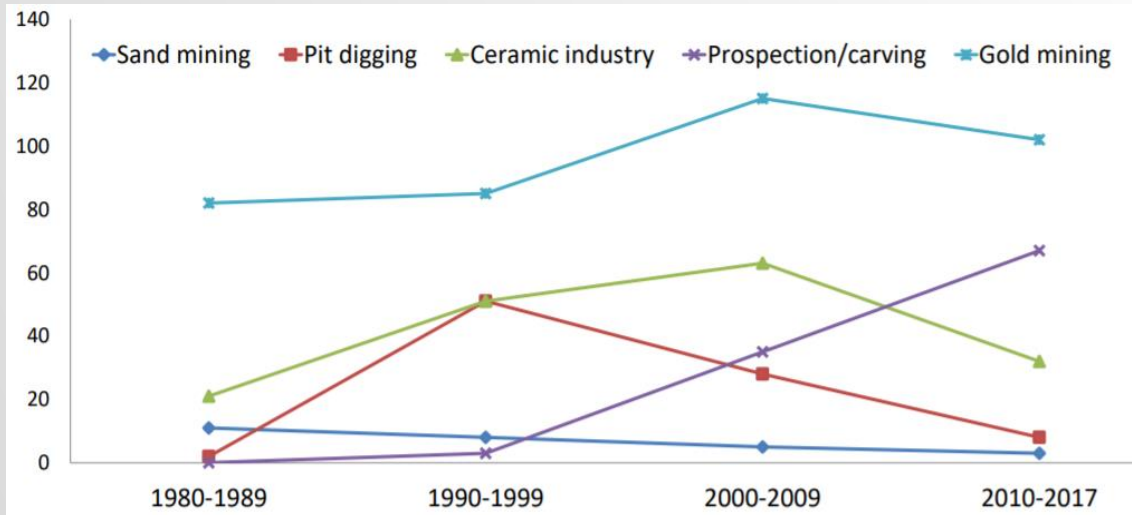
Classification of the main occupational hazards to which waste workers are exposed according to their nature as evidenced in the literature.

| Physical hazard  | Chemical hazard   | Biological hazard  | Ergonomic hazard  | Accident hazard  | Psychosocial hazard  |
|--|---|--|---|--|--|
| Excessive noise, vibration, odor, solar radiation, and rainfall <sup>14'18</sup> . | Dusts, gases, vapors, substances, compounds, and chemicals in general <sup>11'18'20</sup> . | Viruses, bacteria, fungi, and parasites<br><sup>9'10'12'13'14'16'17'18'19'20</sup> . | Intense and repetitive physical exertion, inadequate posture, and long working hours<br><sup>13'14'18</sup> . | Cuts and perforation, slips, falls, animal attacks, run-down, press, and amputation<br><sup>11'14'15'16'17'18'20</sup> . | Devaluation at work, lack of training, and disrespect of society <sup>18</sup> . |

Pereira-de-Paiva MH, Conceição Calassa-Albuquerque M, Latham EE, et al. Occupational hazards of Brazilian solid waste workers: a systematic literature review. *Rev Bras Med Trab.* 2017

# Pneumoconiosis

- **Silicosis** is the most prevalent pneumoconiosis in Brazil.
- In contrast to developed countries, mortality from silicosis has increased up to 2006, when it started to fall, mainly in municipalities that host regulated industries.
- **Unregulated sector**, has remained the **main challenge** for the exposure control and surveillance.
- Gold mining municipalities showed the highest death rate.
- Significant decrease after 2006 driven by a decline in deaths of individuals < 70 years old



Algranti E, Saito CA, Carneiro APS, Bussacos MA. Mortality from silicosis in Brazil: Temporal trends in the period 1980–2017. Am J Ind Med. 2021

# Musculoskeletal disorders

- MSD have been a leading cause of long-term sick leave in Brazil.
- 2015-2020: **Low Back Pain** and **Shoulder injuries** accounted for **37%** of total work-related Disability Benefits (INSS)
- 2008-2018:
  - Steady trend of new disability benefits due to non-work-related MSDs.
  - **Significant decrease** in new disability benefits due to work-related MSDs.

de Miranda CB, Simões AG, Silva-Junior JS, Fischer FM. Temporal trend of social security disability benefits due to musculoskeletal disorders from 2008 to 2018 in Brazil. Safety and Health at Work. 2022



# Opportunities

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- **Social dialogue and more interconnection** between workers, unions, employers, research centers and professional associations on occupational health matters <sup>1</sup>
- **Local and international cooperation** and exchange of best practices across different sectors and industries.
- **Stakeholder integration:** mutual interdependency and the complementary nature of the formal and the informal sectors
- Increased **awareness** of occupational hazards and **empowerment of workers** to help manage health risks.
- Continued **capability development** in basic OH matters, especially in Primary Health Care services - relevant entry point.
- High quality **Fitness for Task** assessments, **Health Surveillance** and other OH programmes
- Interplay between OH services of companies and medical professionals from the Brazilian Social Security.
- **Modernization, standardization and simplification** of systems for recording and surveillance of work-related illnesses (compulsory notification)
- Merge prevention of work-related illnesses with employee **evidence-based well-being offerings** and workplace health promotion.
- Workplace **culture** which recognizes that all **occupation-related illnesses are preventable**.



Thank you!

¡Gracias!

Obrigado!

