OCCUPATIONAL SAFETY & HEALTH AND CORPORATE SOCIAL RESPONSIBILITY IN AFRICA:
REPOSITIONING CORPORATE SOCIAL RESPONSIBILITY TOWARDS NATIONAL DEVELOPMENT

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**PREFACE**

“All too often lives are shattered unnecessarily because of poor working conditions and inadequate safety systems... Let me encourage everyone to join ...in promoting safety and health at work. It is not only sound economic policy, it is a basic human right”

Kofi Annan, Former Secretary-General of the United Nations

Work and employment are self-evidently important; they contribute to an individual’s sense of worth and wellbeing and ensure economic sustainability not just for the individual but for society as a whole being a critical factor for national progress. While work provides a number of economic and other social benefits, the working environment and the nature of work itself are both important influences on health. It is therefore important to manage working conditions and manage factors which can cause accidents or ill-health. The need for and benefits of occupational health, safety and well-being although undisputed have been studied differently in different disciplines. When looked at from an economic perspective, health is important as it enables a person to work and ‘paid’ work alleviates poverty thereby facilitating the achievement of the Millennium Development Goals (MDGs).

Occupational injury and illness are matters of health, but they are also matters of economics, since they stem from work, and work is an economic activity. The economic perspective on occupational safety and health (OSH) encompasses both causes and consequences: the role of economic factors in the aetiology of workplace ill-health; and the effects this has on the economic prospects for workers, enterprises, nations, and the world as a whole. To this present day, globalization has not succeeded in making markets work for all. The benefits of globalization have been very unevenly distributed both between and within nations. While occupational diseases and injuries are more prevalent in low and middle income countries than in developed countries, at the same time a host of social problems have emerged or intensified within these countries, creating increased hardship, insecurity, and anxiety for many across the world, fuelling a strong backlash.

The International Labour Organization (ILO) estimates that over 2.3 million people die from work-related accidents or diseases each year, of which over 2 million are caused by various types of occupational disease. According to the World Health Organization (WHO), occupational disease has become by far the most prevalent danger faced today by people at their work. In addition, recent research has shown that more than an estimated 317 million workers were injured in accidents at work that resulted in absences from work of four days or more. Occupational injuries alone account for more than 10 million Disability-Adjusted Life Years (DALYs) lost, or healthy years of life lost either to disability or premature death, and 8% of unintentional injuries worldwide and this is perhaps just the tip of the iceberg, as data for estimating nonfatal illness and injury is not always available in most developing countries. Furthermore, a substantial part of the general morbidity of the population is related to work.
One of the key challenges facing the occupational health profession in the 21\textsuperscript{st} century is protecting workers’ health and safety in a global economy characterised by a ferocious competition to reduce production costs and a marked decline in the development and enforcement of governmental workplace regulations. The present global change affects virtually all people of the world and all aspects of life, most of all the work life. Progress in bringing occupational health to the industrialising countries has been painfully slow. In the poorest countries, there has been no progress at all. The number of poor has increased in absolute terms for the past decade in almost all regions of the world. The majority of occupational diseases is occurring almost exclusively in the developing countries. There is general agreement that if these countries continue their current rate of industrial growth, the number of occupational injuries and disease cases will double by the year 2025.

Poor countries may find it hard to develop the capacity and contacts needed to take part in international investment or trade. The danger is that they may compete with each other to keep a small part of the world trade by lowering wages and making other trade concessions. Work-related ill-health is present to varying degrees in all settings. The risks and hazards associated with work are largely experienced by, but not confined to, low income groups, such as women, children and minorities. Where wealthier and better-informed workers are at risk, they may be able to negotiate a trade-off between extra risk and extra-remuneration: such options are unavailable to poorly informed and poorly organised workers. New innovative approaches in OSH are needed to meet the challenges of the new work life. As the challenges are global also the responses need to be generated in a global scale.

Developing countries share many of the criteria which create a vicious cycle of poverty and disease. This cycle can be broken by industrialization and economic progress but not without the contribution of all stakeholders. Governments play a key role and will continue to do so, however, enterprises through corporate social responsibility initiatives also have a vital role to play in alleviating these challenges. The maintenance of health in work communities in developing countries entails the treatment and prevention of epidemic and endemic communicable diseases, the prevention of occupational injuries and diseases, the planning and organization of medical care, training, the introduction and enforcement of standards of health, and safety and medical care in industry.

To address these issues, a number of policies and approaches have been developed and implemented by various stakeholders at the international, national, regional/sectoral and enterprise level to promote OSH. The policies and approaches relevant to the management of workers’ health and wellbeing include ‘regulatory standards’ which include legal regulations such as national legislation, ILO conventions as well as ‘soft’ or ‘non-binding /voluntary’ standards developed by recognised national, regional/sectoral and international organizations which may take the form of guidance, social partner agreements, establishment of networks/partnerships. At company level it is also generally understood and accepted by all stakeholders that employers share the responsibility of creating healthy workplaces and managing the health and safety of their workers.
Regulatory health and safety policies at the international as well at the national level outline the minimum requirements for health and safety protection at the workplace that must be adopted by enterprises. A regulatory approach is however only effective, if regulation meets high standards, for example those set by agencies such as the ILO, WHO and also where an adequate enforcement framework is available to effectively translate policy into practice. This at times is challenging, especially for developing countries where resources may be scarce additionally compounded by several competing priorities. It is therefore necessary not only to rely on regulation but also implement supplementary strategies to protect and promote workers’ health.

One such strategy is the use of voluntary tools and initiatives by companies which are linked to the business case and ethical case for promoting workers’ health. Such tools are intended to provide organizations with the elements of an effective OSH management system that can be integrated with other management requirements and help enterprises achieve economic objectives as well as fulfil the organization’s responsibility towards their workers by promoting their health and wellbeing. As the number of societal problems increases, the traditional fix of expecting governmental actions to solve these problems has not always delivered results due to the limited power of governments in specific areas. Enterprises therefore are increasingly expected to solve such problems by acting responsibly and by ‘inclusive thinking and acting’. The notion of corporate social responsibility (CSR) has thus gained popularity. It is widely accepted that CSR is based on the integration of economic, social, ethical and environmental concerns in business operations. The major social concerns include the welfare of the key stakeholders in the business, especially employees.

According to the ILO and WHO, health and safety at work are seen as fundamental rights, and vital elements of the ‘decent work’ agenda. Occupational safety and health is an essential component of CSR and companies must recognise that they cannot be good externally while having a poor social performance internally. In Europe, recent OSH promotion strategies by the European Commission and the European Agency for Safety and Health at Work (EU-OSHA) have attempted to link OSH with CSR, establishing a business case of strategic importance for organizations. Labour standards are also a key component in the UN Global Compact; however the three principles in the Compact do not mention OSH provision explicitly.

Initiatives for promoting CSR are predominantly private and voluntary, while OSH initiatives are often dominated by legal regulation and governmental action. Since OSH legislation in the developing world is either lacking on non-existent in many countries it seems logical to promote OSH through other measures on the basis of the strong business and economic case to support it, and was the key objective of the CSR-OSH project. CSR has the merit of providing a broad space for the development of innovative approaches to a whole variety of issues, according to economic and market circumstances, but also as a means of preparing or ‘softening up’ areas of consensus. This sets the context for the following chapters which discuss the concepts of CSR and OSH and highlight the links between them both conceptually and in practice.
Chapter 1 presents the context and provides an introduction to the project and the objectives of the book. It summarises the key concepts and initiatives in the area of occupational safety & health and corporate social responsibility in Africa and sets the basis for the subsequent chapters. Chapter 2 begins with an introduction to the African context and highlights key development initiatives and socio-political and economic challenges in Africa. It then posits how corporate social responsibility and occupational safety and health can be used to facilitate and enable development.

Chapter 3 discusses the current state of affairs in occupational safety and health considering some recent statistics and trends. It is argued that on the basis of these there is need for greater effort at the policy level to improve safety and health standards. A brief introduction is given to the nature of policy, before discussing several policy initiatives in relation to occupational safety and health through the paradigms of hard and soft law. This discussion highlights how macro level policy can influence safety and health standards. The chapter also touches on the ‘business case’ and ‘moral case’ for managing safety and health before concluding with a framework proposed by the World Health Organization which aims to bring together these different motivators for enterprise behaviour and performance in safety and health.

Chapter 4 introduces the concepts of corporate social responsibility, briefly discussing the history as well as the current understanding of corporate social responsibility. It then highlights the internal dimension of corporate social responsibility which demonstrates and highlights the link with occupational safety and health. It concludes by presenting the business case for promoting workers’ health through responsible business practices. Chapter 5 presents the key instruments and tools that have been developed to promote corporate social responsibility. It highlights the challenges posed by the lack of clarity of CSR definitions and theories have been partially been addressed by these instruments and tools. It ends by discussing the key areas covered by corporate social responsibility instruments and the opportunity it offers to promote working conditions.

Chapter 6 using Ghana and Tanzania as the focus, examines the presence, or lack of, government policy and legislative frameworks for promoting corporate social responsibility and occupational safety and health in Africa. It then considers State and non-State institutions that have the mandate to regulate safety and health. Finally, it explores capacity, challenges of implementation, corruption and national culture as impediments to the implementation of corporate social responsibility and occupational safety and health initiatives. Chapter 7 presents an overview of key occupational safety and health and corporate social responsibility initiatives in Africa. The chapters then focuses on discussing the key emergent issues from the two workshops organised as part of the DelPHE project organised in Accra (west Africa workshop) and Dar Es Salam (east Africa workshop).

Previous chapters have highlighted the potential for CSR to further commitment to working conditions in enterprises. Chapter 8 explores the potential for corporate social responsibility to do so at the practical level, considering studies from a research agenda which analysed corporate social responsibility reports from 100 organizations. The
first study considered reporting differences between enterprises which are based in developed countries relative to developing countries. The second study considered the reporting tendencies of companies which are reputable for good corporate social responsibility practise relative to those lacking this reputation, as defined in the study. Findings of this research suggest a broad understanding of health and safety within corporate social responsibility. However, differences were noted depending on the aspects of corporate social responsibility considered, and as a function of where the company was based (developing versus developed country), and corporate social responsibility reputation (best practise versus unknown). The implications for policy and practice are also briefly considered.

Chapter 9 presents a company case study from Mercedes-Benz South Africa. It reviews practices and initiatives highlighting advantages and challenges. Finally, the last chapter, Chapter 10, presents the overall conclusions, identifies possibilities for future research, and makes some policy related recommendations for governments in Africa and other parts of the developing world.
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Occupational Safety & Health and Corporate Social Responsibility in Africa: An Introduction

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1. The context

Throughout the world, most adults spend much of their waking hours at work, and while work provides a number of economic and other benefits, the working environment and the nature of work itself are both important influences on health (Marmot & Wilkinson, 2006). This necessitates the need to prevent and manage the hazards arising out of work and the working environment to protect and promote the health, safety and wellbeing of workers.

It is estimated that over 2.3 million people die from work-related accidents or diseases each year, of which over 2 million are caused by various types of occupational disease (ILO, 2011). Occupational disease has become by far the most prevalent danger faced today by people at their work (WHO, 2006). In addition, recent research has shown that more than an estimated 317 million workers were injured in accidents at work that resulted in absences from work of four days or more (ILO, 2011). Furthermore, a substantial part of the general morbidity of the population is related to work (Prüss-Üstün & Corvalán, 2006).

To address these issues, number of policies and approaches have been developed and implemented by various stakeholders at the international, national, regional/sectoral and enterprise level to promote occupational safety and health (OSH). The policies and approaches relevant to the management of workers’ health and wellbeing include ‘regulatory standards’ which include legal regulations such as national legislation, ILO conventions as well as ‘soft’ or ‘non-binding /voluntary’ standards developed
by recognised national, regional/sectoral and international organizations which may take the form of guidance, social partner agreements, establishment of networks/partnerships (Leka et al., 2011). At company level it is also generally understood and accepted by all stakeholders that employers share the responsibility of creating healthy workplaces and managing the health of their workers.

Regulatory health and safety policies at the international as well as at the national level outline the minimum requirements for health and safety protection at the workplace that must be adopted by enterprises. A regulatory approach is however only effective, where an adequate enforcement framework is available to effectively translate policy into practice. La Dou (2003) estimates that only 10% of the working population in developing countries are covered by OSH laws, either due to lack of enforcement, limitations in scope of existing law. Furthermore, existing regulations in developing countries often do not meet international standards (e.g. Nyam, 2006) and are often not enforced (Joubert, 2002). It is therefore necessary not only to rely on regulation but also implement supplementary strategies to protect and promote workers’ health.

One such strategy is the use of voluntary tools by companies, which are linked to the business case and ethical case for promoting workers’ health. Such tools are intended to provide organizations with the elements of an effective OSH management system that can be integrated with other management requirements and help enterprises achieve economic objectives (Zwetsloot & van Scheppingen, 2007) as well as fulfil the organization’s responsibility towards their workers by promoting their health and wellbeing.

As the number of societal problems increases, the traditional fix of expecting governmental actions to solve these problems has not always delivered results due to the limited power of governments in specific areas. Enterprises therefore are increasingly expected to solve such problems by acting responsibly and by ‘inclusive thinking and acting’. The notion of corporate social responsibility (CSR) has thus gained popularity. It is widely accepted that CSR is based on the integration of economic, social, ethical and environmental concerns in business operations. The major social concerns include the welfare of the key stakeholders in the business, especially employees (HSE, 2005).

According to the ILO and WHO, health and safety at work are seen as fundamental rights, and vital elements of the ‘decent work’ agenda. Occupational Safety and Health is an essential component of CSR and companies recognise that they cannot be good externally, while having a poor social performance internally (EU-OSHA, 2004). In Europe, recent OSH promotion strategies by the European Commission and the European Agency for Safety and Health at Work (EU-OSHA) have attempted to link OSH with CSR, establishing a business case of strategic importance for organizations (EC, 2001, 2002; EU-OSHA, 2004). Labour standards are also a key component in the UN Global Compact; however the three principles in the Compact do not mention OSH provision explicitly.
Initiatives for promoting CSR are predominantly private and voluntary, while OSH initiatives are often dominated by legal regulation and governmental action. Since OSH legislation in the developing world is either lacking or non-existent in many countries, it seems logical to promote OSH through other measures on the basis of the strong business and economic case to support it, and was the key objective of the CSR-OSH project. CSR has the merit of providing a broad space for the development of innovative approaches to a whole variety of issues, according to the economic and market circumstances, but also as a means of preparing or ‘softening up’ areas of consensus (Nordestgaard & Kirton-Darling, 2004). This sets the context for the following chapters which discuss the concepts of CSR and OSH and highlight the links between them both conceptually and in practice.

2. The CSR-OSH project

While the potential of CSR for occupational health and safety is being increasingly researched in the developed world, not much is being done to tap its huge potential in Africa or the rest of the developing world. The CSR-OSH project funded by the British Council’s DelPHE programme (2009-2012) focused on developing capacities of the partner institutions, University of Ghana Business School, University of Dar es Salaam and University of Nottingham by developing relevant material that can be incorporated into the current curriculum for training future managers as well as OSH professionals in Higher Education Institutions (HEIs) – as presented in the ‘Developing Courses in Occupational Safety and Health & Corporate Social Responsibility: A Faculty Handbook’.

The CSR-OSH project also reviewed the role played by government and increasingly by companies under the aegis of CSR and explored the potential of CSR for occupational health and safety in the developing world. This project is the first step towards enhancing the capacities of companies in Africa (and the developing world) to include OSH provision in their business activities by developing guidance and creating awareness. It also demonstrates how occupational health can help alleviate poverty help in achieving the MDGs by promoting OSH through CSR, by breaking the poverty cycle.

The three broad aims of the project were:
• Demonstrate the role corporate social responsibility can play in the promotion of Occupational Safety and Health and build capacities by raising awareness and delivering training.
• Explore the organizational cultures and leadership which facilitates CSR and particularly paying attention to OSH issues; this is critical for dealing with outcomes at the stakeholder level
• Establish the case for Occupational Safety and Health and clarify its link with the Millennium Development Goals

The outcomes from the project and the lesson learnt are presented in a series of chapters presented in this book contributed by project partners and key experts in the area of OSH and CSR.
3. The project model

The aims and objectives of this project are set out in the conceptual model, see Figure 1.

Figure 1: Achieving some MDGs: a CSR-OSH Conceptual Model

Recent work by Dashwood and Puplampu (2010) and Puplampu and Dashwood (2011), show that organizations often need certain internal engagement gears working in concert with external demands and frameworks to be able to deliver sustained and sustainable CSR initiatives. Working from the position that Corporate Responsibility, encompasses an organization’s principal reason for being (be it profit or the delivery or some other service or outcomes such as social services or spiritual support), its responses and attention to the needs of both internal and external interest groups and stakeholders as well as its general philosophical and moral outlook, we posit that concepts such as CSR and OSH all represent critical dimensions of an organization’s responsibility to itself, its owners, its community, its employees and its market. Other concepts and notions which come to play in this milieu therefore include matters such as corporate governance, employee engagement, managerial behaviour and so on. How an organization responds and handles all these, are a factor of its essential character. Our model therefore suggests that an organization’s characteristics are pretty key to the initiation, utilization and ultimate realization of CSR and OSH.

Organizational Characteristics: By organizational characteristics, we are referring to the features of the organization that can be readily identifiable and distinct enough to
enable an observer (internal or external) to come to some concrete perception or conclusion as to how the organization carries itself, behaves and perhaps wishes to be known. We note that there are many scholarly literatures, theories and concepts which speak to issues which may well approximate the notion of organizational characteristics. The whole domain of Organizational Behaviour is predicated on the idea that organizations and their members behave in certain identifiable ways. McKinsey’s 7S concept provides skills, structure, strategy, systems and so on as areas where organizations can be described, profiled and where interventions may be planned. In the model, we suggest that the characteristics of organizations are built up as a consequence of two major influencing factors: external demands and internal attributes.

**External Demands:** External demands represent the constructive (or otherwise) pressures that are brought to bear (or not) on the organization. These demands may include regulatory regimes and laws, compliance agencies, externally imposed, required or recommended codes of conduct (local or international); community agitations or advocacy voices as well as worker representative bodies such as trades unions etc. The general impact or import of all these is to create a pressure on the organization to which it must respond. In the case of mining companies for example, people talk of a social licence which is sacrificed could be inimical to the continued operation of the mining concern. The social licence as an example of external demands, arises from the expectations, demands and psychosocial and eco-political contractual expectations of the community in which mining takes place regarding the behaviour and obligations of the mining firm. How the organization responds to these demands, determines some of the characteristics it develops. An important determinant in this regard, is the internal attributes.

**Internal Attributes:** Puplampu and Dashwood (2011) show that the firm’s CSR engagement levers are often a question of choices and decisions of leaders, commitment to learning and continuous improvement as well as the development of a culture which recognises the value of CSR and OSH as matters of both corporate as well as employee responsibility. Importantly, it is argued that these factors are essential for sustainability in those efforts which may not be seen as immediately touching the bottom and top lines. Our model suggests that as organizations respond to external demand and orient their internal attributes to so respond, the appropriate characteristics are then developed which facilitate CSR and OSH.

**State of OSH and CSR in a country:** We argue that the general state of the discourse within any country or region, acts as a further fillip or mitigation of various (internal) corporate and institutional initiatives or arrangements towards CSR or/and OSH which have come about as a result of their firm level characteristics. For this reason, readers will note that many of the contributions consider the state of the dialogues, operationalization and legal (and other frameworks) in-country and across regions.

**Measures and Impacts:** In the end, we expect that various impacts (direct or indirect) will become evident from organizations placing OSH and socially responsible business practices firmly on their corporate agendas. These impacts we expect to be in the areas such as poverty alleviation, gender equity, environmental sustainability and
the eradication of certain diseases. These are all germane to the attainment of the MDGs. However, we are conscious that we live in a world with many uncertainties and asymmetries. Our model therefore places between the impacts and the OSH/CSR interventions a moderator variable. This is as yet undefined in terms of specifics. We anticipate that a wide range of variables may constitute moderators. For example, a firm’s profits in any year or period, could inform how consistently it applies itself in the ensuing years to OSH and CSR. A further example, may be that the extent to which inter-State agency collaboration facilitates the broad based uptake of CSR and/or OSH in any region of a country may well impact the extent to certain impacts are realized and consolidated. We have in mind for example, the possibility that a manufacturing firm which engages in HIV/AIDS prevention campaign (say Voluntary Testing and Counselling) within or amongst its employees may find that the initiative is enhanced in terms of impact because the district or regional health authorities also take up the challenge and address the matter from the perspective of making Antiretroviral treatment available or by supporting women to make informed choices about pregnancy in situations of potential high risks of transmission to unborn children.

The feedback loop suggests that the positive or negatives impacts are likely to strengthen or weak the situation of CSR or OSH in any country or region.

4. Identification of the research gaps

The need for and benefits of occupational health and well-being although undisputed have been studied differently in different disciplines. When looked at from an economic perspective, Grossman (1972) argued that health capital differs from other forms of capital. In particular, he argued that a person’s stock of knowledge affects his market and nonmarket productivity, while his stock of health determines the total amount of time he can spend producing money earnings and commodities. Simply put, health is important as it enables a person to work and ‘paid’ work alleviates poverty thereby facilitating the achievement of the Millennium Development Goals (MDGs).

Occupational injury and illness are matters of health, but they are also matters of economics, since they stem from work, and work is an economic activity. The economic perspective on occupational safety and health (OSH) encompasses both causes and consequences: the role of economic factors in the etiology of workplace ill-health and the effects this has on the economic prospects for workers, enterprises, nations, and the world as a whole (Dorman, 2000).

To this present day, globalization has not succeeded in making markets work for all. The benefits of globalization have been very unevenly distributed both between and within nations. While occupational diseases and injuries are more prevalent in low and middle income countries (LMICs) than in developed countries, at the same time a host of social problems have emerged or intensified within these countries, creating increased hardship, insecurity, and anxiety for many across the world, fuelling a strong backlash (ILO, 2000).
One of the key challenges facing the occupational health profession in the 21st century is protecting workers’ health and safety in a global economy characterised by a ferocious competition to reduce production costs and a marked decline in the development and enforcement of governmental workplace regulations (Brown, 2005). The present global change affects virtually all people of the world and all aspects of life, most of all the work life. Progress in bringing occupational health to the industrialising countries has been painfully slow. In the poorest countries, there has been no progress at all. The number of poor has increased in absolute terms for the past decade in almost all regions of the world. Nearly half the people in the world live on less than $2 a day, and a fifth survive on $1 or less (La Dou, 2005).

The estimates of occupational disease place the total at 217 million cases worldwide, with an unknown additional toll on national incomes. Occupational diseases are grossly underreported in all developing countries. In southern Africa, only about 2% of occupational disease is recognised and reported (Loewenson, 1998). The majority of occupational diseases are occurring almost exclusively in the developing countries. There is general agreement that if these countries continue their current rate of industrial growth the number of occupational injuries and disease cases will double by the year 2025 (Murray & Lopez, 1996).

Poor countries may find it hard to develop the capacity and contacts needed to take part in international investment or trade. The danger is that they may compete with each other to keep a small part of the world trade by lowering wages and making other trade concessions. Debts can increasingly consume scarce domestic resources and reduce development capacity (Onimode, 1989). Currently, income of one fourth of the world population is falling and even in the same region and within a country inequity occurs in economic opportunities and wealth (Loewenson, 2001).

Work-related ill-health is present to varying degrees in all settings and is an issue of worldwide occurrence. The risks and hazards associated with work are largely experienced by, but not confined to, low income groups, such as women, children and minorities. Where wealthier and better-informed workers are at risk, they may be able to negotiate a trade-off between extra risk and extra-remuneration: such options are unavailable to poorly informed and organised workers (Fustukian, Sethi & Zwi, 2002). New innovative approaches in OSH are needed to meet the challenges of the new work life. As the challenges are global also the responses need to be generated in a global scale. Developing countries share many of the criteria which create a vicious cycle of poverty and disease, see Figure 2 – the poverty cycle.

This cycle can only be broken by industrialization and economic progress. The maintenance of health in industrial communities in the developing countries entails the treatment and prevention of epidemic and endemic communicable diseases, the prevention of occupational injuries and diseases, the planning and organization of medical care, training, the introduction and enforcement of standards of health, and safety and medical care in industry (Khogali, 1982). Only maintaining and promoting health at the workplace can ensure sustainability to this process of industrialization.
Most countries of the world do not have basic local level infrastructures for implementation for OSH. One such initiative has been undertaken by the International Commission on Occupational Health, ICOH, together with the ILO and WHO to launch a new concept on Basic Occupational Health Services (BOHS) to facilitate the development of local infrastructures and implementation activities to enable such services should be available for every workplace and every working individual in the world (Rantanen, 2001). To promote decent work in the global economy, the ILO launched the Safework programme (ILO, 1999) which is designed to be a strategic means of reducing poverty and promoting social integration and of giving effect to the more integrated approach to economic and social policies.

There are key components that must be in all future trade and investment agreements if occupational health is to be effectively protected. These elements include: a minimum floor of occupational health and safety regulations; an “upward harmonization” of regulatory standards and actual practice; inclusion of employers so that they have formal responsibility and liability for violations of the standards; effective enforcement of national regulations and international standards; transparency and public participation; and recognition of disparate economic conditions among trading partners and provision of financial and technical assistance to overcome economic disincentives and lack of resources (Brown, 2005).

According to the ILO (1999), the overall goal of the global economy should be to provide opportunities for all men and women to obtain decent and productive work in conditions of freedom, equity, security and human dignity. This requires the attainment of four objectives: employment creation; promoting human rights at work; improving social protection; promoting a social dialogue. These are all areas which are vital to social progress in this era of globalization and require an integrated approach involving many organizations in the international system.

The opportunities for occupational health improvements presented by globalization are thus still outweighed by the shift in the health costs to workers in the most
insecure forms of employment, particularly given the weakness of the social protection systems. This burden falls particularly on migrant workers, women, children, and workers in precarious employment (Loewenson, 2001). While international standards obligate the employer to pay for occupational injury and disease, inadequate prevention, detection, and compensation flout this principle (Dorman, 2000).

Many argue that integrating worker rights and labour standards into global trade rules is necessary to ensure that globalization broadly benefits workers and their communities (Fustukian, Sethi & Zwi, 2002). Global ‘integration’ has concentrated wealth and power – both economic and political – in the hands of the few (Tooze 1997), while for the vast majority, the process has been one of fragmentation, the loss of hard won economic and social gains, growing global inequality and poverty (Deacon, 1997). A lot needs to be done to reverse the process; promoting occupational health is one such opportunity.

5. Why Corporate Social Responsibility?

Companies play a significant role in society and this relationship is now more visible than ever. The constantly changing work context in which enterprises operate, forces them to adapt to their circumstances in several ways. With increasing globalization, greater environmental and social awareness, the concept of organizations’ responsibilities beyond the purely legal or profit-related aspects has gained new impetus. Therefore, in order to succeed, enterprises increasingly have to be seen to be acting responsibly towards people, planet and profit (the so-called ‘3Ps’) (EC, 2001).

Organizations by their very nature have responsibilities (i.e., economic, ethical, legal and social) assigned to them by law, shareholders, other stakeholders and the society at large (Carroll, 1979; Brummer, 1991). In the academic and business literatures, often some of these responsibilities are discussed under the terms such as business ethics, enterprise responsibility, corporate responsibility, corporate social responsibility, corporate governance, corporate accountability and corporate citizenship all of which broadly refer to aspects of responsible business practices or ethical business practices. What constitutes responsible business practice is a highly topical and debated subject. It has increasingly provided the focus for exploration of broad philosophical questions about the roles and responsibilities of companies and their relationships with the roles and responsibilities of governments and other stakeholders. Although all stakeholders recognise that enterprise responsibility is increasingly relevant in the current globalised economy, there is no sign of consensus on its definition, rules, structures or procedures. These issues are discussed in more detail in Chapter 4 - Corporate Social Responsibility and Safety and Health at work – an overview. The World Business Council for Sustainable Development (WBCSD) in their publication “Making Good Business Sense” give a much broader outlook to the concept. They define enterprise responsibility as the “continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large” (WBCSD, 2000; p.6).
It has been argued that responsible business practices, in order to be sustainable, need to impact on the culture and strategy of the organization. Rather than being an optional extra, taking the form of corporate philanthropy, enterprise responsibility should be a source of organizational rejuvenation and growth, enabling the enterprise to take on new inputs, to learn and develop. On this basis, responsible business practice is not dispensable, suitable for abandonment in hard times. It is a vital ingredient for the future, drawing on external inspiration, enabling organizational learning, and helping to steer core strategy. It may be seen as integral to innovation (Josendal & Ennals 2009).

However, corporate social responsibility is not a replacement for government responsibility. In fact, responsible business practices will fully realize their potential only when they operate on internationally recognized standards. Global rules do not need to be invented. For instance, ILO core labour conventions providing for full respect of freedom of association, the right to collective bargaining, non-discrimination in pay and employment, and the prohibition of forced labour and of child labour, are universally recognized as benchmarks. CSR begins with acceptance of all of them, spreading them throughout the companies and their suppliers, having a positive attitude towards trade unions and engaging in an active social dialogue (ILO, 2003).

5.1 CSR and SMEs

The dominant way of organising work in the OECD countries is in Small and Medium-sized Enterprises (SMEs) they employ the majority of all workers (Spence & Ruthford, 2001). While this is also the case in most economies around the world, a large majority of SMEs in developing economies fall under the unorganised and informal sectors. Research with regard to enterprise responsibility and SMEs is generally lacking as issues relating to responsible business practices to date have focused mostly on large organizations. This lack of attention on the SME sector leaves considerable knowledge gaps within the literature (Jenkins, 2006; Moore & Spence, 2006; HSE, 2005).

It is well acknowledged that SMEs, including new enterprises, play an incredibly important role in creating jobs and in so doing, assist in poverty alleviation, providing social safety-nets and community support (Painter-Morland & Spence, 2009). However there are simple semantic issues such that most SME's, especially those in developing countries, don't describe this role that they play in terms of theoretical constructs such as corporate social responsibility (CSR) or business ethics. Instead, these 'ethical actions' are just contingent aspects of how their businesses operate (Murillo & Lozano, 2006). For instance, SMEs sometimes operate in closer proximity to the communities within which they function, and on whose support they depend. As such, they respond to the needs of these communities on an ad hoc basis, rather than having a well-designed social accountability/responsibility strategy (Besser & Miller, 2001). They have to treat their employees well to retain and motivate them, and build relationships of trust within their supply chain in order to survive. Whereas large firms may describe these in codes of conduct, or publish their accomplishments in social respon-
sibility and sustainability reports, SMEs tend to perceive responsible business practices as a much more intrinsic part of their everyday business (Painter-Morland & Spence, 2009) and are therefore likely to remain informal and intuitive, especially in microenterprises (EC, 2011).

However, research on SMEs, especially in developing countries also indicates that SMEs often find themselves at the receiving end of relationships that by no means encourage ethical behaviour (Transparency International, 2008). An analyses of SMEs in Africa, India and Latin-America highlight the following common problems: (i) a regulatory environment that often hurts more than it helps, both because tax structures and compliance mechanisms place undue financial burdens on SMEs, and because other, real problems, like corruption, are not adequately addressed; (ii) SMEs carrying a lot of the burden of job creation and providing social safety-nets, without being granted the government support they need to play this role sustainably; and (iii) an absence of bodies that represent the interests of SMEs and allow them to draw on peer support and broader resources (Painter-Morland & Spence, 2009). There is therefore a real need for governments, large enterprises and other stakeholders such as federations of small businesses to support SMEs by creating an ethically conducive environment as well as through the development of ethics management strategies that are flexible and affordable enough to be implemented within small and medium sized organizations.

5.2 CSR in Developing Countries

Historically, the concept of CSR in many developing countries largely takes the form of corporate philanthropy. Many a times, donations are made in the name of CSR without any clear organizational strategy for responsible business practices. Some organizations make donations either because they see their competitors doing it or because it can provide opportunities for positive publicity. Responsible business practices have not been part of the business agenda of many companies in the developing world and only recently have some countries have seen significant progress in the area of human rights and responsible business practices. In Africa Kenya (Mwaura, 2004) and South Africa (Visser, 2005), can be singled out as two cases where awareness of enterprise responsibility is comparatively high. However, even here practice is not as encouraging since the focus of most companies has been mainly on environmental issues and philanthropy than on legal and ethical business practices. This view is supported by a survey of South Africa’s top companies, in which only 10% cited “abiding by laws and regulations” as their one principal motivation for pursuing corporate citizenship (Trialogue, 2004).

A ten year review of enterprise responsibility research focused on Africa and published in key enterprise responsibility related journals over the period 1995-2005 revealed that:

- The volume of published research is still extremely low.
- Most papers focused on business ethics.
- Most studies were on South Africa.
Hence there is a great scope for expanding the amount of research on CSR in Africa, as well as improving the diversity of its content and its geographic coverage. While there is evidence of successful corporate social responsibility projects in developing and emerging contexts (Baskin, 2006), the evidence still raises an interesting question about the potential of responsible business practices to contribute to development and solve some pressing problems in the neediest parts of the globe. There is thus a need to strengthen structures and systems that contribute to social justice (which includes the creation of healthy workplaces), environmental protection and poverty eradication. Many agree that these goals cannot be achieved by corporate activity alone and consequently calls for concerted efforts by the private sector, public sector, governments, international agencies and NGOs (Jamali & Mirshak, 2007; Jamali & Neville, 2011) to manage the ‘sphere of responsibility’. This is particularly important since in many developing countries there is a huge expectation and pressure for businesses to assume responsibilities that would normally be within the remit of the state and that private companies will address many of the environmental and social issues that the governments are themselves unable to address.

However, what is more debatable is the type of responsible business practices or input companies need to contribute. While the issues around sustainability are primarily the task of governments, the international research and political communities should pay attention and evaluate CSR initiatives and efforts by companies more on the basis of their ability to contribute to structural and institutional development rather than on the basis of single visible activities, such as building hospitals or roads or the like. Furthermore it is important to examine which types of problems get addressed and which do not, whose interests are focused on and whose are overlooked, what works and where, what gets measured (responsible business practices or impact), and what is the interplay between enterprise responsibility and other governance mechanisms and institutions by the states and supra national bodies (Amponsah-Tawiah, 2010).

5.3 Internal Dimension of CSR

Since the notion of responsible business practice has gained popularity, it has been widely accepted that CSR is based on the integration of economic, social, ethical and environmental concerns in business operations. The major social concerns include the welfare of the key stakeholders in the business, both external as well as internal (HSE, 2005; Montero, Araque & Rey, 2009). The European Commission in a follow-up to its 2001 Green paper published a communication (EC, 2002) titled “Corporate Social Responsibility: A business contribution to sustainable development”, developing the idea that there are both internal and external dimensions of responsible business practices; ‘internal’ in that they are targeted at management and employees of the firm itself, or ‘external’ in that they are targeted at outside groups such the society or the environment (Bondy et. al., 2004). Today occupational health and safety is included in most standards, codes of conduct and reporting guidelines that seek to promote responsible business practices, as discussed in Chapter 5.
The internal dimension of CSR includes socially responsible practices concerning employees, relating to their safety and health, investing in human capital, managing change and financial control (Bondy et al., 2004). It involves organizations dealing with their internal stakeholders. The primary internal stakeholders of any organization are the management and the employees. Therefore, organizational interactions between management and employees dominate discussions on the internal dimension of enterprise responsibility. They include elements like providing an environment for lifelong learning for employees, better information flow, improving the balance between work, family, and leisure, profit sharing and share ownership schemes, as well as job security among others. Most organizations have documents which spell out the rules of engagement between management and employees. Such documents as collective bargaining agreements and health and safety policies inform each of the parties of their rights and responsibilities.

While, most of the issues highlighted in the internal dimension as indicated above have a legal basis and at a minimum level are underpinned by law, CSR is concerned with what organizations can/should go on to achieve beyond legal requirements. In the UK, which is seen as leading both in the field of OSH (HSE, 2005) and CSR (Vogel, 2005) for instance, areas like public reporting of health and safety performance, director leadership in health and safety, provision of welfare facilities (e.g., gyms) at work, which are all indicators of a good CSR action plan, are not legislated in the health and safety laws. They are at the discretion of management. To therefore exclude/give minimum attention to issues of health and safety in a responsible business agenda under the notion that it is a regulated area may not only be unfair to employees who are an integral part of the stakeholder community but also a total neglect of an important aspect of the concept (Amponsah-Tawiah, 2010).

The challenge of ensuring compliance with existing legislations on health and safety is greater today than ever. With an ever increasing number of newly established enterprises, SMEs and hazardous industries globally engaged in more complex production activities coupled with lack of resources, expertise and in recent times cuts in state funding for inspectorate divisions in some countries, it is probable that promoting CSR, particularly health and safety and quality of life, using legislation as the ground and not the ceiling within a framework of good business practice and common business sense could be a way forward.

6. CSR and Occupational Safety and Health

Health and safety at work is an essential component of CSR and companies are increasingly recognising that they cannot be responsible externally, while having poor ethical performance internally (EU-OSHA, 2004). CSR is also identified as a critical component for engaging SMEs to move the area of OSH forward (HSE, 2005). Many researchers have explored the synergies between CSR and improvement of occupational health and safety and working conditions in general (e.g. Segal et al., 2003; EU-OSHA, 2004; HSE, 2005; Jain et al., 2011; Kawashita et al., 2005; Montero et al., 2009). Research carried out in Europe on the nature of the relationship between CSR and occupational health and safety shows that practice varies widely among existing initiatives (EU-OSHA, 2004).
Even though it is argued that linking CSR to OSH has been difficult to comprehend (EU-OSHA, 2004; HSE, 2005), companies are increasingly encouraged to use enterprise responsibility as a strategic investment into the core business strategy where OSH is concerned (HSE, 2005). In this way, OSH is treated as an investment, like quality management, where the pay-off might be longer but is more sustainable (Kok et al., 2001; Johanson, Ahonen & Roslender, 2007).

Policy level initiatives in the area of health and safety management and the promotion of workers’ health are relevant not only to policies and actions emerging from legislation but also to those that are initiated through increased stakeholder involvement within frameworks such as collective agreements and enterprise responsibility (Leka et al., 2011). For example, the Bangkok Charter for Health Promotion in a Globalized World, called on the need for civil society to exercise its power in the marketplace by giving preference to the goods, services and shares of companies that exemplify corporate social responsibility (WHO, 2005), while the Seoul Declaration on Safety and Health at Work, which recognizes health and safety at work as a fundamental human right emphasise that building and maintaining a national preventative culture must be must be high on everybody’s agendas as each stakeholder has a key role to play (ILO, 2009).

Potentially, collective agreements could have a strong role to play in the policy of CSR as a means of consolidating advances made either at sectoral or company level. Nordestgaard and Kirton-Darling (2004) suggested that if we consider the three levels of hard and soft social and employment regulation, while recognise that the practical application and practice differs in each country, it is possible to speculate on a potential dynamic between: a) legislation, b) collective agreements and c) enterprise responsibility in a soft law form. Occupational health legislation traditionally covers legal minimum requirements that companies are obliged to meet in relation to working conditions, environmental conditions and employment relations. Collective agreements ideally should improve on these minimum standards and specifically regulate the working conditions and employment relations of a specific work-force, whether international, regional (e.g. European), national, sectoral or company based.

CSR has the merit of providing a broad space for the development of innovative approaches to a whole variety of issues, according to the economic and market circumstances, but also as a means of preparing or ‘softening up’ areas of consensus. The dynamic interaction, as depicted in Figure 3, would exist at the interface, as issues become the subject of discussion between the social partners and all relevant stake-

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1 A collective agreement is an agreement between employers and employees which regulates the terms and conditions of employees in their workplace, their duties and the duties of the employer. These can be made at the company level, sectoral level, national level, regional level (e.g. European level) or international level. At the international level it takes the form of International Framework Agreements (IFAs). It includes social dialogue agreements which involve tripartite agreement.
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holders and if consensus develops through the evolution and joint-application of CSR policies (whether the inclusion of workers with disabilities, or the improvement of health and safety provisions), it may be possible to integrate long-established aspects into the collective agreement.

Through the integration of areas of consensus the relevant collective agreement would act as a legal ratchet ensuring that a company or sector’s CSR policy could constantly develop above and beyond the legal norms. This would demonstrate companies’ commitment to the industrial relations systems and therefore, provide evidence to counter trade union, and NGO’s fears about ‘CSR as cover-up’. For their part, trade unions must guarantee that efficient and effective channels of communication and information exist between both the different levels of industrial relations and the actors in those levels, in order that pressure can be effectively placed on the relevant decision-makers within companies and employers’ organizations to ensure that responsibilities and commitments made within CSR policies are maintained.

Recent strategies to promote workers’ health as well as policy initiatives by the ILO, European Commission (EC), the European Agency for Safety and Health at Work (EU-OSHA) and WHO have attempted to link OSH with enterprise responsibility, establishing a business case of strategic importance for organizations (EC, 2001, 2002; EU-OSHA, 2004, ILO, 2006; WHO, 2010). These initiatives are complemented by innovative safety and health initiatives that go beyond traditional OSH issues and have either an implicit or explicit relationship with enterprise responsibility. An effect of the initiatives is that they change the context of safety and health at work at company level. Zwetsloot and Starren in a report for the EU-OSHA (2004) categorised these initiatives as:

- Raising awareness, awards and ethical initiatives;
- Exchange of knowledge: best practice, networks, pilot projects, and guidelines;
- Standardization and certification;
- Reporting (external) and communication;
- Innovative partnerships NGOs, public and private (collective agreements);
- Ethical trade initiatives (‘fair trade’);
- Financial sector involvement / financial incentives.

The nature of the relationship between CSR and OSH varies widely among the initiatives. Some initiatives refer explicitly to OSH items, while others focus only on new social issues that have no tradition in companies, or on totally voluntary aspects (such as action against use of unfair labour practices by suppliers in developing countries).

CSR initiatives, as OSH, should not be viewed in isolation. They are affected by certain forces for change (and vice versa) that drive both business attitudes and behaviour. For businesses to take such issues more seriously, they must be seen to be central

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2 It is essential for all relevant stakeholders, i.e. representatives from different departments and work groups to be actively involved in the discussions to prevent institutional barriers within enterprises that may limit the effectiveness of agreed ECI policies.
to their financial performance, reputation or interaction with wider stakeholders. Thus depending on the effect that the absence of an effective and an efficient occupational health and safety management system has on stakeholders, it becomes a key issue for an organization. It is important, therefore, to set OSH in the context of the other factors that may affect a company’s performance.

Figure 3: Dynamic interaction between enterprise responsibility, collective agreements and legal requirements


7. Objectives of the book

The objectives of this book are as follows:
- The editors and contributors hope to describe how CSR and OSH are executed (or not) in advanced northern countries as well as developing southern countries. There are hardly any such cogent treatments of the two concepts together taking in both advanced and developing contexts
- Secondly, we hope to show or demonstrate the challenges confronting the proper deployment of both notions in African context
- Thirdly, we hope to influence corporate, institutional and public policy
- Fourth, directly and indirectly, we wish to demonstrate how the MDGs may be attained in Africa through clear and focused attention on OSH and CSR by both State and non-State actors as well as by businesses and organizations
- Our final objective is to offer students, practitioners and researchers a useful resource book.

The editors and contributors hope that even if only partially achieved, these objectives and the efforts behind this work go some way to enable the discourse on CSR and OSH in Africa to become more systematized and mainstreamed.
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References


Development Aspirations and the African Context

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1. Development in the African context and socio-political and economic challenges

Africa has been described by some as the last frontier. Obviously this description is a non-African characterization that looks at the continent and perhaps much else as the subject of conquest rather than anything else. The continent was the home of humanity, and gave birth to much of human civilization by way of social organization, agriculture, animal husbandry, symbiotic migration in sync with climate, vegetation and available resources. About 100,000 years ago a small number of the earliest ancestors of homo sapiens migrated out of Africa (some writers suggest those who migrated using the land shoulder where the Suez Canal now runs numbered no more than 1000 in trickles of small family groups) the and ‘conquered’ the world through massive population growth, exploration and development of urban centres and states. Those who were left behind had to contend with the fact that being home to the emergence of life, Africa also had the greatest presence of organisms and climatic variations that were in various ways inimical to human growth and progressive development: Tsetse fly, mosquito, Sahara desert, bilharzias… from about 1000 years ago when the African human emigrants began returning to Africa (Arabs from North East and East, Europeans from North and even Chinese from the Far East), their return was characterised by a commoditization of the continent’s relationship with the external world to the extent that Africa seemed destined to supply the external world with nothing but slaves, raw materials and land to be taken without recourse to the indigenes. The nature of king Leopold II’s annexature of what is now the Democratic Republic of Congo is a case in point.

Over the years Africa has suffered from poor development irrespective of how one defines development. Political development has been stunted by weak and inept leadership. Economic development has been challenged due to centuries of slavery followed by colonization and after decolonization, poor trade arrangements. Social development has suffered in part from discriminatory practices which have marginalized indigenous
populations in places such as South Africa. Socio-cultural development has been hampered by the arbitrary carving up of the continent creating different nationalities out of regions and peoples who could otherwise have developed into ‘naturally’ occurring States based on language, tradition and perhaps security alliances. The heady days and expectations of the independence movements collapsed to despotic rulers – a period which is only now in the last 10-15 years giving way to democratic governance across Africa.

For the purposes of this book, we note that the development of any nation is a combination of several forces and factors which must be brought together through sustained effort to achieve significant improvement in the living standards, life expectancy and general wellbeing of the people. Nations must seek to create economic environments and opportunities which enable all to participate fully. This example of development has eluded South Africa for almost 300 years. Nations must seek to offer physical infrastructures to their populace which reduce the burden of life – roads, buildings, communication – and instead create opportunities for business. This reality has eluded much of Sub Saharan Africa. Nations must seek to develop inclusive political arrangements which enable its people to participate in local and national governance. This is a reality which has eluded much of North Africa until the start of the ‘Arab Spring’ of 2011. Nations must advance in institutions, laws and legislative frameworks which enable the citizens to access health care, administrative justice and so on.

In the last 15-20 years, a number of African countries are beginning the slow but determined move towards development characterised by economic transformations, political rearrangements, social initiatives and governance efforts. We argue that development by any definition cannot and should not be allowed to be limited to overt evidences such as good roads and high rise buildings and economic transformations. Inclusive wellbeing of citizens is also important. This is where efforts in the areas of corporate social responsibility (CSR) and occupational safety and health (OSH) become very critical in facilitating all-rounded development.

The financial crises that hit the western world from 2008 onwards show clearly, that economic development without moral suasion is weak. The abolition of slavery in the early 1800s show very clearly that moral suasion without attendant systemic adjustments is weak – while slavery has been abolished it has continued in various guises especially in the inexcusable practices of some business such as in places like South Africa in the near prison-like conditions under which mine workers worked till the collapse of apartheid in 1994.

Clearly different countries tackle their challenges in different ways and are at different points of attention to their peculiarities. Our argument for CSR and OSH however is pretty simple: close attention to these issues offer nations the unique benefit of combined effort on both moral suasion and economic transformation. It is morally and procedurally ‘right’ for firms to pay attention to the health of their employees, for example. While doing so, they are very likely to enhance their profitability through fewer industrial accidents, better public perception of their brand and potential cascading effect on national systems of health care delivery.
With a population of just over 1.1bn and some 56 countries, 36% of its people live on less than US$1 per day. Its external debt stood at over 60% of GDP in 1998; but has dropped to 25% of GDP by 2007 according to IMF/World Bank data. Although per capita averages US$1,200, this hides the reality that for some of the poorest countries this is as low as US$400. Current estimates put African economic growth at about 5%. Countries like Ghana in West Africa and Uganda in East Africa, have led the economic resurgence as a result of political stability as well as oil discoveries. In the midst of the efforts at economic recovery, it is worth noting that agriculture and mining continue to play significant roles in the fortunes of the continent and both sectors require the attention of all who are interested in the corporate responsibility of sector actors and players.

We argue that while the MDGs as stated:

Goal 1: Eradicate extreme poverty and hunger
Goal 2: Achieve universal primary education
Goal 3: Promote gender equality and empower women
Goal 4: Reduce child mortality
Goal 5: Improve maternal health
Goal 6: Combat HIV/AIDS, malaria, and other diseases
Goal 7: Ensure environmental sustainability
Goal 8: Develop a global partnership for development

They offer a global horizon of aspiration, CSR and OSH provide veritable proximate tools, mechanisms and triggers by which to move from aspiration to execution. Adopted in 2000 after the UN Millennium Summit, 193 countries and over 20 international organizations committed to achieve these goals by 2015. In 2010, a review summit confirmed that the world community still saw fit to aim for the 2015 target date, despite significant differences in uptake, operationalization and success levels in different countries. Through this project, we maintain that ensuring corporate social responsibility and ensuring the availability of occupational safety and health standards and accessibility does support the MDGs.

2. How can CSR and OSH be used to facilitate or enable development

It is in the interest of workers and their representatives to earn a living (WHO, 2007). These interests are not contradictory but complementary to company interests. Even though organizations have traditionally evaluated their health in terms of the bottom line (Robin, 2003), with increasing evidence of the enormous financial and human costs associated with unhealthy organizations (Cooper, 1994), human resource professionals have begun to position healthy workplace programmes and activities as a source of competitive advantage to curtail increasing health care costs; assist in the attraction, acquisition and retention of employees; better manage the employer-employee relationship; meet the needs of an increasingly diverse workforce, and boost employee morale (Fulmer, Gerhart & Scott, 2003; Jaffe, 1995; Pfeffer, 1994). It is through such initiatives that organizations may assist the national socio-economic development agenda through responsible business practices.
Increasingly, CSR is becoming a strategic platform for health and safety management in enterprises. Companies that are perceived to be frontrunners in supporting human, social and mental resources are often viewed as employers of choice. They see value in promoting such resources in terms of the sustainability of the company itself, and, associated with that, the sustainability of communities and society. A lot of them address such issues not purely as an obligation in law or dealing with symptoms of ill health and absence, but within a framework of common (business) sense and social responsibility. In doing so, these companies go beyond their legal obligations in relation to the management of occupational risks and view the promotion of employee well-being as part of their usual business practices.

Promoting workers’ health has several potential benefits and can be used as a strategic management tool within organizations. The benefits of the concept may be multifaceted affecting recruitment and retention (Herman & Gioia, 1998), aiding competitive advantage (Hamel & Prahalad, 1994) protecting brand reputation and improving performance (Waddock & Graves, 1997, WBCSD, 2000). In a survey of business carried out for IBM which covered around 250 businesses world-wide, companies which outperformed their peers showed a grasp of the benefits of a well-planned, integrated enterprise responsibility strategy. In the study, 68% of companies indicated that focusing on enterprise responsibility helped them to make money, while 54% said it gave them a competitive edge.

Surveys on the primary drivers for businesses getting involved in enterprise responsibility have also revealed the attraction and retention of staff as still topping the chart in spite of the huge amount of action and publicity there has been over climate change in recent years. This goes to affirm Herman and Gioia’s (1998) assertion that organizations, which have high and positive record on enterprise responsibility are more likely to attract and retain high quality personnel than those who have a poor record. Not only does a high and positive record on enterprise responsibility further enhance the organization’s reputation but also gives it a competitive edge over business rivals (Hamel & Prahalad, 1994).

Thus, through the high reputation built through a positive enterprise responsibility record in the area of health and safety, environmental management, employee and community relations, organizations tend to attract and retain the best of personnel, who are more committed and efficient resulting in enhanced profits. A 1999 Business Ethics study by the Walker Information Group in the USA found that employees are more likely to be loyal when they believe their workplace has ethical practices. According to the study, employees with negative views of workplace ethics are more likely to be trapped or at risk of defecting. Thus, not only do organizations with ethical practices attract and retain the best of personnel but also they tend to have motivated workforce.

Good company performance in the area of enterprise responsibility can both build reputation, while poor performance when exposed, can damage brand value (UNIDO, 2002). This is particularly important to companies with high-value retail brands, which are often the focus for media, activist and consumer pressure. In a survey by the UK-
based Business in the Community, 86% of consumers said they had a more positive image of a company if they see that it is doing “something to make the world a better place” (BitC, 1997).

Most clients are beginning to expect and demand evidence of responsible business practices from enterprises. This is gradually becoming a determining factor between securing a contract and missing out. In the same vein consumer associations are now calling on their members to shun products from organizations which happen to have poor health and safety records, poor environmental management and human rights practices among others. Some creditors now request social and environmental impact assessment plans and enterprise responsibility policy documents from potential borrowers before advancing credit facilities to them. This goes to further affirm the competitive advantage position that organizations with high enterprise responsibility profiles have over their competitors and in protecting brand reputation and improving performance (Waddock & Graves, 1997; WBCSD, 2000).

In today’s interconnected global economy, various groups can exert pressure on organizations for not being socially responsible. The formal and informal ‘license to operate’ is a key issue for many companies looking to extend their business or operating in politically unstable conditions (UNIDO, 2002). Diligence in meeting social and environmental concerns can result in a reduction in red tape and a more cooperative relationship with government departments as well as other civil society organizations (UNIDO, 2002).

There is a growing recognition that financial health is related to investments in employee well-being (Goetzel et al., 2001), a condition which is gradually putting health and safety issues at the front end of work, job and organizational design efforts. The health, business and societal benefits, as presented in Table 1, of a CSR approach to promote OSH provide further support for implementing such an approach.

National economies also enjoy the benefits of a thriving OSH policy based on such an approach, as the benefits accrued to industries tend to trickle down in the form of taxation and a reduction on other social services (e.g., health care facilities, social support benefits). A high standard of OSH correlates positively with high GNP per capita (WHO, 1994); those countries investing most in OSH show the highest productivity and strongest economy. Thus, active input in OSH is associated with positive development of the economy, while low investment in OSH is a disadvantage in the economic competition (WHO, 1994).

Despite this, to date OSH has not attained a high profile in the sustainable development agenda particularly in developing countries where most people are engaged in primary industries such as agriculture, logging and mining. Although the right to health and safety at work has been stipulated in the Constitution of the WHO and ILO and is supported by a number of other United Nations documents, there still are important needs for OSH development, especially in countries where an appropriate legal framework and associated infrastructure are lacking.
OSH and CSR in Africa  

Table 1. A matrix of health, business and societal benefits of a CSR approach to OSH

<table>
<thead>
<tr>
<th>Type of benefits</th>
<th>Health</th>
<th>Business/Economic</th>
<th>Societal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost reductions</td>
<td>e.g. Lower cost for replacing sick people</td>
<td>e.g. Less disturbance in production</td>
<td>e.g. Lower mortality, increased life expectancy</td>
</tr>
<tr>
<td>Added value</td>
<td>e.g. Keeping the ageing workforce vital and productive</td>
<td>e.g. Increased labour productivity and manpower efficiency</td>
<td>e.g. Increased employment security, reduction in poverty</td>
</tr>
</tbody>
</table>


A CSR based approach to OSH would integrate OSH and CSR into the systems and structures of business operations, into the company culture, into learning and development of the organization, into dialogue with stakeholders and would explicitly address ethical aspects and dilemmas.

3. Conclusion

Looking after the workforce and developing its capacity (mentally, socially, etc.) has strategic importance for organizations and society alike, especially if one considers current challenges. In addition, addressing OSH issues and promoting well-being in the workplace are also relevant to human resources practices within organizations which also fall within the remit of CSR. CSR is a comprehensive concept that aims at the promotion of responsible business practices closely linked to the strategy of enterprises. A CSR approach to OSH can be a useful tool in contexts where up until now policies, expertise and tradition in dealing with occupational risks has been lacking, such as in the developing and emerging economies. Such an approach could also be instrumental in facilitating other traditional approaches and in promoting legal compliance.

Much of the action around workers’ health has to be carried out at a local level within businesses but the frameworks surrounding this issue cascade from the global to local, driven by the Universal Declaration of Human Rights, International Labour Organization Standards, European Charter and National Legislation. The challenge around OSH is how to achieve this optimal state of good working conditions for all. To date the area has been driven by a legislative framework which, when implemented, has led to a ‘minimum standards’ benchmark norm but also at times has allowed the area to become reactive. While recent health and safety laws have an obligation on employers to take action in various areas in order to prevent risks to workers health and safety, which is embedded in the legal objectives, it is argued that the challenge for legislators and business is be flexible to new and emerging challenges in OSH to move forward with a multi-policy stakeholder agenda, which is underpinned by law but one that highlights ‘best practice’ as the true benchmark, becoming pro-active, positive and more importantly preventative (ILO, 2003; EC, 2002). In addition to awareness raising campaigns, strengthening worker representation and participation and social dialogue, to promote
workers’ health and safety, the literature and company examples indicate that another possible vehicle for achieving this could be enterprise responsibility. The potential and benefits of promoting workers health and safety by aligning it with the enterprise’s responsibility agenda should also be made part of existing raising campaigns.

As calls for enterprises to be more socially responsible increase, health and safety at work are being gradually seen as fundamental human rights as well as an essential component of responsible business practices. Responsible business practices, through enterprise community involvement, possibly have the merit of providing a broad space for the development of innovative approaches to a whole variety of occupational health issues.

References


Improving Occupational Safety and Health through Policy Initiatives

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1. Health and work: An introduction

According to the World Health Organization (WHO) health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). The WHO (1994) estimates that 58% of the world’s population spend one-third of their adult life at work. The experience of work can have a positive effect on individuals, their families and society, as holding an occupation provides a source of income and material outputs which cater for the necessities of life. However, studies suggest that work can also be seriously detrimental to employees’ health and safety (e.g. Cox, Griffiths, & Rial-Gonzalez, 2000; da Costa & Vieira, 2010; Leka & Jain, 2010; WHO, 2010a). Therefore in pursuing the goal of health, as defined above, there is a need to promote standards at policy and practice level that aim to protect workers’ health and safety and prevent possible negative impact through unfavourable working conditions.

In 1950, a Joint ILO/WHO Committee on Occupational Health offered the following key definition of occupational health: Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities and; to summarize: the adaptation of work to man and of each man to his job (Rantanen & Fedotov, 1995, p.4).
According to the ILO (2001) the main focus of occupational health should be on three key objectives: (i) the maintenance and promotion of workers’ health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health; and (iii) development of work organizations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking.

However, a consideration of occupational safety and health (OSH) related statistics indicates that, at the level envisioned by the ILO and WHO, is still some way off. European Statistics on Accidents at Work (ESAW) showed a positive trend regarding non-fatal accidents with more than three days of sick leave. In 1999 4% of the population in the fifteen older member states of the EU (EU 15) was exposed to such accidents, compared to a rate of 2.9% in 2007. These statistics also showed that fatal accidents decreased from 5,275 in 1999 to 3,580 in 2007. However, this trend may be specific to the EU. Hämeläinen, Takala and Saarela (2006) estimated that 264 million non-fatal, and 346,000 fatal, workplace accidents occurred globally in 1998. The ILO (2005) estimated in 2005 that 270 million occupational accidents occur annually and recently updated this figure to 317 million injuries through workplace accidents (ILO, 2011). These opposing trends may be linked to a tendency to outsource dangerous work from European nations to other areas of the globe. However, even estimates in the EU seem to vary, as a Eurostat study (2010) suggested that 3.2% of the workforce in the EU 27 reported an accident at work in the past 12 months.

From this data, one can conclude that the issue of workplace accidents is far from resolved. Occupational injuries alone account for more than 10 million Disability-Adjusted Life Years (DALYs) lost, or healthy years of life lost, either to disability or premature death, and 8% of unintentional injuries worldwide, and this is perhaps just the tip of the iceberg, as data for estimating non-fatal illness and injury is not always available in most developing countries (Disease Control Priorities Project, 2007).

Moreover, these facts concern work-related accidents alone, diseases and illnesses related to work are now equally or more important. Throughout the last few decades there has been a shift in the nature of work away from occupations with a high exposure to physical risks (involving accidents and fatalities) which could partially explain any decrease in accident data (Davies & Jones, 2005). Kompier (2006) notes that work has become more international and competitive with an increase in the use of information and communication technology. The author also suggests that the workforce configuration is changing, while issues such as flexibility and work life balance have recently entered the agenda. New forms of work organization are also on the rise, while there has been a shift from physical work to mental work.

While this might expose workers to less physical risks, these jobs still pose a threat to workers’ health through new and emerging risks. One of the biggest challenges is the management of psychosocial risks. Psychosocial risks are defined as those aspects of the
design and management of work, and its social and organizational contexts that have the potential for causing psychological or physical harm (Cox & Griffiths, 2005). These risks include issues such as the demands, control and support that individuals are exposed to at work (Karasek, 1979), as well as concepts such as the balance between effort and reward (Siegrist, 1996). Psychosocial risks have been linked to a number of health-related issues including: mental health (e.g. depression, anxiety and burnout), social and behavioural health (e.g. smoking and drinking), and physical health (e.g. heart disease, musculoskeletal disorders, and diabetes) (Leka & Jain, 2010).

Therefore, it is no surprise that with work shifting towards the service sector, while accidents and fatalities have decreased, there has been a rise in work-related health problems. Occupational disease has become by far the most prevalent danger faced today by people at their work (WHO, 2006). The WHO suggests there are 160 million new cases of work-related illness yearly, and that occupational risks greatly contribute to chronic diseases, including cardiovascular disorders, cancer and depression (WHO, 2010a). In 1999, a European survey suggested that 4.7% of workers reported a work-related health problem; however in 2007 this had increased to 7.1% (Eurostat, 2010). The fourth European Working Conditions Survey (Eurofound, 2005) suggested that 28% of workers in Europe believe that they suffer from health problems that are, or may have been, caused or exacerbated by their current or previous job. According to data from the Labour Force Survey, 8.6% of workers in the EU-27 reported a work-related health problem in the past 12 months, corresponding to approximately 23 million persons (Eurostat, 2009). Musculoskeletal problems were most often reported followed by stress, depression or anxiety. This data in tandem further supports that work has a significant effect on people’s health.

Ultimately, workplace accidents and diseases result in 2.3 million deaths a year and a significant impact on the health of working individuals (ILO, 2011). Furthermore, a substantial part of the general morbidity of the population is related to work (Prüss-Üstün & Corvalán, 2006). It is not outlandish to expect this to have additional financial implications. As will be discussed below, these costs are significant. There is therefore a critical need for improved management of OSH.

2. Tackling OSH through policy

A significant driver of OSH management is policies adopted at the macro (i.e. sectoral/national/regional/international) level. As noted by Leka and Jain (2013) “it is the process of policy development and stakeholder engagement at international, regional, national, and sectoral level that determines whether awareness is raised, common understanding emerges, norms develop, decisions are made, actions are promoted, and sustainability is ensured”. Before one considers such initiatives, it is important to consider the meaning of policy. Bauer (1968, p.1-2) describes policy as follows:

Various labels are applied to decisions and actions we take, depending in general on the breadth of their implications. If they are trivial and repetitive and demand little cogitation, they may be called routine actions. If they are more complex, have wider
ramifications, and demand more thought, we may refer to them as tactical decisions. For those which have the widest ramifications and the longest time perspective, and which generally require the most information and contemplation, we tend to reserve the word ‘policy’.

From this it is clear that policy is not a concrete concept. Birkland (2005) reviewed a number of definitions and concludes that consensus regarding a precise definition is not forthcoming. Thus it is not surprising that authors report the concept as lacking a consistent conceptualization (Jenkins, 1978). In line with this variance, there are several models and approaches conceptualizing the policy process (e.g. Dye, 2010).

A number of stakeholders are relevant in the policy process including both state actors, and non-state actors who play an important role in influencing policy development (which can take a range of forms) through organized groups or pressure groups which have the freedom to organize, and lobby government (Harrop, 1992). These non-governmental pressure groups can include business associations, employer associations, trade unions, mass media, expert/professional associations/societies, etc. Through the involvement of these different stakeholders, a range of policy-level interventions can occur and at different levels. On the basis of existing literature, Leka and colleagues (2011) classify policy-level interventions as:

- Legislation/policy development
- Standards at national/stakeholder levels
- Stakeholder/collective agreements
- Declaration signing through international organization action
- International organization action
- Social dialogue initiatives
- National strategy development
- Development of guidelines
- Economic incentives/programmes
- Establishing networks/partnerships

A useful taxonomy to consider policy initiatives is to consider them in terms of hard or soft law. Hard law is defined as a policy relying primarily on the authority and power of the state – ultimately its means of coercion - in the construction, operation, and implementation, including enforcement of arrangements at international, national or subnational level (Kirton & Trebilcock, 2004). Hard law, based on the concept of ‘legalization,’ refers to legally binding obligations that are precise and delegate authority for interpreting and implementing law (Abbott & Snidal, 2000). Statutes or regulations in highly developed national legal systems are considered prototypical hard legalization (Abbott et al., 2000). At the inter-governmental level they can take the form of legally binding treaties, conventions, and directives.

Soft law, in contrast, refers to policies that rely primarily on the resource and participation of non-governmental actors in the construction, implementation and operation of a governance arrangement (Abbott & Snidal, 2000). According to Ikenberry (2001), in a soft law regime, the formal legal, regulatory authority of governments is not relied upon and may not be required in the institutional design and operation. Furthermore, partici-
Chapter 3    Improving OSH through Policy Initiatives

Participation in their construction, operation, and continuation is voluntary, and there is a strong reliance on consensus-based decision making for action and, more broadly, as a source of institutional binding and legitimacy. In soft law regimes, participants are free to leave at any time and to adhere to the regime or not, without invoking the sanctioning power of state authority (Ikenberry, 2001).

Both state and non-state actors can achieve several of their goals through soft legalization that is more easily attained or sometimes preferable. Soft law is valuable on its own, not just as a steppingstone to hard law; it provides a basis for efficient international ‘contracts’ and it helps create normative ‘covenants’ and discourses that can reshape international politics (Abbott & Snidal, 2000). Soft law instruments comprise treaties, which include only soft obligations (legal soft law), non-binding or voluntary resolutions, and codes of conduct formulated and accepted by international, regional, and inter-organizational bodies (non-legal soft law), and statements prepared by individuals in a non-governmental capacity, but which purport to lay down international principles. They also include voluntary standards designed and adopted by businesses and civil society to guide their shared understanding (Chinkin, 1989; Kirton & Trebilcock, 2004).

2.1 OSH hard policies: A closer look

As mentioned, hard law refers mainly to legislative initiatives. A global example of hard law comes from the ILO through the issuing of OSH related conventions. Legally binding if ratified by nations, these policy tools look to establish basic standards to ensure workers’ health and safety. They are drawn up by ILO constituents (governments, employers, and workers) and, once adopted, member states are required under the ILO Constitution to submit them to their competent authority for consideration for ratification. If ratified, a convention comes into force one year after the date of ratification. Ratifying countries commit to applying the convention in local legislation and practice, and regularly reporting on its application. Table 1 presents conventions identified as relating to occupational health and safety (number of ratifications accurate as of 21st September, 2012) (Wilson et al., 2007; WHO, 2010a; ILO, 2012).

Table 1 highlights that despite a legislative initiative being available, many countries choose not to make use of it. Boockmann (2001) estimated that the cumulative probability of ratification is approximately 13% for conventions adopted between 1975 and 1995. However, there is evidence that if adopted conventions can influence health and safety standards. Wilson et al. (2007) showed a negative relationship between ratification status of OSH related ILO conventions and reported fatalities taking into consideration several confounds (including length of ILO membership and income level). This suggests that such policy interventions can translate into meaningful OSH benefits. Although, with this research being cross sectional it is also possible that the inverse is also true; countries may only ratify relevant conventions once they have established sufficient initiatives at the policy level.
Table 1: ILO Conventions relating to OSH, year of adoption and ratification by countries (including denouncements)

<table>
<thead>
<tr>
<th>Convention</th>
<th>Name of Convention</th>
<th>Year of Adoption</th>
<th>Ratification (No. of Countries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>White Lead (Painting)</td>
<td>1921</td>
<td>63</td>
</tr>
<tr>
<td>14</td>
<td>Weekly Rest (Industry)</td>
<td>1921</td>
<td>118</td>
</tr>
<tr>
<td>17</td>
<td>Workmen’s Compensation (Accidents)</td>
<td>1925</td>
<td>73</td>
</tr>
<tr>
<td>18</td>
<td>Workmen’s compensation of Occupational Diseases</td>
<td>1925</td>
<td>68</td>
</tr>
<tr>
<td>29</td>
<td>Forced Labour</td>
<td>1930</td>
<td>175</td>
</tr>
<tr>
<td>45</td>
<td>Underground Work (Women)</td>
<td>1935</td>
<td>96</td>
</tr>
<tr>
<td>87</td>
<td>Freedom of Association and Protection of the Right to Organise</td>
<td>1948</td>
<td>151</td>
</tr>
<tr>
<td>98</td>
<td>Right to Organise and Collective Bargaining</td>
<td>1949</td>
<td>161</td>
</tr>
<tr>
<td>100</td>
<td>Equal Remuneration</td>
<td>1951</td>
<td>169</td>
</tr>
<tr>
<td>103</td>
<td>Maternity Protection, Revised</td>
<td>1952</td>
<td>41</td>
</tr>
<tr>
<td>105</td>
<td>Abolition of Forced Labour</td>
<td>1957</td>
<td>172</td>
</tr>
<tr>
<td>111</td>
<td>Discrimination (Employment and Occupation)</td>
<td>1958</td>
<td>170</td>
</tr>
<tr>
<td>115</td>
<td>Radiation Protection</td>
<td>1960</td>
<td>49</td>
</tr>
<tr>
<td>119</td>
<td>Guarding of Machinery</td>
<td>1963</td>
<td>52</td>
</tr>
<tr>
<td>120</td>
<td>Hygiene (Commerce and Offices)</td>
<td>1964</td>
<td>51</td>
</tr>
<tr>
<td>127</td>
<td>Maximum Weight</td>
<td>1967</td>
<td>29</td>
</tr>
<tr>
<td>135</td>
<td>Workers’ Representatives</td>
<td>1971</td>
<td>84</td>
</tr>
<tr>
<td>136</td>
<td>Benzene</td>
<td>1971</td>
<td>38</td>
</tr>
<tr>
<td>138</td>
<td>Minimum Age</td>
<td>1973</td>
<td>163</td>
</tr>
<tr>
<td>139</td>
<td>Occupational Cancer</td>
<td>1974</td>
<td>39</td>
</tr>
<tr>
<td>148</td>
<td>Working Environment (Air Pollution, Noise and Vibration)</td>
<td>1977</td>
<td>45</td>
</tr>
<tr>
<td>155</td>
<td>Occupational Safety and Health</td>
<td>1981</td>
<td>59</td>
</tr>
<tr>
<td>161</td>
<td>Occupational Health Services</td>
<td>1985</td>
<td>31</td>
</tr>
<tr>
<td>162</td>
<td>Asbestos</td>
<td>1986</td>
<td>35</td>
</tr>
<tr>
<td>167</td>
<td>Safety and Health in Construction</td>
<td>1988</td>
<td>24</td>
</tr>
<tr>
<td>170</td>
<td>Chemicals</td>
<td>1990</td>
<td>17</td>
</tr>
<tr>
<td>174</td>
<td>Prevention of Major Industrial Accidents</td>
<td>1993</td>
<td>17</td>
</tr>
<tr>
<td>176</td>
<td>Safety and Health in Mines</td>
<td>1995</td>
<td>25</td>
</tr>
<tr>
<td>182</td>
<td>Worst Forms of Child Labour</td>
<td>1999</td>
<td>175</td>
</tr>
<tr>
<td>184</td>
<td>Safety and Health in Agriculture</td>
<td>2001</td>
<td>14</td>
</tr>
</tbody>
</table>

The European Union (EU) is another example of a body which creates transnational legislative frameworks. A target of the EU is the harmonization of standards across all member states. A primary policy initiative used to achieve this is Directives. A Directive begins as a proposal drafted by the European Commission. It is the Council and the European Parliament under the ‘ordinary legislative procedure’ that adopt European Directives (EU-OSHA, 2012). A European Directive is a legislative act of the EU which is
binding in its entirety. Following this, member states are given between 18-36 months to ensure that the intentions of the Directive are reflected in their national legislation (Gold & Duncan, 1993). This has three components: the establishment of rights and obligations as described in the Directive; the amendment of any contradictory national legislation; and the creation of necessary structures to ensure that the terms of the Directive are carried out. Following this, there is a requirement to ensure that the implemented legislation is complied with (Gold & Duncan, 1993). If a member state fails to follow these steps, they can be tried in the European Court of Justice.

EU OSH Directives have their legal foundation in Article 153 of the Treaty on the Functioning of the European Union (formerly Article 137 TEC), which gives the EU the authority to adopt Directives in this field (EU-OSHA, 2012). The Framework Directive 89/391/EEC on Safety and Health of Workers at Work lays down employers’ general obligations to ensure workers’ health and safety regarding work, ‘addressing all types of risk’. To target more specific aspects of safety and health at work, a series of individual Directives were also adopted, although the Framework Directive continues to apply to all areas of work. Where the provisions in individual Directives are more specific and/or stringent, these provisions prevail. Individual Directives tailor the principles of the Framework Directive to specific tasks, specific hazards at work, specific workplaces and sectors, specific groups of workers, and certain work-related aspects (EC, 2004). The individual Directives define how to assess these risks and, in some instances, set limit values for certain substances or agents. Over sixty individual EU Directives which set minimum health and safety requirements for the protection of workers have been adopted and implemented in the EU. Any standards established in individual Directives are the minimum standards deemed necessary to protect workers; member states are allowed to maintain or establish higher levels of protection.

The European Commission published a report on the practical implementation of the provisions of the Health and Safety at Work Directives (EC, 2004) indicating that EU legislation has had a positive influence on national standards for occupational health and safety. In Greece, Ireland, Portugal, Spain, Italy, and Luxembourg, the Framework Directive had considerable legal consequences due to the fact that these countries had outdated or inadequate legislation on the subject when the Directive was adopted. In Austria, France, Germany, the UK, the Netherlands, and Belgium, the Directive served to complete or refine existing national legislation, and, finally, in the case of Denmark, Finland, and Sweden, transposition did not require major adjustments, since these countries already had rules in place that were in line with the Directives concerned (EC, 2004).

Since 2004, 12 new countries have joined the EU. In these cases the Framework Directive was part of the negotiation for joining the EU and acquis communautaire (EU acquis), which meant the approximation of national laws to EU law before membership (Hämäläinen, 2006). The 2004 report from the Commission did not examine the implementation of the Directive in the new member states, and even though the new member states would have adapted or modified their national legislation prior to accession, there were disparities between older EU member states and new member states in health, social, and industrial relations issues (Hämäläinen, 2008). It is therefore important to
take into consideration different national situations which might impact on implementation of good practice and preventive measures at the workplace level (e.g. time available to acknowledge and implement EU Directives in new member states, and related political and administrative capabilities).

It is also important to consider not only systemic changes at the policy level, but also the impact of regulatory decisions on organizational behaviour. The European Agency for Safety and Health at Work (EU-OSHA) conducted a European Survey of Enterprises on New and Emerging Risks (ESENER) looking to understand what drivers and barriers existed to OSH management in organizations. The initial report (EU-OSHA, 2010) suggested that legal obligations were a significant driver, with 90% of organizations citing it as a reason for addressing OSH issues. Importantly, only six countries of the sample (the newer EU 27 member states, Croatia, Turkey, Norway, and Switzerland) deviated more than 10% from the average, and no country deviated more than 20%. To put this into context a second driver, ‘staff retention and absence management’, was cited as a driver by over 90% of establishments in Finland and Norway but only 10% in Croatia. Subsequent analysis also considered several drivers in a regression model, which accounted for approximately 4% of the total variance in organizational behaviour. Of the variables entered, compliance with legal requirements was one of the more significant explanatory factors. Indeed one of the 'key messages' from ESENER was that “European legislation appears to have been reasonably effective in encouraging enterprises to manage occupational safety and health through the use of a coherent, systems-based approach” (EU-OSHA, 2012, p. 1).

Taking a national perspective, the Health and Safety Executive (HSE) in the UK has also investigated the role that legislation has in shaping organizational behaviour. In a review of their activities, the HSE concludes that “legislation and associated guidance is a major form of leverage over employers in terms of bringing about change in their health and safety policies and practices. Most employers are motivated to change their practices to comply with the law” (HSE, 2001).

2.2 A few issues with solely adopting a hard approach

As just discussed, a hard approach has been met with positive evaluation. However, given this is the traditional approach to OSH, and the statistics presented at the beginning of the chapter, it is fair to say that such an approach, promoted alone, may have some drawbacks.

OSH regulation in the EU and other developed countries covers traditional health risks (e.g. physical risks) and emerging risks (e.g. psychosocial risks). However, in practice, actions mostly target traditional hazards (HSE, 2005), as these are perceived to have the greatest potential to disable or kill (WHO, 2010b). As the focus has moved away from this, towards the prevention of ill health, the regulatory approach has been found to be less effective (HSE, 2005; Leka, Jain, Widerszal-Bazyl, Żołnierczyk-Zreda, & Zwetsloot, 2011). For example, dealing with work-related stress is thought to be most effective when approached from an organizational level, and not solely at the national or international level (Broughton, 2004).
Additionally, a regulatory approach is most likely to be effective in developed countries, where a more advanced framework is available to effectively translate policy into practice. Indeed in developing countries, OSH legislation often does not meet international standards (e.g. Nyam, 2006) and is often not enforced (Joubert, 2002). Furthermore, most workers are not covered by these laws. As the developing world is where OSH is needed the most (DCPP, 2007) a strong argument remains for a supplementary strategy. This argument has recently extended to developed nations as enforcement agencies have found their resources cut in light of budget reviews, such as the HSE in the UK (IOSH, 2010).

A further issue is that nations chose not to make use of legislative policy initiatives where available. As discussed above many countries (both developed and developing) choose not to ratify ILO OSH conventions. Furthermore, there is a desire to minimise the regulatory burden placed on organizations, especially SMEs (HSE, 2005).

Linked to the latter point, is that an organization can avoid legislative requirements if they choose to. Countries of operation can be selected in order to avoid jurisdictions with demanding legal environments (McBarnet, 2009). Additionally, if dissatisfied with the state of legislation, business can lobby for changes in legislation (Bain, 1997). Similarly, if deterrents are not established properly this may fail to regulate organizational behaviour and organizations may view fines as ‘operational licences’ to be paid (McBarnet, 2009).

The problem extends beyond the simple avoidance of law. Businesses have become extremely adept at dealing with legal burdens through the art of ‘creative compliance’ where legislation is adhered to but only superficially and not in ‘spirit’ (Gold & Duncan, 1993). In these cases, enforcement is not an option because in the strictest of senses, these organizations have not violated any laws. This mind-set sees exploitation of legislation as legitimate and as a raw material to be worked on to one’s advantage, regardless of the intention or spirit of the law (McBarnet, 2009).

A further and perhaps more fundamental issue is that regulation is designed to target minimum requirements (EU-OSHA, 2012). Thus, even if one envisioned a scenario where organizations were compliant with these requirements, it is unlikely that the goals established by the WHO and ILO for OSH and more broadly health in general, could be achieved. It is partly for these reasons that the policy landscape also includes softer approaches.

2.3 OSH soft policies: A closer look

Global initiatives also exist within the ‘soft regulation’ paradigm. Examples include ILO recommendations or standards set by international standard bodies. As with ILO conventions, recommendations are drawn up by representatives of governments, employers and workers. Recommendations are designed to establish standards through the provision of guidance usually (although not necessarily) related to an existing convention. For example, recommendation 164 on Occupational Safety and Health (1981) is directly relevant to the convention of the same title.
The International Organization for Standardization (ISO) is the main international body for the creation and promotion of international standards. Both in 1996 and 2000, ISO held a vote regarding the need to create an ISO for OSH management systems. Both fell just short of passing (O’Connell, 2004). Recognising the need for an international management standard for OSH, the British Standards Institution (BSI), a management systems registrar, collaborated with OSH experts and stakeholders from around the world to create the OHSAS 18001:1999 (O’Connell, 2004). A second partner document, the OHSAS 18002:2000, was established as a guideline for implementation of 18001. The aim of the series was to identify a structured approach to the implementation of a health and safety management system, the assessment of controls and the management of improvement.

The specifications were updated in July 2007 and were recognised as a standard, namely, it could lead to certification/registration/self-declaration (Fidderman, 2007). Following the publication of the International Labour Organization’s Occupational Safety and Health guidance in 2001, one of the critical revisions was to include a greater emphasis on the management of worker health, and enhanced requirements regarding legislative compliance. Other significant differences in the 2007 standard included:

- increased compatibility with the ISO 14001 (environment) and ISO 9001 (quality) standards, in an attempt to create an ‘integrated management system’;
- update of definitions;
- ‘damage’ was incorporated into asset management rather than OSH management, streamlining OSH management as part of good governance; and
- new requirements were added in relation to participation, consultation and the investigation of accidents.

New standards have built on the framework of the OHSAS 18001, for example, the BS 18004:2008, which contributed further detailed information about the key elements of effective occupational health and safety (Widerszal-Bazyl, Zółnierczyk-Zreda, & Jain, 2008).

In a 2007 survey examining the uptake of OHSAS 18001 by 259 employees employed by small and medium-sized enterprises (SMEs) within the UK, OHSAS 18001 was reported to have been adopted and implemented by 21% (Holt, 2007). The rank order of reasons for doing so was: employee wellbeing, improved motivation, improved employee work, company image, and customer/client requirement. In comparison, the ISO 9001 standard saw an adoption and implementation of 74% and the ISO 14001 standard - a 37% uptake.

The research found that the biggest barrier to SMEs adopting OHSAS 18001 was that they did not believe they had the understanding to implement it effectively. However, 70% of the sample indicated that OHSAS 18001 might be beneficial to their organization as it would provide them with a structured approach to OSH management. Interestingly, the likelihood of a potential benefit increased if the standard’s adoption would subsequently lead to a discount in Employers’ Compulsory Liability Insurance premiums. The results showed that the mean discount required to motivate OHSAS 18001 adoption was
29.4%. Taking an average £6,000 annual premium, this would equate to a £1,742 saving. Additionally, the results indicated that if the standard was a requirement from customers/clients, the uptake among SMEs would be 94% (Holt, 2007).

A 2008 survey conducted by BSI Management Systems within the UK showed the business benefits of a formalised OSH management system to be: i) a large/significant improvement in regulatory compliance (52%), ii) a decrease in the overall costs of accidents (32%), and iii) a decrease in insurance premiums (17%) (Smith, 2008).

Sparey (2010) investigated 788 organizations and 81 auditors to consider whether users of BS OHSAS 18001 have evidence of performance improvement, and whether BS OHSAS 18001 helps promote a positive approach to the management of health and safety within organizations. The survey findings showed that among users and auditors who had used the standard, the following significant performance improvements were seen:

- 75% Improved monitoring, measurement & auditing of the health & safety system
- 61.2% Improved communication
- 56.1% Improved accident reporting
- 55.4% Improved health and safety training
- 54% Improved accident investigation and actions
- 52.5% Improved incident reporting

Regardless the standard and health and safety culture, survey findings revealed:

- 81.3% Improved health and safety culture/climate
- 75.5% Improved senior management involvement/commitment
- 67.6% Improved manager involvement/commitment
- 62.6% Improved worker involvement
- 61.2% Improved communication
- 56% Increased cost of managing health and safety
- 36% Increased cost of training

In conclusion, Sparey (2010) notes that the research indicated that users of BS OHSAS 18001 showed significant improvements in OSH performance and that the standard helped to promote a positive approach to OSH management and improve health and safety culture within organizations.

Other research has supported these findings. Vinodkumar and Bhasi (2011) compared the effectiveness of either the ISO 9001 (quality management) and OHSAS 18001 with no form of safety management accreditation. Employees’ perceptions of management commitment, safety training, workers’ involvement, safety communication and feedback, safety rules and procedures, and safety promotion policies, were all higher in sites with a form of accreditation compared to no accreditation. OHSAS 18001 certified firms had higher reported values for all these management practices compared to no accreditation. Thus, OHSAS 18001 can be seen as a useful tool to improve OSH. However, some authors have noted that existing OSH management systems standards do not address appropriately the psychosocial work environment and are in need of urgent amendment (Leka et al., 2011; Rasmussen, Hansen & Nielsen, 2011).
Apart from standards, other forms of examples of soft law include social partner agreements or guidance and tools available at national or sectoral level. Sectoral policies are comprehensive, integrated, and coordinated initiatives targeted to address a sector’s specific objectives. As in the case of macro level policies, the development of ‘meso’ sectoral policies usually involves consultations with several stakeholders (both public and private) and user groups at the national and supranational (e.g. European) levels, however only sector specific stakeholders are involved. The Work and Health Covenants in the Netherlands are an example of sectoral policy interventions at the national level.

From 1998 until 2007, the Dutch Ministry of Social Affairs and Employment actively encouraged and subsidised a sectoral approach to risk management. The overall aim was to achieve a reduction of about 10% in exposure to sector-specific occupational health and safety risks over a period of approximately three years. These sectoral risk management projects were called Work and Health Covenants. A covenant can be described as an agreement between employer and employee representatives of a sector who – in the presence and with the advice of the Ministry – agree on the risks to tackle, the approach or measures to take, and the specific goals to be formulated at sectoral level. Sectors did not start with the covenants at the same time. The covenants that were agreed in later years more often included goals related to absence reduction. About 50 high-risk sectors (i.e. sectors in which either 40% of workers or at least 50,000 workers were exposed to primary work risks, including high job demands, high physical demands, and working with health damaging chemicals) participated in the initiative (Taris, van der Wal, & Kompier, 2010).

At the end of the ‘Work and Health Covenant period’ two large evaluations took place, initiated by the Ministry of Social Affairs and Employment. One was mainly directed at absence (and cost) reduction, whereas the other was more directed at risk reduction at the national level, comparing risk change in sectors that did and did not participate in the covenants. The evaluation that considered absence (and cost) reduction resulted in a quite positive message: absence and related costs were reduced (Veerman et al., 2007). However, the study considering risk exposure was not so positive, as no differences were found (Blatter, de Vroome, van Hooff, & Smulders, 2007). These latter findings may have been an underestimation of the effects on exposure, since even in sectors where covenants had been agreed upon, not all organizations implemented interventions and not all employees participated. Another explanation may be that only a post-covenant comparison of sectors with and without such a covenant was possible. No national measurements were carried out, so no comparison could be performed on risk exposure before the covenants were agreed upon. The fact that only a comparison on risk exposure could take place after the covenants were implemented and the fact that high-risk sectors were selected and approached to enter into these covenants may have biased the comparison on exposure (Blatter et al., 2007).

3. The case for OSH management

The policy initiatives discussed so far have highlighted to a certain extent the case for OSH management as it relates to the policy context. OSH management is linked not only
to the legal case but also to effective business operations as well as a company’s responsibilities to society. The following sections clarify these additional aspects in more detail.

### 3.1 The business case for OSH

As discussed above, there are likely to be sizeable financial implications of poor OSH management. A brief literature review suggests that the following factors are relevant (Dalton, 1998; Labelle, 2000; Reville, Bhattacharya, & Sager Weinstein, 2001; Dorman, 2000; De Greef & Van den Broek 2004; Leka & Cox, 2008; WHO, 2010a; EC, 2011a):

- compensation payments,
- first aid and medical expenses,
- cost of lost time of injured employees,
- cost of time lost by other employees who stop work,
- cost of time lost by foremen, supervisors or other executives,
- increases in pay due to riskier jobs,
- cost of long term decreases in productivity (reduced efficiency),
- replacement of damaged goods or machinery,
- reputational damage,
  - reduced investment from investors
  - higher turnover
    - cost of recruitment
    - cost of training new staff
    - productivity loss between replacing staff
  - lower recruitment potential
- increased inspectorate activity,
- legal fees,
- insurance premiums,
- increased presenteeism,
- increased absenteeism,
- reduced workforce motivation,
- reduced workforce engagement,
- reduced organizational innovation,
- reduced quality.

Many of these costs are subtly associated with OSH and often not considered when evaluating the basis for interventions. The metaphor of a stone thrown in a pond illustrates this phenomenon, in that the further away is the point where the stone enters the water, the less obvious it is that the ripple was caused by that stone (De Greef, 2003, as cited in EC, 2011). Thus, the true costs of poor OSH are surprisingly high. Using data from the 2007 Labour Force Survey and the 2005 EWCS, a report by the EC (2011) states that 62% of those who stated they had a work-related problem remained at home for at least one day a year because of this issue. This represented 367 million calendar days in 2007, not including those whose illness prevents them from continuing to work. Similarly, work-related health was found to be a significant predictor of early retirement. A draft Consensus Paper on Mental Health at Work by the European Commission estimates that employment costs related only to mental health disorders in 2004 were approximately...
€132 billion (EC, 2011a). A report from Social Europe (EC, 2011a) considered 401 cases of accidents and occurrences of ill-health. It was estimated that the cost for incidents of low severity were approximately €1,651.54, for medium severity €4,985.90 and for high severity €11,661.69, suggesting there is a considerable financial case for improving health and safety.

The ILO suggests that OSH costs compare to four per cent of the global gross national product (GNP) (ILO, 2001). EU-OSHA estimated that the loss to GNP caused by work accidents and work-related ill health in the EU Member States ranged between 2.6 to 3.8 per cent (EU-OSHA, 1997). At a national level, Koningsveld (2004) estimated that absenteeism, occupational disability, work-related accidents, costs of risk prevention, safety at work and its enforcement, and health care in the Netherlands amounted to 3% of its GDP. The Finnish Ministry of Social Affairs and Health estimated the cost related to occupational diseases and accidents to amount to 2% of its GDP (Bjurström, 2009 as cited in European Commission, 2011a). This suggests a cost on average of between 2-4% of GDP related to OSH.

For governments looking to increase productivity of the workforce, there is also an incentive to act. The ILO (2006) conducted research which illustrated that as deaths increased, national economic competitiveness decreased. However, this research only indicates associations and not causal relationships. Furthermore, social insurance expenditure constitutes an important sum of the cost of work-related illnesses. Adema and Ladaique (2009) estimate that OECD countries spend approximately 2.4% of GDP on incapacity related benefits. This arises through monetary benefits as a result of complete or partial inability to participate gainfully in the labour market due to disability.

In the UK the HSE conducted a comprehensive cost model for OSH for the 1995/1996 year estimating the cost to individuals, employers, and society (HSE, 1999). The cost to individual workers was estimated at £558 million annually. The associated cost of this to families in the form of pain, grief and suffering was estimated at a further £5.5 billion. The cost to employers was estimated at approximately £2.5 billion a year, approximately £0.9 billion for injuries and £1.6 billion for illness. The cost caused by avoidable events that did not lead to injury was estimated at between £1.4 billion and £4.5 billion annually. Thus, the total cost, including insurance, was estimated at between £3.5 billion and £7.3 billion annually. This amounted to 4%-8% of all UK industrial and commercial gross trading profit for the same period which translates to a cost of between £143 and £297 per person employed. The overall cost to British economy was estimated at between £2.9 billion and £4.2 billion. When including the costs of avoidable non-injury accidental events, the overall cost equalled £4.4-£8.6 billion. This included loss of output due to absence or leaving the labour market, damaged property, medical treatment, administration and recruitment costs by firms, administration costs by insurance and the Department of Social Security, and the investigation costs incurred by the HSE and the local authorities. The total cost in 1995/96 to society as a whole was estimated to be between £9.9 billion and £14.1 billion equalling between 1.4% and 2.0% of the total British GDP.

These figures were updated for the year 2009/10 (HSE, 2011). The total cost to individuals had risen to between £6.8 billion and £8.4 billion annually. The total cost to
employers of workplace fatalities, injuries and work-related ill health had increased to between £3.0 billion and £3.1 billion. The total cost to society for workplace fatalities, injuries and work-related ill health in 2009/2010 had increased to between £12.7 billion and £15.1 billion. This later report also calculated an additional cost, that to government. This cost was estimated at between £2.9 billion and £3.7 billion annually. Furthermore, a study by Ridge and colleagues (2008) studied the link between health and particularly work-related health with economic performance. The authors considered UK data over a period of 10 years and showed that as the proportion of people with ill health increases, economic growth slows down. Work-related ill health accounted for 11% of the impact of general health. Given that the UK is considered to have a relatively strong health and safety infrastructure it is likely that the relative costs in other nations can be considerably higher.

These significant costs to society reflect a motivator, especially for businesses, to act in terms of improving OSH performance. However, there is evidence that organizations do not necessarily see the costs related to OSH (EU-OSHA, 2010). This has presented an opportunity for policy initiatives to target this gap. One example would be the ‘LifeSavings’ initiative developed by the Institution of Occupational Safety and Health (IOSH) which is an awareness raising campaign aimed at spelling out the business benefits of investing in health and safety (IOSH, 2012).

3.2 The moral case for OSH

Enterprises play a significant role in society, and this relationship is now more visible than ever through globalization, greater environmental and social awareness, and much improved methods of communication (Tate, Ellram, & Kirchoff, 2010). It is now becoming readily accepted that organizations are responsible for more than simply returning profit to shareholders (Zwetsloot & Leka, 2010). Indeed, there are arguments that organizations cannot survive if they grossly ignore these responsibilities (HSE, 2005) and moreover that it is in their best interest to engage in responsible practices (BitC, 2003; Little, 2003; Robinson, Kleffner, & Bertels, 2011). This is referred to as corporate social responsibility (CSR). The European Commission (EC, 2011b) defines CSR as “the responsibility of enterprises for their impacts on society” (p.6). As described above, the impact of work on health is sizeable and this extends to a financial impact as well. Therefore, under this definition, the management of OSH also becomes a responsibility of organizations to society. This relationship between societal responsibilities and OSH is considered in greater detail in the next chapters.

4. A unifying perspective

Recently models have appeared in the literature that attempt to make the perspectives discussed on OSH more apparent in a comprehensive way. A framework which captures the elements described thus far is the WHO Healthy Workplaces Framework (WHO, 2010a). In May 2007 the World Health Assembly endorsed the Global Plan of Action on Workers’ Health for the period 2008-2017. The Global Plan was adopted unanimously by 193 WHO member States. Within the Global Plan, there was a need for a
globally coherent framework for planning, delivery and evaluation of essential interventions for workplace health protection and promotion. In October 2009 a workshop involving 56 experts from 22 countries, worker and employer representatives and NGOs was carried out. This, in tandem with an extensive systematic literature review, led to the development of the Framework. Drawing lessons learnt from current best practice tools and methodologies, this innovative model not only brings together all aspects related to workers’ health but also highlights the key drivers for enterprises which include the legal, business and ethical case (often on the basis of soft initiatives) for developing healthy workplaces and promoting workers’ health (Jain, 2012).

**Figure 1: WHO healthy workplace model: avenues of influence, process, & core principles**

The Framework (Figure 1) details four avenues which can be mobilized or influenced in healthy workplaces: the physical work environment; the psychosocial environment; personal health resources; and enterprise community involvement. Any initiative in these areas should follow a ‘continual improvement’ process developed by the WHO in 1998 and refined by experts to include the following steps: Mobilize; Assemble; Assess; Prioritize; Plan; Do; Evaluate; Improve. Engagement in these avenues should be underpinned by ethics and values, leadership engagement, and worker involvement.

Particularly interesting is the avenue described as enterprise community involvement. This is described as the activities, expertise, and other resources an enterprise engages in or provides to the social and physical community or communities in which it operates; and which affect the physical and mental health, safety and well-being of
workers and their families (WHO, 2010a). As communities exist externally, but also internally, this avenue includes socially responsible practices concerning employees, relating to their safety and health, investing in human capital, managing change and financial control (Bondy, Matten, & Moon, 2004). Therefore, it is under this avenue where the values of CSR are incorporated in this framework. The move towards comprehensive models at the policy level such as the WHO model is new and, in practice, limited examples are available in enterprises that address all four avenues highlighted in the model. This is clearly an area for further development.

5. Conclusion

OSH forms an important part of broader policy agendas. However, statistics regarding OSH suggest there is a need for further policy initiatives at the macro level to engage businesses in best practice. This chapter considered a taxonomy of hard and soft regulatory OSH approaches. As examples ILO conventions, EU Directives, OHSAS 18000 and the Dutch Work and Health Covenants were considered, suggesting that in evaluating these approaches there is a need to consider both systemic changes as well as changes at the organizational level. It is also important to note that the combination of these various approaches is likely to differ depending on the national context in which they are being applied.

Avenues which present opportunities to motivate organizational behaviour include the legal, business, and moral case for OSH. A framework which aims at bringing together these different aspects is the WHO Healthy Workplaces Framework, providing a comprehensive approach to implementing best practice. It is important that future research, policy and practice promote comprehensive approaches that incorporate the different aspects of the case for OSH management, highlighting interrelationships among them.

References


Chapter 3 ■ Improving OSH through Policy Initiatives


Chapter 3  Improving OSH through Policy Initiatives


1. Changing business responsibilities in a turbulent environment

We live in an era of turbulence: global competition and international trade, political and demographic developments, economic challenges and on-going technological and social innovations make the world, and so the business environment, less stable and predictable than ever before. As a consequence, the world of business and work has to adapt and change continuously. While businesses (especially multinational corporations) and financial markets, have growing powers and influence, the margins of governmental policies are increasingly limited by budget constraints and a stronger belief in market regulation. The growing strength of businesses goes hand in hand with increasing convictions that businesses have a societal responsibility.

Indeed, it is nowadays realized that companies can and should create value for society, e.g. by producing products and services that are fulfilling real needs in society. That implies the business challenges to make the world a better place to live, also for future generations. As a consequence social and environmental issues like contributing to the quality of life, creating meaningful (or at least decent) employment appear on the business agenda. This forces companies to think beyond profit maximization as their only business goal. It also requires business to reflect on their core values, their corporate identity, their business principles, on how they select their business partners, and what they regard as ‘doing the right thing’ (Zwetsloot, 2003).
Societal awareness is also increasing that companies may ‘externalise’ problems, i.e. they may cause problems (e.g. safety or environmental problems and the associated costs for society) while they are not, or not fully, accountable for solving those problems. Increasingly, such ‘shifting of responsibility’ to society is no longer regarded as acceptable; instead it is increasingly seen as unethical organizational behaviour.

Therefore, enterprises are increasingly expected to ‘think and act inclusive’ i.e. by taking into account the consequences of their business activities for society and for specific stakeholders. This requires transparency of their business impacts, and communication with stakeholders. It is important to notice that ethical principles do neither stop at the corporate fence of the production site, nor at the border of a jurisdiction. Indeed, ethical principles go beyond borders and play an important role in today’s international trade. Respecting fundamental human and labour rights is another ethical principle of growing business relevance world-wide. Health and safety at work are thereby seen as fundamental rights, and vital elements of the ‘decent work’ agenda (ILO, 2007).

Clearly, societal expectations introduce new business risks, as incidents can easily affect the company’s or brand’s image, especially for companies with a high visibility for the end-consumer. But luckily, corporate social responsibility (CSR) also implies new business opportunities.

2. Definitions of CSR

CSR has been defined in many ways 2011 and, although mostly referred to as CSR, the same underlying themes have also been termed business ethics, corporate responsibility and sustainability, (Crane & Matten, 2010). The World Business Council for Sustainable Development (WBCSD, 2000) states that CSR is: “improving the quality of life of the workforce and their families as well as of the local community and society at large” (p. 8). In 2001, the European Commission launched a European debate with the publication of the Green Paper on CSR, later followed by the European White Paper. CSR was defined by the European Commission in 2002 as ‘the integration by companies of social and environmental concerns into their business operations and into their interactions with stakeholders on a voluntary basis’ (EC, 2002).

The International Organization for Standardization has also defined CSR in its ISO 26000 Guide (2010): the responsibility of an organization for the impacts of its decisions and activities on society and the environment, through transparent and ethical behaviour that contributes to sustainable development, health and the welfare of society; takes into account the expectations of stakeholders; is in compliance with applicable law and consistent with international norms of behaviour; and is integrated throughout the organization and practiced in its relationships.

3 Small Enterprise usually prefer the term responsible business practices as the term corporate seems to address only large multinationals (Leka & Churchill 2007).
In 2011, the European Commission proposed a new, broader and simpler definition of CSR: “Corporate Social Responsibility is the responsibility of enterprises for their impact on society”. Respect for applicable legislation and for collective agreements between the social partners, is a prerequisite for meeting that sustainability (EC, 2011). In this new definition, it is recognised that corporate responsibilities are derived from both legislative, but also wider, societal requirements. This view supports an existing position in the literature that CSR extends beyond voluntary initiatives (Carroll, 1983; Schwartz & Carroll, 2003; McBarnet, 2009; GRI, 2011). The European Commission (EC, 2011) also notes that enterprises should establish a process to integrate social, environmental, ethical, human rights, and consumer concerns into business operations and core strategy, in collaboration with stakeholders. The aims of CSR are described as (1) maximising the creation of shared value for the owners/shareholders of the enterprise and for their other stakeholders and society at large; and (2) identifying, preventing and mitigating their possible adverse impacts (EC, 2011).

Somewhat surprising given the longevity of CSR, is the fact that there is neither an agreed upon definition (Dahlsrud, 2008) nor consensus about when a company can be said to fulfil its responsibilities to society. Most definitions share certain themes (Dahlsrud, 2008, Aragón & Rocha, 2005) including: recognising the triple bottom line, namely economic, social and environmental impacts (Elkington, 1999); stakeholder engagement (Freeman, 1984), integration into company management and strategy (Porter & Kramer, 2006) and transparency and social accountability.

3. Historical evolution, and current thinking, of CSR

Authors have identified different stages of CSR development (Blowfield & Murray, 2008; Frederick, 2008; Lee, 2008; Carroll & Shabana, 2010). Frederick (2008) highlights four stages or types of CSR: CSR₁ or Corporate Social Stewardship (1950s-1960s); CSR₂ or Corporate Social Responsiveness (1960s-1970s); CSR₃ or Corporate/Business Ethics (1980s-1990s); and CSR₄ or Corporate Global Citizenship (1990s-2000s).

The evolution of CSR illustrates the need of corporations to gain social legitimacy (Van Oosterhout & Heugens, 2008). The academic debate surrounding the concept originated in the 1950s. Bowen suggested in 1953 that businessmen should have ‘social responsibilities’, although it was unclear what these were. Financial concerns regarding CSR initiatives were not dominant at the time; these were carried out because it was the ethical thing to do. Bowen influenced many forward thinking academics and activists. Together, their influence shifted the focus from leader responsibility (businessmen) to corporate responsibility. However, critics existed (Friedman, 1962, 1970) whose arguments would dominate the 1980s, where the first theoretical models were conceived (Corporate Social Performance, Carroll, 1979, Wood, 1991). Meanwhile, CSR had already received attention outside the academic world since the 1960s as a consequence of youth protests and ‘unethical’ activities of big companies in the USA and Europe. Public opinion began to sway and the first social accountability initiatives rose, as citizens and institutions began to require ethical commitment from business.
In the 1980s, the rise of neoliberalism displaced CSR from most MNEs companies, except the most exceptional (Casado, 2006). The dominant belief was that if companies were economically sound, society would benefit. From this point of view, deregulation and dilution of social boundaries was necessary to allow companies to grow, creating jobs and contributing to society. CSR became a secondary issue. This changed as labour and environmental scandals began to increase (Exxon Valdez shipwreck in Alaska in 1989, sweatshops in Asia, Bopal disaster in India in 1984, etc.). Global pressure from social movements and consumers appeared again. This pressure eventually told, as companies started adopting codes of conduct and increased transparency. CSR was perceived to be a way of minimising negative impact and therefore risk, and enterprises began engaging with stakeholders (Freeman, 1984).

The Rio Summit in 1992 (United Nations Conference on Environment and Development), highlighted the importance of sustainability, which soon became aligned with CSR perspectives. This added to the growing momentum of CSR interest, which provoked the development of multiple standards. The field eventually became overwhelmed with tools, guidance and standards. This plethora of materials, lead to several institutional and multi-stakeholder initiatives in the 2000s to rationalise these CSR initiatives, to develop CSR management tools.

Business was beginning to be seen as accepting responsibility for global impacts. However, the 2008 economic crisis in the USA and Europe seemingly reduced the governmental pressure for CSR, as other priorities dominated the agenda (e.g. increasing jobs rather than promotion of ‘good’ jobs). In the USA and Europe the public is demanding more from business regarding their activities, while financial markets are asking for – and often being granted – less stringent legislation. Conversely, CSR is gaining importance in a number of developing countries experiencing high economic growth, especially in Latin America.

Several theories of CSR have also been developed (see Garriga & Melé, 2004; Lee, 2008 for summaries). Garriga and Melé (2004) classify the theories based on academic background: Corporate Social Performance; Shareholder Maximization; Stakeholder Theory; and Corporate Citizenship. These different origins lead to different initiative goals in practice, making it difficult to integrate these theories.

Corporate Social Performance (Carroll, 1979; Wood, 1991, 2010) attempts to comprehensively assess the impact of CSR policies. To do so, it builds a theoretical framework which –in theory- could help to evaluate CSR at different levels (institutional, organizational, and individual) and across different dimensions. Wood (2010) proposes a model of CSR whereby there are inputs (principles of social responsibility - legitimacy, public responsibility and managerial discretion), processes of social responsiveness (environmental scanning, stakeholder management, and issues/public affairs management), and outputs (outcomes and impacts of performance - effects on people and organizations, on the natural and physical environment and stakeholders, and on social systems and institutions). However, the framework is difficult to implement in practice, which has led to criticism (Gond & Crane, 2010). Similarly, there have been no empirical, comprehensive, tests of the model and it has proved difficult to compare social performance of different firms.
Shareholder Maximization (Friedman, 1962; McWilliams & Siegel, 2006) or Integration in Core Operations to increase profitability (Lee, 2008) is linked to Corporate Financial Performance and the ‘business case’ for CSR. It highlights elements including CSR as risk management, cost-effective, human resource management, and developing innovation capacity (EC, 2009). This approach sees CSR as a strategic resource to improve the bottom line of a corporation (McWilliams et al. 2006, as cited in Lee, 2008). Recently, it has broadened to include both financial and social dimensions.

Stakeholder theory is based on the notion that enterprises should be responsive and engage with different agents who have interests –‘a stake’- in the company’s survival (Freeman, 1984; Phillips, Freeman & Wicks, 2003; Freeman, Wicks & Parmar, 2004), including trade unions, shareholders, workers, NGOs, consumers, governments and civil society, the environment, etc. These “can affect or are affected by the achievement of an organization’s purpose”, (Freeman, as cited in Perrini & Russo, 2010, p. 209). This approach addresses the issue of measurement and testing by identifying key actors and defining their positions and functions. Therefore, companies can structure their efforts towards stakeholder needs rather than a more overwhelming 'society'. There is no distinction between social and economic concerns, they are both driven by stakeholder needs and therefore central to an organizations priorities.

Corporate Citizenship (Matten & Crane, 2005) is derived from political science. It focuses on the relationship between business and political institutions, specifically how enterprises can improve citizenship rights in communities where they are operating. It also explains institutional pressures and trends in the business world. Under this approach it is implied that companies accept responsibility for global corporate impact, implementing international sustainability codes, policies or compliance mechanisms.

Recent approaches emphasize Human Rights and Sustainability (Bruntland Commission; World Commission on Environment and Development, 1987). They take into account direct and indirect impacts of enterprises, and their products throughout their life-cycle, on society. Through this perspective it is argued that sustainability driven growth leads to new business opportunities (WBCSD & IFC, 2008). Examples include Green Jobs Economy and Decent Work which have entered the policy agenda over recent years (ILO, 2012).

4. CSR and Workers’ safety and health

The concept of CSR can apply internally or externally. In the latter, ethical considerations are targeted outside the group (e.g. the environment), while internally, CSR endeavours revolve around employees (HSE, 2005). A focus on the internal dimension can be extrapolated from the above mentioned definitions. As CSR involves social concerns, this includes working conditions and occupational safety and health (OSH). For example, the European Agency for Safety and Health at Work organised a project on CSR and Safety and Health at Work (EU-OSHA, 2004) making it clear that policy makers share this view. There is evidence that this link is not particularly new. ‘Welfare in industries’ as a concept was included in the International Labour Organization’s Encyclopaedia of Occupational Health and Safety as early as 1930 (ILO, 1930).
This conceptual link is also reflected in guidelines relating to responsible business (Segal, Sobczak & Triomphe, 2003). These exist at the international and national level. The Global Reporting Initiative (GRI) is an international tool used to measure CSR reporting (see Chapter 5). It considers ‘labour practices and decent work’ which includes OSH indicators as well as several other areas related to OSH, such as labour/management relations. The OSH component comprises four core indicators: practices on notification and recording of occupational incidents; description of OSH committees; rates of standard injury, lost days, absenteeism and fatalities; and description of initiatives on HIV/AIDS.

Another example, discussed in Chapter 3, is the World Health Organization’s Healthy Workplaces Framework which incorporates CSR as an element of a best practice comprehensive approach to managing occupational health and safety. Nationally, the Institute of Business Ethics (IBE) in the UK promotes the creation of organization specific Codes of Business Ethics. Relevant to CSR and OSH, the IBE recommends a component which describes issues such as policies regarding health, safety or working conditions; use of company assets by employees; and the way employees are valued by the organization.

Summarising this trend, Montero et al. (2009) analysed 20 international CSR instruments, including the GRI, a draft of the ISO 26000 and the United Nations Global Compact (UNGC), assessing the importance of OSH within them. The authors found that 17 distinctly mention OSH while the remaining indicators are externally focussed. Furthermore, in seven of these tools, OSH is a distinct principle rather than a subsection. Lastly, relating to performance evaluation, OSH tended to have a significant weighting. The authors thus suggest that “OSH can be considered a central element of CSR” (p.1442). This is further discussed in the next chapter.

5. From societal responsibilities to the ‘business case’

As noted, CSR was initially discussed only in relation to ethics: businessmen had a ‘social duty’ to their societies. However, after Milton Friedman’s (1962, 1970) critique of the concept, CSR initiatives became more scrutinised. The American economist (1970), in a seminal article in The New York Times Magazine, “The Social Responsibility of Business is to Increase its Profits”, challenged the fundamental concept of CSR. He criticised the ‘mismanagement’ of corporate executives engaged in these social initiatives claiming that companies would incur unnecessary financial costs for shareholders.

Following this, research turned to formalising the potential benefits for companies investing in CSR in an attempt to garner support for the concept and overcome corporate reluctance. In this light, a business case for CSR was developed (Carroll & Shabana, 2010). This put forward the argument that there is a relationship between corporate financial performance (CFP) and corporate social performance (CSP) (Margolis & Walsh, 2003; Lee, 2008).
CSR endeavours are becoming increasingly important for consumers (MORI, 2002 as cited in Little, 2003). In an ever more competitive and global market, maintaining an image aligned with customers’ beliefs is critical (EU-OSHA, 2004). Furthermore, organizations poor in CSR are likely to lose out on talent recruitment and see higher turnover, as employees increasingly value responsible organizations (BitC, 2003). Finally, ethical companies are more likely to attract investors, and exclusion from indexes of CSR performance can lead to a substantial drop in share price (Robinson et al., 2011).

These factors should translate into a distinct relationship between successful business and CSR. However, assessing that link has been extremely complicated. It was not until two influential meta-reviews of 127 (Margolis & Walsh, 2003) and 52 empirical studies (Orlitzky, Schmidt & Rynes, 2003) that some positive conclusions emerged. Other studies have also been promising. Webley and More (2003) found that organizations practicing an ethical code, outperformed organizations without such a code. Evidence also supports the inverse. Shell was boycotted over the Brent Spar disposal, while Union Carbide was forced to end business over the Bhopal Disaster (HSE, 2005). Carroll and Shabana (2010) reviewed this relationship, explaining previous negative associations on the basis of contextual factors and idiosyncrasies of companies.

As a result, nowadays, there is an understanding that CSR is linked to the innovativeness and competitiveness of a firm as illustrated by a European Competitiveness Report in 2008 (EC, 2009). According to this report, several CSR related aspects including social sustainability or a diverse workforce, have positive impacts on innovation and, further competitiveness. Lee (2008) suggests that this reflects the shift of CSR as a macro level issue to an organizational level, where being responsible has to be justified financially. As such the emerging driver for CSR is the notion that CSR investment will eventually pay off. Indeed it has been noted that: “if Friedman were to revisit the subject today, ‘he would find much less to concern him’” (Vogel 2005, in Lee, 2008, p. 55). Furthermore, this link has recently seen increased focus. Factors including greater social awareness and information technology have meant that organizations not seen as ethical, stand to suffer blemished reputations (Tate, Ellram, & Kirchoff, 2010), and the associated business consequences (Little, 2003).

However, Vogel (2005) argues that CSR is good for companies only under certain conditions, including, coherent institutional support and a big enough market for virtues. Accordingly, the question is not “Does corporate responsibility pay”, but “Under what condition does corporate responsibility pay” (Blowfield & Murray, 2008), taking into account relevant variables including market, and industry (Carroll & Shabana, 2010). As Vogel (2005) explains “CSR is best understood as a niche rather than a generic strategy: it makes business sense for some firms in some areas under some circumstances” (p. 3). Thus, it is important that CSR is not hinged wholly on a business case.

As the author explains, the paradox is that “[t]here is a place in the market economy for responsible firms. But there is also a large place for their less responsible competitors” (p. 3). Especially problematic is the extension of CSR frameworks to Small and Medium Enterprises (SMEs). While perhaps not intentionally less responsible, SMEs have struggled to adopt CSR. This is partly because a significant proportion of the work (topics,
practices and measurements) has been designed for the idiosyncrasy of Multinational Enterprises (MNEs), especially for their application in developing countries. Additionally, CSR requires more economic and managerial resources than SMEs usually have. Despite this, SMEs have closer interactions with communities, and their local, ethical reputation is more critical to business, factors that could help in the implementation and maintenance of responsible initiatives, as also highlighted in Chapter 1.

**The Chiquita case (adapted from on Werre 2003)**

In 1993, Chiquita, one of the largest banana companies in the world, was heavily criticised by NGO’s and in the mass media. The criticism focussed on (1) the use of pesticides at Banana plantations and the resulting damage to the environment, and (2) bad treatment, in several respects, of their workers. As a result the market share of Chiquita dropped, and the company went through a crises.

The company decided to make a change. They recognised labour unions at their plantations, and started to communicate with them. They started to invest in better ecological and social performance. In the year 2000 the company started to work with the rainforest alliance, an independent foundation.

Today the company offers education and medical treatment to its workers. The unions are recognised, and the company and the unions work together in improving the social, ecological and economic performance of the company. Chiquita has a policy to protect the water, the soil and animals living nearby, and has strongly reduced the use of pesticides. Since 2005 all Chiquita plantations are every year audited by the rainforest alliance, to make sure that ecological and social performances are good.

This example shows in a nutshell, that a shift to safer workplaces and more responsible production can easily go hand-in-hand and can be vital for business continuity.

The increasing attention for CSR is also fed by recent financial/accountancy scandals that received high media attention, and the growing demands for integrity and transparancy of companies, by NGO’s, and sometimes by top managers who are convinced that doing business should be more than merely making money. For businesses world-wide, CSR is nowadays an inspiring, challenging and strategically important development.

To develop and implement a CSR policy requires companies to periodically review their existing business practices and to adapt them accordingly. This is not a quick fix, or easily done. It can therefore hardly be a surprise that several companies prefer to formally adopt and communicate responsible business principles, without translating them consequently into actions. In such a way CSR remains a superficial undertaking without much impact; this phenomenon is known as ‘green-washing’ (Laufer 2003). In order to be more than a new fashion, CSR will have to be closely related to the companies’ core activities and have added-value for the business (Porter & Kramer, 2006).
6. A changing context for OSH, offering new opportunities

In the well-known report from the European Agency for Safety and Health at Work (EU-OSHA, 2004) on CSR & OSH, an overview is given of international CSR initiatives that are relevant to (international/national policies) to stimulate good safety and health at work. That is followed-up by a selection of innovative safety and health initiatives that go beyond traditional Occupational Safety and Health, and have an implicit or explicit relationship with CSR. Initiatives to promote CSR were categorised in the following seven types:

1. Initiatives to raise awareness, awards & ethical initiatives.
3. Standardization and certification.
4. Reporting -external- and communication.
6. Ethical trade initiatives (Fair trade).

Some of these categories (e.g. external reporting and communication, innovative partnerships, ethical initiatives, involvement of the financial sector) are relatively new for the safety and health community; in this way, CSR can help the safety and health community to explore new strategies. The first four types are in principle well-known with respect to promoting OSH, but usually the style in CSR initiatives is more inspiring and value driven than is normally the case in OSH.

All in all, CSR is rapidly changing the business context of safety and health at work. This will have implications for OSH strategies on global, national and company level. CSR opens up a number of new perspectives on OSH, each of them creating opportunities for strengthening and further developing OSH. The following perspectives will be presented and discussed:

- The positive approach for OSH
- The strategic perspective on OSH
- The stakeholder perspective
- The global perspective
- Integrated approaches to safety, health and well-being at work
- The broader range of possible intervention strategies

6.1 The positive approach for OSH

In many cases, CSR activities are triggered by a positive vision and positively defined concepts. Sustainability, social acceptance, servant leadership, development of new business, the creation of new markets, inspiring and attractive products and services, a happy company, health promotion, the enjoyment of stakeholders, and being the employer of choice, are examples of such positive concepts or aims (EU-OSHA, 2004). To work with positive aims and visions is not yet a dominant characteristic of initiatives in the area of health and safety at work, where risk reduction and control is the dominant paradigm.
Nevertheless safety and health are in itself positive concepts, while good OSH is clearly also closely related to issues like a healthy and productive workforce, decent or good work, meaningful employment, well-being at work, work engagement, etc. It is a challenge to further develop such concepts to positive approaches for OSH.

6.2 The strategic perspective on OSH

For companies that take corporate social responsibility seriously, it is a strategic issue; it influences their business principles and is linked with their core values; it creates business opportunities and is important for the long-term perspective and continuity of the business.

While safe and sound working conditions and good worker health certainly belong to the social responsibilities of companies, and are an integral part of CSR, OSH is not yet a strategic issue for most companies. Today only very few companies see OSH as a strategic issue for the company’s future. OSH is usually strongly focussed on the operational level, i.e. on solving concrete OSH problems at workplace level. In itself there is nothing wrong with solving operational OSH problems, but it is often difficult to continue such efforts in economically hard times, or when the most urgent problems are already solved.

CSR therefore offers a context wherein the strategic aspects of OSH can be developed fruitfully. Strategic management generally comprises the development of visions for the future of the organization, on long term goals, and by defining the guiding principles for all its business activities. In a similar way, a strategic OSH policy can be developed. Organizations then have to answer for themselves, questions like:

- What OSH improvements that really matter, should we realize in the longer run, say in 3-5 years?
- How can we guarantee continuity in OSH performance (also in economically hard times, or when most urgent problems are solved)?
- What is the potential contribution of OSH to the realization of the company’s general ambitions?

An example of strategic commitment to occupational safety is the acknowledgement that it is really important for the company to have incident free production process and accident free workplaces. Indeed, there is a growing range of companies that have adopted the vision that ‘occupational accidents are no longer acceptable’, and that the company commits itself to seriously strive for ‘zero accidents’ (Aaltonen, 2007; Virta et al., 2009; Zwetsloot et al., 2). It can thereby be of help to realize that any (serious) accident can damage the company’s reputation.

In the area of occupational health, a strategic goal may be to eliminate or seriously reduce the most important occupational health problems (often musculoskeletal disorders and mental health problems); it may be of help to realize that a healthy workforce is a productive workforce, that mental health is an essential prerequisite for creativity – a prerequisite for innovations, and that the costs of sickness absence and presenteeism are usually much higher than the profits of the company.
A third example is when companies or a business sector has structural problems in attracting sufficient qualified workers. In order to become a more attractive employer or sector, it then often acknowledges that the working environment should become more attractive, implying safe and sound working conditions.

6.3 The stakeholder perspective

At the company level, management and workers have to work together to improve OSH, supported by OSH experts when necessary. At the broader policy level OSH policies are usually defined by the government and social partners (employers’ organizations and unions). These traditional OSH stakeholders will also remain very important in any future development. However, CSR broadens the OSH policy arena. Civil society, the mass media and NGOs are becoming increasingly important stakeholders from this perspective, while at company level also families of the workers and (public or private) insurers are likely to become important stakeholders. This is illustrated in the next figure.

**Figure 1: The ‘new stakeholders’ perspective on OSH**

![Stakeholder diagram](image)

Important stakeholders for the profit aspects are financial institutions (e.g. banks, insurers, pension funds), investors and shareholders, and inside the company, top managers. For the planet aspects, environmentally focused non-governmental organizations are important, as well as environmental authorities, local authorities and land owners. Finally, for the people aspects, besides workers, we see civilians, and civil organizations (NGOs), people around the globe and even future generations as new stakeholders that are normally not (yet) involved in OSH items. Health insurance companies are another example of a non-traditional stakeholder group that can play a positive role in promoting OSH (see also Jain et al., 2011).
Traditionally, the main stakeholders in OSH are the partners in the well-known tripartite structures: governments, and employers and unions as representatives of the business community. Due to CSR, the civil society comes into play. Especially NGO’s will become increasingly important, while mass media also become important agents too that can fuel the dynamics around safety and health (both positively and negatively).

The social partners and the governmental authorities responsible for OSH will remain vital players for safety and health at work, of course. But the tripartite structures will be confronted with a new arena and much broader discussions. Moreover, the traditional agents will be addressed by the civil society in the other roles of the same people: employers are not only employers, but on the same time they are also entrepreneurs, and (hopefully) responsible civilians. Workers are at the same time consumers, civilians, and sometimes also neighbours of the company.

Safety and Health professionals may become involved in external stakeholder dialogues in the role of company representative, and may have to unlearn the habit of automatically referring to legal obligations; instead they can also link their activities to sound business principles, ethical considerations and “good citizenship”.

The implies the two major challenges for the OSH community: (1) to make use of NGO’s as partners for better OSH, and (2) to use the mass media as allies in promoting OSH.

6.4 The global perspective

Ethical principles do not lose their meaning when they pass the corporate fence or the border of the jurisdiction, or even after a certain time span. Ethical principles tend to be universal. What is unacceptable in Germany in many cases is also unacceptable in Africa. Ethical principles are therefore playing an important role in the global perspective (compare the consumer and NGO involvement in the banana case). The global perspective is probably best characterised by the well-known slogan “think global, act local”.

Indeed companies in developed countries are nowadays prone to criticism if they shift OSH problems to suppliers world-wide or to their company sites in developing or low-wage countries. This has many implications for the management of OSH in supply-chains and chains of contractors and subcontractors. In the new EU legislation on chemical substances (Registration, Evaluation and Authorisation of Chemicals, REACH) supply chain management and communication with customers and end-users is already a legal obligation.

For companies in developing countries it is important that consumers and enterprises in developed countries increasingly require that products are made in a responsible way, and that they more or less can prove that this is the case. This is often a difficult requirement for companies in developing countries that may hinder the export of their products to attractive markets. This implies that the combination of CSR & OSH is increasingly a business issue for those companies in e.g. Africa that want to sell their products to the European Union.
6.5 Integrated approaches for safety, health and well-being at work

As CSR implies a strategic and long-term perspective on business activities and their impacts, this also implies that it is a stimulus for more integrated developments with respect to safety and health, both individually and in combination. Traditional boundaries between domains such as occupational safety, product safety and public safety, or between occupational health and public health are likely to blur this way. Positively formulated: The various sub-domains of safety and health can mutually strengthen each other, and create jointly a greater positive impact on safety, health and also well-being at work. This is also the case with several other work-related issues, such as Human Resource Management, the balance between work and life, fundamental rights at work, etc.

As an example, in the Netherlands an so called Integrated Health Management (IHM) approach was developed which is defined as the systematic management of the interactions between business activities and (public) health (including occupational health), with the aim of stimulating the health of people and of the organization (Zwetsloot & Pot, 2004). In the US NIOSH introduced a similar development using the term Total Health Management for approaches that integrate occupational health (protection) with workplace health promotion (promotion of healthy life-styles) (NIOSH, 2012). The WHO’s Global Program of Action for Occupational Health, made the shift from the traditional focus of protecting workers’ health against health risks at work, towards the broader perspective of protecting and promoting ‘workers’ health’ (including public health issues at the workplace) in 2007 (WHO 2007).

6.6 The broader range of possible intervention strategies

Most OSH interventions are based on two basic intervention strategies: (1) the so called ‘power-force strategy’ which is based on power and the idea that people and organizations should be forced to comply to certain standards, usually because it is a legal requirement, and (2) the ‘conviction strategy’ which is based on rational argumentation that good OSH is good for the business and for the people, emphasizing the importance of OSH expertise.

However, besides these two dominant intervention strategies, there are three additional basic intervention strategies that can also be used for promoting OSH:

a) The ‘ethical or value strategy’; hereby it is acknowledged that values and business ethics are important factors that underlie many business actions. Values are also closely related to people’s emotions. There are many examples of business that start programs to improve OSH because the managers and workers feel it is the right thing to do.

b) The ‘interest strategy’, wherein the interest of the business, the department, the managers and the workers, in good OSH, is taken as the starting point. The interest strategy implies e.g. using business cases to convince managers to invest in OSH improvement programmes, and it includes the option of working with rewards or (economic) incentives for desired OSH behaviour, action or performance. Increasingly bonuses of top managers are made dependent on CSR and/or OSH performance.
Several companies use the company rating in the Dow Jones Sustainability Index (DJSI) as a measure for the performance pay of managers, which includes several OSH issues. Finally, it is certainly not uncommon to see managers and workers’ representatives negotiate about the need for OSH improvement, both at company level or in collective bargaining.

c) The ‘intrinsic motivation strategy’. The basic idea hereby is that intrinsically motivated individuals (managers or workers) are much better in promoting the case for OSH than people who are promoting it just because that task is attributed to them. In practice it means that already motivated people are identified and then give time and means to champion what they are already motivated for: actions to improve OSH.

Each of these five intervention strategies can be used individually, but often it is better to use a smart mix of the five strategies.

Due to CSR, ethical considerations, the link with the profit dimension, and the intrinsic motivation strategy are increasingly on the business agenda. This is often a challenge for OSH experts, as they often prefer to remain in the domain of their expertise, i.e. to limit themselves to rational argumentation and emphasising legal obligations.

7. Conclusion: CSR implies opportunities for innovative and more effective OSH

CSR is a hot topic today, while it includes safety and health at work. CSR implies that OSH becomes related to a much broader field: the planet and profit dimension, the external aspects of the social dimension (locally and globally), and the communication with stakeholders. The arena in which decisions becomes more complex due to new agents (NGO’s and mass media), and it implies more complex roles for the traditional OSH stakeholders, i.e. employers organizations, trade unions and governmental agencies.

The growing importance of CSR implies both opportunities and threats for safety and health at work. It underlines the necessity of developing strategic and inspiring strategies for promoting safety and health, and a greater importance of delivering business added-value.

Managers, employees, safety and health professionals, and policy makers each have a role to play in this development. Generally it is recommended to go for the opportunities implied rather than focusing on the threats that also may come to the forefront. Thereby it can be useful to experiment with positive OSH concepts, to assess business opportunities to stimulate OSH, and to define strategic challenges for OSH, in relation to CSR and business development. It is thereby of great importance to go beyond espoused values and nice communication: both CSR and OSH ultimately depend on actions taken rather than on fancy communication.
OSH professionals should use, but also go beyond, their specific expertise and not be afraid to underline and explicitly address the ethical values of OSH, to address business interests, or to involve already intrinsically motivated managers and workers. It is also useful for them to identify and involve relevant external stakeholders, including non-traditional stakeholders e.g. suppliers or insurers. More generally they should also consider non-conventional methods and tools to make OSH more inspiring and generate greater impact.

References


1. Setting the scene

30th November 1999, Seattle (USA), 50,000 protesters take to the streets during the World Trade Organization Meeting and block the delegate entrance. The opening ceremony of the summit meeting was cancelled. Police fired tear gas, over 600 protesters were arrested, and unauthorized marches targeting multinational enterprises (MNEs) spread throughout Seattle during the four days of the summit. The world, shocked, discovered the anti-globalization movement. This movement was captured in both media and academic debates over the following years. The negative effects of globalization were thus entered into the public agenda. MNE behaviour in developing countries, due to outsourcing and relocations, became part of international debates. Scandals such as those relating the use of children in sweatshops affected a number of international corporations. Under these pressures, MNEs turned to social and environmental initiatives that had been popular in the late 1970s—and that some ‘excellent’ companies were already applying as management models. This marked the ‘come-back’ of corporate social responsibility (CSR). The anti-globalization movement added to this pressure, and some companies responded by trying to send a strong message to the world: economic benefits without social concerns were no longer acceptable. Businesses began to portray an image of responsibility for global impacts. However, they were faced with other issues: how to regain the trust of society? How to maintain their accountability? How to check that ‘words’ represented ‘facts’? And, how to integrate ethical concerns regarding business operations in the framework of an even more competitive global economy?

CSR standards and instruments have been central to this ‘explosion’ of CSR interest. Hundreds of new standards appeared as business sought a ‘golden rule’ to assess CSR, leading CEOs and managers confused about how to deal with emerging pressures. The main characteristics, advantages and problems of these instruments are described in this chapter.
2. The ‘defining-by-instruments’ way out

Smith (as cited in Rasche, 2009) defined ‘accountability standard’ as “predefined rules and procedures for organizational behaviour with regard to social and/or environmental issues that are often not required by law”. These standards help companies “to integrate CSR values into their strategy and operations, either by setting out principles for responsible behaviour, providing a set of procedures and implementation steps, or offering indicators and measurement methodologies to evaluate and report on performance” (EC, 2004, p. 7). They are usually developed by third-parties and applied across sectors and geographic regions - although sometimes are company specific - and often monitored by independent-international bodies. These tools offer to build “a common understanding of central concepts such as ‘sustainable development’ and ‘corporate social responsibility” (Mazurkiewicz, 2004, p. 1), and serve as a “declaration on the universal rights and duties of business” (Hoffman & McNulty, 2009, as cited in Werhane, 2010, p. 695).

The relevance of these instruments, codes, and standards has rapidly increased since the original ones emerged, derived from the lack of clarity of CSR definitions and theories, as discussed in Chapter 4. In reality, it is still not clear “what CSR is”, what are its causes and consequences or “what is desirable or required” (Van Oosterhout & Heugens, 2008, p. 197-198). This descriptive side of CSR has risen as the ‘frontline’, as a way of solving the normative problems of a partly-empty CSR definition, and to detect what dimensions it should have. Ethical standards describe CSR relative to how it applies in the real world (Van Oosterhout, & Heugens, 2008). CSR would be either the ‘inventory of CSR activities’ (Basu & Palazzo, 2008) or the results we obtain from company’s social assessment through CSR instruments and standards. But it is a ‘flight forward’ (Van Oosterhout & Heugens, 2008), because CSR instruments usually have not followed specific theories and dimensions (CSR standards have made a quite eclectic combination of them), and theories have often not been the basis for creating instruments. As a consequence, it is difficult to detect real differences among firms, and information can be manipulated (Basu & Palazzo, 2008).

Despite these concerns, standards and instruments are crucial for CSR. They influence behaviour in a “recognizable and reproducible” way (Goel & Cragg, 2005, p. 4), although more as self-improvement tools (through benchmarking) than as assessment tools. Their use supports the advancement of a culture of ethics within companies (Maon, Lindgreen, & Swaen, 2010) and offers firm specific, accountable, publicly available, CSR information. In sum, this infrastructure fills “the numerous governance gaps for which hard law is either non-existent or is weakly enforced” (Rasche, 2010, p. 283). Moreover, CSR should be implemented as part of a strategic management model (Porter & Kramer, 2006). On the basis of this, it should then be put into practice using a principles, processes, outcomes approach and a Plan-Do-Check-Act cycle (EC, 2009).
3. A mess of standards

While in 1991 there were only embryonic attempts to develop CSR instruments, since then “a plethora of such principles have been developed” (Werhane, 2010, p. 695). Today, there are more than 300 ethics codes and CSR instruments (McKague & Cragg, 2007; Mazurkiewicz, 2004), mostly developed during the ‘standardization revolution’ which happened between 1997 and 2002 (GRI in 1999; SA8000 in 2000; UNGC in 2000). As a consequence, there is a broad infrastructure in the CSR field, including instruments, standards, regulations and institutions (Waddock, 2008), but considerable overlap among them (Tate, Ellram, & Kirchoff, 2010). Managers are faced with difficulties regarding which should be implemented and how to differentiate them (Rasche, 2009). Sometimes, their selection is based on specific shareholders or institutional pressures (Goel & Cragg, 2005), business association closeness, or on the ‘as many as possible’ standards strategy.

For this reason, during last decade, scholars and CSR institutions have made strong efforts to rationalise these initiatives, and help practitioners and CEOs understand which instruments they should use. Some CSR standards and instruments have created international governing bodies which govern them in collaboration with stakeholders. Old initiatives have been updated, standardised, made more comprehensive, and linked to other standards. Figure 1 and Table 1 show the main types of CSR tools, standards and instruments today.

Figure 1: Kind of tools to manage CSR

![Diagram of tools to manage CSR]

- Codes of Behaviour and Ethics Principles
- Multi-method self-improvement instruments
- CSR reputation and social rankings
- Auditing and Management systems
- Sustainability and Social Reporting
- Social and Environmental Investment Indexes
## Table 1: Kind of tools to manage CSR

<table>
<thead>
<tr>
<th>What are they?</th>
<th>Codes of Behaviour and Ethics Principles</th>
<th>Auditing and Management systems</th>
<th>Sustainability and Social Reporting</th>
<th>Social and Environmental Investment Indexes</th>
<th>CSR reputation and social rankings</th>
<th>Multi-method self-improvement instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A group of broadly agreed principles which business can sign. They define standards for company responsible behaviour, but do not provide external assurance. They usually include mechanisms to inform stakeholders about the company’s follow-up of implementation. Some of them are written specifically for a company or a sector.</td>
<td>CSR management systems or frameworks aiming to integrate values into daily practices, processes and activities. They can be certified against a standard, after external assurance. They can be applied in organizations (EMAS) or facilities of the company (SA8000). These certifications include CSR labels to be placed on the packaging of products in order to influence purchasing decisions by consumers (Fair Trade Label-FLO, Ecolabel). These are governed by certification companies or by organizations managing the whole supply chain (e.g., buying directly from small producers).</td>
<td>Guides to standardise social and environmental reporting, according to stakeholders’ expectations (GRI). By promoting transparency, social accountability improves. Initially, based on triple bottom-line, today these are more focused on stakeholders and in the development process (AA1000). These can include external verification, or an assurance process by stakeholders or external partners.</td>
<td>Used by investment agencies or socially responsible investors to recognise responsible business. These measure companies’ performance. Companies must be previously part of financial indexes to appear in social ones. There are inclusion and exclusion criteria, according to company activities. Focus is given to risk management. Sometimes supported by shareholder activism or institutional pension funds.</td>
<td>A rating of companies according to several economic, social or environmental practices, creating a ranking showing the leaders by areas, which increases corporate reputation.</td>
<td>A set of tools to promote self-improvement. They can also be management systems or guidelines, although they are not audited. They work as a benchmarking tool, and are implemented using guidance from governing organizations.</td>
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### Key advantages

<table>
<thead>
<tr>
<th>Codes of Behaviour and Ethics Principles</th>
<th>Auditing and Management systems</th>
<th>Sustainability and Social Reporting</th>
<th>Social and Environmental Investment Indexes</th>
<th>CSR reputation and social rankings</th>
<th>Multi-method self-improvement instruments</th>
</tr>
</thead>
</table>
| 1. Broad consensus about principles; and dissemination.  
2. Easy to accept and to apply by the company.  
3. CSR Self-development by | 1. Multi-methods methodology: They get information to audit from different agents (managers, workers, NGOs).  
2. It solves the problem of managers’ biased information, increasing the reliability | 1. Broad coverage.  
2. Specific data which is publicly available.  
3. There are reporting levels with stricter requirements (external verification). | 1. Higher profitability of companies in responsible indexes is claimed, although still debated.  
2. They can promote new investments and increase CSR interest. | 1. Corporate reputation improves brand and company value.  
2. They guide self-improvement to advance | 1. Benchmarking and self-assessment help to evolve CSR.  
2. An easy option for companies new to CSR.  
3. They can lead to
<table>
<thead>
<tr>
<th>Key problems</th>
<th>Main instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Principles are too broad. 2. No hard requirements to ensure compliance.</td>
<td>Global Compact, OECD Guidelines, ILO Guidelines for MNE, Sullivan Principles etc.</td>
</tr>
<tr>
<td>3. Non-external evaluation, reducing credibility. 4. Not adapted to specific company vision</td>
<td>SA8000, Good Corporation Standard, SGE 21, FLO: Fair-trade Labelling Organization</td>
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<tr>
<td></td>
<td>Global Reporting Initiative, CSR-SC Project, AA1000.</td>
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<td></td>
<td>FTSE4 Good Index Series; Dow Jones Sustainability Index, KLD Ratings, Ethibel-VIGEO.</td>
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<td></td>
<td>Fortune, Social Index (Denmark).</td>
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<tr>
<td></td>
<td>Ethos Institute Indicators, European CSR awareness questionnaire, ISO 26000, HRCA Checklist.</td>
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</table>
4. Leading global instruments in CSR

The process of extension, legitimization and global governance has created several leading standards, which have been readily accepted by companies, increasing dramatically their relevance. Some of these international principles are being advocated for implementation by the European Union (EC, 2011): the Global Compact, ISO 26000, OECD Guidelines for Multinational Enterprises, ILO Tri-partite Declaration of Principles Concerning Multinational Enterprises and Social Policy, UN Guiding Principles on Business and Human Rights, etc. (see Table 2).

The Global Compact is a compilation of ten voluntary principles (Figure 2) that organizations can adhere to (UN, 2000). Developed by the United Nations in 2000, the Compact’s labour and human rights principles are based, similar to most CSR instruments, on the Universal Declaration of Human Rights and the International Labour Organization’s Declaration on Fundamental Principles and Rights at Work. It is partly a self-improvement instrument, without external assurance systems. However, a Communication of Progress explaining how principles are being applied must be done annually.

The Global Compact has been criticised (Rasche, 2009) due to its ‘vague and thus hard to implement’ principles and while its value is derived from the high credibility and perceived legitimacy of the UN, it has also been accused of representing a ‘capture of United Nations legitimacy’ by big business (Rasche, 2009). On the other hand, it is easy to apply; organizations have autonomy to develop policies, actions and evaluation. As such the Global Compact facilitates further involvement in CSR every year, after discussing, learning, empowering, and changing through its underlying principles (Rasche, 2009). Moreover, the Global Compact is the most widespread CSR instrument with more than 10,000 participants (7000 business) around the world in October, 2012. It has also a strong presence in developing and emerging countries, which allows “the possibility to really address global governance issues” (Rasche, 2009, p. 202). Conversely, their presence in the United States is quite limited, representing just a small percentage of participants, probably due to a culture of no collaboration with international organizations (Bremer, 2008) or to a higher fear to be accused of ‘bluewashing’ by media – due to unethical use of the UN ‘blue’ flag (Rasche, 2009).

SA 8000 (SAI, 2008) is a labour auditing instrument, developed in 2000 (third version was released in 2008), by the NGO Social Accountability International, located in New York. Based on UN and ILO Conventions, it provides nine labour standards which should be verified through an evidence-based process (sourcing different company-stakeholders), conducted by an auditing organization. As a consequence, it certifies employees’ working conditions, but not the entire company. It ensures the compliance with international, national or sectorial legislation, however, advocates adopting the strictest (and most favourable to workers) requirements in the case of conflicts. It takes into account the following nine labour-risk practices: child labour; forced and compulsory labour; health and safety; freedom of association and collective bargaining; discrimination; disciplinary practices; working hours; remuneration; and management systems. It is useful for auditing supply chains or facilities in countries with weak labour legislation.
Figure 2: The 10 UN Global Compact Principles:

<table>
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<tr>
<th>Human Rights</th>
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<tr>
<td>Principle 1: Businesses should support and respect the protection of internationally proclaimed human rights; and</td>
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<td>Principle 2: make sure that they are not complicit in human rights abuses.</td>
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<tr>
<th>Labour</th>
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<tr>
<td>Principle 3: Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;</td>
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<td>Principle 4: the elimination of all forms of forced and compulsory labour;</td>
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<td>Principle 5: the effective abolition of child labour; and</td>
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<th>Environment</th>
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<td>Principle 7: Businesses should support a precautionary approach to environmental challenges;</td>
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<tr>
<td>Principle 8: undertake initiatives to promote greater environmental responsibility; and</td>
</tr>
<tr>
<td>Principle 9: encourage the development and diffusion of environmentally friendly technologies.</td>
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<th>Anti-Corruption</th>
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<tr>
<td>Principle 10: Businesses should work against corruption in all its forms, including extortion and bribery.</td>
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</table>

The Global Reporting Initiative (GRI, 2006) is a reporting instrument launched in 1999 (the fourth version will be available in 2013) by CERES, based in Amsterdam. It aims to create a common social and sustainability reporting framework for organizations, similar to financial reporting, in order to increase corporate transparency. Based on the triple bottom line, the third version introduced new areas and stakeholders (multiple bottom-line) to be considered, including: labour, human rights, society and product responsibility. Each of these considers key indicators which provide qualitative and quantitative data. It has become the main CSR reporting framework. During 2010, almost 2000 companies made a social report on the basis of the GRI methodology and there are more than 3000 reports in GRI database corresponding to 2011. According to International Survey of Corporate Responsibility Reporting (KPMG, 2011), 80 percent of the 250 largest companies in the world (G250 companies) and 69 percent of N100 companies now report on their corporate responsibility (CR) activities according to GRI Sustainability Reporting Guidelines.

Another mainstream reporting initiative is AA1000, developed by ISEA (2003). It explains the process to interact and engage with stakeholders and to maintain an accurate level of credibility and quality in sustainable reporting. An important note is that this tool does not consider the level of performance regarding a CSR issue, but the way in which it is managed. It includes five phases: planning; accounting (stakeholder consultation, identification of issues and indicators, and collection of information); auditing by an external group, feedback and reporting; implementation; and stakeholder engagement.

The ISO 26000 guide created by the International Organization for Standardization (ISO, 2010) was one of the most anticipated CSR instruments, and the outcome of several years of discussion. It is a comprehensive guide considering social, civil, cultural,
and political rights. While it lacks certification mechanisms, its broad coverage, management system and extensive and inclusive stakeholder-process in its development, make it a very useful tool to devise a global common framework regarding what CSR initiatives should be.

The UN Guiding Principles on Business and Human Rights (UN, 2011) has been another key development in the challenge of creating a global CSR compromise, and goes further than the Global Compact in United Nations’ involvement. OECD Guidelines for Multinational Enterprises (OECD, 2011), ILO MNE Guidelines (ILO, 2006) Fair-Trade mark of the Fair-Trade Labelling Organization (2011), Dow Jones Sustainability Indexes (SAM Research, 2009), and FTSE4Good Index (FTSE, 2006) are other global leaders in creating worldwide responsible principles, fair-trade labels, and sustainable investing indexes, respectively. Two self-improvement instruments: the Ethos Institute Indicators (Instituto Ethos de Empresas e Responsabilidade Social, 2009) and the HRCA Checklist (Danish Institute for Human Rights, 2006) are also relevant.

Table 2: Summary of key CSR standards

| Global compact | Ten voluntary principles developed by the United Nations in 2000, which organizations can sign up to without external assurance systems. To promote self-improvement, a Communication of Progress explaining how principles are being applied must be conducted annually. |
| Social Accountability 8000 (SA8000) | A labour auditing instrument, developed in 2000 (third version in 2008), by the NGO Social Accountability International. Based on UN and ILO Conventions, it provides nine standards which should be verifiable through an evidence-based process. They certify facilities, not companies. |
| Global Reporting Initiative (GRI-G3) | A reporting instrument launched in 1999 (fourth version in 2013) by the Global Reporting Initiative, in Amsterdam. It aims to create a common social and sustainability reporting framework for organizations, similar to financial reporting, in order to increase corporate transparency. Originally based on the triple bottom line, today it includes alternative areas and stakeholders. |
| ISO 26000 | A guide regarding CSR launched in 2010 by International Organization for Standardization. However, it is not a certificate or standard, but a guidance standard which includes a series of proposals to enterprises about what CSR is, and which applies to them. It recognises a responsibility to exercise due diligence in preventing and addressing direct and indirect company’s impacts. |
| UN Guiding Principles on Business and Human Rights | These include 31 principles adopted by the UN Human Rights Council in 2011. They aim to address the risk of business activities on human rights. They operationalize the UN Protect, Respect and Remedy Framework (State Duty to Protect, CSR to Respect, and Remedy for victims). It includes operationalization of these principles and an interpretative guide. |
| OECD Guidelines for Multinational Enterprises | Based on the OECD Guidelines in 1976, updated in 2000 and 2011. These guidelines include voluntary good practices, relevant to OECD member countries. National Contact Points (NCP) monitor implementation. In theory, trade unions could raise concerns about infractions if the NCP is not adhering to its responsibilities. However, NCPs have been underdeveloped and are not supported through regulation. |
## IFC Performance Standard

The International Finance Corporation Performance Standards are eight Standards adopted in 2006 and updated in 2012 (IFC, 2012). All companies financed by the IFC, as well as those financed by other institutions (e.g. some banks under the Equator Principles), are required to adhere to these standards. They cover social and environmental management and assessment systems; labour and working conditions; resource efficiency and pollution; biodiversity; community health, safety and security; land acquisitions; cultural heritage and indigenous peoples. Comprehensive guidance aids risk assessment for the lifecycle of projects, protecting local communities—who can raise grievances to IFC—and ensuring responsible performance.

## ILO Guidelines for MNE

The ILO Declaration of MNEs, compiled by the International Labour Organization, the referent UN Agency in labour issues, that is jointly governed by business, unions and governments. They were created in 1977, but updated in 2000 and 2006. They are based on Fundamental Principles and Rights at work and several recent ILO recommendations, and apply globally. The ILO monitors their implementation with periodic surveys. They promote collaboration between government and enterprise, linking CSR to this tripartite social dialogue and promoting government policies.

## FLO: Fair-trade Labelling Organization

A worldwide fair-trade and certification organization, created in 1997, which develops international fair-trade criteria for products and processes originating from developing countries, monitoring their compliance.

## DJSI: Dow Jones Sustainability Indexes

These are five indexes which aim to track CSR performance. They exclude controversial business and include the top 10% of companies in the Dow Jones Global Index. SAM’s Corporate Sustainability Assessment assesses opportunities and risks in economic, social and environmental dimensions, monitoring them continuously. Human Resources policies are a key area.

## FTSE4 Good Index

Launched in 2001, by the FTSE group, an English company owned by the Financial Times and the London Stock Exchange. It is a benchmark index for investors seeking to measure the performance of responsible businesses, but it is also useful for other stakeholders. For inclusion, companies must be within the universe of the FTSE Share Index (UK) or FTSE Developed Index (Global), general economic indexes. Revised every six months, data collection is based on annual reports, company websites or public material, written questionnaires and liaising with companies. Global and regional (UK, US, Europe & Japan) Indexes exist with additional information sought for sectors, countries or operations with higher risks. There are also exclusion criteria and an engagement program to help companies meet the criteria.

## HRCA Checklist

HRCA is a self-diagnostic tool to detect potential Human Rights violations, helping to improve enterprise awareness and to make remediate harmful incidents. It was developed by the Danish Institute for Human Rights (DIHR) in 1999. It is updated annually based on international agreements. The checklist includes 28 questions and 240 indicators. These were compiled following a consultation process with MNEs and human rights groups.

## Ethos Institute indicators

Launched by Brazilian Instituto Ethos de Empresas e Responsabilidade Social, which is a group of over 1,350 companies. This is an external evaluation of the company, based on a set of indicators (often comprehensive in labour and community issues), oriented to their CSR self-improvement and evolution of corporate ethical culture. It includes benchmarking results against the best ten companies.
5. Key areas of CSR: in theory and practice

Dimensions and issues relevant to CSR traditionally reflect economic, social and environmental concerns. The European Commission (2003) further defined 11 key issues, after reviewing 17 CSR instruments: financial, economic development, consumer affairs, human rights, employee relations, community investment, bribery and corruption; biodiversity, air quality and noise pollution, energy and water, and waste and raw materials. An internal and external dimension of CSR has been identified (EC, 2001). The internal dimension includes human resources management, health and safety at work, adaptation to change, management of environmental impacts and natural resources; while the external is based on local communities, business partners, suppliers and consumers, human rights, and global environmental concerns). European Commission (2004, p. 7) recommended that contents of standards should be in accordance with “the core labour standards identified by the ILO and include child and forced labour, discrimination issues, freedom of association and collective bargaining, health and safety, wage levels, working times and disciplinary practices”, As a consequence, the basic themes of CSR come from international labour standards and regulations (ILO fundamental conventions, UDHR, OECD Guidelines). All these issues tend to be included in CSR instruments. A OECD review (2009), based on the analysis of OECD guidelines, ILO MNE Declaration and the Global Compact, identified 12 labour issues in major CSR instruments: freedom of association and collective bargaining; elimination of all forms of forced and compulsory labour; abolition of child labour; non-discrimination in respect of employment and occupation; general development; employment promotion; training; wages and benefits; hours of work; safety and health; social protection; industrial relations. The relative importance of the different areas among codes has been also studied. The OECD found in 2001 (in Fuentes-García, Nuñez-Tabales, & Veroz-Herrado, 2008) that reasonable working environment (75,7%), compliance with laws (65,5%), no discrimination or harassment (60,8%), workers’ compensation (45,3%), prevention of child labour (43,2%), obligations with contractors/suppliers (41,2%), rejection of forced labour (38,5%), training (32,4%), working hours (31,8%), and freedom of association and collective bargaining (29,7%) were the most common work-related topics that appeared in codes of conducts.

Despite the comprehensive coverage of labour issues in CSR instruments, employees’ well-being in relation to CSR initiatives, has not always received adequate interest from research. The bidirectional influence between psychosocial conditions on organizations (job security, engagement, values, ideology, etc.) and CSR requires further exploration. A comprehensive thematic analysis of more than 30 CSR instruments and standards (Mari-Ripa, Jain, Herrero, & Leka, 2012) has attempted to address this gap, identifying the 30 most referred to issues, relevant to worker well-being (Table 3). This framework has recently been used to analyse CSR reports of 100 FTSE MNEs (Andreou, Leka, Jain, & Mari-Ripa, 2012)
Table 3: Well-being issues in CSR instruments and standards.

<table>
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<tr>
<th>Employment conditions</th>
<th>Terms of Contracting and Work schedules</th>
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<td>Actions in Relation to Rotation, Dismissals and Retirements</td>
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<td>Labour Market Entrance</td>
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<td>Wages and Benefits</td>
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<td>Performance Management</td>
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<td>Organizational Climate and Internal Communication</td>
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<th>Industrial Relations</th>
<th>Employee representation and collective bargaining</th>
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<td>Dialogue with Workers and Stakeholders during Corporate Restructuring</td>
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<th>Occupational Safety and Health (OSH)</th>
<th>Workers’ involvement in Occupational Safety and Health system and culture</th>
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<td>Management of Absenteeism, Work Fatalities, Occupational Diseases, and Standards</td>
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<td>OSH Training</td>
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<td>OSH Prevention</td>
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<td>OSH Protection</td>
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<td>Violence, Bullying and Harassment at Work</td>
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<th>Diversity and Non-Discrimination</th>
<th>Equal Opportunities</th>
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<td>Gender Equality</td>
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<td>Equal Opportunities and Support for Disabled people</td>
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<td>Equal Opportunities and Support for Ethnic, Racial, or Religious Minorities</td>
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<td>Non-discrimination by Age</td>
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<td>Non-discrimination to Other Vulnerable Groups</td>
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<td>Relation with Agency Workers</td>
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<td>Labour Insertion for Economic Disadvantaged People</td>
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<th>Human Rights</th>
<th>Human Rights Risk and Investment Analysis</th>
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<td>Human Rights Compliance of Suppliers</td>
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<td>Respect for Workers’ Human Rights</td>
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<td>Freedom of Workers’ Organization and Collective bargaining</td>
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<td>Rejection of Child Labour</td>
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<td>Rejection of Forced Labour</td>
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6. Different contexts, different CSR priorities

Fighting corruption or eradicating social inequalities? Conserving biodiversity or ensuring health care? Both standards and enterprises prioritise different issues according to their context. Although the European Commission (2011) claims to promote a ‘global CSR’, ethical priorities change depending on region, national, community (urban, countryside), or business contexts. Cultural values, political framework and economic situation will affect citizens’ expectations about corporate behaviour. Government action may also vary as may cooperation between enterprise, government and society, which may
differ among countries (Albareda, Lozano, & Ysa, 2007). Sector will also determine how companies define their commitment, decide how many and what instruments are used, choose their priorities, or assess impact (Barth & Wolff, 2009). Several industries are more focused on workers’ rights and working conditions (food firms), others in workplace health and safety (chemicals, construction, and mining corporations) or provision of services to the poor (financial services, utilities etc.) (Blowfield & Murray, 2008).

A significant challenge to implementation of responsible business practices is that although many CSR standards target international multi-stakeholder organizations, most research and public initiatives on CSR come mainly from European and American countries. This may lead to a potential mismatch between ‘priorities’, which can worsen implementation (Waddock, 2008). Blowfield & Murray (2008) go further: “Western priorities for Africa might be to combat corruption, improve governance and transparency, and improve infrastructure, while local priorities might be to improve the terms of trading, create good jobs, and transfer technology” (p. 178). In Latin America, “advocates in the west may focus on rainforest conservation and biodiversity, while local people may be more concerned about poverty, poor education, bad housing, and scarce healthcare” (p. 178). The authors argue that in general, the creation of social stability, the rule of law and a favourable business environment are concerns for business communities in developing countries. Some previous studies (PWC, Ethical Corporation, as cited in Blowfield & Murray, 2008) have analysed the most important CSR issues relative to each region. The EU prioritises sustaining welfare, health, and labour standards in a global economy. The USA defends public health accessibility, social security or corporate governance. Latin America focuses on the rich-poor divide, infrastructure or fighting corruption. Companies also focused on different themes depending on their country of origin. While US firms were focused on external issues including globalization, Japan and EU companies were more linked to consumers (Tate, Ellram & Kirchoff, 2010).

These problems transfer to the development and implementation of standards and instruments, which could be biased according to the geographical area in which each one has been created. Werhane (2010) has warned about the consequences of ‘universal definitions of CSR’: ‘Individualistic’ Western approaches (diversity, equal opportunities…) sometimes challenge community, cultural or religious tradition in non-Western settings, making it difficult for companies to follow them. The author suggests taking into account diverse settings and conditions. Consequently, Werhane (2010) demands global collaboration in “the implementation of the CSR agenda: what has to be done […], how to be done […], and how to measure progress” (p. 6) to create a “global commonly accepted CSR framework” (p. 6). Rasche (2010) points out a deeper problem: It is neither possible nor desirable to create a standard which includes all the possible situations. As an example, the author refers to SA8000, an instrument which recognises the need of “demanding local adaptations according to the respective geographical, societal, political and economic circumstances” (p. 285”). For this reason, Rasche (2010) recommends understanding not just their content, but also the process of context specific adoption that must be done in practice. There is a need for further research surrounding this issue. Frederick (2008), a pioneer of CSR, highlights several research needs: analysing the marginal CSR focus in developing nations, the North-South prosperity-poverty gap, the East-West religious-politico tensions or the development pressures on resources. These
Chapter 5  CSR Standards and Instruments

themes are also expressed by the CSR Platform project (EC, 2009), which suggests that emerging economies and societies, and sector specific implementation will be the focus for future CSR research.

7. More than ‘green-washing’

Before the 2008 financial crisis, the financial sector was among the most responsible sectors in the world, according to global CSR rankings. This was partly what led to the shock people felt when American banks imploded. The sub-prime mortgages ‘crash’ caused a global financial crisis in just a few months. Financial institutions globally began to declare bankruptcy. European countries began applying ‘austerity measures’ and business pushed for ‘labour flexibility’. Working conditions in Western countries steadily declined. After growing CSR acceptance, this crisis threatened to end the promising future of CSR. Companies must now decide whether they want to play a more active role in solving global problems. The ‘social side of the equation’ in business is becoming dramatically relevant (Lee, 2008).

CSR has become more contradictory during the last decade. On one hand, the concept has included more issues under its umbrella and became more global. On the other hand, it has become increasingly linked with financial self-interest: companies invest in CSR because they believe that it will eventually pay off (Lee, 2008). Performance-oriented studies have become prevalent, putting back ethics-driven research. In sum, there is ‘less ideology’ and ‘more business case’.

Citizens’ expectations about socially responsible management of companies have also increased, while similar commitment from business has not been forthcoming. Consequently, citizens’ trust for business has decreased (Casado, 2006), an example being the aftermath of the recent global economic crisis (EC, 2011). Thus, the public has become sceptical regarding CSR and public disclosures. Some factors contribute towards this trend: lack of operationalization of CSR (how to measure it accurately); contradictory practices including labour precariousness or externalization to suppliers (Aragón & Rocha, 2004); and self-accountability. Business understands this, with 74% of companies recognising that their CSR management does not satisfy their stakeholders (Business for Social Responsibility, as cited in Casado, 2006). NGOs and trade unions have also been critical of CSR. NGOs are concerned over ‘green-washing’, while trade unions, initially feared that CSR could be a way to eradicate collective bargaining (Aragón & Rocha, 2005).

CSR’s rapid expansion came as a consequence of dramatic corporative misbehaviour in the 1980s and early 1990s. As such, if it is seen as unable to contribute to the pressing problems of the world such as social development, it will be perceived as a failure. There is a need to better link CSR with community impact. Better CSR instruments and stronger requirements are necessary, including an assessment of their impact over Millennium Development Goals (MDG) or social welfare in communities. If this does not materialise, the defining-by-instruments way out could see no end. However, developments are in the pipeline. CSR instruments are now stricter and more comprehensive than a decade
ago. Some of them aim to make the connection to community development indicators (Instituto Ethos de Empresas e Responsabilidade Social, 2009, WBCSD & IFC, 2008; ISO, 2010). International organizations including the ILO, WHO, OECD, United Nations have created and updated their ethics frameworks for companies in recent years, and the analysis of work satisfaction is becoming more prevalent (ILO, 2012). CSR instruments will continue to play a key role in the future; however they will be fewer, more global and stricter. They must be driven by rigorous academic and strong cooperation with international organizations. By doing so, CSR will grow stronger and meet ever changing societal expectations.

References


6

Government Policy and Institutional Framework for CSR and OSH

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1. Introduction

A significant portion of an employee’s life is lived in the work place. The circumstances of the work place therefore can often have an impact on the health of workers. The lives and socio-cultural environment of employees tend to be affected by the quality of work life prevailing within work organizations. It is therefore imperative for management and other key stakeholders to ensure safe and sound working conditions. There is sufficient anecdotal evidence for example in the Ghanaian industrial sector to show that many employees work in unsafe conditions that could have deleterious effects not only on their work lives, but also on their social and psychological lives. Governments in African countries should institute a comprehensive policy framework with the required legal backing which covers broad aspect of labour in all sectors as well specific health and safety issues in various organizations.

In Africa, while many corporate organizations and government institutions are enthusiastic about promoting corporate social responsibility (CSR), they seem to ignore the reality that occupational safety and health (OSH) and CSR are inextricably intertwined – the focus of CSR is directed toward people, the environment and society (Amponsah-Tawiah and Dartey-Baah, 2011). Thus CSR is incomplete without OSH. The aim of this chapter is first to examine the presence, or lack of, government policy and legislative frameworks for promoting CSR and OSH in Africa, presenting the situation in Ghana (West Africa) and Tanzania (East Africa) as examples. Second, to consider some State and non-State institutions that have the mandate to regulate OSH. Thirdly, to explore capacity or lack of, challenges of implementation, corruption and national culture as impediments to the implementation of CSR and OSH initiatives.
2. OSH and CSR in Africa

Amponsah-Tawiah and Dar tey-Baah (2011) drawing on the work of many others, suggest that CSR is “the strategic decision of an organization to voluntarily act upon the social factors that have the potential of inhibiting ... the fulfillment of corporate goals”. Generally, CSR is concerned with organizations achieving their economic objectives at the same time ensuring that the environment and community are not adversely affected. In other words CSR ensures that various stakeholders, interest groups and the planet benefit (and not suffer) from the operations of an organization.

OSH is broadly defined by the World Health Organization (WHO) as a field that aims at promoting and monitoring the highest level of physical, mental and social wellbeing of employees in all occupations, preventing harmful effect on employees health as a result of the working condition, protecting employees from workplace hazards and risks that are inimical to health, placing and ensuring that employees work in an environment that resonate with both their physical and mental needs. Thus, OSH is concerned with adapting work to life. The opposing line of argument may be that life has to be adapted to work; however, to do so may result in both poor physical and psychological health – a situation experienced in many of the advanced economies during and after the industrial revolution.

The concepts of OSH and CSR are linked together in that both concepts are geared toward people, environment and the organization. For instance, while CSR deals with the relationship between the company and the community, OSH is about the people working within the organization and management. All of them have the government as their main regulatory body. In fact, the definition of CSR by the European Commission (2011) includes OSH. According to the report “corporate social responsibility has moved from the margins to the mainstream, from the arena of charity to the arena of corporate strategy, the emphasis is no longer just on external giving but now on internal processes, the focus is less on how companies give money away, to focusing on how companies make money.”

The redirection of CSR from external to internal processes is akin to the mechanisms around how OSH is managed. Thus, CSR and OSH are inextricably linked to the extent that, CSR is a company’s obligation to the environment and society whiles OSH is the company’s responsibility to individual workers in the organizations.

3. The Nature of CSR and OSH in Africa

There is a sharp difference in the nature of CSR between developed and developing countries (Amponsah-Tawiah & Dar tey-Baah, 2011). According to Visser (2003) CSR in Africa appears to be less formalized in that there are no standards, regulatory systems or reports governing its promotion. The author further stated that, there is a preponderance of CSR among large, high profile multinational and national companies. This means
that in Africa most Small and Medium Size Enterprises (SMEs) are not seen as promoters of CSR. CSR practices in Africa are directed toward specific issues such as HIV/AIDS, tuberculosis, malaria eradication or certain industries such as mining and agriculture. CSR in developing counties according to Visser (2003) is mostly perceived as a kind gesture or a philanthropic act in which organizations invest in areas of education, health, sports and community development etc. Visser (2003) further observed that, organizations tend to engage in development projects that are known to be the responsibilities of governments in developing countries. For instance, in Africa it is not uncommon to see companies like MTN (the telecoms giant) or Stanbic Bank (subsidiary of the South African Standard Bank) build schools or establish an educational fund to support the education of students in need.

The penchant for corporate bodies to extend a helping hand in addressing social problems in Africa is due to the fact that, issues of social importance (e.g. poverty, education, health etc.) are often given political, economic and media prominence as compared to environmental, ethical or stakeholder issues.

OSH on the other hand has received more attention in Africa over the last two decades or so, due to the serious toll work-related injuries have on the life and health of workers. For instance, one study in an east African country on workers in a gold mine indicated that, due to exposure to mercury vapour during burning of gold-mercury amalgams, some miners recorded high levels of total mercury in their urine samples. That same country recorded an injury rate of 10-18 per 1,000 workers in the mining, building and construction industries. Similarly, reports from another east African country reveal a rate of 7.6 clinical health complaints per worker by women working in manufacturing industries annually. A similar trend is observed in West Africa. For example, one study reported higher levels of lead in blood and urine samples of smelters, automobile mechanics and petroleum retailers. A report from another African country shows a total of 2,200 accidents and 16 deaths in agricultural and forestry sectors. Thus, there is much that can be improved in terms of workers’ health and safety in Africa.

The cost of workplace accidents resulting in injuries and death is enormous. For example, the cost of road accidents in developing countries is estimated at 1% of gross national product. The design of work today has brought about shift work, fatigue and driving at night due to the long hours of work and less time available for sleep. These factors have contributed significantly to workplace injuries and fatalities as well as the carnage on Africa’s roads.

One would have thought that swift action would be taken by significant stakeholders to mitigate the pernicious effect of hazards at the workplace. Yet, it is reported that only 5% to 10% of developing countries’ employees have access to occupational health services (La Dou, 2003). Thus, compared to employees in developed countries a large number of workers in developing countries do not have access to occupational health and safety services. Thus, many workers in Africa are living and working in very difficult environments to the detriment of their health. It is imperative that this problem is addressed.
A survey conducted in 2001 by the WHO regional office in Africa indicated that despite the numerous resolutions adopted by the region, the availability of a comprehensive occupational health services for workers is still in contention. For example, among the countries surveyed 26% conducted pre-placement medical examinations; 33% provided clinical services for vaccinations as well as special examinations and treatment; 7% conducted research, provided examination for compensation and collected data with regard to the health of the workers. The above statistics suggest that many companies in Africa have overlooked the responsibility of providing health and safety services to their employees. There are however, OSH polices and legislation in some African countries directed toward employee health. This is revealed in a regional survey which showed that 48% of the countries have occupational health legislation and 37% have legislation on labour and health. However, in all instances there are not enough personnel to administer and evaluate the process. Thus, it is one thing instituting policies and legislation on OSH and quite a different matter monitoring their application and ensuring enforcement. It therefore requires self-commitment, investment and adequate expertise on the part of corporate entities to provide health and safety services for their workers.

3.1. CSR and OSH in Ghana

CSR in Ghana is largely practiced by large multinational companies with reputable international image. Local companies face many challenges such as weak currency and low productivity etc. which appear to make it difficult for them to initiate and sustain CSR activities. Indigenous African companies are small and medium sized in nature and mostly engaged in retail trade and the production of primary goods which does not afford them the financial flexibility to engage in CSR activities. This is not to say that SMEs by their nature cannot engage in CSR projects. Just that it is uncommon in Ghana to identify an SME proactively involved in CSR. The thinking on the part of such companies is that perhaps they see CSR as a huge additional expenditure which has no direct merit. It might also be the case that, SMEs in Ghana hold the view that CSR is for large companies to undertake and that their involvement in CSR projects could be perceived as biting more than they can chew.

Large companies in the area of mining, manufacturing, telecommunication and banking in Ghana are often seen reporting certain social activities they are engaged in as part of their CSR objectives. For instance, MTN Ghana aims to be the leading company in CSR in Ghana. In pursuance of their mission of improving the quality of life, MTN Ghana has established the MTN foundation to manage all its CSR activities. The foundation was established in 2007 with its main focus on health and education (MTN, 2012). Similarly, Vodafone Ghana, another leading telecommunication company established the Vodafone foundation (in December 2009) to help provide “sustainable solutions to the most pressing social challenges such as economic empowerment, road safety, world of difference and red alert” (Vodafone, 2011). Moreover, some mining companies have contributed to the building of school and roads in communities in which they directly operate and who are affected by their mining activities. For instance, recently AngloGold Ashanti in Obuasi invested an amount of GHC160,000 (about US$80,000) towards a school fencing project of some selected schools in the locality. According to the firm, this initiative forms part of their CSR (Ghana News Agency, 2011).
Large companies in Ghana are not just keen to engage in CSR activities, they are also very vociferous in their disclosure to the public through the mass media. This seems to be an effort to indicate the concern the firm has for citizens. It should also be noted that, despite these initiatives, these firms are sometimes cited in the media to have breached some laws, community expectations or some social principles. Thus, the question arises: do large firms in Ghana pursue CSR initiatives for the sake of courting community sympathy, parochial business interests or for sustainable development?

Occupational safety and health unlike CSR is not a popular concept or initiative amongst firms in Ghana. This is despite the fact that there is clear evidence which underscores the importance of OSH management. For instance, about a year ago, part of the factory of Pioneer Food Company in Tema (Ghana’s port city) was destroyed by fire. This led to an abrupt shut down of the factory. Following this event, the management of this company decided to install an Offal recycling plant within the already overcrowded factory premises. This came as a shock and disappointment to the workers who protested that the installation of the new plant posed a danger to their health.

According to the regional officer at Ghana’s National Disaster Management Organization (NADMO) in charge of fires “about 95 percent of factories at the North Industrial area in Accra are putting the lives of the employees in grave danger as they do not have any safety measures in place to protect their employees from noise pollution, exposure to hazardous chemicals and lack of adequate ventilation and exit points in the wake of emergency. Besides, these factories do not have the requisite equipment to fight fires when they occur” (Ghanaian Times, 2011).

Paradoxically, there are laws in Ghana (such as the Factories, Offices and Shops Act 328, 1970; Labour Act 651, 2003; Minerals and Mining Act 703, 2006; Environmental Protection Agency Act 490, 1994; Ghana Health Service and Teaching Hospitals Act 526, 1999; and Ghana Aids Commission Act 613, 2002) which cover various aspects of OSH and also include specific laws for certain industries. Besides, Ghana is a member of the International Labour Organization (ILO) and a signatory to a number of ILO conventions on occupational health and safety (e.g. ILO Conventions 45, 81, 89, 90, 103, 115, 119, 120, 147 & 148).

Unfortunately, due to prevailing economic difficulties such as high cost of living, job insecurity and high unemployment levels, workers are not able to speak out or even sue management in the law courts concerning their negligence in ensuring occupational health and safety. Besides, it is difficult to obtain accurate figures on cost of litigations resulting from compensations paid to victims of workplace injuries or accidents. This is because cases of this nature are often settled out of court.

3.2. CSR and OSH in Tanzania

A consumer survey conducted in February 2009 by the Tanzania Consumer Advocacy group suggests very poor CSR practices amongst businesses in Tanzania. The survey focused on consumer’s rights, perceptions, and attitudes concerning business accounta-
bility and responsiveness to consumer needs and interest in Tanzania. Thus, when business entities do not take CSR initiatives seriously, the likelihood that employees and the environment will be abused is very high.

All 3000 participants of the consumer survey were asked to enumerate five business practices they have experienced in the last 12 months which they consider to be unfair. For instance, Lauro (as cited in Amponsah-Tawiah & Dartey-Baah, 2011) cited reports concerning Barrack Gold Mining Company which show poor and uncoordinated CSR. For instance, an opinion leader from one village said:

*Despite the acclaimed company support for the community, there is a need for the company to collaborate with the community leaders to identify the priority areas for the primary needs. For example, as part of community investment in 2005, [one named company] moved the bus stop to construct a modern market which was expected to serve the entire community within the ward. Yet, the market has never been used ever since, because the company did not consult the community to see if it was one of the local people’s priorities.*

Another villager displaced by the activities of the mining company stated:

*We have stayed in this place for more than one year and the government or the company has done nothing to help us. The Evangelical Christian Church provided us with 25 tents which we are currently sharing. We are invisible to the government, suffering like refugees in our own country. If mining companies are socially responsible as claimed we wouldn’t be in this position.*

The statements above are indicative of the conditions that tend to persist among most African countries. CSR activities are often undertaken at the will and preferences of the companies without taking into account the actual need of the community. What results is a situation where social amenities and facilities are constructed for a certain community but they are not utilized because they were not empowered to take ownership of those projects. Such initiatives may be considered outside the realms of CSR since one of the objectives of CSR is to have as near direct a benefit on the community as possible. In Tanzania most communities expect mining companies to come to their aid in providing social-development projects like hospitals and schools, especially when these projects are abandoned by the central government. In the event that these companies do not live up to expectation, they tend to be perceived as socially irresponsible.

In Tanzania, there is an established entity: Occupational Safety and Health Authority (OSHA) which is backed by the Occupational Health and Safety Act, 2003. This authority is mandated to ensure appropriate health and safety standards of employees among businesses operating in Tanzania. The functions of the OSHA include registration of new factories and workplaces, conducting awareness programs, monitoring of OSH situation and investigation of accidents at the workplace and so on.

In Tanzania now, available data suggest that there are 50 occupational safety and health inspectors nation-wide (compared to the 3 that existed in 1968) who were responsible for more than 20,000 workplaces. The increase in the number of inspectors,
though not enough, shows a significant step that has been taken in promoting OSH in Tanzania. It is important to note that between 2001 and 2005 OSHA has improved upon its general inspections from 40,000 to an impressive 80,000 mainly within the formal sector.

In spite of the strides achieved by OSHA in Tanzania, it is not without challenges. The authority’s mandate is largely hampered by financial and human resources. The annual budgetary allocation from government is only 60 million Tanzanian Shillings (400,000 USD). The amount is woefully inadequate and cannot support the activities of the authority throughout the country. What this means is that, more workers in Tanzania may have to continue working in harmful conditions due to the inability of the OSHA to extend their inspections or operations. According to the authority, they need about 3 billion TZs (2 million USD) to be efficient and effective in their operations.

4. State and Non-State Institution in Charge of OSH Regulations

The Ministry of Employment and Social Welfare oversees occupational health and safety matters in Ghana. The main agency directly responsible for ensuring health and safety within the Ghanaian labour industries is the Department of Factories Inspectorate. The Environmental Protection Agency (EPA) is legally mandated to protect and improve the environment. The EPA has an indirect function to ensure occupational health and safety. Besides, the Ghana Business Code (GHBC) which is a non-state institution advocates to member organizations to actively engage in CSR activities. There is also the Inspectorate Division of the Minerals Commission which is responsible for inspections of mines.

4.1. Department of Factories Inspectorate

The Factories Inspectorate is responsible for ensuring appropriate standards of occupational health and safety to protect employees who fall under the remit of the Factories, Offices and Shops Act 328 (1970) and enforce compliance of the law. The department is obligated to take the lead in providing OSH services nation-wide and enforcing all safety and health standards in the various factories. The main objective of the Factories Inspectorate is to avoid accidents and disease that emanate from exposure to safety and health hazards at the workplace as well as promoting and enforcing measures that would protect workers.

The Department of Factories Inspectorate is charged with the following functions: to inspect workplaces to ensure reasonable standards of safety and health of workers, to register factories and renew certificate of registration, to test potentially hazardous plants and equipment to ensure their operation suitability and prosecute offences under the Factories, Offices and Shops Act. Additionally, to approve of building plans for premises intended to be used as factories as well as investigate cases of industrial accidents reported to the department.
At the moment, most companies do not voluntarily report accident occurrences to the Factories Inspectorate for investigations and correction. In the event that accidents and workplace injuries are reported, it takes quite a while before the Department begins investigations. This has led to the unfortunate situation where the Department of Factories Inspectorate has little or no impact on companies in their compliance with the law as well as implementing health and safety measures in Ghana.

The issue has always been with financial, personnel and logistics challenges. The financial resources available to the Department are not enough to carry factories inspections in all ten administrative regions of Ghana. The department does not have the required personnel to carry out proper inspections let alone to investigate workplace accidents reported to them. Currently, there are just a few occupational health and safety experts in the country and these professional are not adequately engaged in the activities of the Factories Inspectorate. In fact, there are no visible structures of the Department of Factories Inspectorate in the other regions of Ghana (outside the capital) to decentralise its functions and to provide effective inspections of workplaces. The run down state of the office buildings of the head office of the Factories Inspectorate in Accra, the capital city, speaks volumes about the challenges plaguing the department.

4.2. Environmental Protection Agency (EPA)

The Environmental Protection Agency (EPA) is the main public agency responsible for protecting and improving the environment in Ghana. Its main objectives are to create awareness regarding mainstreaming environmental management into the development process at the national, regional, district and community levels, ensuring that the implementation of environmental policy and planning are integrated and consistent with the country’s desire for effective, long-term maintenance of environmental quality. Besides, to ensure the sound and efficient use of renewable and non-renewable resources from the environment in the pursuance of national development, to guide development in order to prevent, reduce, and if possible eradicate pollution and activities that have a negative impact on the quality of life. Additionally, the EPA seeks to invoke legal processes in a fair, equitable manner to reinforce responsible environmental behaviour in Ghana and to continuously improve its performance to be consistent with changing environmental trends and societal goals (EPA, n.d.).

The EPA has come under harsh criticisms for not living up to expectations. For instance, in 2011 a Non-Governmental Organization, Corporate Social Responsibility Movement (CSRM) alleged that the EPA has only looked on as some companies carry out construction projects in the Tema metropolis without complying with the Environmental Impact Assessment (EIA). They even called on the government to critically probe the activities of the EPA in the metropolis to insure that, they are seen as the protectors of the environment. They added that, the EPA has not taken its duties seriously, to the extent that corporate entities continue to operate in ways that are damaging to the health of the environment and also infringe on the environmental laws of the country (Ghanaian-Chronicle, 2012).
This suggests that there is an unfavourable perception of the public toward the EPA in that, the agency is perceived as being inefficient and ineffective in providing protection and improvement to the environment. When an agency created by law like the EPA is perceive as non-functional, then it could as well be the case that it is non-existent. It also suggests that people or organizations are more likely to engage in harmful environmental activities and yet not get punished under the law.

In spite of the public perception about the EPA, the agency has been quite proactive especially in the oil and gas sector. For instance, in 2011 the EPA developed guidelines to regulate activities within the oil and gas industry. The guidelines were intended to inculcate environmental, health, safety and community matters into the offshore oil and gas operations (Ghanaweb, 2011). Besides, the agency in 2011, provided education on environmental rating criteria referred to as “AKOBEN”. The educational seminar was attended by 50 representatives from the mining and manufacturing industries. The seminar was to apprise participants about the criteria used in the agency’s yearly environmental performance rating (GBN, 2011). So clearly, there have been efforts on the part of the agency to live up to public expectations and its mandate.

However, along with other state institutions in developing countries that are often under-resourced in terms of finance, personnel and logistics, the EPA is not performing its functions according to acceptable standards due to inadequate health and safety professionals working with the agency or available in the country as well as financial and logistical constraints.

4.3. *Ghana Business Code (GHBC)*

The Ghana Business Code (GHBC) was established with the collaborative efforts of the Association of Ghana Industries (AGI), Ghana Employers Association (GEA) and the Ghana National Chamber of Commerce & Industry (GNCCI) with the aim to introduce and underscore the practice of CSR in business operations in Ghana. There were no set norms to guide the conduct of business and acceptable standards concerning the environment and anti-corruption in business. The GHBC, like the United Nations (UN) Global Compact, targets profit, planet and people as key performance indicators of companies operating in the country.

There are ten overarching principles of the GHBC which underpins the importance of CSR and have been generated in resonance with extant laws in Ghana. In view of the voluntary nature of the GHBC, companies are not under compulsion by any authority to align themselves with the GHBC. Member organizations of the GHBC are assessed along four thematic areas. These are human rights, labour standards, environment and anti-corruption. Certificates of award are presented to companies whose operations are found to cohere with the cardinal principle of the GHBC.

Many organizations in Ghana are yet to sign up as members of the GHBC, perhaps due to its voluntary nature. For example, as at 2011 less than 60 Small and Medium Size Enterprises (SMEs) and large manufacturing companies who are members of the GNCCI
and the AGI have joined the GHBC. It seems to be the case that, the fear of scrutiny inherent in the certification process which reflects the level of acceptability and appreciation of the concept discourages potential businesses from joining the Code.

5. Challenges of Occupational Safety and Health Implementation

5.1. Challenge of Law

Occupational health and safety is virtually non-existent due to the lack of a comprehensive national policy or a legal framework to regulate its implementation. For instance in Ghana, there is no national policy on Occupational Health and Safety, what is available are pieces of legislation that are inadequate to address OSH problems. For example, there exist the mining regulations 1970, which contains some guidelines in OSH pertaining only to the mining industry. Similarly, there is the Road Safety Commission; however it has little impact on the safety of the transport industry and other road users. Many injuries, illnesses, property damage and losses take place at different workplaces.

Moreover, in countries where there are national policies or law to ensure OSH, some challenges still exist. These have to do with grey areas or loopholes inherent in the law, allowing offenders to avoid punishment. For instance, in Tanzania, the acting head of the Occupational Safety and Health Authority (OSHA) has suggested that the Occupational Health and Safety Act 2003 which is the legal framework behind OSHA suffers from technical loopholes.

5.2. Challenge of Corruption

Corruption in general hinders national development. This counterproductive behaviour works against the implementation of OSH standards. Enforcement of the law is not effective due to corruption on the part of state officials and business organizations. Anecdotal evidence in Ghana indicates that, officials of the Department of Factories Inspectorate and the Environmental Protection Agency are often bribed or take money from companies in order to conceal OSH negligence on the part of these companies. This results in under reporting or complete lack of reporting; for example, officials turn a blind eye to the lack of Personal Protective Equipment (PPE) to workers or dangerous conditions at the workplace. Thus, in situations like these, the issues are not about the comprehensive nature of the law or the lack of it, but rather the lack of commitment of both the inspectors from the relevant state institutions as well as company officials.

5.3. Challenge of Culture

Generally, there is a lack of safety consciousness on the part of workers and organizations in developing countries. The lack of safety culture among most companies in Africa serves as a barrier towards ensuring appropriate OSH regimes. It may appear that workers in developing countries are not wary of working in unsafe workplaces. Also, companies operating in Africa especially within the mining and manufacturing sectors take advantage of the failure of employees to demand safe working conditions and are
consistently uninterested about OSH. It is not surprising that some countries like Ghana are yet to put forth a national OSH policy with far-reaching implications for the various industries. Several news reports in the media reveal the appalling state of workplaces in which employees work in Africa. The lack of safety culture and the apparent silent from the employee, employer and government can also be attributed to the economic environment.

Poverty, job insecurity and unemployment is predominant in most African countries. Perhaps, for fear of losing one’s job and ‘going hungry’, employees would are willing to risk working in unhealthy environments. Corporate organizations have also taken advantage of the prevailing economic situation to exploit the basic rights of employees with regards to the provision of OSH, despite efforts by the International Labour Organization to promote safe working conditions as a fundamental human right (ILO, 1930; ILO, 2005).

It is therefore important to consider the safety culture of African countries, companies and state institutions when initiating and implementing OSH policies. From a psychological viewpoint, maintaining a safety culture is a behavioural or attitudinal issue, not a legal one. It requires educating the relevant stakeholders who have the direct responsibility for ensuring OSH standards. Perhaps part of the solution lies in targeted behaviour modification and improved risk perception of employees. This may lead them to become conscious enough to begin making the relevant demands and bringing appropriate pressure to bear on employers.

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Occupational Safety & Health & Corporate Social Responsibility in Africa

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1. Introduction

As discussed in the previous chapters, corporate social responsibility has numerous contested definitions. Suffice to say that the definitions of corporate social responsibility focus on the idea that business responsibility extends beyond the making of profits to acting responsibly within and towards the society in which it operates. The World Bank (2003) defines corporate social responsibility as ‘the commitment of business to contribute to sustainable economic development, working with employees, their families, the local community and society at large to improve their quality of life in ways that are both good for business and good for development’. The World Bank’s definition is used here because it highlights the possibility for a balance between profit making and social investments with neither being compromised. Additionally, the definition holds that business responsibility goes beyond existence for profit alone and extends to responsibility of the business towards internal and external stakeholders such as its employees, the local community in which the business is located, its network of suppliers and society at large.

This chapter reviews the practice of corporate social responsibility and occupational safety and health in Africa. It first provides an overview of the concepts of corporate social responsibility (CSR) and how this is conceptualised in developing countries in West and East Africa. It then highlights cases of the practice of CSR among businesses/sectors in Africa, particularly, Ghana, Nigeria, Tanzania and Kenya and summarises the findings. The same outline is followed for the discussion of occupational safety and health (OSH). It must be noted that CSR and OSH are discussed separately because they are not often viewed or practiced together (i.e. OSH is not usually seen as an extension of or part of CSR) in the developing country context, particularly in practice in organizations in Africa. The chapter concludes by making an argument for the integration of CSR-OSH practice.
2. The nature of CSR in Africa and the developing world

Various studies have shown that CSR varies across the world’s continents with distinctions between the developed and developing countries (e.g. Visser 2007; Muthuri & Gilbert, 2011) and varies also in its application by large businesses and small and medium scale enterprises (SMEs). Key among the works showing the variance in the application of the CSR concept is the work of Visser (2007) who documents extensively the difference in the CSR model in European and developed countries as against the developing world. This is to say that the nature or form of CSR differs from one culture to another (WBSCD as cited in Amponsah-Tawiah & Dartey-Baah, 2012) despite having the same end objectives. The WBSCD report mentions that Europeans generally think of CSR as a business operating ethically and responsibly within the limits of ethical and legal frameworks, at the same time investing in the communities in which they are located for focally business reasons. This differs from the Ghanaian example of the African view, that CSR is ‘building the capacity for sustainable livelihoods, respecting cultural differences and finding business opportunities in building the skills of employees, the community and the government (Amponsah-Tawiah & Dartey-Baah, 2011).

Carroll (1991) first conceptualised CSR as encompassing four main areas: economic, legal, ethical and philanthropic (in decreasing priority) based on extensive research in the developed world. However, it has been reasoned that the conceptualization of CSR in developing countries is dissimilar to the traditional European conceptualization of CSR based on reasons drawn from reports from bodies such as IMF, WRI, UNDP and the World Bank. Visser (2007) argues that “developing countries represent the most rapidly expanding economies, and hence the most lucrative growth markets for business; developing countries are where the social and environmental crises are usually most acutely felt in the world; developing countries are where globalization, economic growth, investment and business activity are likely to have made the most dramatic social and environmental impacts (both positive and negative); and thus, probably owing to these reasons, developing countries present a distinctive set of CSR agenda challenges which are collectively quite different to those faced in the developed world” (p.474).

Scholars have noted that whilst CSR activities in developed countries focus on ethical and environmental issues, CSR activities in developing countries are reflected in social issues, filling in where the government falls short (Amponsah-Tawiah & Dartey-Baah, 2011, Ojo, 2011; Visser, 2007). Visser (2007) contends that CSR in developing countries is anchored in a culture of philanthropy, business ethics and community embeddedness where giving back to the community is highly esteemed. The impact of political reforms also seem to internally drive CSR activities in developing countries owing to the kind of governmental policies put in place which determine the gaps needed to be filled by CSR activities.

The priorities of CSR activities towards economic and philanthropic priorities are more embedded in the developmental needs of these countries, with governments of these countries unable to meet the numerous developmental challenges and the private sectors stepping up to complement government’s efforts and in so doing initially meeting
the economic needs of creating jobs, among others. Additionally, African cultures have traditions of togetherness, concern for group and philanthropy. This coupled with the socialist orientations of some African past governments in the early post-independence years may compel businesses in such areas to donate items or provide infrastructure to the community as CSR initiatives (Amponsah-Tawiah and Dartey-Baah, 2011; Bekefi, 2006).

Socioeconomic priorities of developing countries often direct their CSR initiatives to fill in the gaps in the socioeconomic development efforts such as poverty alleviation and the provision of infrastructure. It is therefore not surprising thus that the literature on CSR activities in Africa seem to suggests that education, health, poverty alleviation, empowerment are all key focus areas for CSR initiatives and this may be in response to the governments of developing countries being unable or unwilling to meet some of these socioeconomic needs. Additionally, one more internal driver for CSR in developing countries is in response to crisis, in the donation of relief items, due to a country being unequipped/unprepared to cope with the crisis. External factors which may also drive CSR in developing countries include gaining market access to developing countries for business, compliance with international reporting standards, investment incentives and pressure from stakeholders’ activism.

Visser (2007) thus suggests that Carroll’s conception of CSR should be re-conceptualised for the developing countries as economic, philanthropic, legal and ethical (in decreasing priority). Economic reasons for CSR still hold first priority in this conceptualization because of the much needed economic benefits such as tax payment, job creation among others which serve as a vehicle for development in developing countries. Philanthropic responsibility is given the second priority because of the idea of sharing and given back to one’s community is a deeply rooted concept in Africa. Additionally, the socioeconomic needs of the local community, the business’ own need for survival and an over reliance on foreign aid by developing countries necessitates philanthropy. He further adds that due to the latter reason, CSR is sometimes even wrongly equated to philanthropy in developing countries to the negligence of the other equally important aspects of CSR.

Visser (2007) has noted that the implementation of CSR activities in developing countries is largely as a result of the external push by international regulations and not from within the countries in which they are operating. The practice of CSR in developing areas is therefore largely the preserve of international companies which find that their operations and clients in international circles require that CSR concerns are ticked off as having been addressed or else international operating licences or clientele may be in jeopardy. The above gives the background of CSR as pertains to developing countries.

Companies in both Tanzania and Kenya engage in CSR although international companies, and a few local ones are usually the most active. SME involvement in CSR, particularly in Tanzania is almost non-existence due to the lack of capacity SME’s have to engage in CSR activities.
The focus for CSR initiatives in these countries is philanthropic and economic in nature (Muthuri & Gilbert, 2011) as noted earlier by Visser (2007). More remains to be done in pushing the agenda of CSR forward in these countries especially as some of these businesses even those listed on the stock exchange do not explicitly spell out their CSR agenda or give much attention to CSR even in reporting (Muthuri & Gilbert, 2011). The main challenge of CSR activities in these companies is the absence or inadequacy of national laws governing the practice of CSR which leaves CSR engagement at the discretion of business and subject mainly to international regulations and other social pressure where the activities of companies negatively impact the environment. This brings to the fore, the need to more deliberately regulate the practice of CSR locally. Consequently, governments in these countries must institute the relevant legislation and State agencies to make CSR activities a requirement for businesses.

2.1. CSR in Nigeria

Ojo (2011) in a study of the practice of CSR amongst 27 organizations in Nigeria found that 74.1% of these organizations operate based on the philanthropic model, 18.5% based on religious and humanitarian considerations and 7.4% based on the business strategy (European model). Ojo’s findings corroborate Visser’s assertion that CSR in developing countries is closely linked or even equated to philanthropy. Additionally, all 27 companies mentioned that engagement in CSR activities was primarily to meet the needs of the community in which they are located and to complement government’s efforts. Following the philanthropy factor is the prioritising of the legal framework for CSR which refers to regulations and policies that direct the activities of businesses as regards CSR. However the policies and institutional architecture needed to regulate CSR activities in developing countries are either non-existent or inadequate (Visser 2007; Amponsah-Tawiah & Dartey-Baah, 2012).

2.2. CSR in Ghana

Corporate Social Responsibility (CSR) in Ghana began with a socialist approach to national governance (Amponsah-Tawiah & Dartey-Baah, 2012) during the Nkrumah period (1957-1966) which was also embedded in the national/African culture of collectivism. Government took the responsibility for the socioeconomic needs of everyone achieving this feat through the taxes it was paid. This practice however led to an overreliance on government for the provision of all needs. In Ghana’s fourth republic thus, more private entities (mainly multinational companies) began to partner with government/the public sector in providing the socioeconomic needs of the citizenry leading to a shift in the CSR initiatives from government to the private sector, particularly with MNCs already well versed in the concept of CSR (Ofori & Hinson, 2007 as cited in Amponsah-Tawiah & Dartey-Baah, 2011). CSR in Ghana is largely a private sector investment than government’s responsibility, due to the increasing number of private sector companies engaged in it. This augments Visser’s (2007) position that CSR in Africa more of private institutions stepping up to fill in government’s lapses in development, making CSR in Africa more philanthropic in nature through investments in education, health, sports and other.
Amponsah-Tawiah (2010) refers to this phenomenon as a spirit of voluntarism among private sector businesses in their pursuance of CSR activities.

In the case of Ghana, Atuguba and Dowouna-Hammond (2006) note that ‘there is no comprehensive or readily available document of CSR in Ghana. Instead, there are ‘a few scattered laws and policies in Ghana that touch on CSR’ (p.17). The lowest priority area for CSR activities in developing countries is in the area of ethics which refers to issues of good governance practices in businesses and the moral obligation of the business to make right and moral choices. Little emphasis seems to be placed on this as regards CSR in developing countries probably due to lack of appropriate legal frameworks and issues of corruption in these countries.

2.3. CSR in Tanzania

CSR in Tanzania is now evolving Bekefi, (2006). This is because the private sector that is responsible for initiating CSR activities, in Tanzania, is largely made up of SMEs and the informal sectors – both of which are facing major challenges to their businesses and are hesitant to add the cost of taking up CSR activities. These factors impede the initiating and implementing of CSR activities amongst these businesses CSR activity to the smaller group of bigger usually multi-national companies. According to Bekefi (2006), an initiative known as the Private Sector Initiative (PSI) was instituted in 2001 to help build SMEs in Tanzania. It is hopeful that when these SMEs have gained ground in their operations, they can begin to extend their business activities to include the practice of CSR. An additional reason for the low uptake of CSR activities by firms in Tanzania is probably the country’s long history of having mainly state owned institutions and interventions. Privatization of state owned institutions is now increasing although barriers such as infrastructure and skills provision pose a problem to growth in the private sector (Nord, et al., 2009). Additionally, it is likely that the use of Swahili as a national language for years and also as a medium of instruction at various educational levels (Eleuthera, n.d) had some economic repercussions on the Tanzanian nation such as impeding the inflow of international companies to the country due to the language barrier.

Mbirigenda (2011) mentions that the practice of CSR in Tanzania is unregulated, making CSR a voluntary practice firms engage in. Organizations that choose not to engage in CSR may thus not suffer any legal sanctions. Additionally Mbirigenda mentions the lack of knowledge of CSR activities amongst stakeholders and a lack of trust between stakeholders and companies as working against the practice of CSR in Tanzania and suggests that these issues will have to be overcome to fully implement the CSR agenda.

2.4. CSR in Kenya

Muthuri & Gilbert (2011) conducted a website analysis of the practice of CSR among local (domestic) firms, firms headquartered in Kenya but with branches outside of Kenya (Kenya internationals) and international companies headquartered outside of Kenya (foreign internationals). The researchers sampled 70 companies, 54 of which were listed on the Nairobi Stock Exchange (NSE); the other 16 included companies that lead CSR
activities in Kenya but are not listed and companies which engaged in CSR activities and which the researchers had access to their websites.

54 out of the 70 companies referenced some aspect of CSR on their website. 100% of foreign international companies referenced it, 61% of domestic, and 88.8% of Kenyan internationals made reference to CSR. Companies that mentioned CSR were those in technology and manufacturing, finance, wholesale/retail and other industries while organizations in the media, transportation and communication, did not reference CSR with the exception of one international company in that group. The researchers noted that some companies had dedicated CSR departments, others had delegated their CSR activities to the human resource and public relations department whilst others had none at all.

Amongst the 70 companies, involvement in CSR was mainly value driven (59.3%). Other values for CSR were as a result of stakeholder engagement (44.4%) and performance reasons (37.0%). Muthuri and Gilbert (2011) observed that the nature of CSR amongst the companies was largely philanthropic (87%); 100% of foreign international companies focused on philanthropic CSR, domestic companies, 89.5% and Kenyan international companies, 68.8%. It was additionally noted that foreign international companies also largely engaged in CSR activities for legal reasons, followed by Kenyan internationals and domestic companies. 53.7% of companies sampled followed international standards and codes of conduct for the practice of CSR. Foreign international companies lead in standards and codes of conduct with 63.2%, followed by Kenyan internationals (56.3%) and domestic companies, 42.1%. As regards following national and industry codes for CSR implementation, 2% of all companies in each case followed these rules. These might well be because of the lack/inadequacy of national and industry standards and codes for CSR activities in Kenya, making CSR more of a voluntary that mandatory agenda. The focus or practice for CSR activities mainly focused on community issues (90.7%), environmental issues (74.1%), workplace issues, 57.4% and marketplace issues, 50.0%. Foreign international companies were highly involved in all four CSR issues. CSR activities mainly involved HIV/AIDs, health, education, environmental issues such as provision of potable water to other least mentioned issues such as fair trade.

The work of Muthuri and Gilbert show that engagement in CSR is more prevalent in foreign international companies, followed by Kenyan international companies. This is probably due to these international companies being bound by international standards and codes for operating and reporting CSR. Thus international companies wanting to be seen in a positive light internationally, operate within these codes and standards.

Ponnu and Okoth (2009) analysed the CSR disclosure patterns of 47 companies (constituting 87%) of companies listed on the Nairobi Stock Exchange (NSE) to find out their CSR patterns using secondary data in annual reports and information on the companies’ websites. Companies cut across the various sectors – Main Investments Market Segment comprising Agriculture, Commercial and Services, Finance and Investment and Industrial and Allied and Alternative Investments Markets Segments. The analysis proved that CSR received moderate attention with 87.2% of the companies having some form of CSR.
disclosure. Although differences existed in the level of disclosure amongst the industry sectors, these differences were not significant. The practice of CSR by these companies mainly revolved around community involvement (53.2%) followed by product and customers (10.6%), environmental issues (8.5%) and human resource issues (6.4%).

Analysis showed the distinction in the emphasis of CSR activities to be significant. Community involvement activities included the provision of infrastructure, scholarships and clean up exercises. The form of community involvement CSR noted by Ponnu and Okoth is in tandem with Visser’s assertion that CSR activities in developing countries is mainly philanthropic. This philanthropic nature of CSR is also exemplified in the CSR activities of Toyota Kenya. The practice of CSR activities for Toyota Kenya has included child mortality reduction activities, support to the Mater heart run which supports children with congenital heart diseases, partnership with UNICEF to relief famine and educational scholarships to tertiary institutions.

Ponnu and Okoth (2009) mention that CSR reporting and disclosure has no legal backing in the country – companies disclose their CSR activities based on guidelines issued by Kenya’s capital market. Additionally, the researchers note that companies whose operations adversely impact greatly on the environment face pressure from government and concerned agencies such as NGOs and potential investors to act responsibly and thus disclose more of their CSR activities.

3. The practice of CSR in Africa – Case studies

This section presents instances of the practice of CSR in the West African situation with Ghana and Nigeria has focal areas. Highlights of CSR activities are presented from the banking sector, the telecommunications industry, the oil and gas industry, the mining industry and the manufacturing industry. The activities of churches in the region seem to be a reminder of their early influences on the development of corporate social responsibility (Blowfield & Murray, 2011) and are thus considered in this review.

3.1. The Banking Sector – Zenith Bank and Diamond Trust Bank

Zenith Bank is a leading bank in Nigeria with branches in other parts of the sub-region including Ghana. At the heart of Zenith’s organizational culture lies the value of giving back to the community. Thus the bank has since 2001 set up and registered a non-governmental, non-profit department, Zenith Philanthropy, through which the bank carries out its CSR activities. Up to 3% of the bank’s annual profit goes into their CSR projects which include investments in areas such as health, education, youth empowerment and public infrastructure.

Diamond Trust Bank, Tanzania focuses a key aspect of their social responsibility towards the poor and needy sectors in the Tanzanian economy with investments in children and health care issues. The bank has amongst other activities supported breast cancer screening camps in partnership with AGA Khan Hospital, donated text books to needy but brilliant children and also donated mattresses and foodstuffs to orphanages.
3.1.1. Health
At the core of Zenith’s health investment is the support it gives to children with life threatening ailments such as patients with hole in the heart. Children with such life threatening ailments are sponsored for treatment abroad where the requisite logistics for such treatments are unavailable locally. Additionally, ailing adults who have special needs are also covered in the health initiatives of the bank. As part of the Zenith’s health promotion efforts, the bank leads the sickle cell health promotion campaign and lends financial support to the development of infrastructure in hospitals across the country and the procurement of needed hospital logistics.

3.1.2. Education
Zenith Philanthropy is committed to the promotion of academic excellence among students in its region of operation. The bank engages in the provision of scholarships to brilliant but needy children in primary, secondary and tertiary institutions. Interestingly, the bank has an added interest in brilliant students who have lost both parents under unusual conditions. For such students, the bank offers educational scholarships from primary school to the tertiary level. Additionally, the bank has in place The Zenith Bank Academic Excellence Award for the best graduating students in selected courses in tertiary institutions in the nation. Cash rewards and automatic employment of the best graduating students are part of the award for such high achieving students. The bank also contributes to educational infrastructure development such as the provision of classroom blocks and hostels in addition to the provision of computers to some selected schools in meeting the information technology needs of these students.

3.1.3. Youth Empowerment
As part of Zenith bank’s mission to enable students from developed countries compete favourably with students from developed countries, the bank engages in technologically empowering the youth through the distribution of free laptops, PDA’s, and the donation of computers to public secondary schools. Additionally, the bank has provided fully equipped state-of-the-art ICT centres to some Universities in the country including the University of Lagos and Covenant State University. The bank also encourages entrepreneurship in students by promoting and fully supporting the development of novel feasible business ideas geared at creating employment avenues for more of its citizenry.

3.1.4. Sports development
The promotion of gender and sports is another key area of the Zenith Philanthropy. The bank was in the year 2010, the sole sponsor of the Nigerian National Female Basketball League. The bank also lends support to grassroot sports, in a bid to identify and groom fresh sports talent.

3.1.5. Public Infrastructure
Zenith’s commitment to National development extends also to the provision of public infrastructure in the nation. Currently, the bank has developed stretches of roads in Victorial Island and Lagos as part of their CSR objectives to reconstruct roads, provide street lights to curb the rise of road accidents.
3.1.6. Partnership with other NGOs

The bank also engages in partnerships with other NGOs to provide extended support to other groups within the country. The bank’s has in this vein supported the widowhood helpline project, the Bloom Cancer Care and Support Centre, the Society for Women and AIDS in Africa, the Kanu Heart Foundation and the Nigerian Red Cross Society. The extensive CSR activities carried out by Zenith bank has earned it many accolades /awards including ‘This day’s award for excellence’ as the most socially responsible corporate organization in Nigeria and the African banker magazine award for most socially responsible bank in Africa.

Other banks within the country and across the West Africa region also engage in numerous CSR activities investing in similar areas as health, education, sports and culture. For example Ghana Commercial Bank at the year ended 2011 reports that the bank invested GHC0.7m in its CSR initiatives (GCB 2011 Annual Report). ECOBANK Ghana has also supported the Ghana Prisons and invested financially in the Ghana Coalition against AIDS, National Partnership for Children’s Trust and the Ghana Health service (ECOBANK 2011 Annual Report). These instances of the banks’ CSR initiatives do show that banks within the West Africa Region are committed to partnering with the governments of their country in helping meet the development needs of their country.

3.2. The Telecommunication Sector – Mobile Telecommunication Network (MTN), Ghana and Nigeria

MTN is an international telecommunication company with operations in the Middle East and Africa. Each of these MTN groups across the various countries operates an MTN foundation which is responsible for and carries out the CSR activities of the company. The foundation is governed separately by a board of directors and one percent of each unit’s profit after tax goes into carrying out CSR activities in their various countries. This section will focus on MTN’s CSR operations in West Africa, particularly Ghana with highlights from their Nigeria unit (www.mtn.com.gh; www.ciifmonline.com).

The MTN Ghana Foundation was established in 2007 and focuses on two main areas – health and education. The mission of the foundation is to ‘improve the quality of people’s lives through appropriate and sustainable corporate social responsibility interventions in communities where MTN operates’. MTN Ghana has high hopes for its CSR activities within the country and thus envisions itself to be ‘the benchmark in corporate social responsibility in Ghana and within the MTN group’. The foundation is committed to supporting Ghana’s national and international development priorities, through its sole CSR activities and also through partnering with other bodies/ agencies to achieve this. (www.mtn.com.gh)

3.2.1. Education

MTN Ghana has embarked on numerous educational CSR activities in its bid to promote academic excellence in the country. These include the provision of educational infrastructure and logistics across the country. These educational investments include the construction of a six unit classroom block with office and store at Zujung, a peri-
urban township in Tamale (www.chronicle.com), the construction of school blocks in 13 communities and supporting the Tamale Senior High School with GHC59,000 (about US$29,000) in street lights, sanitation facilities, sports equipment and learning materials. These activities form part of the company’s efforts to help achieve 2 key MDG’s; universal primary education and developing a global partnership for development. Additionally, MTN Ghana partnered with UNDP and the government of Ghana in initiating the provision of ICT Centres in all 10 regions in Ghana. Earlier this year, the company instituted the MTN 10m Merit Award Scheme which seeks to provide full scholarship of GHC10,000 (Ghana Cedis; about US$5,000) each to ten brilliant but needy students from pre-selected tertiary institutions. As at May 2012, the company had awarded 5 such persons attending one of the countries’ 5 universities with the scholarship package. MTN Ghana also lends support to the ‘Best Teacher Awards Scheme by donating a car with its insurance cover as the prize for the second runner up in the awards (www.ghanadistricts.org.).

3.2.2. Health

MTN Ghana has also instituted several health initiatives across the country. The company has refurbished the 2nd floor of the Maternity block at the Korle Bu Teaching Hospital (Ghana’s main referral facility), one of only two teaching hospitals in the country. Additionally, the company has supported other government hospitals in the country, such as the KNUST Hospital, Kotokuom and Shama government hospitals with medical equipment. The Princess Marie Louise Children’s hospital has also benefited from the health initiatives of MTN Ghana with the construction of an intensive care unit for the hospital (www.ghanadistricts.com).

3.2.3. Community Service

Globally, MTN has set aside a period within the year where MTN workers voluntarily engage in community service within the localities where they operate. For MTN Ghana, the month of June has been set aside for involvement in community, themed ‘21 days of Y’ello Care’. As part of their community service activities, MTN Ghana has in the past years engaged in malaria sensitization, painting of zebra crossings, road safety programmes, teaching, career guidance, motivational talks, football clinics and pitch enhancements, cleanup exercises, blood donations by MTN staff, public health screening and health walks and the planting of over 15,000 trees in the country. The CSR activities by MTN Ghana and the strength of their staff involvement in the community service programmes has contributed to MTN Ghana winning the best MTN group as regards its CSR activities (www.ghanaweb.com).

3.2.4. Sports/Entertainment

Although sports and entertainment are not part of the main CSR projects for MTN Ghana, the company has nonetheless, been formidably/conspicuously involved in the sports and entertainment issues in Ghana. For instance, MTN largely sponsored the 2008 African Cup of Nations held in Ghana. Additionally, MTN Ghana has sponsored Accra Hearts of Oaks, one of the sporting clubs in Ghana’s premier league, whilst at the same time sponsoring the MTN/ Metro Sports Academy in Ghana. As regards entertainment, MTN Ghana has been the main sponsor for programmes such as the Ghana Music
Awards, Talent hunt programmes such as Stars of the Future and Project Fame West Africa. (www.ghanaweb.com).

The activities of MTN Ghana reflect also the activities of MTN Nigeria. MTN Nigeria has also made extensive investments in education, health and sports in Nigeria, providing ICT laboratories equipped with internet facilities to schools in Nigeria, donating, over 56000 exercise books, 3207 school bags and 29047 rain coats to 185 primary and secondary schools in the country, with the provision of scholarships to deserving students, particularly, needy children and providing on-the-job skills training to teachers in order to improve their service delivery (Abefe-Balogun, 2011). MTN Nigeria has also donated relief items to victims of disasters and needy women, alongside providing skills training in starting a call centre for women as part of their empowerment training programme.

The activities of MTN reflect the CSR efforts of other telecommunication giants including Vodafone Ghana, Airtel Ghana and Nigeria and GLO Nigeria These telecommunication companies similarly invest heavily in health, education, sports, economic empowerment and the provision of help during disasters (Abefe-Balogun, 2011; www.vodafone.com.gh).

3.3. **Oil and Gas Sector – Shell Nigeria**

Shell Nigeria has over the past years engaged in several CSR activities spanning the areas of education, health, sports, agriculture and community development. Eweje (2006) and Ojo (2011) report that Shell Nigeria has several educational scholarship schemes (e.g. Areas of Operation Merit award and Shell Centenary Scholarship fund) in place to cater for secondary cycle students and tertiary, graduate and graduate level students, some of which are the preserve of students in their host community.

3.3.1. **Community development**

Shell Nigeria has a Micro-Credit and business development programme in place to support micro, small and medium scale enterprises (Ojo, 2011). Additionally, the company engages in the provision of potable water to some local communities (Eweje, 2006)

3.3.2. **Health**

The company has made donations of medical equipment to about 17 communities. Additionally, the company has donated a dialysis equipment machine worth over USD1.4m to Port Harcourt Teaching Hospital (Eweje, 2006).

3.3.3. **Agriculture**

Shell Nigeria has extensively supported farmers in its oil producing region through advising them on best practice farming methods, distribution of new and highly resistance crop varieties developed in Shell’s research and food multiplication farms, among others. Additionally, Shell Nigeria has at one time distributed free fish fingerlings to fish farmers and restructured some fish farms (Eweje, 2006).

3.3.4. **Sports**
Shell Nigeria in its bid to find and develop fresh talents in football, yearly invests about NGN 30m into its ‘Shell cup’ which is to ensure that youngsters who are talented in football are able to combine their football ambitions together with their education. It must be mentioned though that Shell in Nigeria has had a difficult relationship with both the Nigerian government as well as Delta State communities. It has been the focus of accusations relating to pollution, lack of local investment, dislocation of local people etc.

3.4. Ghana’s Mining Sector and African Barrick Gold

Barrick gold is an international gold mining company with operations in some African countries including Tanzania where it has 75% shares in the African Barrick Gold mines. As part of their corporate social responsibility, African Barrick Gold is working with artisanal and small scale mines in collaboration with the Tanzanian government to make the activities of such groups regulated, safe, productive and sustainable. Economically, African Barrick Gold has been significant in the Tanzanian national electrical grid to bring electricity to their mines, which activity has benefited communities both en route and surrounding the mines. This brings along with it, improved economic activities for the locals. Additionally, African Barrick Gold in partnership with Bridge2Aid, a U.K NGO has trained local health workers to provide much needed dentistry care to the local community members (barrickresponsibility.com).

Amponsah-Tawiah and Dartey-Baah (2011) mention that ‘the nature of CSR activities in the mining industry of Ghana varies amongst companies and is dependent on the type of product mined, size of company, background of company and length of operation’ (p.110). Nonetheless, all mining companies adopt a community development approach in their CSR activities. Some mining companies in Ghana have established funds for CSR activities to which they allocate a dollar per every ounce of production and 0.5% of their annual profit before tax. In a recent development, the Ghana government announced in September, 2012, the establishment of a Mining Development fund and the local development committees aimed at bringing more help and development projects to mining communities to ensure that these receive commensurate rewards for their loss of livelihood and destruction to their environment. The mining development fund and the committee will be rolled out pending the passing of a bill in this regard to law (Daily Graphic, September 14, p.13).

Generally, mining companies in Ghana engage in alternative and sustainable livelihood programmes (e.g. basket weaving, soap and pomade production, snail farming, fish farming, pig farming) and also have programmes in place to build capacity in health and nutrition, education, water and sanitation and empowering women through such activities as giving micro credits to women (Amponsah-Tawiah & Dartey-Baah, 2011; AngloGold Ashanti Country Report, 2006) among others as a means of skill training to enable individuals in mining areas be self-dependent from the mining companies.

The mining companies in Ghana additionally direct some of their CSR activities towards national interest. For example, AngloGold Ashanti is a main sponsor of Ghana’s Senior Football team, the Ghana Black Stars. Additionally some of these mining compa-
nies offer their expertise to students and faculty at the University of Mines and Technology in Tarkwa and also provide internship opportunities to students from the University. The mines also do provide needed infrastructure in their local communities and beyond and embark on good drinking water projects (AngloGold Ashanti Annual Country Report, 2006). Additionally, some of these mining companies in partnership with the health directorates in their regions do provide free voluntary counselling and testing of HIV AIDS to persons in their communities of operation (Amponsah-Tawiah & Dartey-Baah, 2011). For example, AngloGold Ashanti has embarked on an intensive malaria eradication programme, investing millions of cedis into its operations to cater for the health needs of their employees, their families and the local communities affected by their operations (AngloGold Ashanti Annual Country Report, 2005, 2006).

3.5. Nigeria’s Manufacturing Industry

Akinyomi (2012) conducted a study to determine the nature of CSR initiatives amongst 15 out of 27 listed food and beverage companies listed on their stock exchange. Results indicated that roughly 9.54% of the turnover of manufacturing companies went into CSR activities. Additionally CSR initiatives amongst these groups were geared more towards education (40.98%) followed by youth development and sports (31.97%), health (11.48%), women empowerment (7.38%), community development (6.56%) and others (1.63%).

3.6. Churches - International Central Gospel Church (ICGC), Ghana

ICGC is a socially conscious charismatic church established in 1984 and headquartered in Ghana with branches across Ghana and internationally. At the core of the church’s activities is its investments in the social lives of people and the continued investments towards the socioeconomic development of the country in the areas of education, health, community improvement, among others.

3.6.1. Education

The church has since the 1990’s established an educational scholarship fund, Central aid, through which it provides scholarships to second cycle students irrespective of their religious affiliations. Additionally, the church has built a university, Central University College, with two campuses in its bid to develop the nation’s human capital. The church in 2012, began a one year educational project with 70 students from the Abossey Okai 1 and 2 Junior High School towards helping these students improve on their Basic Education Certificate Examination (BECE) results. Trained professional teachers from the church volunteer to teach these students on weekends at the educational blocks on the church’s compound.

3.6.2. Health/Fitness

The church’s contribution to the area of health includes support to the Ghana Heart Foundation, the Plastic Surgery Department at Korle Bu Teaching Hospital, Mamocare Breast Cancer Screening Project and frequent blood donations to Ghana’s blood bank. Additionally, the church has since 2011 committed to a monthly donation of GHC 5000
which it increased to 6000 in 2012 to cover the cost of full cancer treatment. The church has also built on its premises, a recreational and fitness facility comprising basketball, volleyball and tennis courts for use by its members and interested persons in the general public. Every year, the church organises an 18km health and fitness walk, themed, ‘Life Walk’ to enable its members socialise and remain fit.

3.6.3. Community development

The church as part of its community development programme has instituted the ICGC clean water project to provide good drinking water to deprived communities. The church has since 2008 provided about 20 boreholes in selected communities, some of which are buruli ulcer endemic areas or areas where their water has high iron levels (www.centralgospel.com). Additionally, the church has constructed a 50 bedroom 2 storey fully furnished boys’ hostel for the Osu Children’s Orphanage, complete with an e-learning centre, sickbay and other needed facilities.

The church’s social projects are not limited to the headquarters alone. ICGC branches across the country engage similar social projects including support hearing and speech impaired children, festive feasting of and donation of clothing to the poor and needy in their locality, and contributing a quota towards the Central aid educational fund. Additionally, several other traditional and charismatic churches have also built basic and second cycle schools, colleges and universities (e.g. Christ the King Basic School, Methodist University, Dominion University College) across the country. Additionally all these churches make regular donations to orphanages, the prisons and other needy groups. Other vulnerable groups in society also receive support continual full support from the churches as seen in the Leper’s Aid Centre owned by the Catholic Church in Ghana. The churches can also boast of having built many clinics and health centres across the country. Indeed, churches in Ghana and across the African region do play vital roles towards the socioeconomic development of the country.

In summary, the activities of some organizations reviewed in Ghana and Nigeria suggests that CSR activities are issues of focal concern. The key contribution of these organizations is towards the socioeconomic development of the country through philanthropic investments in education, health, youth empowerment, sports and general donation of relief items. Churches across the West African region are also a strong force as regards their socioeconomic contribution to society, usually following an all-embracing targeting of people, regardless of religious affiliation. Nonetheless, it is obvious that involvement in CSR activities amongst businesses is usually engaged in by large firms, particularly, multinational companies, MNC’s, with very little information available, if any on the contribution of SME’s in the CSR agenda in West Africa. This is interesting as research has suggested that over 90% of businesses worldwide and more than 95% of firms in Sub-Saharan Africa are SME’s in nature (UNIDO, 2002; Fjose, Grunfeld & Green, 2010). Additionally, CSR reporting does not seem to be a priority area for businesses as CSR reportage is usually included mainly in annual reports of organizations (Ojo, 2011) and this sometimes is only minimally mentioned in these reports. Less formal ways of reportage seems to be via media coverage of the activities of these businesses.
Additionally, the issue of CSR is yet to gain ground in most African countries as most of the literature on CSR for West African countries is taken from Ghana and Nigeria, probably because of the issue of natural resource find in these countries, complementing a more stable economy as compared to other West African States such as Liberia. Consequently, research needs to be conducted to fill in the lapses in the literature as regards the practice of CSR in other African countries and in SMEs across the region.

4. Occupational Safety and Health

Occupational safety and health (OSH) has always been a key issue amongst businesses in high risk areas such as mining, manufacturing and related industries taking in safety issues such as workplace accident prevention. These days, however, the scope has broadened to include everyday organizations with so called lower risks. This has led to the consideration of occurrence of dysfunctions such as musculoskeletal disorders, respiratory diseases and the integration of core health issues such as HIV/AIDS and malaria in disease endemic areas.

The joint ILO/WHO committee on occupational health (1950) in their definition of OSH mention that Occupational health ‘should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities and, to summarise; the adaptation of work to man and of each man to his job’ (www.ilo.org). This definition given by ILO/WHO consciously suggests that safety and health concerns are not merely the absence of physical injuries among workers, but encompass the broader idea of psychosocial, mental and physical wellbeing.

According to ILO, millions of workers die yearly from work related accidents/diseases and an estimated 270 million people yearly are recorded to be in work related accidents, fatal and non-fatal. Coupled with this, 4% of the world’s annual GDP is lost due through OSH related incidences. Also OSH related incidences account for high rates of absenteeism, early retirements, loss of skilled labour and high insurance premiums many of which are preventable where sound OSH policies are practiced (www.ilo.org).

The benefits of appropriate and effectively implemented occupational safety and health programmes are many. They include increased productivity due to a healthier work force, overall contribution to socioeconomic development in the country, healthier environment, higher retention rate of qualified staff, reduced absenteeism, improved corporate image, peaceful cohabitation with community locals and reduced costs related to compensations given out to employees regarding workplace injuries (www.who.int). WHO (1994) mentions that the strongest economies are those with high investments in OSH which boosts productivity.
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The benefits for properly executed OSH initiatives are many, including investor confidence, lower costs, fewer accidents and ailments leading to reduced amounts of monies paid out as compensation, improved corporate image and so on (EU-OSHA, 2004). Because workers spend over one third of their lives in the workplace experiencing many spill-over effects from their work to their homes and vice versa (Erhardt & Stelkens, 2011) health issues comprising psychological, social, personal and environmental issues should be amongst the priorities for businesses.

4.1. OSH and Developing Countries

According to the WHO, 75% of the ever increasing global workforce is from the developing countries. However it is interesting to note that occupational health is not of high concern to the vast majority of organizations in developing countries. The exception here is with the multinational companies in the high risk sectors such as mining, oil and gas. WHO reports that only 5-10% of workers in developing countries have access to occupational health and safety services although every worker in any occupation, no matter the size of the organization has a right to access OSH services. Although, the mining and oil and gas sectors in developing countries seem to be mindful of occupational safety and health practices largely due to being under international spotlight, incidences of gross negligence by some of these multinational companies as regards the safety of the community in which they operate still do happen. For example, a REPRISK 2012 report mentions that Newmont Mining Corporation, U.S.A, with gold mining operations in Ghana was in 2009 allegedly responsible for the leakage of highly toxic cyanide at the same time being accused by residents of poisoning the Subri river in the Brong Ahafo Region of Ghana.

The practice of Occupational health and safety in African countries such as Ghana may seem discretionary, given that there is no national comprehensive policy on occupational health and safety exists for most industries (e.g. agriculture, service industry) apart from a few regulations and policies here and there which are not well enforced (Amponsah-Tawiah & Dartey-Baah, 2011). Some organizations, especially MNC’s in the mining sectors that do have OSH services largely adopt European frameworks with no or little contextualization of these frameworks to the local setting. Issues of poverty and unemployment have also made it difficult for employees to negotiate with employers for health and safety measures. Additionally, the high costs of implementing OSH practices and the inadequacy and enforcement of national health and safety laws dissuade employers from engaging in OSH practices (Amponsah-Tawiah & Dartey-Baah, 2012).

In African countries as with the concept of CSR, the concept of OSH is generally not well developed and implemented, in some cases lacking governmental backing in terms of policies and institutional frameworks. Even so, some African countries such as Kenya have recently established occupational health and safety policies although the widespread use and implementation of such policies is questionable. Large organizations, mainly, international corporations are more likely to be implementing OSH policies and practices as against the local companies due to global standards exerting such demands on these companies. In the following section, we focus on occupational health and safety issues in East Africa focusing on Tanzania and Kenya.
Incidences of occupational accidents and losses in Africa are likely to even be higher than developed countries considering the prevalence of inappropriate methods of operations, (e.g galamsey - illegal mining of minerals), illiterate labour force who cannot read or are unfamiliar with warning signs and the general non-practice of OSH measures in Ghana (Amponsah-Tawiah & Dartey-Baah, 2012). Omokhodion (2009) adds that in Nigeria, data on occupational diseases is poor given that organizations do not report cases/incidences to the relevant government agency. These issues potentially reduce the reliability of OSH statistics in the region. Additionally, occupational health practitioners are too few in the region and where available, serve mainly in MNC’s or large government institutions with a few in private practice (Omokhodion, 2009). In Ghana, Amponsah-Tawiah (2010 as cited in Amponsah-Tawiah & Dartey-Baah, 2012) reports that there are only 4 occupational health physicians and one occupational health nurse in the country. Omhokodion adds that in Nigeria, occupational health practitioners are estimated to be only 30 in number. Therefore the key providers of occupational health services (especially to the informal and small scale industries, but including large companies) include medical staff at government and private hospitals, clinics and pharmaceutical companies who more often than not provide curative health services rather than preventative and specialist service (Amponsah-Tawiah & Dartey-Baah, 2011; Omokhodion, 2009).

4.2. The practice of OSH in West Africa – case study

The World Health organization states that every worker has the right of access to occupational health and safety services, irrespective of the sector of the economy, size of the company, or type of assignment and occupation. However in occupational health and safety concerns in developing countries are mainly a key concern among large high risk industries such as mining and oil and gas. This reflects conspicuously in the practice of occupational health and safety programmes being priority areas for such industries whilst instances of such programmes are rare amongst SMEs, and service sector (e.g. banks), and the informal sector, suggesting that the issue of occupational health and safety is not a core issue amongst the ‘low risk’ companies. Even in the annual reports of companies of the service industry, issues of employee health and safety are rarely mentioned. For example, the 2011 annual reports for Ghana Commercial Bank (GCB) and ECOBANK Ghana make little/no mention of OSH issues although the banks do have policies in place to protect and promote the health of their employees and their families. GCB even has its own clinic where its employees and a predetermined number of family members may seek medical assistance. Additionally, the bank also has a post-retirement medical care package in place for its retired staff (GCB 2011 Annual Report). WHO (1997) mentions that the informal and small scale industries usually are not subject to occupational health and safety provisions even in developed countries. This situation is not different in the developing countries where issues such as poverty and lack of employment and prioritizing of socioeconomic development are higher priority areas than OSH. The case for the practice of OSH activities within the West Africa context therefore is restricted to the organized sector and focuses on the mining industry in Ghana.
4.2.1 The Mining Industry – AngloGold Ashanti, Ghana

AngloGold Ashanti has two mining operations in Ghana – Obuasi and Iduapreim. The company sets minimum guidelines as regards the company’s OSH practices however each local region is encouraged to have their own guidelines and policies in line with the local regulations and conditions. In 2005, following a workshop for senior production officers, the AngloGold Ghana mines decided to adopt the OHSAS 18001 for its safety management system. AngloGold adopts an all-inclusive stance in putting in place OSH policies. Thus OSH policies that were put in place at AngloGold were reached in consultation with employee union representatives. The company engages in extensive communication on best OSH practices through meetings, notices, newsletters, intranet and other media. Additionally, at the Iduapreim mines, a 15 minute safety and health talk on environmental issues is held each morning before work starts.

At the Obuasi operation centre, health care is provided for employees, their dependents and the local community at the Obuasi Edwin Cade Memorial Hospital. AngloGold is also actively involved in the fight against Malaria and HIV/AIDS especially in the Obuasi mines which has the most of its employees. An integrated multi-million malaria control campaign was started in 2005 to help reduce the incidence of malaria in the region, through such interventions as vector control of malaria which involves spraying of mosquitoes with insecticides, the use of insect repellents, wearing of long sleeved shirt by night workers, draining stagnant water, weeding overgrown areas amongst a host of other measures. AngloGold Ashanti even developed a satellite mosquito research centre employing a resident entomologist to oversee affairs. According to a 2010 Report on Ghana’s Mining Sector for the UN commission on sustainable development, the AngloGold Obuasi malaria programme has resulted in a 73% reduction in malaria since 2005, 36,000 houses sprayed and won the company such international recognition as the Global Business Coalition, Business Excellence, ‘Malaria Award’ and the ‘2nd Pan African Health Awards.

AngloGold Ashanti has programmes in place at both its mines in Ghana which have rolled out programmes involving HIV voluntary testing and counselling for their employees and the community, amongst other strategies. AngloGold has adopted the ISO 14001 standard and is also amongst the first signatories of the international cyanide management code, which it helped develop. The international cyanide management code voluntary commits members to manage cyanide responsibly.

The company has a committee on health and sustainable development that oversees environmental policy and strategy. The company additionally has on site environmental professionals to implement the mines’ environmental programmes. An environmental steering committee established at the corporate level made up of regional environmental managers analyse environmental issues related to the company’s activities and steer the way as regards the company’s environmental policies. Additionally, the company conducts regular environmental audits on its environmental practices.

In summary, the issue of occupational health and safety is mainly practiced amongst MNCs and is more prominent among high risk industries such as the mining sector. These
high risk sectors usually operate with international occupational health and safety standards as OSH policies and regulations are either lacking, inadequate or not enforced in their host countries. The health and safety practices of these MNCs in the high risk sector are usually reported extensively in their annual reports along with their injury rates. Service industries, the informal sector and local businesses, particularly, SMEs mainly do not have extensive OSH policies in place or have some minimum curative measures for employees’ health in place. Government would thus have to put appropriate legislature in place and enforce these in order to bring OSH issues to the fore in Ghana. Additionally further research will have to be conducted to explore the place of OSH and the peculiar contextualization of OSH for SME’s and other sectors that are not high on OSH practices.

4.3. OSH in Tanzania

Tanzania has a population of 40.7 million people, 17 million of whom are workers; 82% of Tanzanian workers are in the agriculture sector, 0.1% in electricity or gas, 0.2% in mining/related activities and another 0.2% in the financial services industry (Matiko, 2011). These statistics alone highlight the need for OSH in Tanzania given that a good number of the workforce are in high risk industries. ILO (2010 as cited in Matiko, 2011) indicate that in the year 2008, 478 accidents, 454 non-fatal, 24 fatal occurred in businesses and industries in Tanzania. Although some health and safety policies such as the Workers Compensation Act No. 20 are in existence in Tanzania, major health and safety policies are yet to be ratified for example the Promotional Framework for Occupational Safety and Health Convention, 2006. Additionally, capacity building programmes such as the establishment of relevant OSH institutions and the skilled training of specialised OSH staff are needed to fully implement and advance the OSH agenda in Kenya.

Challenges in occupational health and safety practice in Tanzania relate to inadequate OSH personnel, lack of awareness of safety issues and disregard of safety practices by employees. For example, a 2010 survey of workers by National Food Reserve Agency (NFRS) in Tanzania indicated that workers did not perceive the chemicals they worked with as a risk factor although these workers were undergoing tests due to the effects of the chemicals (NFRS, 2010); lack of awareness by medical practitioners of the Occupational Health and Safety Act 2003 and the relevant law and procedure for workers’ compensation such that individuals who show symptoms of occupational diseases and have sought medical attention have not been diagnosed as having work related ailments (Kishashu, 2011). Integrating OSH and HIV/AIDS issues at the work place is key to Tanzania’s OSH practice as Tanzania is ranked 12th highest in HIV/AIDS globally with most of its infected 1.6-2 million people being in the urban workforce.

4.3.1. OSH in Tanzanian Mines – African Barrick Gold

African Barrick Gold, like most mining industries, has safety as one of their core values and engages in activities in line with the safety value. All employees including new ones are all taken through safety training with safety and health committees conducting regular safety meetings. The mine conducts regular safety audits, noise monitoring, monitoring of mercury, lead and other chemical levels, wellness programmes, respiratory
fitness assessments and the use of hearing protection with employees undergoing regular ear check-ups. Most of Barrick’s efforts at wellness is directed towards silicosis, noise induced hearing loss and physical strains which the company has identified as major health issues amongst its employees. The company also has a ‘Safe spine’ programme which includes stretching before work and in between work for certain groups of staff. The company additionally has a corporate food safety standard which regulates all on-site catering services to reduce the risk of food related ailments. (barrickresponsibility.com). The mine additionally is helping to build the capacity of OSH personnel in Tanzania by giving undergraduate students the opportunity to be part of the OSH team at the mining site and also sponsoring students to take up courses in Environmental health science, amongst others. Despite the efforts being made by African Barrick Gold, national policies and regulations as regards the operations of mines in Tanzania is inadequate (African Barrick Gold, 2011).

4.4. OSH in Kenya

A survey on workplace health and safety practices was conducted by Mbakaya, Onyoyo, Lwaki and Omondi (1999) using 65 participants comprising managers and supervisors in attendance in a one week course organised by the Federation of Kenya Employers (FKE) and the International Labour Office (ILO) in Kenya. Data collected from respondents indicated that most of the respondents were unfamiliar with the OSH manual developed locally in 1993/1994. Injuries occurring at workplaces were as a result of machinery being used by employees. HIV/AIDS and other work related injuries were mentioned by participants as adding to workplace morbidity and mortality. 70% of the respondents expressed satisfaction with their workplace health and safety conditions although 45% were of the view that injured workers were not well treated by management in addition to 37% saying their workplaces went thorough health and safety audits by labour inspectors. 65% of the respondents mentioned that their workplaces did not go by the compulsory legal requirements surrounding the establishment of health and safety committees.

In 2007, Kenya implemented a new OSH law, Occupational Safety and Health Act No. 15 of 2007 which replaced the Factories Act Cap 514, which was Kenya’s primary OSH legislation (Kenya Law Reports; Muchiri, n.d.) in addition to the Work injury benefits Act which covers amongst other things, compensation for all categories of workers who have some form of workplace related injuries. Despite governments efforts at improving the practice of OSH in Kenya, challenges still exist in capacity building for all classes of people engaged in OSH; regulators, supervisory institutions (labour inspectorate), employers and workers who may serve on OSH committees.

Kenya’s directorate of occupational health and safety does routine and specialised inspections, medical surveillance, HIV/AIDS prevention and counselling. The directorate also does environmental monitoring, teaming up with other OSH personnel to advice on prevention and control of workplace hazards. However, only 25% of needed OSH personnel are available in the country with low coverage in the informal sector that has majority of Kenya’s workforce. OSH as a key business interest is missing in Kenya’s
informal sector whereas larger companies do have in house OSH practices with some NGO’s carrying out OSH activities in terms of short term training in occupational health (Muchiri, n.d.). Thus the majority of Kenya’s workforces seek health services from private health services which offer more curative services for general ailments rather than more occupationally induced ailments such as musculoskeletal disorders.

Muigung (2012) on the challenges facing occupational health and safety in Kenya adds that there is a lack of extensive research by the directorate of occupational and safety services on health and safety issues, in addition to the directorate not functioning as an autonomous body, which impedes service delivery. Additional challenges include cost of compliance of OSH practices to employers, quantity and quality of infrastructure and logistics for risk assessments and monitoring issues with consequent ambiguity in sections of the law as regards monitoring schedules which are left to the discretion of the OSH director and his council.

4.4.1. OSH in Kenya’s Sugar Plantations and Factories

Despite the provision of the new OSH policy in Kenya, its implementation in all sectors of the economy is yet to be witnessed. Kenya’s sugar companies largely do not have any comprehensive policy guiding their activities. Union groups of sugar workers formed in various sugar factories have developed and still are refining their own OSH policies. This has been as a result of the international union of food (IUF) initiative with the Kenya Union of Sugar Plantation Workers (KUSPW). Issues of occupational health and safety malpractices are plenteous across Kenya’s sugar factories (IUF/KUSPW, 2012). Health concerns in these sugar plantations vary from the sugar production factories to the cane farms. They include the lack of personal protective equipment (PPE) or the availability of ill-fitting ones such that employees refrain from using them, child labour (10-12 year olds cutting cane) the non-availability of first aid, poor sanitary facilities, infrastructural and safety hazards, underpaid workers and a general lack of safety cultures across these sugar factories. The work of IUF/KUSPW has been beneficial in that employees attest that they know more about OSH than they ever did and have been actively involved in undertaking health and safety audits, training of colleagues in OSH, although their efforts are restrained by inadequate personnel, funds, health and safety manuals and the like.

4.4.2. OSH in Kenya’s Manufacturing Industry

Makori, and colleagues (2012) in a study of OSH practices in the manufacturing industry in Kenya noted that, despite the provision of the Work Injury Benefits Act, 2007 for all categories of workers, employers within Kenya are resistant in its implementation citing reasons of increasing labour costs. They noted that hazards such as fire and noise, high temperatures in the work environment, workload, and unavailability of drinking water, lifts, bombs, dust and computers were in that order considered as key safety concerns. Prominent amongst the health and safety measures practiced by these companies included health and safety committees, work procedures and fire fighting equipment. Respondents viewed as moderate health and safety considerations, the availability of light in production areas, first aid kits, medical screening and the awareness of emergency procedures. Issues ranking lower on employee safety concern included employee’s awareness and understanding of OSH policies, and cleanliness in washrooms. The re-
searchers observed that safety procedures are not followed by employees: working on machines not safeguarded, few workers donning protective gears with some claiming the protective clothing were not necessary. Additionally, the researchers observed that there seemed to be no rules in place in the firms as regards employees adhering to personal protection in addition to some work environments having little ventilation.

4.5. OSH in the East African Community (EAC) – case of two industries

Erhardt & Stelkens (2010) carried out a research to determine occupational safety and health issues in hotels and chemical industries in countries belonging to the East African Community (EAC): Burundi, Rwanda, Kenya, Tanzania and Uganda. Among the hotels sampled, ergonomic risks included back pains in departments that require standing for long, walking and bending and lifting weights e.g. administration and reception, repair, maintenance, physical risks, e.g burns, cuts, and electric shocks amongst kitchen, laundry, and repair sections’ malaria, snake and other insect bites, exposure to bacteria when cleaning, psychosocial risks for all staff, amongst others issues. Major occupational diseases included malaria and respiratory chest infections.

In all five hotels studied, it was found that OSH services were largely restricted to the catering department with emphasis on fire safety with fire extinguishers and other basic safety tools in place. Amongst the hotels studied, staff members were trained to deal with OSH issues through internal talks, participation in national health campaigns and educational programmes, although seasonal hotel staff did not benefit from such training. Challenges in the hotel industry include drug abuse by night time bar tenders, sexual harassment of female staff with some of them engaging in occasional sex work, hotels being involuntarily involved in the sex supply chain due to sex workers coming in at customers’ request. The nature of these sexual activities do not allow persons who engage in them the opportunity for education on and prevention of sexually transmitted diseases (STDs). This poses a health risk as HIV/AIDS is high in most of these East African countries, yet the researchers note that OSH and HIV/AIDS issues are separated in the hotel industry in some of these countries, e.g. Tanzania and Burundi.

In the chemical manufacturing companies, the practice of OSH is really felt. National policies are in place for businesses in the chemical industries with some companies also reported to having their own OSH policies. The researchers observed that first aid kits were available in all chemical companies studied; protective kits were also provided by management although non-usage of these protective kits by employees did occur due to lack of education and illiteracy on the proper use of the protective gears and insufficient protective gears. Safety training was also organised either internally or externally and basic HIV/AIDS prevention methods such as the distribution of condoms was given to employees. Additionally, chemical companies in Kenya, Uganda and Tanzania have private health insurance for their employees with still more companies having their own clinics. There were also reports of practice in some chemical companies of moving persons with musculoskeletal difficulties to other sections of the organization not requiring such physical work. Health and safety risks in chemical industries included back pain due to heavy lifting and repetitive movements, psychosocial risks, traffic accidents, mechanical and chemical hazards mainly from fumes, noise and heat in the factories.
The main occupational and other diseases noted for these chemical companies included respiratory and gastro-enteric ailments as well as malaria. Some companies studied are actively working on alleviating these occupational and other diseases. For example, a company in Burundi gives free mosquito nets, to help prevent malaria. Another company in Rwanda has provided a canteen for its workers and gives out free water in a bid to help reduce the cases of gastro-enteric ailments. Yet another company in Tanzania has reduced the occurrence of sexually transmitted diseases through education and treatment.

The challenge of occupational health and safety for such chemical companies include the following:

- inadequacy of OSH personnel and the cost of transportation of OSH personnel to the work sites for regular checks,
- inadequate external support such as advisory or risk assessments,
- insufficient knowledge about chemical handling and product accidents,
- knowledge and training in specific health needs such as HIV/AIDS,
- lack of sufficient funds to sustain health and safety programmes,
- insufficient safety equipment and practices,
- employee disregard for occupational health and safety, amongst others.

4.7. Summary of OSH in Tanzania and Kenya

The review of OSH practices in East Africa, specifically in Tanzania and Kenya, shows that there are several challenges to the practice of OSH in these countries. Despite the provision of OSH policies, its widespread use and adaptation to the various sectors of the economy is lacking. Additionally, both Tanzania and Kenya are faced with the challenge of having inadequate OSH personnel to carry out OSH related services. Regular medical practitioners who provide health services to workers also need special training to make them more attuned to the special occupational challenges faced by workers and to diagnose them as such. Loewenson (1999) notes among other things that errors exist in occupational health and safety incidence reportage in African countries due to poor coverage of work groups and poor determination of occupational diseases.

Employees additionally contribute to OSH problems in the workplace by refusing to comply with such safety measures as wearing of protective clothing. Some workers are not even aware or seemingly do not care about OSH hazards in their workplaces. Workers, in some cases, only do health check-ups if mandated by companies. Another key problem for implementing OSH revolves around incorporating HIV/AIDS into the health and safety programmes at workplaces. This is problematic due to inadequate funds, other competing occupational diseases and the specialized skills needed to do so. Additionally, specific industry needs would have to be considered, such as inculcating gender/person targeted programs in the OSH activities of some companies where females or other groups of people such as seasonal workers are at some peculiar health risk or do not benefit from main OSH services provided at their workplace.
In Ghana, a key challenge to the practice of OSH is the lack or inadequacy of relevant laws and policies as regards the practice of OSH in businesses in Ghana. This view is also supported in the literature which indicates that laws on occupational health and safety, where existing are not enforced resulting in inaction on the part of employers (Atuguba & Dowouna-Hammond, 2006; Amponsah-Tawiah & Dartey-Baah, 2012). Businesses that adhered to the practice of OSH were mainly MNC’s and their adherence not for the sake of national regulations, but largely due to international laws in a bid to remain globally competitive. On the local scene, local businesses are largely uninvolved in the CSR/OSH movement probably due to insufficient legislature mandating them to do so.

As in the case of other African countries another factor which works against OSH practice in Ghana is employees’ own disregard for health and safety measures. There is evidence to indicate that employees in companies refuse to comply with safety initiatives such as the wearing of protective clothing or heeding warning signs. Thus the very people for whom the OSH measures are being advocated for work against best practice measures in safety where available in their workplaces. This practice seems to suggest that workplace and national OSH policies must have regulations in place sanctioning employees who work contrary to health and safety measures.

Finally, education and training in OSH in the Ghana as well as other African countries is largely insufficient. Data gathered from Ghana Health Service indicates that as at 2010, the country had only 4 occupational health physicians, one occupational health nurse and 34 trained factory inspectors all seeing to the millions of Ghanaians in the country. The school of public health has only recently admitted students to an Occupational health course in Ghana’s premier university. Thus education and training on occupational health and safety issues greatly limits the widespread knowledge and expertise in the field which militates against raising awareness for the need of effective OSH policies and having a wholesome view and practice of the concept of OSH.

Despite these many challenges facing the practice of OSH in African countries, it is refreshing to know at least that steps have and are being taken in the right direction in instituting OSH policies and implementing them. Institutional and legal structures would thus have to be strengthened and enforced along with crafting OSH policies suitable for diverse forms of occupations in order to make OSH a key business priority.

6. Conclusion

Enjoying the benefits of OSH practices is a right, not a privilege, of every worker. Thus businesses have a moral obligation to carry out OSH practices. However, the lack of adequate and relevant legislature and its enforcement has made the practice of OSH almost non-existent. CSR practices are rather esteemed since they contribute to socioeconomic development and probably help to advertise companies. The lack of government legislature for both CSR and OSH practices provides some form of justification for inaction on the part of companies. OSH is a key strategy for meeting the Millennium Development Goals (MDGs), five of which are health based. Having relevant national OSH
policies which are actively enforced is a key to OSH becoming fully integrated into business practice in Africa nations. Civil society also has a duty to agitate for OSH practices in order to bring it to the fore in organizations. Education and training is also vital to ensure the availability of the requisite expertise to handle issues of OSH in workplaces and in the national arena. These strategies when wholly implemented may reduce the effect poverty has in militating against OSH practices in the region. Therefore in the long run, the most sustainable organizations will be those that have active and integrated CSR-OSH policies in place (Van Yperen, 2006; EU-OSHA, 2004).

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The Role of Corporate Social Responsibility in Improving Occupational Safety and Health

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1. Introduction

As discussed in previous chapters, legislation is the dominant form of policy making in the realm of Occupational Safety and Health (OSH) (EU-OSHA, 2012). However, issues with adopting solely this approach include persistence by enterprises to focus on traditional OSH issues alone; creative compliance; exporting risk to favourable legal jurisdictions; lobbying for dilution of legislation; lack of enforcement infrastructure and resources in certain countries; and the fact that legislation aims to achieve the minimum standard rather than the ambitious goals envisioned by policy makers (McBarnet, 2009). Also discussed was the notion that Corporate Social Responsibility (CSR) could be a supplementary approach to OSH (Montero et al., 2009) and includes both legal requirements, but also the fulfilment of society’s broader needs (Carroll, 1983; Schwartz & Carroll, 2003; EC, 2011) as well as the fact that a strong business case exists for CSR (Little, 2003). This makes the concept a potentially strong driver for OSH practices (HSE, 2005).

However, before this relationship can be utilised, there is a need to better understand this link between CSR and OSH, as it applies in organizations. Currently most related research is conceptual and proposed from the perspective of academia and NGOs. Little exists on the practical nature of internal CSR in terms of its perception by
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business (see Kawashita (2005) for an exception). The lack of a concrete CSR definition has led to a range of interpretations (Blowfield & Fynas, 2005). If organizations are to be engaged over this link, there is a need to identify whether, and how, they perceive CSR to have an internal dimension.

Furthermore, if recommendations or guidelines drawing on this link are to be influential, they should not be too distant from current practice (Werhane, 2010). Montero et al. (2009) make the point that failure to do so could overwhelm management, resulting in reduced commitment. Thus, many authors have called for research studying the applied nature of the internal CSR dimension (Segal et al., 2003).

2. OSH and CSR in practice

This chapter discusses research conducted which attempted to address this need by analysing 100 Financial Times 500 (FT 500) (2010) company CSR reports (Andreou, Leka, Jain, & Mari-Ripa, 2012). The goal of the research was to assess whether working conditions related to OSH formed a prominent part of organizations’ CSR agenda (i.e. was reported in CSR reports) and how this varied across several variables (development of country of operation, sector, geographical region, etc.) Two studies are presented here focussing on differences between companies based in developing and developed countries, and differences in reporting between known ‘best practice’ organizations as compared to those without a reputation for good CSR practices. The first study considered data from 50 companies. The country a company was based in was determined by the location of the headquarters as indicated by the FT 500 list. This country was determined as developing or developed based on the classification of the World Bank (2012). In the second study 75 companies were considered. Best practice organizations were those whose reports received a high Global Reporting Initiative (GRI) rank, and were also included in the Dow Jones Sustainability Index (DJSI) for the year the report was published. In certain regions if few companies were present on the DJSI, then companies which only met the GRI criteria were also included. The ‘unknown’ category was composed of companies that published CSR reports but did not use the GRI framework and were not included on the DJSI.

To investigate these research questions, a thematic analysis (Braun & Clarke, 2006) was performed on the data, guided by a thematic framework of working conditions items derived from several CSR related guidance documents developed by Mari-Ripa, Jain, Herrero, and Leka (2012) (Figure 1).

The analysis revealed that most organizations considered issues at the broad theme level. However, there was some difference between companies based in developed compared to developing countries, with the latter performing slightly worse (Figure 2).
Figure 1: Thematic template used to organise the data emerging from CSR reports.
In order to understand the nature of organizational initiatives in these areas, a brief summary is given below.

### 2.1 Employment Conditions

This theme related to circumstances of employment included four subthemes: terms of contracting and work schedules; actions in relation to rotation, dismissals and retirements; labour market entrance; and wages and benefits. These included issues such as: flexible working arrangements, formal programmes to aid those made redundant, entry level employment opportunities, and a formal minimum wages policy. For example, Toshiba (Japan, Manufacturing) noted on their work-life balance policies: “Toshiba has supported work-life balance and developed systems of support that exceed legal requirements [...] systems to support diverse work styles and employee participations, childcare leave, and family care leave”.

While Astra (Indonesia, Manufacturing) commented on their labour market entrance initiatives: “Astra always offers the opportunity for students of the Vocational High Schools / University Students to take On the Job Training (PKL) and work as interns in PT Astra International Tbk and Sales Operation outlets.”
2.2 Organizational Development and Culture

Training and development, performance management, and organizational climate and internal communication formed the three subthemes for this theme. Issues reported included: job analysis to highlight training needs, structured performance appraisals using key performance indexes, and internal communication channels. PTT (Thailand, Mining and Quarrying), for example, discussed a particularly structured appraisal system: “All employees receive annual performance assessment which comprises of 2 components: Key Performance Indexes (KPIs) directly and clearly related to each employee’s specific job responsibilities, and other KPIs related to the organization’s values.”

In addition, many organizations, including Sasol (South Africa, Mining and Quarrying), described several communication systems: “We communicate with employees in many different ways, including through a regular letter from the chief executive, internal newsletters, the Sasol intranet, shop-floor briefings, posters and 360° performance reviews.”

2.3 Industrial Relations

This theme focussed on employee representation and collective bargaining, and dialogue with workers and stakeholders during corporate restructuring. This involved issues such as processes to incorporate employees in decision making, as well as services to facilitate relocation. Infosys (India, Real Estate, Renting and Other Business Activities), for example, was explicit regarding the inclusion of employees in decision making:

At Infosys, participatory leadership is encouraged and recognized. Our employees participate in strategic and operational decision making processes […] There are multiple committees, affinity networks, and communication channels through which employees can share their perspectives and help us formulate new policies, programs and processes.

ANZ Banking (Australia, Financial Intermediation) reported on ensuring that relocated individuals understood their new roles and had an outlet for concerns: “We also introduced ‘New Beginnings’ workshops, providing a supportive and ‘safe’ environment for teams impacted by the restructure to air concerns and better understand their role in the organization”.

2.4 Occupational safety and health (OSH) system

This theme incorporated initiatives directly related to OSH including six subthemes: workers’ involvement in OSH system and culture; management of absenteeism, work fatalities, and occupational diseases, OSH training; OSH prevention; OSH protection; and violence, bullying and harassment at work. Key initiatives included: OSH committees, reporting of OSH indicators, OSH interventions regarding traditional and emerging risks, and provision of harassment policies. Anglo Platinum (South Africa, Mining and Quarry-
ing), for example, described the level of representation of employees: “100% of the workforce is represented through some form of health and safety committee and/or tripartite agreement with unions”.

Many organizations, such as Lafarge (France, Construction) also described dedicated OSH management systems: “To bring about lasting change, a Health and Safety Management System (HSMS) has been issued in 2010. The HSMS is [...] a high level, overarching ‘system’ which connects together all H&S initiatives and activities”.

2.5 Diversity and non-discrimination

This theme included organizations’ provisions to create inclusive environments. Eight subthemes were identified: equal opportunities; gender equality; equal opportunities and support for disabled people; equal opportunities and support for ethnic, racial or religious minorities; non-discrimination by age; non-discrimination to other vulnerable groups; relation with agency workers; and labour insertion for economically disadvantaged people.

These themes encompassed issues including: generic diversity training, provisions to ensure equal wages across genders, initiatives to promote the recruitment of disabled individuals, development opportunities for racial minorities, inclusion of age within equal opportunities policies, provision of specific policies regarding right to free sexual orientation, dedicated supplier codes, and initiatives to provide employment to indigenous populations. For example, Dow (USA, Manufacturing) reported providing inclusivity training for all new employees and leaders: “New employees participate in a four-hour Understanding Diversity & Inclusion workshop and new people leaders participate in a 1.5 day workshop”.

Additionally, many organizations such as KPN (Netherlands, Transport Storage, and Communication) reported having supplier codes stating expected standards: “Our Suppliers Code of Conduct sets down our social and environmental requirements [...] based on the values set out in the United Nations Charter and on the core conventions of the International Labour Organization”.

2.6 Human rights

All instances related to human rights were coded under this theme. Broadly, this included seven subthemes: human rights risk and investment analysis, human rights compliance of suppliers, training in human rights, respect for workers’ human rights, freedom of workers’ organization and collective bargaining, rejection of child labour, and rejection of forced labour. Reported initiatives included: human rights audits of possible financial customers, human rights policy audits, number and description of training courses made available, adoption of the United Nations Global Compact, minimum age policy in recruiting practices, and forced labour audits. For example, Oil and Natural Gas (India, Mining and Quarrying) described the inclusion of human rights into supplier and contractor management: Our general terms and conditions of doing business with suppliers and contractors explicitly include a commitment [...] to uphold human rights [...]
contractors have to ensure compliance with various applicable labour issues addressing the issues such as minimum wages, equal remuneration and prohibition of forced labour.

Many organizations, including Implats (South Africa, Mining and Quarrying) also included internal provisions to respect workers’ human rights: *Respecting human rights is integral to the Company’s values and code of ethics [...] Policies and agreements with unions are in place at operational level and cover many aspects of human rights, including: Right to freedom of association and collective bargaining, prevention of child labour, prevention of forced or compulsory labour.*

To supplement this broad analysis, further analysis was performed at the subtheme level for the OSH system theme (Figure 3). Performance was far more varied at this level, indicating that the more specific initiatives one considers, the less likely an organization reports a related item. The most reported on subthemes were OSH prevention and management of absenteeism, work fatalities, and occupational diseases.

**Figure 3: Reporting of CSR Initiatives for Developed and Developing Countries for OSH**

<table>
<thead>
<tr>
<th>Workers Involvement in OSH system and culture</th>
<th>Management of absenteeism, work fatalities, and occupational diseases</th>
<th>OSH training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence, bullying and harassment at work</td>
<td>Companies based in developed Countries</td>
<td>Companies based in developing Countries</td>
</tr>
<tr>
<td>OSH protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSH prevention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The second study considered whether ‘best practice’ organizations reported more initiatives than those without a reputation for being responsible. Table 1 summarises these findings across the thematic template. As can be seen below, the organizations in the ‘best practice’ group considered more initiatives than the comparison group for which there was no recognition of CSR performance. The only exception to this was in OSH prevention where performance was matched.
Table 1: Reporting on initiatives across subthemes by the best practice group relative to the unknown group

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subtheme</th>
<th>Best practice (38)</th>
<th>Unknown (37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Conditions</td>
<td>Terms of Contracting and Work Schedules</td>
<td>29 (76%)</td>
<td>12 (32%)</td>
</tr>
<tr>
<td></td>
<td>Actions of Company in Relation to Rotation, Dismissals and Retirements</td>
<td>23 (61%)</td>
<td>10 (27%)</td>
</tr>
<tr>
<td></td>
<td>Labour Market Entrance</td>
<td>23 (61%)</td>
<td>12 (32%)</td>
</tr>
<tr>
<td></td>
<td>Wages and Benefits</td>
<td>27 (71%)</td>
<td>25 (68%)</td>
</tr>
<tr>
<td>Organizational Development and Culture</td>
<td>Training and Development</td>
<td>37 (97%)</td>
<td>31 (84%)</td>
</tr>
<tr>
<td></td>
<td>Performance Management</td>
<td>32 (84%)</td>
<td>21 (57%)</td>
</tr>
<tr>
<td></td>
<td>Organizational Climate and Internal Communication</td>
<td>37 (97%)</td>
<td>34 (92%)</td>
</tr>
<tr>
<td>Industrial Relations</td>
<td>Employee Representation and Collective Bargaining</td>
<td>20 (53%)</td>
<td>12 (32%)</td>
</tr>
<tr>
<td></td>
<td>Dialogue with Workers and Stakeholders during Corporate Restructuring</td>
<td>15 (39%)</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Occupational Safety &amp; Health (OSH) System</td>
<td>Workers’ Involvement in OSH System and Culture</td>
<td>18 (47%)</td>
<td>12 (32%)</td>
</tr>
<tr>
<td></td>
<td>Management of Absenteeism, Work Fatalities and Occupational Diseases</td>
<td>35 (92%)</td>
<td>28 (76%)</td>
</tr>
<tr>
<td></td>
<td>OSH Training</td>
<td>21 (55%)</td>
<td>20 (54%)</td>
</tr>
<tr>
<td></td>
<td>OSH Prevention</td>
<td>35 (92%)</td>
<td>34 (92%)</td>
</tr>
<tr>
<td></td>
<td>OSH Protection</td>
<td>27 (71%)</td>
<td>24 (65%)</td>
</tr>
<tr>
<td></td>
<td>Violence, Bullying and Harassment at Work</td>
<td>26 (68%)</td>
<td>12 (32%)</td>
</tr>
<tr>
<td>Diversity and Discrimination</td>
<td>Equal Opportunities</td>
<td>36 (95%)</td>
<td>25 (68%)</td>
</tr>
<tr>
<td></td>
<td>Gender Equality</td>
<td>37 (97%)</td>
<td>30 (81%)</td>
</tr>
<tr>
<td></td>
<td>Equal Opportunities and Support for Disabled People</td>
<td>25 (66%)</td>
<td>16 (43%)</td>
</tr>
<tr>
<td></td>
<td>Equal Opportunities and Support for Ethnic, Racial or Religious Minorities</td>
<td>20 (53%)</td>
<td>23 (62%)</td>
</tr>
<tr>
<td></td>
<td>Non-discrimination by Age</td>
<td>28 (74%)</td>
<td>18 (49%)</td>
</tr>
<tr>
<td></td>
<td>Non-discrimination to Other Vulnerable Groups</td>
<td>12 (32%)</td>
<td>9 (24%)</td>
</tr>
<tr>
<td></td>
<td>Relation with Agency Workers</td>
<td>34 (89%)</td>
<td>26 (70%)</td>
</tr>
<tr>
<td></td>
<td>Labour Insertion for Economically Disadvantaged People</td>
<td>12 (32%)</td>
<td>6 (16%)</td>
</tr>
<tr>
<td>Human Rights</td>
<td>Human Rights Risk and Investment Analysis</td>
<td>9 (24%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td></td>
<td>Human Rights Compliance of Suppliers</td>
<td>21 (55%)</td>
<td>12 (32%)</td>
</tr>
<tr>
<td></td>
<td>Training in Human Rights</td>
<td>16 (42%)</td>
<td>4 (11%)</td>
</tr>
<tr>
<td></td>
<td>Respect for Workers’ Human Rights</td>
<td>30 (79%)</td>
<td>16 (43%)</td>
</tr>
<tr>
<td></td>
<td>Freedom of Workers’ Organization and Collective Bargaining</td>
<td>29 (76%)</td>
<td>15 (41%)</td>
</tr>
<tr>
<td></td>
<td>Rejection of Child Labour</td>
<td>19 (50%)</td>
<td>8 (22%)</td>
</tr>
<tr>
<td></td>
<td>Rejection of Forced Labour</td>
<td>18 (47%)</td>
<td>8 (22%)</td>
</tr>
</tbody>
</table>
3. Implications of the research

Themes identified in the thematic template were considered by a significant proportion of companies, both in developing (approximately 83% of companies) and developed (approximately 94% of companies) countries. One noticeable deviation from this trend was the theme relating to industrial relations, with 64% and 68% of developed and developing countries respectively, mentioning a relevant theme.

One possibility is that the relatively low number of subthemes partially explains lower reporting, as the theme therefore includes fewer opportunities for initiatives. However, the two subthemes also showed lower reporting compared to other subthemes (an indication of this is in Table 1). Regarding management labour relations, Jones, Marshall and Mitchell (2007) note that enterprises will continue with potentially unethical practices, if they can perceive a sound business reason for doing so. The authors go on to state that companies may be more sensitive to these issues when they operate in industries which expose them to a high degree of ‘reputational risk’. This would suggest that only companies exposed to this form of risk would engage in such CSR practices, a notion partially supported here as consideration of enterprises in the mining and quarrying, and manufacturing sectors suggests a relatively higher number of initiatives, while transport, storage, and communication, and financial intermediation reported a lower (data not presented here) number. Relating to restructuring, the fact that not all organizations would have been undergoing restructuring may explain the low prevalence of this subtheme, as Segal et al. (2003) who specifically focused on responsible practices during restructuring, found that most organizations dealt with restructuring in a socially responsible manner.

Initiatives relating to human rights were also reported on slightly less than other themes. This is somewhat in line with previous research from the GRI, showing that there is room for improvement in terms of company initiatives (GRI, 2008; Umlas, 2009). Additionally the largest difference between organizations based in developed and developing countries was found here. The difference in reporting is supported by previous research. Welford (2005) found that human rights reporting in North America and Europe outperformed that of Asia. Similarly, on specific items the difference between developed and developing countries was far larger regarding certain human rights issues compared to other CSR issues. For example, items regarding freedom of association showed an approximate 25 percentile difference, while non-discrimination showed a smaller 16 percentile difference. A closer examination indicated that it was the developing nations within Asia which contributed to these gaps.

Despite this variance regarding these two themes, overall reporting was considerably high. This suggests that OSH related working conditions are broadly understood to fall within CSR. Previous findings support this conclusion. Chen and Bouvain (2008) identified that companies in the US, UK and Australia considered employee issues, including traditional OSH and training and development, to be among the most important. A survey of the relative importance of CSR issues in Hong Kong showed that OSH was ranked first by business stakeholders (Welford, Chan, & Man, 2007). Although the research is harder to
come by, in the developing world there is a similar trend. In an assessment of Chinese industry, Gao (2009) found that employees were the stakeholder group whose issues were most readily addressed by organizations.

However, as alluded to above, there was a noticeable difference between the two groups on reporting. This could also be seen in the qualitative extracts from the reports. Companies based in North America and Europe had the most far reaching CSR initiatives. For example, regarding prohibition of child labour, while many organizations described only audits to prevent child labour, Bayer described initiatives to change suppliers’ attitudes towards child labour, while also providing education for children, attempting to tackle the issue in a preventative manner. This is supported by previous research. Welford (2005) found that companies in North America and Europe outperformed Asia (specifically the developing nations) in CSR issues including human rights, vocational education, fair wages, and equal opportunities and non-discrimination.

Performance in the developed group might be explained by awareness of CSR and the understanding that it is essential to business strategy. Approximately half of all companies in Europe on the FT 500 were on the GRI and DJSI. Furthermore, Zwetsloot and Starren (2004) highlight that many countries within Europe have national initiatives to promote the OSH-CSR relationship. Regarding North America, a survey on drivers for CSR showed that 58.5% of business sampled in the US, cited an extension of core values as the justification for CSR initiatives (Maignan & Ralston, 2002).

In the developing world companies seemed to report less CSR initiatives with awareness likely to be part of the problem. Indeed the difficulty in identifying companies in these regions with published dedicated CSR reports reflects this (Meyskens & Paul, 2010). A linked possibility is the focus of CSR endeavours. The thematic template used in this research considered the internal dimension of CSR however several of these companies commented on external initiatives (e.g. philanthropy, educational and healthcare related initiatives, etc.). Ararat (2006) argues that poor government performance in these regions compromises the environment in which these organizations operate, forcing them to take responsibility for wider society. This explanation may apply here, considering that the external initiatives these organizations reported are traditionally considered governmental responsibilities.

Another contributing factor may be the relative newness of CSR in these regions. Meyskens and Paul (2010) suggest that, as CSR evolves and becomes more evident in a nation, it shifts from focussing on local expectations, towards a global interpretation of CSR. Indeed it was the local needs that were being targeted through reports CSR initiatives. Religious tendencies may also contribute to the external nature of CSR initiatives, for example Ararat (2006) suggests that in Islamist regions the focus on giving in CSR is driven by religious traditions.

A further analysis considered the six subthemes within the OSH system theme. The variance seen in terms of performance indicates that there are different priorities when it comes to the specifics. OSH prevention and management of absenteeism, work fatali-
ties and occupational diseases were mostly reported. The performance of the OSH prevention subtheme is particularly encouraging as this finding indicates that organizations from both the developing and developed world recognize the importance of preventative efforts. This may be attributable partly to legislative requirements (e.g. EU Directives/International (ILO) conventions) but also to the non-regulatory efforts of organizations such as the ILO with the Decent work agenda (ILO, 2012), and the WHO in creating the Healthy Workplace Framework (WHO, 2010). This may also have filtered down to the second most reported subtheme: management of absenteeism, work fatalities, and occupational diseases, as this theme was related to the monitoring of OSH and compliance with legal and industry standards, all of which are part of the process of establishing preventative efforts.

Interestingly, the performance of the developed group over the developing at the theme level, is not explained by consistent out performing across all subthemes. Instead there are areas where organizations based in developing countries perform better, relative to the developed group. This point is discussed more generally below. Two subthemes which showed relatively poor performance were workers’ involvement in OSH system and culture; and violence, bullying and harassment at work. Regarding the former, worker inclusion in such issues is related to the strength of labour (Nichols, 1990). As mentioned this is considerably undermined in regions of the developing world (ILO, 2003; ICFTU, 2006; ILO, 2007). Even in developed countries, trade union influence has been diminishing over the past few decades (Visser, 2006) leading to the deterioration of their influence and the potential for workers to be involved in OSH (Bain, 1997). Regarding violence, bullying and harassment at work, the lower reporting of initiatives may be linked to the lack of awareness regarding these issues. For example, even in terms of legislation, many nations have yet to establish legislative requirements regarding these issues (Cobb, 2011).

Regarding the performance of organizations based in developing countries, some may argue that the results are somewhat surprising, given that CSR in the developing world has previously been suggested to be poor. For example in India, where a considerable number of organizations from the developing group were based, previous research has suggested CSR endeavours are minimal, especially regarding the internal dimension of CSR. A survey conducted in 2003 found less than 20% of large enterprises in India had a policy or formal programme regarding CSR. Of those that did, the majority focused on philanthropy involving small amounts of money (Newell, 2006). Although no enterprises were identified in Africa apart from South African based enterprises, research has shown that performance in developing Africa in terms of CSR is also poor (Fig, 2005).

However, before suggesting that the findings presented here are at odds with previous research, there are at least two caveats that should be mentioned. Firstly, the data presented here are a comparison of reported initiatives. There is little data on the scope and implementation of these. As alluded to above, a brief examination of the qualitative data suggests that the initiatives from the developed world are more substantial. Secondly, the organizations considered here, were, by virtue of the selection process, the most valued and largest organizations in the world; such companies do not operate
In conclusion, these studies present a somewhat mixed picture regarding organizations’ engagement with working conditions and OSH. Performance at the theme level was encouraging however differences were noted between developed and developing countries and this varied across specific subthemes. However, it can be argued that a basic understanding that OSH can be incorporated under a CSR approach exists in the developing and developed world. This can serve as a platform to further engage organizations (HSE, 2005). Idiosyncratic indicators specific to OSH and working conditions would be useful in converging CSR efforts to desired levels.

The second study presented here compared companies in the ‘best practice’ and ‘unknown’ categories as defined by their inclusion on, or use of, CSR tools. The ‘best practice’ sample represented companies that were strongly committed to CSR, 30/38 being considered industry leaders in sustainability as indicated by inclusion on the DJSI, while all had the highest possible GRI accredited reports. This study therefore somewhat evaluated the proposed recommendation above: that CSR tools would facilitate the adoption of higher standards in practice.

Findings revealed that a higher percentage of companies in this category reported on all but one subtheme, OSH prevention, where performance was matched. This suggests that the promotion of tools is positive for OSH standards, but also that companies adopting even generic tools (the GRI and DJSI consider more than just OSH) also understand the place of OSH within CSR, and are equally committed to performance in this area. Chen and Bouvain (2008) also found evidence to suggest that such tools influence CSR practice. Taken together, one can assume that the creation of specific tools to OSH and CSR would therefore also have an impact on OSH standards.

The finding that OSH prevention reporting is equal in both groups is most likely explained by the fact that policies and systems relating to OSH were coded under this subtheme. There are several standards that relate to OSH management (e.g. OHSAS 18001 and ISO 14000) which are advocated by several functions within an organization (e.g. risk management). This means that these systems are likely to be found in most organizations of this size. However, returning to the point regarding impact, certification of a system is far different to the successful implementation of an OSH management system.

4. Conclusions

The current state of affairs in OSH can be deemed unsatisfactory considering the available statistics. Given that regulation is largely responsible for motivating organizational behaviour in this respect, a supplementary approach is highly desired. CSR has been identified as such an approach given the conceptual mapping between the two
concepts. Additionally the substantial business case for CSR suggests that it may be a potentially powerful driver of organizational behaviour. However, there is a need to better understand the practical relationship between CSR and OSH at the company level. Two studies attempting to fill this gap were presented.

This research suggested that broadly speaking CSR is understood, at the enterprise level, to include OSH. However, performance varied across specific elements of CSR as well as across organizations based either in developed or developing countries. An additional finding was that the existence of CSR tools motivates organizations towards desired standards. On the basis of these findings, a tentative suggestion might be the creation of further specific OSH-CSR guidance for organizations. In order to support such a conclusion further research needs to be conducted. Gaps in the knowledge base include understanding the relationship at the micro, small, and medium enterprise level (Jain, Leka & Zwetsloot, 2011), as well as how this relationship manifests on the ground, rather than from a top down management perspective.

References


Chapter 8  The Role of CSR in Improving OSH


Occupational Safety and Health and Corporate Social Responsibility in Mercedes Benz South Africa: A Case Study

Clifford Panter, Mercedes-Benz South Africa

1. Introduction

Mercedes-Benz South Africa (MBSA) is a wholly-owned subsidiary of the global motor manufacturer, Daimler AG (http://www.daimler.com/company), with a history of over 60 years of vehicle manufacture and sales in South Africa (SA). MBSA claims uniqueness in the scale of its comprehensive vehicle offering in SA as a supplier of both premium passenger cars and a large range of commercial vehicles (MBSA, 2012a).

MBSA makes claim to a strong tradition of innovation, coupled with a drive for superior customer service, asserting that this allows the company to tailor-make mobility solutions for individual and fleet customers through its extended value chain:

• Mercedes-Benz South Africa (MBSA): passenger car and commercial vehicle manufacturing, sales and marketing;
• Sandown Motor Holdings (SMH): vehicle retail;
• Mercedes-Benz Financial Services (MBFSSA): vehicle finance and insurance;
• Daimler Fleet Management (DFM): fleet management; and
• Atlantis Foundries: forge and foundry for large vehicle aggregates

At its manufacturing plant in East London, Eastern Cape Province, the company manufactures the Mercedes-Benz C-Class model for the local and export markets. It also produces Mercedes-Benz commercial vehicles and buses, FUSO trucks, and Freightliner
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trucks. MBSA’s headquarters, marketing, financial services, fleet management, after sales and support divisions are located in Zwartkop, Gauteng Province, from where the Mercedes-Benz, smart, Freightliner, Western Star and FUSO products are marketed and financed. Atlantis Foundries is based in Atlantis in the Western Cape Province. Sandown Motor Holdings consist of 20 retail and service business operations in major metropolitan areas in Gauteng Province and Western Cape Province.

MBSA asserts that its commitment to striking a sustainable balance between economic, environmental, and social issues is reflected in its Level 4 Broad-based Black Economic Empowerment (BBBEE) status; its competitive compensation packages and portfolio of employee benefits; extensive human resources development programmes; the corporation’s safety, health and environmental management in its business operations and its extensive corporate social responsibility (CSR) portfolio (MBSA, 2011a).

Broad-based Black Economic Empowerment (BBBEE) is a national government policy in South Africa geared to advance economic transformation and enhance the economic participation of black people in the South African economy (BBBEE Act, 2003). The BBBEE Act, Act 53 of 2003, and a range of subsequent Codes of Good Conduct on BBBEE, published by the South African Government provide for measurement of achievement against the following elements:

- **Ownership:** Measures effective ownership of enterprises by black people.
- **Management control:** Measures effective control of enterprises by black people.
- **Employment equity:** Measures initiatives intended to achieve equity in the workplace.
- **Skills development:** Measures the extent that employers carry out initiatives designed to develop the competencies of black employees.
- **Preferential procurement:** Measures the extent that enterprises buy goods and services from BBBEE compliant suppliers as well as black owned entities.
- **Enterprise development:** Measures the extent to which enterprises carry out initiatives contributing to enterprise development.
- **Socio-economic development:** Measures the extent to which enterprises implement CSR initiatives contributing to socio-economic development.
- **Qualifying small enterprises:** Measures the extent to which enterprises carry out contributions made by qualifying small enterprises.

Table 1 reflects the development of the MBSA group’s BBBEE contributor levels between 2007 and 2010 (MBSA, 2012a).

**Table 1: MBSA group’s BBBEE contributor levels**

<table>
<thead>
<tr>
<th>Company</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercedes-Benz SA</td>
<td>Level 8</td>
<td>Level 5</td>
<td>Level 4 (100%)</td>
<td>Level 4 (100%)</td>
</tr>
<tr>
<td>Mercedes-Benz Financial Services SA</td>
<td>Level 7</td>
<td>Level 5</td>
<td>Level 4 (100%)</td>
<td>Level 4 (100%)</td>
</tr>
<tr>
<td>Daimler Fleet Management</td>
<td>Level 7</td>
<td>Level 5</td>
<td>Level 2 (125%)</td>
<td>Level 2 (125%)</td>
</tr>
<tr>
<td>Sandown Motor Holdings</td>
<td>-</td>
<td>-</td>
<td>Level 4 (100%)</td>
<td>Level 3 (110%)</td>
</tr>
</tbody>
</table>
BBBEE ratings in South Africa are a useful measure of an enterprise's contribution to socioeconomic development and broader CSR and are vital for companies wanting to procure government business.

As at June 2012, there were approximately 7,500 employees in the MBSA group in South Africa; approximately 3,700 working at the two principal business locations of East London and Zwartkop and around 3,800 working for the subsidiaries Atlantis Foundries and Sandown Motor Holdings. Approximately 950 additional people work at the East London manufacturing plant as employees of on-site supplier companies.

2. Sustainability as a Foundation

The foundation for employee health management programmes, benefits and services, health and safety legal and corporate compliance and CSR in the MBSA group of companies in SA is the Daimler AG sustainability framework and strategy.

On its sustainability website (Daimler, 2012), Daimler AG reports that its concept of sustainability is defined as responsible corporate behaviour that leads to long-term business success and is in harmony with society and the environment. Daimler asserts that it is moving towards its goals by making sustainability a firmly integrated aspect of all operations and by requiring and promoting a strong sense of responsibility for sustainable operations among all of its managers and employees throughout the Group. Daimler reports that it includes business partners in this process and participates in continuous dialogue on these issues with stakeholders. Daimler argues that its management structures, processes, and systems are also designed in accordance with this concept of sustainability. Concluding the introduction to its sustainability concept the corporation asserts that its business behaviour is based on legality and integrity. As one of the world’s foremost automakers, Daimler asserts that it strives to achieve a clear leading position in the area of sustainability.

Daimler AG is a founding signatory of the United Nations Global compact (UNGC) binding all business operations and subsidiaries. As discussed in chapter 5, the UNGC is a strategic policy initiative for businesses that are committed to aligning their operations and strategies with ten universally accepted principles in the areas of human rights, labour, environment and anti-corruption. The UNGC argues that by doing so, business, as a primary driver of globalization, can help ensure that markets, commerce, technology and finance advance in ways that benefit economies and societies everywhere. As social, political and economic challenges affect business more than ever before, many companies recognize the need to collaborate and partner with governments, civil society, labour and the United Nations (UN, 2000).

With over 8700 corporate participants by mid-2012, and other stakeholders from over 130 countries, the UNGC is the largest voluntary corporate responsibility initiative in the world. Endorsed by chief executives, the Global Compact is a practical framework for the development, implementation, and disclosure of sustainability policies and practices,
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offering participants a wide spectrum of work streams, management tools and resources all designed to help advance sustainable business models and markets (UN, 2000). Overall, the UNGC pursues two complementary objectives viz. the mainstreaming of its ten principles in business activities around the world and catalysing business actions in support of broader UN goals, including the Millennium Development Goals (MDGs).

In its 2011 Sustainability Report, which includes the UNGC progress report, Daimler notes that it is one of the founders of the UN Global Compact and as a member of the UNGC LEAD group since January 2011, the corporation is strongly committed to the ten principles of the Compact. In 2011 Daimler reports that it continued to expand its involvement in the relevant thematic and regional working groups and initiatives. In May 2011 Daimler hosted a LEAD group event on ‘Competitive Advantages through Sustainability’. Daimler contends that its 2011 Sustainability Report reflects the corporation’s obligation to regularly report on efforts regarding human rights, labour standards, employee rights, environmental protection, and the fight against corruption (Daimler, 2011).

Daimler AG reports the elements of the corporation’s sustainability strategy as (Daimler, 2011):

- **A common understanding of what sustainability means:** By defining what sustainability means to us, the company create guidelines for all of its employees — all the way up to top management — and underscore sustainability’s importance for all of its business processes.

- **Based on five content-related dimensions:** As a globally operating automaker with more than 260,000 employees, the company is subject to certain specific sustainability requirements. They have grouped these requirements into five content related strategic dimensions and an overarching dimension related to management responsibility. These dimensions serve as the framework for their sustainability related activities.

- **Dialogue and transparency:** Because sustainable development is a social responsibility, seeks to engage in a dialogue with its stakeholders, take part in initiatives such as the UN Global Compact, and provide an account of its efforts in its annual Sustainability Reports.

- **A commitment to principles and guidelines:** The Company is further refining and developing its understanding of sustainability by turning the principles developed in discussions with stakeholders into behavioural guidelines at the company.

- **Deriving a sustainability program:** In a materiality analysis we define the main issues, which we then use to derive concrete sustainability targets and measures. We subsequently monitor implementation with the help of key indicators and an appropriate tool.

- **Implementation within the Group-wide sustainability management process:** The Company’s Sustainability Board (CSB) plays a key role in interlinking the sustainability management systems, structures, and processes of its various units. The success of these measures is systematically monitored and made transparent with the help of key indicators and a regular inspection process.
• **Process-oriented:** A key part of the Company’s strategy process is the continuous monitoring and possible correction of its strategic focus. Stakeholder feedback helps the company to precisely estimate its performance and progress as well as identify areas where it can become even better.

• **Incorporation into the Company leadership approach:** Taking on responsibility for sustainable business operations is a management task. The company create incentives for this in the form of a remuneration system for its senior executives and goal agreements for its managers.

• **Involvement of the employees:** Company employees are simultaneously an important stakeholder group and a key force for shaping sustainable operational processes. As a result, employee communication and training measures are crucial elements of the company’s sustainability strategy, as are all tools that enable its employees to express their opinions and contribute ideas for improvement.

The 2011 Daimler Sustainability Report (p. 96) notes that today more than ever before, good health is a central corporate value. Demographic trends, the changing world of work, and changing lifestyles are affecting employees’ performance potential and posing new challenges for the company. As a result, forward-looking, efficient, and sustainable solutions are needed for occupational health and occupational safety, whose primary aim is to prevent risks in the workplace that can endanger employees’ lives and health. These challenges are the responsibilities of Daimler’s central unit Health & Safety, in which the company has combined the areas of occupational medicine, occupational safety, workplace health improvement, ergonomics, social counselling, and integration management.

The 2011 Sustainability Report further notes (p. 98) that Daimler management and the World Employee Committee have developed standardised, prevention-oriented principles for occupational health and safety at all Group locations worldwide. These principles are based on legislation in each country and on the International Labour Organization’s (ILO) guidelines for occupational health and safety (ILO/OSH-MS 2001). Around the world, Daimler reports that it conducts occupational health examinations and a wide range of preventive measures designed to protect our employees’ health, make workplaces ergonomically sound, and ensure occupational safety. In places like South Africa, Daimler notes that it has also made the business response to HIV/AIDS a top priority. The Daimler corporate guideline for occupational health and safety has been available since August 1, 2011, in ten languages in the company’s Uniform Guidelines Database. This separate, overarching guideline specifies all of the essential and generally valid regulations for occupational health and safety in the Daimler Group.

Daimler reports in its 2011 Sustainably Report (p. 109) that its approach to corporate social responsibility is guided by its belief that entrepreneurship and social responsibility are inseparable. At all the locations where Daimler does business as an employer and a client, the company asserts that in the many different communities within which it does business it is presented with the challenge and the responsibility of actively helping to shape these communities and fostering dialogue between different cultures.
Daimler reports that it also contributes specific skills as an automaker in projects aimed at the common good with the overarching intention to promote clearly visible social benefits and to continually expand the company’s social commitment. The corporation’s social involvement is reportedly directed globally at a number of focus areas within a framework of transparent structures and clear lines of responsibility for funding activities. The focal points of funding activities are consolidated into five areas viz. donations, sponsoring, promoting foundations, corporate volunteering and projects initiated by the company. Within these areas, Daimler reportedly focuses on five fields of activity viz. science, technology and the environment; art and culture; education; charitable projects or community projects; and political dialogue.

Daimler reports that in 2011 through these activities it supported non-profit organizations and socially oriented projects with funding that totalled €59 million.

3. Comprehensive Health Management in MBSA

Organizational health management in the MBSA group of companies is organised to ensure alignment to overarching corporate and human resources (HR) strategies. The stated objectives of the corporation’s health management portfolio are:

- Ensuring occupational health & safety legal & corporate compliance
- Ensuring healthy workers working in health promoting work environments
- Providing safe & healthy workplaces, processes & products
- Making a meaningful contribution to sustainability of the corporation

The organization of the health management portfolio is detailed in Figure 1.

Figure 1: MBSA Health Management Organization (July 2012)
The functional components of MBSA’s comprehensive approach to organizational health management are illustrated in the Figure 2.

**Figure 2: MBSA Comprehensive Organizational Health Management (July 2012)**

![Organizational Health Management Diagram](image)

**SHEQ: Safety, Health, Environment, Quality**

Occupational health services are established to ensure legal and corporate compliance in line with Daimler AG guidelines of practice and aligned to the Occupational Medicine Guidelines of the South African Society for Occupational Medicine (SASOM, 2011). Occupational health services are subjected to regular internal and external quality and compliance audit according to the standards elaborated in OHSAS 18001.

As discussed in chapter 3, the Occupational, Health and Safety Management System Standard (OHSAS 18001) is a voluntary standard developed by OHSAS Project Group in the United Kingdom and a number of the world's leading national standards bodies, certification bodies, and specialist consultancies. A main driver for this was to try to remove confusion in the workplace from the proliferation of certifiable OSH standards (OHSAS, 2007).

OHSAS 18001 gives requirements for an occupational health and safety management system to enable an organization to control its occupational, health and safety risks and improve its performance. OHSAS 18001 has been developed to be compatible with the ISO 9001 (quality) and ISO 14001 (environmental) management system standards, in order to facilitate the integration of quality, environmental and occupational safety and health (OSH) management systems by organizations. The OHSAS 18001 standard is applicable to any organization that wishes to establish an OSH management system to...
eliminate or minimize risk to employees and other interested parties who may be exposed to OSH risks associated with its activities; implement, maintain and continually improve on OSH management system; assure itself of its conformance with its stated OSH policy; and demonstrate such conformance to others (OHSAS, 2007).

Within the business, contracted service providers assist MBSA to promote and protect the physical, mental and social health and wellbeing of employees by using adopted systems, processes and programs enabling pro-active hazard identification, risk assessment and risk management. MBSA adopts a detailed occupational health business plan applicable to each location by 31 January each year, with clearly defined and measurable objectives and key performance indicators. The adopted business plan is regularly monitored and subjected to quarterly review. Monitoring and evaluation reports are presented to the business every quarter.

4. Compulsory and Voluntary Medical Examinations and Health Profiling

According to the South African Occupational Health and Safety Act (Act 85 of 1993) an employer shall establish and maintain an appropriate system of medical surveillance for employees exposed to health hazards in the workplace. Further, Daimler AG Health and Safety Principles commits MBSA to the promotion of health and wellbeing of employees, including the endorsement of regular, voluntary personal health status assessments for all employees and support to individualised health maintenance and health promotion programmes.

Through the relevant MBSA Safety, Health, Environment and Quality Integrated Management System (SHEQ IMS) Managers and HR Managers at each business location, ensure that the results of formal health and safety hazard identification and risk assessments (SHEQ IMS) and relevant person-job specifications (HR) for all business locations and operations are available, at all times, ideally to occupational health service professional staff (contracted occupational health nursing practitioners and occupational medicine physicians).

Occupational health professional staff provide appropriate levels of advisory and technical support to existing hazard identification, risk assessment and risk management process under auspices of the MBSA SHEQ IMS all business locations. This includes, but is not limited to, reports from quarterly proactive worksite inspections by the occupational medicine physicians and ad hoc consulting and advisory services.

Existing legally required planned, periodic medical surveillance and voluntary health screening services are conducted at the Wellness Centres (Occupational Health Services) according to an annual plan, aligned to current person-job specifications, the results of formal health and safety hazard identification and risk assessments for all business operations and individual employee health profiles. Quarterly monitoring and evaluation against planned targets is conducted and reported in an agreed to format. A prospective or existing employee’s medical fitness and placement in the workplace (medical classifi-
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(citation) is interpreted in functional terms and strictly in the context of the job requirements. In addition to this approach, MBSA is committed to ensuring, as far as is reasonably practicable the appointment and promotion of employees living with disability.

Figure 3: MBSA Medical Classification Certificate

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**MERCEDES-BENZ EAST LONDON**

**MEDICAL CLASSIFICATION**

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 ***</td>
<td>Fit for work in jobs classified ORANGE plus &lt; 51% in jobs classified RED</td>
</tr>
<tr>
<td>A2 ***</td>
<td>Fit for work in jobs classified YELLOW</td>
</tr>
<tr>
<td>A3 *</td>
<td>Fit for work in jobs classified GREEN</td>
</tr>
<tr>
<td>A4 *</td>
<td>Fit for work in jobs classified BLUE</td>
</tr>
<tr>
<td>A5 *</td>
<td>Restricted from all work due to medical condition(s)</td>
</tr>
<tr>
<td>B1</td>
<td>No exposure to airborne pollutants above GEL* in comments above and/or attached</td>
</tr>
<tr>
<td>B2</td>
<td>Strictly monitor use of hearing protection as specified in comments above and/or attached</td>
</tr>
<tr>
<td>B3</td>
<td>Restriction on work involving bending, lifting, pushing and/or standing as specified in comments above and/or attached</td>
</tr>
<tr>
<td>B4</td>
<td>No driving of any modernised vehicles including abnormal, heavy- and light commercial vehicles, passenger cars, heisters, tuggers, etc.</td>
</tr>
<tr>
<td>B4.1</td>
<td>No driving of light commercial vehicles and/or passenger cars</td>
</tr>
<tr>
<td>B4.2</td>
<td>No driving of heavy commercial vehicles</td>
</tr>
<tr>
<td>B4.3</td>
<td>No driving of abnormal vehicles</td>
</tr>
</tbody>
</table>

**Definition of types of work according to manual handling loads - ergonomic stressors (see attached "Ergonomics Cheatsheet")**

- **blue**: Sedentary work. Lifting 2.5kg maximum and on an irregular basis. A certain amount of walking and standing is permissible. Tasks not contingent on standing and walking.
- **green**: Sedentary work with limited transfer capacity. Jobs with little physical stress in which health risks due to physical overloading are unlikely.
- **yellow**: Limited load capacity ****. Jobs have greater physical stress in which physical overloading is possible. Preventative measures to reduce health risks are strongly advised.
- **orange**: Normal load capacity. Jobs with a range of physical stress factors with occasional physical overloading. Preventative measures are advised.
- **red**: Jobs with high physical stress in which physical overloading is constant. Preventative measures are mandatory.

---

* Biomechanical Assessment required and Medical Classification MUST be counter signed by Occupational Health Physician
** Occupational Exposure Limit as determined in the Hazardous Chemicals Regulations in the OHSACT 85 of 1993
*** Workers above 45 years or below 21 years of age and pregnant women must be carefully considered for classification as A2. Biomechanics assessment recommended.
Fitness to Work Certification and / or Medical Classifications are formally communicated to relevant managers, SHEQ Practitioners and HR Specialists in a way that ensures medical confidentiality. The current Medical Classification Certificate in use in MBSA is presented in Figure 3.

Occupational Health Nurse Practitioners conduct necessary interviews, examinations and tests according to the adopted medical surveillance plan and adopted procedures and work instructions. Occupational Medical Physicians conclude assessments by certification of the Medical Classification, specifying any relevant medical restrictions, recommending preventive, corrective or management action and recommending placement of employees. The required medical examinations and medical testing is done, on company time, according to the medical surveillance plan and adopted procedures at intervals of initial, periodic, return to work, transfer, exit and post-exit as required.

Assessment, prevention and control of potential health risks associated with business travel, depending on modes of travel, pertinent health risks and destinations and employee health risk factors are integrated into general medical surveillance services at all business locations. Further, travel medicine advisory services and prophylactic treatment and vaccinations are provided at each Wellness Centre for all business travellers. Travel Medicine and Travel Health Advisory services are provided in cooperation with the appointed in-house travel agency according to adopted standard operating procedures.

Since 2011, MBSA has had an increase focus on early identification and risk assessment of psychosocial factors in the workplace. While it remains a challenge to mobilise sufficient resources for this focus area and to identify validated tools for use in a South African context, MBSA remains committed to ensuring that its approach to occupational health and safety risk assessment and risk management is comprehensive.

Voluntary health screening is offered at all medical surveillance examinations and includes measurement of Body Mass Index, Blood Pressure, Random Blood Glucose, Random Total Cholesterol, Haemoglobin and HIV antibodies. Participants are also subjected to a Tuberculosis Screening Questionnaire and an in-house designed Rapid Stress Audit. All employees are offered Voluntary health screening but can elect to opt out.

About 98% of the employees identified to participate in legally required medical surveillance actually participate on an annual basis which ensures on-going continuous improvement in health and safety risk management and early identification of possible work-related health conditions. In addition, about 70% of East London based employees participate in voluntary health screening with about 40% of employees in other locations participating. Membership of the MBSA closed medical aid scheme (private health insurance / health plan) MBMed is a condition of service. Because upwards of 95% of employees are covered by MBMed and because of the high levels of participation in regular health checks at on-site Wellness Centres MBSA is able to form a fairly accurate picture of significant health risk faced by employees. Table 2 shows the ‘health profile’ for the business from 2008 to 2011.
Table 2: Estimated frequencies of chronic health conditions and risks amongst MBSA employees

<table>
<thead>
<tr>
<th>The Top Ten</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Obesity (B.M.I. &gt; 29.5)</td>
<td>24%</td>
<td>21%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>2 Smoking (reported)</td>
<td>24%</td>
<td>28%</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>3 High blood pressure</td>
<td>18%</td>
<td>22%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>4 Elevated cholesterol</td>
<td>19%</td>
<td>22%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>5 Pepticulcer / chronic reflux (common indicator of ‘unhealthy’ lifestyle)</td>
<td>17%</td>
<td>21%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>6 Chronic backache</td>
<td>11%</td>
<td>18%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>7 Elevated blood sugar &amp; / or diabetes</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>8 HIV infection (actuarial projections from 2007 data)</td>
<td>8.3%</td>
<td>8%</td>
<td>7.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>9 Substance abuse (diagnosed)</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>10 Stress / anxiety / depression (therapy and / or medication)</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td>7%</td>
</tr>
</tbody>
</table>

National Prevalence Estimate in Age Group 15-64 years

| Tuberculosis (number of new cases)                                         | 14   | 3    | 8    | 6    |

Source: Medscheme Data Warehouse & CHESS (in-house Health Info System)

5. Health Management and CSR

MBSA’s highly successful HIV/AIDS workplace programme has been extensively reported elsewhere (GBCHealth, 2008). The corporation’s model continues to generate impressive results, and is equally applicable to other areas of health, for example in the business response to the emergent epidemics of non-communicable diseases. MBSA has been instrumental in leading the HIV/AIDS workplace response and was one of the first corporates in South Africa to implement a programme to mitigate the effect of the disease on its operations, as far back as 2000. Since then, MBSA has become the centre of excellence within the Daimler group – giving strategic direction to its sister companies on HIV/AIDS prevention and management programmes.

MBSA and Daimler AG have over the past 10 years, picked up numerous business awards for the corporation’s HIV/AIDS workplace programme including the following:
- A GBCHealth Business Excellence award in 2002;
- A commendation from GBCHealth in 2008 for its public private partnership project - Siyakhana;
International Business Association Stevie Awards in 2004 and 2010 respectively;
• A Mail & Guardian Investing in the Future Award in 2003; and
• A NOSA Workplace Programme Excellence Award in 2004.

MBSA noted in 2011 at the GBCHealth Conference in New York (GBCHealth, 2011) that greater awareness and action is needed among businesses in developing countries around the ever increasing double burden of communicable and non-communicable diseases, including the combined impacts on working people and workplaces. The success of MBSA’s comprehensive approach to employee well-being is reflected in its East London manufacturing plant consistently reporting an attendance rate of greater than 98%.

The company’s approach to corporate health and wellness is based on its solid sustainability foundation. Sustainable development for MBSA means looking not only internally to its employees, but also expanding its reach to encompass families of employees, the communities around its operations as well as further afield to vulnerable members of its business communities. The company, however, has started close to home. Its employees enjoy some of the most wide-ranging and well-resourced corporate wellness programmes in the country (MBSA, 2011b).

The MBSA HIV/AIDS workplace programme has had far-reaching effects (MBSA, 2011b):
• In 1999, MBSA became the first company SA to provide free antiretroviral (ARV) treatment to all employees and their families;
• Stabilization of the HIV infection rate at around 8% (compared to the national rate of 19% among the economically active);
• 95% HIV testing uptake among employees, with about 40% of employees testing annually;
• 95% five-year survival and 89% 10-year survival of employees on ARVs;
• Significant reduction in AIDS-related disability and death rates; and
• No significant absenteeism impacts or impact on productivity.

5.1 Health Management and CSR: The Siyakhana Project

The MBSA group of companies asserts a solid reputation for contributing toward nation building and good corporate citizenship reflected in the corporation’s formalised Corporate Social Investment (CSI) portfolio, which is aligned to South African national developmental priorities (MBSA, 2012b). MBSA reports investing in excess of ZAR 270 million between 2007 and 2011 into project partnerships aimed at “opening the doors of opportunity to the disadvantaged and disenfranchised”.

As in Daimler, MBSA has identified key CSI focus rates viz. Education and HIV/AIDS (MBSA, 2011b). The Siyakhana Project was established as a partnership between MBSA, the Border-Kei Chamber of Business (an East London based business association) and German development agency, Deutsche Investitions und Entwicklungsgesellschaft (DEG).
The project aimed to extend the successful HIV/AIDS workplace programme of MBSA into small and medium sized enterprises (SMEs) associated with or in close proximity to the MBSA manufacturing plant.

**Figure 4: Siyakhana Project Strategy 2013 – 2017**

**COMMUNITIES AWARE OF COMMON HEALTH RISKS AND TAKING RESPONSIBLE ACTION**

- **SUSTAINABILITY** – the Siyakhana SME Project meets or exceeds all benchmark standards for financial control and for monitoring, evaluation & reporting applicable to non-profit organisations; has multiple funding sources; and is able to generate own revenue

- **FLEXIBILITY** – Siyakhana delivers customized health care and screening services where and when required by SME’s

- **PROFESSIONALISM** – all staff wear Siyakhana insignia, are registered with appropriate professional bodies, and adhere to strict professional standards and ethics of care and confidentiality

- **VISIBILITY** – the Project’s public profile is sustained through advertising, an up-to-date website, visible branding, development and dissemination of project messages, and utilising Board Member’s networks to broaden awareness and support of the Project

**STRATEGIC OBJECTIVES**

- **Compliance with the OHS Act**
  - By the end of 2007, 85% of Siyakhana SME Project members will comply with the permit provisions of the Occupational Health and Safety Act of 1993

- **Reduction of ill-health absenteeism**
  - By the end of 2017, the ill-health absenteeism rate at the Siyakhana SME Project members will have decline by 10% due to the delivery of comprehensive health screening services

**KEY PERFORMANCE INDICATIONS**

- # SME project members in good standing
- % workers per SME screened or tested by Siyakhana
- # workers per SME identified as HIV positive
- % workers (overall) testing positive for HIV
- # workers per SME identified in each health risk category
- % workers (overall) referred clinical care
- % workers attending Siyakhana services
- # of provincial and local government structures with whom Siyakhana has a formal relationship
- # of invitations received to exhibit at partner’s events
- # of expos initiated by Siyakhana
- # of people attending each expo
- # of SMEs recruited to the Siyakhana SME project at each expo
- # of people utilizing health screening from mobile clinic at event
During the first year of operation, the project was active in 17 SMEs, reaching ± 6,700 employees and an estimated 26,000 family members. The second phase started in April 2008 and ended in March 2010, with additional support provided through a United States President’s Emergency Plan for AIDS Relief (PEPFAR) sub-grant administered through BroadReach Healthcare (BRHC). Phase Two saw an expansion of activities to include 7,655 employees in 37 additional SMEs. This phase importantly included the building of capacity in 7 public sector clinics in order to ensure access to treatment, care and support for employees and dependents identified through the SME-based activities (MBSA, 2012c).

In 2010-11 (third phase), the Siyakhana Project expanded its wellness programme at no additional cost to members. The enhanced wellness programme included Screening for Common 7 Health Conditions (Anaemia, Diabetes, Hypertension, Tuberculosis, HIV, Visual Acuity, Cholesterol), Health Education on a variety of health issues (Anaemia, Diabetes, Hypertension, Tuberculosis, HIV & STIs, Obesity, Smoking, Alcohol/substance abuse), and referral to care-givers. To date Siyakhana has supported more than 60 SMEs with more than 700 employees without health insurance receiving HIV/AIDS treatment, care and support. In the process, Siyakhana has become an internationally recognised benchmark project (MBSA, 2012c).

Going forward, Siyakhana will expand its focus to a fully comprehensive approach to organizational health management at SME level while re-engineering itself as a leading policy and advocacy organization. Figure 4 captures the future strategic direction of the Siyakhana Project.

5.2 Health Management and CSR: The Trucking Wellness Project

MBSA has been a member of the South African Business Coalition on HIV and AIDS (SABCOHA) since 2000, actively engaging with other businesses, civil society and the government. Through this coalition, the company has a national platform to share its knowledge and expertise, providing support for numerous SABCOHA initiatives. In addition to the innovative and environmentally conscious passenger vehicles that MBSA puts on the roads each year, its commercial vehicles business also contribute significantly to the company’s turnover. It stands to reason, therefore, that the sustainability of the country’s trucking industry is a top priority for the company.

One of the greatest threats to the road freight industry in South Africa remains the HIV/AIDS epidemic and the related epidemic of tuberculosis (TB). For this reason, MBSA partnered with SABCOHA and the Trucking Wellness Project of the National Bargaining Council of the Road Freight and Logistics Industry to address HIV/AIDS, TB and general health education, advocacy, prevention, treatment and care among truck drivers and fleet management companies.

This successful initiative has grown exponentially since MBSA’s involvement, with the 22nd Trucking Wellness Roadside Clinic Centre having opened in Cape Town in 2012. The project has internationalised with recent extension into six additional countries in southern Africa.
Chapter 9  OSH and CSR in Mercedes Benz South Africa: A Case Study

Truckers are the backbone of the road freight industry in sub-Saharan Africa and many of them drive long-haul vehicles across more than one border, often being away from their families for long periods. This significantly increases the risk of HIV infection, and makes awareness about the disease so much more important, but also creates objective conditions for an increased risk of malaria infection and of non-communicable diseases (NCDs).

While the bulk of the Trucking Wellness project is centred on 22 busy comprehensive Wellness Centres at truck stops along the main transport routes of SA, mobile clinics in the form of Mercedes-Benz vans are also stationed at trucking company depots. The mobile clinics offer truckers more than just education and screening for HIV; they also tackle TB and malaria, as well as general health screening.

Services are not exclusively for truckers, but are extended to vulnerable communities living around the roadside Wellness Centres, including sex workers working the truck stops.

The Trucking Wellness Project is committed to ensuring universal access to comprehensive sexually transmitted infection (STI), HIV/AIDS and TB prevention, treatment, care, support, impact mitigation and general health promotion. At the end of 2011 the following was reported by Trucking Wellness in its annual report (CEP, 2011):

- 22 roadside / truckstop comprehensive Wellness Centres
- Fleet of 15 (Sprinter) Mobile Wellness Centres
- 240,535 workers trained
- 2,250 sex workers trained
- 258 peer educators trained
- 158,545 primary healthcare patient contacts
- 28 450 participants in HIV counselling and testing
- 11.3% HIV positivity rate
- 415 patients in HIV/AIDS treatment programme

6. The Future

HIV/AIDS will remain a top priority on MBSA’s social investment agenda for the foreseeable future. In addition to funding community HIV/AIDS projects, the company asserts that it will continue to prioritise the wellness of all its employees. MBSA has found many opportunities for “cross-pollination” between its core business of building and selling vehicles as well as its various community projects, exactly because “HIV/Aids is everyone’s business” and the epidemic has such far-reaching effects across all sectors of the South African population.

However, it is clear that in South Africa, like in many middle income countries, public health is becoming increasingly cognizant of the ever increasing double burden of communicable and non-communicable diseases (NCDs). CSR initiatives in the health space will need to address this going forward.
Further, corporates in South Africa, including MBSA, need to critically review whether their workplace employee wellness initiatives and their health-related CSI initiatives make a sustainable contribution to overall health systems strengthening. Strengthening national health systems is the basis of a comprehensive approach to equitable health outcomes and must guide CSR programming in the health sector in SA.

MBSA is learning that the successful management of communicable diseases provides excellent opportunities to accelerate prevention and control of NCDs. Such opportunities should be identified and harnessed to address integrated employee and community health and wellness in the context of health systems strengthening.

South Africa has been identified as having a quadruple burden of disease viz (Lawn & Kinney, 2009):
- HIV and TB
- Maternal and child mortality
- NCDs
- Violence, injuries and trauma

To remain relevant in SA, CSR programming in the health sector needs to find creative and innovative ways to deal with all four contributors to morbidity and mortality in a way that balances business, employee and community needs.

Sub-Saharan African countries have serious challenges in dealing with NCDs in the face of a total onslaught from communicable diseases especially HIV and AIDS, TB and Malaria. However, as the burden of NCDs increases and their relationships with certain communicable diseases such as HIV becomes clearer it is important that CSR programmers in South Africa start to focus more on NCDs while continuing to scale up the response to the impacts of communicable diseases.

References


Chapter 9  ■  OSH and CSR in Mercedes Benz South Africa: A Case Study


Conclusions and the Future Agenda

Kwesi Amponsah-Tawiah and Bill Buenar Puplampu
University of Ghana Business School

1. Raising the Profile of OSH in the CSR agenda

The European Commission in its Green Paper on CSR: “Promoting a European framework for CSR” and “CSR: A business contribution to sustainable development” distinguishes between two dimensions of the concept: the internal and external dimensions. The internal dimension is analyzed within the organization, and is related to issues such as health and safety, investing in human capital, quality of life of employees, quality management, change management, while environmentally responsible practices relate mainly to the management of natural resources used in production (European Commission, 2001). On the other hand, within the external dimension CSR extends beyond the doors of the company into the local community and involves a wide range of stakeholders in addition to employees and shareholders: business partners and suppliers, customers, public authorities and NGOs representing local communities as well as the environment (European Commission, 2001).

Most of the issues highlighted in the internal dimension as indicated in the chapters have legal basis while CSR is concerned with what organizations can/should go on to achieve beyond legal requirements. This leaves a lot more discretionary powers in the hands of employers which could easily be abused. For instance, most health and safety legislations in various economies make blanket statements in respect of risk management, health hazards, safety precautions etc. without touching on psychosocial issues at work. In the British system, which is seen as leading both in the field of OSH (HSE, 2005) and CSR (Vogel, 2005) for instance, areas like public reporting of health and safety performance, director leadership in health and safety, provision of welfare facilities (e.g., gyms) at work, which are all indicators of a good CSR agenda, are not legislated in the health and safety laws. They are at the discretion of management – who may tend to ignore these areas.
The challenge of ensuring compliance with existing legislations on health and safety is greater today than ever. With an ever increasing number of SMEs and hazardous industries globally engaged in more complex production activities coupled with lack of resources, expertise and in recent times cuts in state funding for inspectorate divisions in some countries, it is evident that promoting the internal aspects of the concept, particularly health and safety and quality of life, using legislation as the ground and not the ceiling within a framework of good business practice and common business sense could be the possible way forward.

Both developed and developing economies suffer the difficulty of enforcement. However, compliance with legal requirements is more prevalent in developed economies where there are more qualified and better resourced enforcement agencies than in developing economies most of which have no existing laws for organizations to comply with and, even where there are, lack the required professionals and other resources to ensure effective enforcement. It therefore becomes important to emphasize the internal dimension of the concept, which has been down played especially in developing economies. Drawing attention to the internal dimension of the concept is therefore important in deriving the full benefits of CSR.

The interests of key stakeholders cannot be over-emphasised as major social concerns in any business. With employees being one of the major stakeholders of any business, it stands to reason that employee welfare issues as health and safety and quality of life should be a part of the social concerns of any organization and an integral part of any CSR agenda (HSE, 2005). The CSR concept provides both a greater opportunity to strengthen OSH as well as a threat to its advancement in any organization.

Zwetsloot and Pot (2004) indicated that the concepts of healthy organizations and CSR are closely connected. According to them, both concepts include healthy employees (people) and a healthy environment (planet) and in the metaphorical sense of the word, a healthy company is a financially successful one (profit). This corresponds to the triple bottom line of the CSR concept and therefore shows the close association between CSR and OSH.

Health and safety has a positive business value, which often contributes to a positive company image (both on the labour market and in the market for their products and services) as shown in the benefits from CSR above. This is not different from the disclosure phenomenon of the CSR concept, which is used by many organizations as a public relations strategy to give the company a positive image in the face of potential employees, consumers and the larger community. Thus, OSH just like CSR is a reputational risk issue for all types of business. Companies that fail to adequately address OSH issues stand the risk of losing public trust with its resultant loss of profit and shareholder value. Like any other issue that borders on CSR, public awareness is key to making OSH a material issue for reputational risk.

It is worth noting that the concept of health by its very nature is holistic as per the WHO definition; “a state of complete physical and mental well-being” (WHO, 1986). This implies that employers’ responsibility and efforts towards promoting the health of
employees does not end within the confines of the organization but extends further to include any activity outside of the organization that has the potential of affecting employees’ health. This also relates to the internalities and externalities of the CSR concept, which stretches from welfare issues to environmental and community issues.

One profound argument that has been made in support of the external dimension of the CSR concept by most CBOs and CSOs is the provision of an informal or social license by communities to organizations to operate without any disturbances. However, it is important to also recognize that much as local communities provide social licenses for organizations to operate in peace, so do employees. Thus where the rights of employees in respect of healthy and safe working environment and a living wage to enhance their quality of life are trampled upon flagrantly, they tend to disturb the peace of the organization through the use of strikes and other orthodox measures similar to those used by community members and other civil society groups to back home their demands. Thus OSH just like CSR can be a risk management strategy to prevent any disruptions and hold-ups that may arise as a result of poor and unhealthy working conditions.

Mention is made of OSH in most codes of conduct and reporting guidelines that seek to promote responsible business practices, which appear to be the underlying principle for the CSR concept. The UN Global Compact and the Global Reporting Initiative’s (GRI) sustainability reporting guidelines explicitly mention OSH. In the UK, Business in the Community’s (BitC) Corporate Responsibility Index – the most widely recognised tool for measuring a company’s CSR performance also mentions OSH. It is evident that CSR and OSH share a basic tenet which is the institutionalization of knowledge on good working practices within organizational processes (Wright et al., 2002).

Indeed, OSH concerns cannot be overlooked in the pursuance of any meaningful CSR agenda as it has immense benefits for all stakeholders involved. However, OSH is usually only considered an important CSR issue in industries where injury to employees may be sufficiently serious to threaten the reputation of its business as an employer or product/service provider (Griffiths, 2004). Perhaps the principle of voluntarism that characterises the CSR concept as opposed to the regulatory regime surrounding the operations of OSH makes the two appear to be distinct without any links. However, the bottom line is that they both stand to achieve the same goals of responsible business practices.

It is obvious from the above developments that CSR creates many opportunities for synergy with OSH, and also may create new inspiration for innovative OSH initiatives (Zwetsloot, 2003). A review of the relevance of CSR to the promotion of OSH by the HSE (2005) also shows that the concept is a potentially useful vehicle for the promotion of OSH. According to the review, the focus of CSR on social outcomes particularly, impacts on employees who are an important part of the stakeholder race, should place OSH at the core of CSR.

Maitland (2005) and the HSE (2005) have both encouraged companies to use CSR as a strategic investment into their core business strategy where occupational health is concerned, treating it as an investment like quality management with a longer and a
more sustainable pay off (Kok et al., 2001). Indeed, if the view is taken that the internal dimensions of CSR essentially represent healthy workplaces/workplaces that value their employees, as supported by literature (BitC, 2005; HSE, 2005), then the following conclusions can be drawn; as workers physical environment and working conditions with regards to safety and health are improved then improved sickness and absence rate occur. The positive link between CSR, OSH and sustainable development is demonstrated in Figure 1 below.

**Figure 1: The CSR Sustainable Development Model**

The point of the model is that nations, communities and organizations that seek to pursue a sustainable development agenda must realize that the concept of sustainability is meaningless until it is intricately linked to initiatives and actions that emanate from CSR and OSH. In principle, this speaks to the matter of Corporate Responsibility: that organizations and institutions, both public and private, State and non-State, profit and not-for-profit; governments and agencies have a responsibility to themselves, their constituents, and as yet unborn generations to act and behave in responsible ways.
2. Areas for Further Research

The right to health and safety at work is a part of basic human rights. According to the WHO, all workers have the right to healthy and safe work irrespective of size and operation. In spite of this, most OSH principles are not structured to suit Small and Medium Scale Enterprises (SMEs). However, available data indicate that SMEs represent over 90% of private business and contribute to more than 50% of employment and of GDP in most African countries (UNIDO, 1999). Small enterprises in Ghana are said to be a characteristic feature of the production landscape and have been noted to provide about 85% of manufacturing employment of Ghana (Steel & Webster, 1991; Aryeetey, 2001). SMEs are also believed to contribute about 70% to Ghana’s GDP and account for about 92% of businesses in the country. Similarly, in the Republic of South Africa, it is estimated that 91% of the formal business entities are Small, Medium and Micro Enterprises (SMMEs) (Hassbroeck, 1996; Berry et al., 2002). They also contribute between 52 and 57% to GDP and provide about 61% of employment (CSS, 1998; Ntsika, 1999; Gumede, 2000; Berry et al., 2002).

Considering the contribution of SMEs to national development and employment in the developing country context, it is surprising there are no structures for the implementation OSH among SMEs. In the light of the above, it is important to conduct some studies to set in motion mechanisms for the implementation of OSH among SMES. The concept; Corporate Social Responsibility (CSR) lends itself more to corporate entities and large scale organizations and tends to alienate the SME sector from living the principles of the concept. However, considering that SMEs form a chunk of the employment and development portfolio of most economies, it will be important to initiate some moves towards amending the nomenclature to make it all encompassing as the term corporate seems to be creating some confusion within the SME sector. Indeed SME sector seem to consider the CSR concept to be the preserve of corporate/large scale organizations. We therefore suggest that further research focusing on SMEs is needed in the area.

Another area requiring attention is the responsible action of governments and State agencies in the mainstreaming of CSR and OSH with the public services themselves. In other words, how do public service organizations such as the Ghana Education Service, the Ministry of Transport, the Office of Civil Service in say Tanzania or Kenya actually do CSR or OSH themselves? Not as regulators but as organizations that need to be CSR and OSH compliant? This requires research into State agencies in Africa.

Finally, we believe there is the need to examine how investment codes either support or detract from responsible corporate citizenship. Our point is: to what extent do Investment Codes and Laws articulate the necessary linkages between business action and development agendas and frame these as a matter of employee and community rights rather than profits, taxation and exploitation of raw materials?

Our work suggests that the following recommendations to governments are in order:
- Improve legislation on responsible business behaviour
- Place investments and FDI in context of the triple bottom line ides
• Strengthen regulatory and enforcement agencies
• Offer tax incentives to SMEs which pursue sound OSH policies and practices
• Support Higher Education institutions which seek to train managers to better understand and implement CSR and OSH. Dedicated State Research funds should be made available by African governments to support deeper research into OSH and CSR.

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While the potential of Corporate Social Responsibility (CSR) for Occupational Safety and Health (OSH) is being increasingly researched in the developed world, not much is being done to tap its huge potential in Africa or the rest of the developing world. The CSR-OSH project funded by the British Council’s DelPHE programme focused on developing capacities of institutions by developing relevant material that can be incorporated into the current curriculum for training future managers as well as OSH professionals in Higher Education Institutions (HEIs).

The objectives of this book are:

1. To describe how CSR and OSH are executed (or not) in advanced northern countries as well as developing southern countries. There are hardly any such cogent treatments of the two concepts together taking in both advanced and developing contexts.

2. To show or demonstrate the challenges confronting the proper deployment of both notions in the African context.

3. Thirdly, to provide evidence to influence corporate, institutional and public policy.

4. Fourth, directly and indirectly, to demonstrate how the MDGs, particularly alleviating poverty, may be attained in Africa through clear and focused attention on OSH and CSR by both State and non-State actors as well as by businesses and organisations.

5. The final objective is to offer students, practitioners and researchers a useful resource book.

The editors and contributors hope that even if only partially achieved, these objectives and the efforts behind this work go some way to enable the discourse on CSR and OSH in Africa to become more systematized and mainstreamed.