



International
Labour
Organization

A thin red diagonal line runs from the top left corner of the page towards the middle right.

One is too many

► **The collection and analysis of data
on occupational injuries in Qatar**

November 2021

Copyright © International Labour Organization 2021

First published 2021

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to ILO Publishing (Rights and Licensing), International Labour Office, CH-1211 Geneva 22, Switzerland, or by email: rights@ilo.org. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered with a reproduction rights organization may make copies in accordance with the licences issued to them for this purpose. Visit www.ifrro.org to find the reproduction rights organization in your country.

One is too many: The collection and analysis of data on occupational injuries in Qatar

ISBN (web PDF) 9789220347393

Also available in Arabic: ISBN (Web PDF) 9789220347409

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

Information on ILO publications and digital products can be found at: www.ilo.org/publns.

Acknowledgements

The main authors of this report are Dr. Francesca Re, an independent consultant, and Max Tunon from the ILO Project Office in Doha. It draws heavily on the Work-related Injury Unified Registry for Qatar (WURQ), a research grant of the Hamad Injury Prevention Program of the Hamad Trauma Center, and in particular the efforts of Dr. Rafael Consunji, Dr. Aisha Abeid and Nazia Hirani. The authors also wish to acknowledge the efforts of the OSH Unit of ADLSA and the Task Force on Safe and Healthy Employees, chaired by the MOPH. Important inputs were provided by Jaber Al Merri, Bashir Kambal, Ehab Khalil, Dr. Mohammed Al Hajjaj, Dr. Rafa Omer, Dr. Asma Al Nuaimi, Sandy Semaan, Dr. Yuka Ujita, Michael Kandarakis, Marie-Jose Tayah, Sanaa Abou Sleiman and Marco Minocri.

Contents

Acknowledgements.....	ii
Preface	iv
1. Introduction	1
2. Qatar’s OSH Policy	3
3. OSH data collection initiatives	4
3.1. Data compiled by ADLSA.....	5
3.2. Employer occupational injuries notification system	6
3.3. Workplace Injury Unified Registry in Qatar (WURQ).....	7
4. Available administrative and research data on occupational injuries and fatalities in 2020.....	10
5. WURQ Registry Data for 2020	12
5.1. Fatal occupational injuries in 2020 (WURQ)	13
5.2. Severe occupational injuries in 2020 (WURQ)	14
5.3. Mild-to-Moderate occupational injuries in 2020 (WURQ)..	16
5.4. Disaggregation of data (WURQ)	18
6. Heat stress and occupational injuries	21
7. The way forward	23

► Preface

Every fatal occupational accident is a tragedy, and severe and even moderate injuries can have life-long consequences for workers and their families. Understanding the factors that influence the occurrence of occupational injuries¹, and their prevalence in specific sectors or among certain groups is crucial for the design and implementation of policies and practical measures that would lead to their prevention. Facilitating and enhancing relevant data collection efforts and promoting closer collaboration among competent ministries and relevant institutions is therefore a priority in the national occupational safety and health (OSH) policy of Qatar. The data and the information presented in this report reflect this commitment to cooperation, transparency and continuous improvement from the relevant institutions in the State of Qatar.

Under the technical cooperation project between the Government of Qatar and the International Labour Organization (ILO), the ILO has worked with the Ministry of Administrative Development, Labour and Social Affairs (ADLSA)² as well as the Ministry of Public Health (MOPH) and other partners, in their efforts to strengthen the quality of OSH data collection and analysis.

The primary objective of this report is to present the various initiatives and institutions that collect data on occupational injuries and identify the main challenges they face.

The secondary objective is to put forward available statistical data for 2020, primarily by the Unified Registry for Workplace Injury Prevention in Qatar (WURQ), which has collected the most comprehensive relevant data. Although it is currently not possible to safely present a categorical figure on the number of occupational injuries and fatalities in Qatar, the efforts made by ADLSA, MOPH, WURQ and the other institutions presented here, are key steps to enhance data collection, and more importantly, have led to concrete discussions on the gaps and the measures required to address them.

The report concludes with a number of recommendations on what has to be done to improve the efficiency of data collection and analysis systems and the quality of collected data; and on how these can inform more effective OSH and injury prevention policies and programmes. The ILO is committed to continue working with the Government of Qatar and key partners to turn these recommendations into a road map for action in this priority area.

1 ILO standard terminology is “occupational injuries”, see ILO [Code of Practice](#). However, the term “work-related injuries” is sometimes used in policy and research documents in Qatar, and on occasion in this report for the purpose of increased comprehension.

2 In October 2021, the Ministry of Administrative Development, Labour and Social Affairs (ADLSA) was restructured into different ministries, including the Ministry of Labour and the Ministry for Social Development and Family. The acronym ADLSA will still be used in the present report.

► 1. Introduction

Around the world, millions of workers are affected every year by occupational injuries or diseases caused by workplace hazards.³ The devastating effects on workers and their families cannot be fully appreciated, as serious illness, injury and fatalities at work also have cascading psychological, social, and economic effects on victims' families and communities.

The ILO defines an occupational injury as “any personal injury, disease or death resulting from an occupational accident”; and an occupational accident as an “unanticipated and unplanned occurrence[s] including acts of violence⁴ resulting from and in connection with work which cause one or more workers to incur a personal injury, disease or death”.⁵

In line with the above definition, Article 1 of Qatar's Labour Law No. 14 of 2004 defines occupational injuries as an “...accident happening to the worker during the performance of his [or her] work or by reason thereof or during the period of commuting to and from his [or her] workplace, provided that there is no stoppage, lagging behind, or deviation from the normal route of commuting to and from the workplace”.

Safe and healthy working conditions are recognized as of key importance in the ILO Centenary Declaration on the Future of Work, which declared that “safe and healthy working conditions are fundamental to decent work.”⁶ Likewise, the importance of OSH is recognized in the 2030 Agenda for Sustainable Development, within Sustainable Development Goal (SDG) 8, which focuses on decent work, protection of vulnerable workers and economic growth. More specifically, Target 8.8 refers to the *protection of labour rights and the promotion of safe and secure working environments for all workers, including migrant workers*.⁷

To realize Target 8.8 and prevent work-related injuries, competent authorities, in consultation with employers and workers, are responsible for the formulation, implementation and review of coherent national policies on OSH.⁸

3 ILO, Safety and Health at the Heart of the Future of Work: [Building on 100 years of experience](#); 2019 and ILO, [World Statistics. The enormous burden of poor working conditions](#).

4 The ILO Violence and Harassment Convention, 2019 (No. 190), Article 1(1)(a) defines “violence and harassment” in the world of work as a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment.

5 ILOSTAT. Indicator description: Occupational injuries available [here](#).

6 Follow up to resolution on the Centenary Declaration for the Future of Work, ILO Governing Body 340th Session, Geneva, October–November 2020 and Centenary Declaration, Part II(D). Available at: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_757052.pdf [Accessed on 1 March 2021].

7 SDG Indicator 8.8.1 refers to the “Frequency rates of fatal and non-fatal occupational injuries per 100,000 workers, by sex and migrant status. The ILO is the custodian agency of this indicator, supporting member States in data collection efforts.

8 ILO Occupational Safety and Health Convention, 1981 (No. 155); Supporting Companies' Occupational Safety and Health Performance: A guide for employers and business membership organizations on OSH advocacy and services (ILO).

Box 1. Collecting data on OSH and migrant workers⁹

The need to record injury data by migrant status as part of SDG indicator 8.8.1 is an acknowledgement that migrants are a particularly vulnerable group, worldwide. Factors that could contribute to migrant workers' vulnerability include increased exposure to hazards, language and cultural differences, inadequate training, limited awareness of OSH regulations and rights at work, and the inability to act on those rights.^{10 11 12}

In this context, it is important to recall that 95 per cent of Qatar's workforce are migrants, many of whom are in the large construction sector, globally recognized as a hazardous industry.¹³

9 The ILO definition of 'migrant worker' comes from Art. 11 of ILO Convention No 97, 1949: The term migrant for employment means a person who migrates from one country to another with a view to being employed otherwise than on his own account and includes any person regularly admitted as a migrant for employment. The Government of Qatar often uses the term "foreign workers" or "expatriate workers" in some official communications to refer to migrant workers.

10 Moyce, S. and Schenker, M., [Migrant Workers and Their Occupational Health and Safety](#), Annual Review of Public Health Vol. 39:351-365 (Volume publication date April 2018)

11 Yanar, B., Kosny, A and Smith, P., Occupational Health and Safety Vulnerability of Recent Immigrants and Refugees, International Journal of Environmental Research and Public Health, September 2018.

12 Recent figures from South Korea show that migrant workers make up 4 per cent of 'salaried employee positions' in the country, but constitute 12 per cent of those who have suffered fatal occupational accidents. In the 18 months period from January 2020 to June 2021, 135 of the 1,113 workers who died from were migrants. https://www.koreatimes.co.kr/www/nation/2021/08/119_313615.html

13 Labour Force Sample Survey, First quarter 2020, [Authority on Planning and Statistics](#).

► 2. Qatar's OSH Policy

Following a process of consultation with national and international stakeholders, and an analysis and review of good practices, a National OSH Policy¹⁴ was adopted in 2020, by ADLSA and MOPH. The Policy reflects on past experience, and a recognition that efforts to address OSH cannot be dispersed and fragmented, and need a level of coherence to have a greater impact.

The key elements of the Policy are:

1. Coordination, cooperation and consultation mechanisms;
2. Data collection and analysis;
3. Harmonization, regular update, and communication of the OSH legislation and standards;
4. Provision of health services; and
5. Access to OSH education and training both at the national level and in the workplace, including awareness raising activities for all relevant stakeholders.

In addition to the close collaboration between ADLSA and MOPH, the Policy was supported by a dedicated working group, established under the Task Force on “Healthy and Safe Employees”, one of the priority populations identified under the National Health Strategy for 2018-2022. The Task Force continues to support the implementation of the Policy, including with an initiative to establish a national registry on occupational injuries to collect and analyse data (see section 3).

¹⁴ The National Policy on Occupational Safety and Health is available [here](#).

► 3. OSH data collection initiatives

One of the main areas of action featured in the OSH Policy is the development of systems for the identification, recording, notification, compilation, analysis and annual publication of statistics on occupational accidents (including fatal and non-fatal injuries) and diseases. Such data is essential to inform evidence-based, targeted policies and programmes; to foster transparency and facilitate the exchange of OSH statistics and data among relevant authorities; and to measure progress and the effectiveness of OSH systems.

Countries can collect occupational injury data through multiple means (e.g. from labour force surveys, accident insurance schemes and mandatory employer notification systems). In Qatar, ADLSA, MOPH, the Ministry of Interior (MOI), Hamad Medical Corporation (HMC), the four Workers' Health Centres administered by Qatar Red Crescent Society (QRCS), the Primary Health Care Corporation (PHCC) and the morgue¹⁵ are all currently collecting occupational injuries data. Each of these institutional initiatives are at different stages of development, with their own strengths and limitations. In addition, workers with less severe injuries can also seek care at a number of private clinics, and even company clinics.¹⁶ Following the adoption of the Law on Healthcare Services (No. 22 of 2021), which mandates foreign residents and visitors to obtain private health insurance from April 2022, migrants will be more dependent on healthcare from private clinics, and this will have a significant effect on the collection of accurate data on mild and moderate occupational injuries.

In principle, all these institutions use a definition of "occupational injuries" that aligns with Qatar's Labour Law and the ILO definition. However, the compilation of comprehensive and comparable data on occupational injuries from all these sources has proven challenging, primarily because of the number of institutions involved, and the different ways in which they process the data.

Additionally, the focus has primarily been on occupational injuries (especially fatalities) and less so on occupational diseases. The Labour Law does include a list of occupational diseases,¹⁷ and the MOPH is currently working on updating a national list of occupational diseases in collaboration with specialists and other relevant authorities. That said, more work is needed to improve the identification and registering of occupational diseases, including through the training of frontline doctors and health practitioners. The challenge of attributing diseases to specific jobs is a common challenge around the world, but is heightened by the limited number of occupational physicians in the country¹⁸, and the migrants' period of time in the country possibly being shorter than the latency periods for many occupational diseases.¹⁹

¹⁵ Guidance on whether or not a fatality is work-related is included in the latest version of the optimized Mortuary Management System. This initial categorization is the responsibility of the physician or the MOI's forensic doctor, and is later reviewed by the MOPH and ADLSA.

¹⁶ The Labour Law No. 14 of 2004 (Article 104) stipulates that companies with 100 workers or more must have a full-time medical nurse on site, in addition to a first-aid box. Establishments with more than 500 workers must establish a clinic that is staffed by at least a physician and a nurse.

¹⁷ Table 1 annexed to the Labour Law contains a list of occupational diseases recognized by the Law. Moreover, Ministerial Decision No.19 of 2005 defines those occupational diseases for which workers in different industry sectors must be periodically tested, and the steps that must be taken to ensure the safety of workers who contract an occupational disease.

¹⁸ Data provided in 2019 during the drafting of the OSH National Profile by the Qatar Council of Healthcare Practitioners (QCHP) indicated that there are only 13 registered occupational health physicians and one registered occupational health nurse operating within Qatar. National healthcare statistics for 2016 provided no additional data on occupationally trained physicians. MOPH is currently working on developing training programmes for PHCC doctors on occupational health services.

¹⁹ In 2010, half of the foreign nationals surveyed in Qatar's census had been living in the country for two years or less; another third had spent five years or more; and 8.4 per cent of non-nationals had been residents for 15 years and more (<https://gulfmigration.org>).

Box 2. Data from countries of origin

Another source of data on migrant worker fatalities (not necessarily work-related) are the records of compensation claims submitted by family members in countries of origin and the repatriation of deceased migrants by embassies. While there are limitations to extracting conclusions from such data, in the absence of more comprehensive sources, this was used as the basis of a 2016 ILO report on the deaths of Nepali migrant workers from 2008 to 2015.²⁰ This data has also been used in an article in the *Cardiology Journal* in 2019.

The ILO report showed that a high proportion of the death certificates issued in several countries of destination, including Qatar, indicate “cardiac arrest” or “natural causes” as the cause of death. Given the relatively young age of the Nepali migrant workforce, the report called for more investigations and more accuracy in the identification of the cause of death. This is key to workers’ families receiving due compensation for work-related fatalities. These concerns were also highlighted in a recent Amnesty International report.²¹ Some recent efforts to improve the quality of information included in death certificates, and to record the cause accurately include a training course launched for hospital staff in May 2020 on the Mortuary Management System.²²

The 2016 ILO report also found that the mortality rate among Nepali migrant workers was similar to the same age group of Nepalis who did not migrate – while recognising the preventive value of health screenings prior to the departure of migrant workers. From nine countries of destination represented in the report, Qatar had the sixth highest mortality rate.

3.1 Data compiled by ADLSA

For several years, ADLSA has been compiling information on fatal occupational injuries from various national sources, including the:

1. Police;
2. National Trauma Registry (which tracks in-hospital fatalities and the most severe occupational injuries);
3. Section on Births and Deaths, MOPH (which issues death certificates); and
4. ADLSA notification system (see section 3.2 below).

²⁰ ILO, When the safety of Nepali migrant workers fails: A review of data on the numbers and causes of the death of Nepali migrant workers, 2016. https://www.ilo.org/kathmandu/whatwedo/publications/WCMS_493777/lang--en/index.htm

²¹ In the prime of their lives, Amnesty International, August 2021, <https://www.amnesty.org/en/documents/mde22/4614/2021/en/>

²² This online course aims to strengthen the capability of medical practitioners to indicate the cause(s) of death in parallel with the use of ICD 10-coding to complete the notification of death according to WHO standards. Those trained include physicians, pathologists, HMC Laboratory Medicine and Pathology, Forensic Pathology and staff of the Mortuary Section.

From a data analysis perspective, each of these sources have different methodologies of data collection, with different data elements collected. Each institution is responsible for an initial determination of whether an injury is possibly work-related, and the final determination is made upon further analysis by MOPH and ADLSA.

The MOPH, with support from a working group under the Task Force on Healthy and Safe Employees, is leading the development of a national centralised system for data collection, monitoring and analysis of occupational injuries and diseases. This platform aims to integrate the data from multiple sources and better consolidate the information gathered by MOL, MOPH and MOI. Such integration will facilitate analysis of the data collected in a real-time (rather than retroactively) manner and, when needed, conduct investigations on specific cases that need clarification. As will be presented below, there are cases of fatalities that present indicators of being work-related (e.g., occurred in the workplace), but have not been categorized as such, while, on the other hand, there are also cases of fatalities that, while appear as work-related, may need further investigation (especially road traffic accidents and other fatalities while commuting). Such centralisation of data would also allow for a more accurate picture of the absolute numbers of occupational injuries and diseases amongst workers and provide information on prevalence and trends.

3.2. Employer occupational injuries notification system

According to the Labour Law No. 14 of 2004 and the Ministerial Decree No. 18 of 2005²³, employers are required to keep an updated register of work injuries that labour inspectors can review upon request. Employers must also notify ADLSA through an online platform of each occupational injury that causes a worker to miss at least one day of work (see Figure 1). In addition, ADLSA has a separate online platform for employers to submit statistics on occupational injuries at their establishments every six months.

► Figure 1. Screenshot of ADLSA Notification System

Additionally, if a worker dies or is severely injured in a work-related accident, the employer must notify the police and the competent medical authority, as well as ADLSA. However, as employers typically first contact the emergency response services, ADLSA is often only informed by a focal point in the Ministry of Interior (MOI) of any fatalities or severe injuries that occur on worksites, and not necessarily of incidents outside of them.

²³ Ministry of Civil Service Affairs and Housing Decree No. 18 of 2005 on occupational injury and disease statistics and reporting procedures

Currently, there is under-reporting through the online notification system, particularly from small- and medium-sized enterprises. This is largely due to a lack of awareness among employers, as well as because of the financial liability and reputational risk that the enterprise can suffer. Despite the relatively severe penalties for failing to report occupational accidents²⁴, employers are rarely sanctioned for non-compliance with this legal requirement. To address this situation, the Labour Inspection Department of ADLSA modified the online notification platform in 2020 and 2021 to make its use clearer and easier for employers, and have developed awareness raising materials to inform and educate them on their obligations. Plans are under development to follow this up with a dedicated enforcement campaign.

3.3. Workplace Injury Unified Registry in Qatar (WURQ)

The 'WURQ registry' was initiated by the Hamad Trauma Centre (HTC), part of Hamad Medical Corporation (HMC). It began in 2015 with a multi-year grant from the National Priorities Research Program of the Qatar Foundation. The objectives were to (1) identify and link the various institutions capturing data on occupational injuries, (2) establish a mechanism for them to identify injuries as work-related or not, and (3) to consolidate, review and analyse the data.²⁵

In 2018 and 2019, the WURQ framework was submitted to peer-review,²⁶ and 'proof of concept' was established as a viable and sustainable model for collecting occupational injury data, because of its basis in the public health approach. In mid-2020, the Hamad Medical Research Centre and the ADLSA/ILO technical cooperation project partnered to collect data with the objective of supporting the implementation of the OSH policy, a key part of the broader labour reform agenda. In addition to the merits of the framework, the collaboration and the discussions generated from WURQ in 2020 have helped to assess the quality and completeness of OSH data available in Qatar, and led to concrete recommendations on how to fill the gaps and establish a sustainable model for the collection of timely and reliable data (see section 7).

The WURQ registry consolidates data from a number of sources, including:

- Five HMC Emergency Departments;
- HMC Ambulance Services;
- Hamad Trauma Centre²⁷; and
- Four Qatar Red Crescent Clinics.

24 Art. 108 of Labour Law No. 14 of 2004 states that employers must notify the police and ADLSA of any occupational injuries. Violations of Art. 108 are subject to a penalty of imprisonment for a period not exceeding one month and a fine of not less than 2,000 Riyals and not exceeding 6,000 Riyals or either of these two penalties.

25 The WURQ team adopted a standard definition of an occupational injury using ILO standards, as detailed in Consunji RJ, Mehmood A, Hirani N, El-Menyar A, Abeid A, Hyder A, Al-Thani H, Peralta R. [Occupational Safety and Work-Related Injury Control Efforts in Qatar: Lessons Learned from a Rapidly Developing Economy](#), 2020.

26 Publications include: (1) Mehmood, A. et al, Work related injuries in Qatar: [A framework for prevention and control](#). Journal of Occupational Medicine and Toxicology, 2018 and (2) Consunji R.J. et al [Occupational Safety and Work-Related Injury Control Efforts in Qatar: Lessons Learned from a Rapidly Developing Economy](#), International Journal of Environmental Research and Public Health, 2020.

27 The Trauma Registry records all deaths that occur in hospital, unless they were due to drowning, poisoning or another 'non-trauma' mechanism of injury.

The frontline staff receiving the patient at the Hamad Trauma Centre or the hospital emergency departments are required to complete a mandatory field in the Cerner²⁸ electronic data management system (Figure 2). A similar system was established for the ambulance service and at the four Qatar Red Crescent Clinics. At the end of each month, the data is sent to a team of researchers who extract, review and encode the raw data, reviewing patient medical records and files, individually for each case registered. The data is then classified according to cause of injury, age, nationality, etc.

► Figure 2. Screenshot of mandatory field in Cerner system

MOPH Data

Injury ☒ Yes ☐ No

Work Related Injury ☐ Yes ☐ No

Road Traffic Injury ☐ Yes ☐ No

Work Related Illness ☐ Yes ☐ No

Injury Definitions

When a patient consults at the ED or is admitted to the hospital for injuries mechanisms:

- a. MVC or RTA - driver or passenger
- b. Pedestrian
- c. Bicyclist
- d. Motorized cycle [2 or 3 wheeled]
- e. ATV riders
- f. Falls from heights
- g. Falling objects
- h. Animal bites or kicks
- i. Drowning - beach or swimming pool
- j. Heat stroke or heat related conditions
- k. Exposure to smoke, fire and flames - inhalational injury
- l. Burns- scalds, electrical or chemical burns
- m. Accidental poisoning and exposure to noxious substances - pesticide
- n. Intentional self-harm - intentional hanging, stab or gunshot wound
- o. Assault - intentional blunt trauma, including neglect and abandonment and other maltreatment syndromes
- p. Legal intervention and operations of war - from police or military action

WURQ provides a uniquely comprehensive compilation of data on severe and mild-to-moderate injuries. The extensive network of clinics, hospitals and emergency services that form part of the network allows for the capture of data on a significant proportion of workplace incidents in Qatar.

However, not all data sources are yet captured. For example, companies affiliated with Qatar Petroleum, who have their own medical facilities, and private clinics²⁹ or hospitals are not included. The WURQ registry captures data from the Qatar Red Crescent Clinics, which meet the primary healthcare needs of 'craft and manual workers' (i.e. low-wage male workers) but it does not currently capture data from the Primary Health Care Corporation (PHCC), which serves women. Although few women in Qatar are employed in occupations traditionally recognized as hazardous, domestic workers are internationally acknowledged as one of the most vulnerable groups when it comes to violence and harassment at work – and face challenges in reporting incidents.³⁰

The sharing of PHCC data has been cleared for inclusion in the WURQ registry, though the mandatory field in Cerner to classify occupational injuries has not yet been activated.

²⁸ Cerner is an international health care information technology corporation that specializes in providing complete systems for hospitals and other medical organizations to manage and integrate all electronic medical records, computerized physician order entry, and financial information (www.cerner.com).

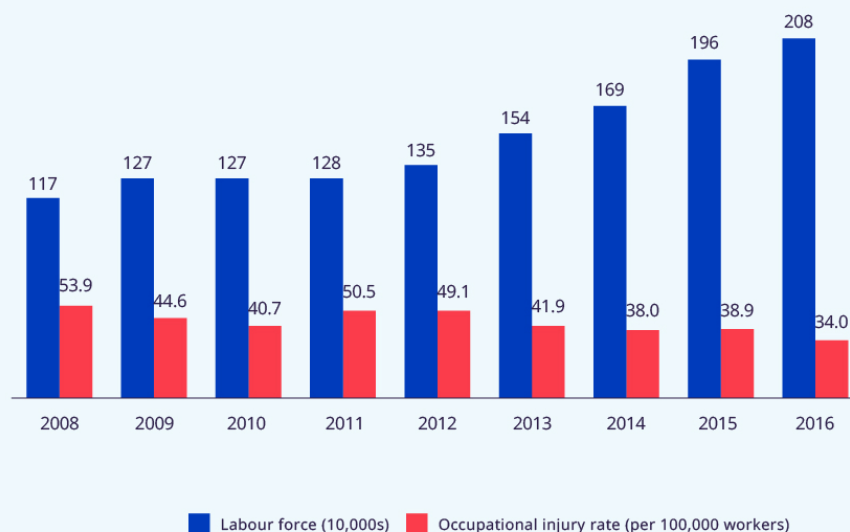
²⁹ Law on Healthcare Services (No. 22 of 2021) mandates foreign residents and visitors to obtain private health insurance from April 2022, and therefore migrants will be more dependent on healthcare from private clinics.

³⁰ ILO Brief: ILO Violence and Harassment Convention, 2019 (No. 190): 12 ways it can support the COVID-19 response and recovery, May 2020.

Box 3. Reviewing the historical data on moderate and severe injuries ³¹

The Trauma Centre receives more than 98 per cent of the trauma patients in Qatar. The WURQ team reviewed the data on the 5,773 moderate and severe occupational injuries that were seen by the Trauma Centre between 2008 and 2016. In this nine-year period, the incidence of injury decreased by 37 per cent, from 53.9 to 34.0 per 100,000 workers. In the same period, the workforce in the country grew considerably by 78 per cent, particularly in the construction sector. The definition of occupational injuries and the criteria for inclusion in the Trauma Registry did not change over the study period (2008-2016); therefore this analysis suggests a significant decline in the rate of occupational injuries.

► Figure 3. Rate of occupational injury captured by Hamad Trauma Registry, and size of workforce in Qatar (2008-2016)



However, this historical data from the Trauma Registry does not include: pre-hospital fatalities; workers who were treated for mild injuries from the emergency departments or PHCC clinics; or workers who have suffered drownings, poisoning and heat-related illnesses.

The main causes of injury and other characteristics identified by the Trauma Registry were similar to those identified in the more comprehensive 2020 WURQ registry (see section 5).

³¹ Consunji, R. et al, Epidemiologic and temporal trends of work-related injuries in expatriate workers in a high-income rapidly developing country: evidence for preventive programs, Conference: 9th International Conference on the Prevention of Accidents at Work, 2017.

► 4. Available administrative and research data on occupational injuries and fatalities in 2020

In recent years, the Government of Qatar has prepared Voluntary National Reporting (VNR) on the implementation of the SDGs. These publicly available reports indicate that there were 117 fatal and 494 severe and moderate occupational injuries in 2017, and 123 fatal and 446 severe and moderate occupational injuries in 2018.³²

The MOPH and ADLSA have undergone a thorough process to review the number of fatal occupational injuries in 2020. The preliminary figure compiled by ADLSA was 100, after removing duplicate entries (identified using the Qatar ID (QID) number of the deceased) and cases that were documented in the Cerner system as not being work-related. Further cross-checking and investigation on whether each case was in fact work-related led the two ministries to a final determination of 66 fatal occupational injuries in 2020.

In comparison, from the sources that contribute to the WURQ registry, there is detailed information on 50 fatal occupational injuries, as well as 506 severe injuries and 37,601 mid-to-moderate injuries.

Further analysis and investigation on the reasons for any discrepancies at each step of the data collection and analysis process is of the utmost importance. There are a number of possible reasons for the difference between the figures collected by different institutions.

These discrepancies highlight the challenges in the registration and categorization of occupational injuries by the different institutions. Further analysis of these figures is hampered by the fact that the majority of these cases do not have sufficient details in the medical (or other) records to definitively determine whether or not they are work-related fatalities.

Moreover, the possibility of errors in the identification and classification of injuries or fatalities by front line staff of the hospitals, clinics, ambulance services and other first responders, cannot be entirely discarded. With shift rotations and turnover of staff, those entering the data may not have received adequate training on the system operation and/or the correct identification of incidents as work-related or not. Indeed, some work-related fatalities identified by the Section on the Registration of Births and Deaths were not captured by the ambulance service data that was submitted to the WURQ registry. Moreover, it is possible that serious accidents, initially reported as occupational injury, could have later resulted in a fatality. In fact, three workers whose cases were recorded in the WURQ 2020 registry as injuries passed away in 2021.³³

On the other hand, it is also possible that some of the cases of fatal occupational injuries compiled by ADLSA from information provided by the Section on the Registration of Births and Deaths and other sources, have been wrongly identified as work-related, mainly because they have occurred at the workplace (e.g. the sudden demise of an office worker while at work due to pre-existing medical conditions, unrelated to his or her job duties).

On top of the challenges and gaps that the present report has identified, the COVID pandemic aggravated existing issues. In 2020 and 2021, coordination among the relevant authorities was extremely challenging due to the immediate priorities that COVID-19 presented to MOPH and the rest of the Government. Because of that, verification, comparison and analysis of the collected data had to be conducted retroactively rather than on a periodic basis throughout the year. An agreement between the relevant institutions is planned, to allow for monthly meetings to review and compare data on occupational injuries.

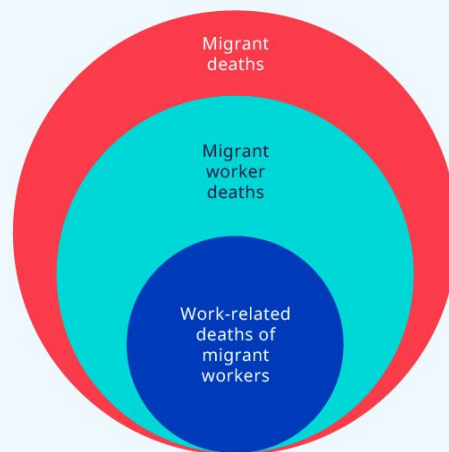
32 Qatar Voluntary National Review 2021: Report on the implementation of the 2030 Agenda for Sustainable Development, Authority on Planning and Statistics (2021). https://sustainabledevelopment.un.org/content/documents/280362021_VNR_Report_Qatar_English.pdf

33 Information provided by the WURQ team.

Box 4. Examining the figures reported in the media

It is important to analyse the widely reported figures on migrants' deaths, the figures presented in this report, and those publicly reported by the Government of Qatar, in reporting against the SDGs. The figure of "6,500 deaths", as reported in a media report³⁴, has been extensively reproduced by many other sources, not always including the context and details of the original article, and often attributing these fatalities to the construction of World Cup sites.³⁵ The number includes all deaths in the migrant population (red circle), without differentiation between migrant workers and the general migrant population, let alone fatalities that resulted from occupational injuries. The general migrant population in Qatar is very large and diverse, and migrants from South Asia represent well over 50 per cent of the total population. They are of all ages, occupations, health status, with many having spent decades in the country. Therefore, a distinction should be made between the number of migrant workers who died for reasons unrelated to their occupation (green circle), and the number of those who died from work-related fatalities (blue circle).

The number of migrant deaths overall (red circle) is publicly reported by Qatar's Authority on Planning and Statistics (with data going back several years) under statistics on births and deaths. The total number (all nationalities, including Qataris, and both work-related and non- work-related) in Qatar has ranged from 2,000 – 2,400 annually in the last decade.³⁶ The overall number on deaths, as reported, is further disaggregated by sex, age, cause of death, month, etc. However, these figures are not disaggregated by work-related or non-work-related fatalities. The institutions that do collect and analyse data on work-related injuries and fatalities are presented and evaluated in the course of the present report.



34 The Guardian, Revealed: 6,500 migrant workers have died in Qatar since World Cup awarded, 23rd February 2021, available [here](#).

35 The Supreme Committee for Delivery & Legacy (SC) is responsible for the oversight of the construction of all the venues for the FIFA 2022 World Cup. The SC engages three external auditors and inspectors to monitor health and safety and worker welfare, and has collaborated with Building and Woodworkers' International (BWI) to organise OSH inspections since 2016. They have published annual reports since 2015, and the 2020 report indicates that there were no work-related deaths in 2020, three deaths from natural causes and one death from COVID-19.

36 Data on births and deaths is published on the website of the PSA (psa.gov.qa)

► 5. WURQ Registry Data for 2020

Putting aside the differences in the total number of fatal occupational injuries collected by ADLSA, MOPH and WURQ, and the challenges in data collection, compilation and analysis, the fact remains that the WURQ registry has not only collected a more comprehensive data set for 2020 through a rigorous process, but has additionally classified the registered cases according to fatal, severe and mild-to-moderate occupational injuries,³⁷ and also disaggregated those by a number of recognized demographic factors, including the available key characteristics of the injury.³⁸

► Figure 4. Total number of occupational injuries in 2020, by month (WURQ)

Month	Fatal	Severe	Mild/Moderate
January	6	39	3111
February	2	42	3295
March	4	28	2727
April	4	37	1762
May	3	43	1288
June	3	31	2336
July	11*	60	2697
August	4	34	3682
September	2	51	4208
October	3	53	4303
November	7	38	4335
December	1	50	3857
Total	50	506	37,601
Average	4.17	42.17	3,133.4

* The higher number of fatalities in the month of July is due to a single accident in which several workers died.

Further analysis of this data is presented below:

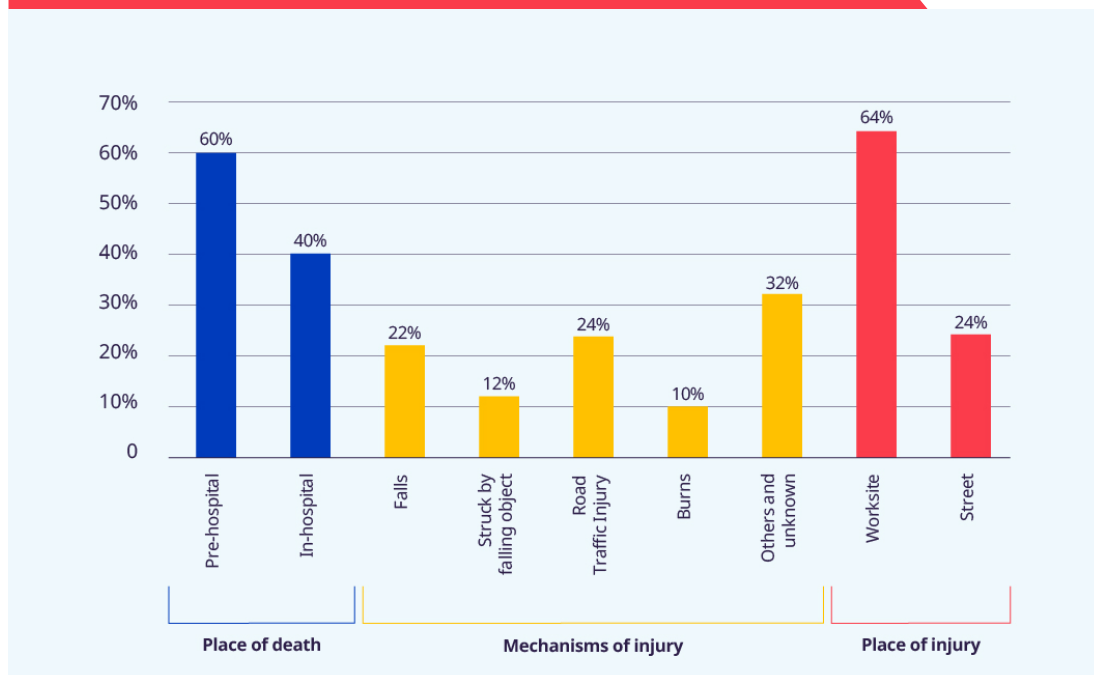
³⁷ While some countries and data collection systems do not include self-inflicted injuries among their data on occupational injuries, the WURQ registry has included these cases – the only criteria being that they occurred in the place of work.

³⁸ Sixteenth International Conference of Labour Statisticians Geneva, 6-15 October 1998. Report of the Conference International Labour Organization, 16th ICLS, 1998.

5.1. Fatal occupational injuries in 2020 (WURQ)

The key characteristics among the 50 fatal occupational injuries are as follows:

► Figure 5. Fatal occupational injuries by key characteristic (WURQ, 2020)



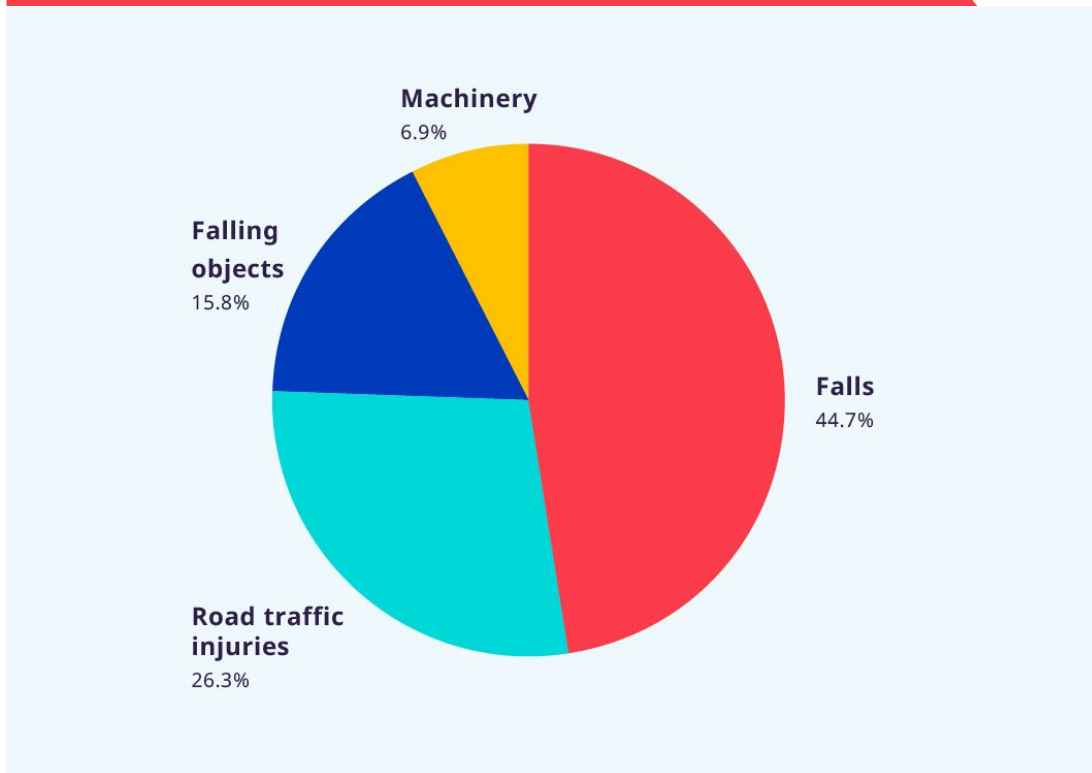
Of the fatalities reported in the WURQ registry, 30 occurred pre-hospital (60 per cent), and 20 occurred in hospital (40 per cent). Most fatalities resulted from falls and road traffic injuries, and most occurred in the worksite.

One-fifth of these fatalities are due to 'unknown' causes, all of which were pre-hospital fatalities that were attended to by the ambulance service. This calls attention to the need for retroactive gap filling in the WURQ dataset, through communication with the relevant institutions, in situations where essential information was not captured initially. A protocol for this, with focal points in different institutions, is currently under consideration.

5.2 Severe occupational injuries in 2020

There were 506 severe occupational injuries³⁹, with an average of 42.2 severe injuries per month. Severe occupational injuries were most commonly caused by falls, followed by road traffic injuries, falling objects and machinery.

► Figure 6. Causes of severe occupational injuries (WURQ, 2020)

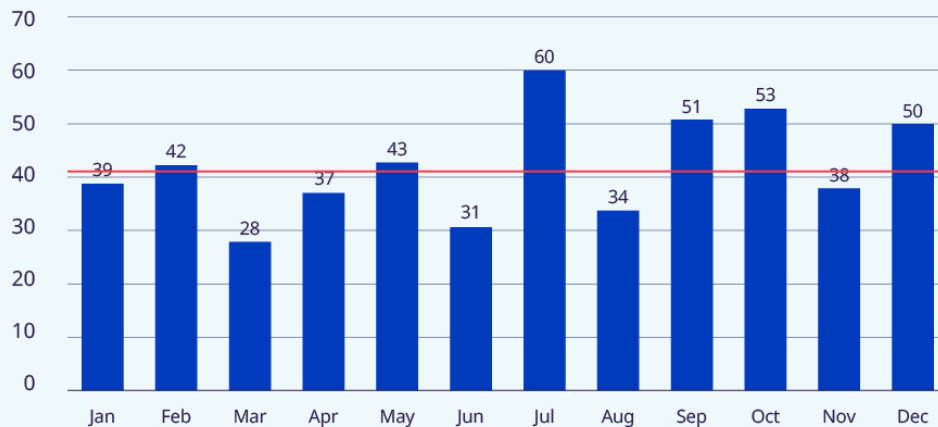


The abovementioned top causes of injury are reflective of the large construction sector in the country.⁴⁰

³⁹ WURQ defines 'severe injuries' as those that require hospital admission and/or activation of the trauma team based on pre-set clinical or circumstantial criteria as set by the Committee on Trauma of the American College of Surgeons.

⁴⁰ The Peninsula cites a report by the Planning and Statistics Authority indicating that the largest share of the migrant workforce (44 per cent) was in the construction sector in 2019, www.thepeninsulaqatar.com/article/21/09/2020/Construction-sector-emerges-as-largest-job-creator-in-Qatar

► Figure 7. Severe occupational injuries by month (WURQ, 2020)



The figures on road traffic injuries (RTIs) are a sum of the injuries involving motor vehicles, motorcycles, other vehicles (cranes, forklifts, etc.), bicycles and pedestrians. These occupational injuries are suffered by workers in the course of their work, including during their commute to and from work⁴¹ (buses are typically organized by employers in the construction, security, cleaning and other sectors to transport workers to and from their accommodation), as well as those who suffer RTIs in workplaces (e.g. involving heavy vehicles in construction), including road workers. The vast majority of these injuries take place on the street, compared to on worksites (see Figure 8). There is a need for further breakdown between injuries in the commute, as well as injuries that occurred when workers deviated from their commute, in order to more accurately identify work-related accidents. The WURQ data revealed an increase in motorcycle driver injuries (including fatalities) immediately following the COVID-19 lockdown, likely reflecting the increase in the reliance on motorcycle delivery services.

► Figure 8. Where do RTIs occur? (WURQ, 2020)

Occupational injuries related to motor vehicles, other vehicles and pedestrians.

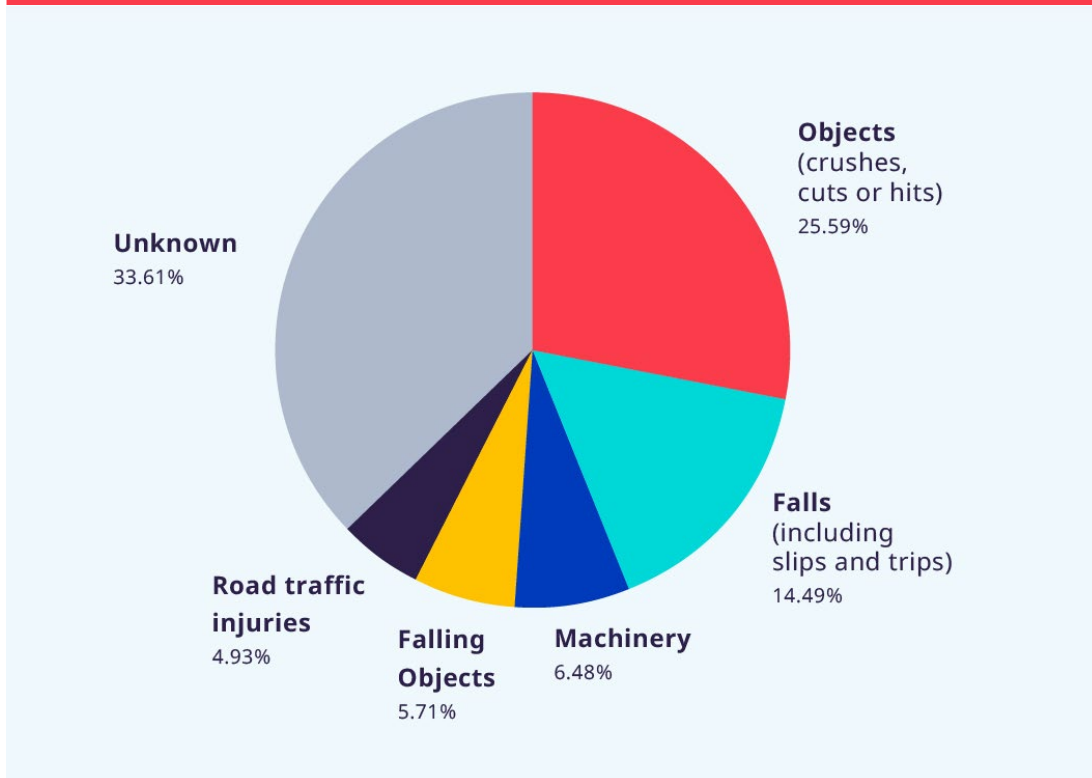
	On the street	At worksite	Unknown
Severe	84.2%	15.8%	
Mild/moderate	77.8%	15.6%	6.5%

⁴¹ Commuting accident is defined by ILO as an “accident occurring on the direct way between the place of work and (a) the worker’s principal or secondary residence; (b) the place where the worker usually takes his or her meals; or (c) the place where the worker usually receives his or her remuneration, which results in death or personal injury involving loss of working time”, [Recording and notification of occupational accidents and diseases and ILO list of occupational diseases report](#). Qatar’s legislation also considers injuries suffered in the commute as occupational injuries.

5.3 Mild-to-Moderate occupational injuries in 2020 (WURQ)

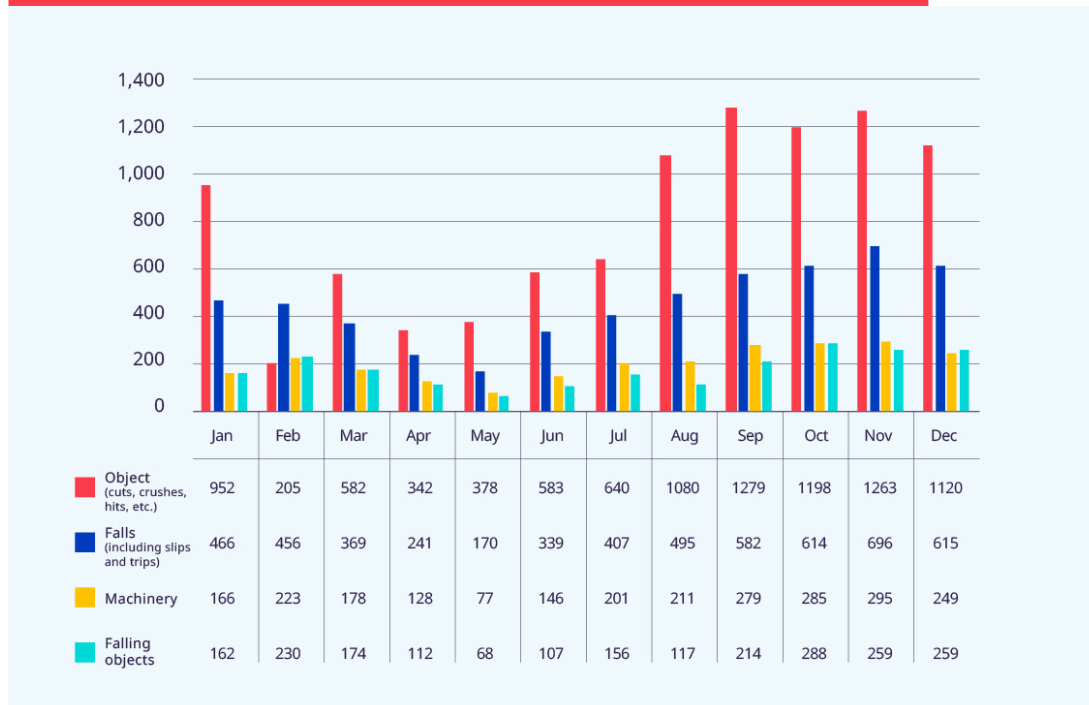
Mild and moderate occupational injuries totalled 37,601 cases in 2020 with an average of 3,133 cases per month. The top 'mechanisms of injury' were as follows:

► Figure 9. Causes of mild-to-moderate occupational injuries (WURQ, 2020)



One-third of mild-to-moderate occupational injuries are caused by “unknown” factors, indicating that there is a need for better recording, particularly in the QRCS clinics.

► Figure 10. Mild to moderate occupational injuries by mechanism of injury, by month (WURQ, 2020)



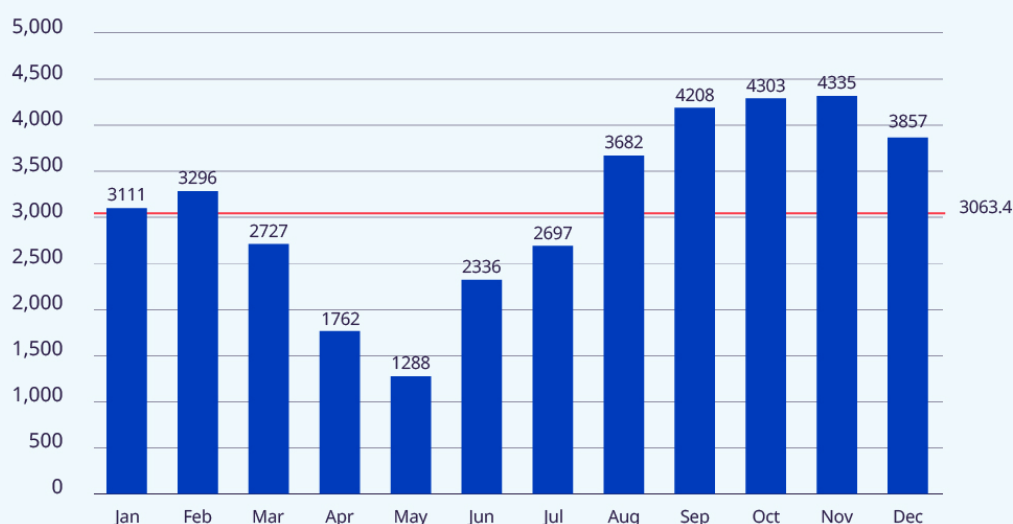
The COVID-19 pandemic and the subsequent lockdown brought about a serious reduction in the number of occupational injuries.⁴² This number increased again from June 2020 onward, with the gradual lifting of the COVID-related restrictions and the return to work (Figure 10). The lockdown in Qatar began in March and was gradually lifted with 20 per cent of workers able to return to workplaces in mid-June, 50 per cent in July and 80 per cent in August.⁴³ Even though the construction industry in Qatar did not come to a complete halt during the lockdown, there was a reduction in construction activity and in other sectors through much of 2020. This trend has also been reported in other countries.⁴⁴

42 COVID-19 has not been added to the official list of occupational diseases in Table 1, annexed to Qatar's Labour Law. The mortality rate in Qatar due to COVID-19 infection is low compared to many countries, due to the relative young age of the population and the quality of healthcare available. As of 7 July 2021, 596 deaths have been recorded (www.moph.gov.qa).

43 The Peninsula, [Qatar to ease COVID-19 restrictions in four phases](#), 8 June 2020.

44 The lower number of work-related deaths in the UK in 2020 was attributed at least in part to the COVID-19 lockdown. [Workplace fatal injuries in Great Britain](#), Health and Safety Executive (HSE), 2020.

► Figure 11. Mild to moderate occupational injuries, by month (WURQ, 2020)



5.4 Disaggregation of data (WURQ)

In order to inform prevention efforts, and design more targeted strategies and related policies, it is essential to disaggregate the data. Disaggregation can reveal the groups of workers, economic activities or occupations that are most exposed to occupational hazards, accidents, injuries and diseases.⁴⁵

5.4.1 Occupational injuries by age

Workers aged 25 to 34 years old (37.3 per cent of the total labour force in Qatar) suffered 39.5 per cent of severe injuries and 44.5 per cent of mild-to-moderate injuries. For the second largest age-group, those aged 35 to 44 (30.7 per cent of the total labour force), these figures were 32 per cent and 29.7 per cent respectively.

In some countries, it has been suggested that injuries are more likely to occur among newly arrived migrant workers who are unfamiliar with work processes and safety standards. While this may be true, further analysis is required to determine whether those suffering injuries are indeed recent arrivals in Qatar, or whether there are other explanations (inefficient or absent safety procedures, lack of knowledge and training, etc.).

5.4.2 Occupational injuries by sex

Women make up 13.9 per cent of the labour force in Qatar⁴⁶, and constitute only a small fraction of the workers in the WURQ registry (7 cases or 1.4 per cent of severe occupational injuries, and 448 cases or 1.2 per cent of mild-to-moderate occupational injuries). Five out of the 7 severe occupational injuries were falls in the workplace, and there were zero fatal occupational injuries recorded among women.⁴⁷

⁴⁵ ILO, Quick guide on sources and uses of statistics on occupational safety and health, 2020

⁴⁶ Labour Force Sample Survey, First quarter 2020, Authority on Planning and Statistics.

⁴⁷ ILOSTAT occupational injuries statistics found that in almost all countries with data available, the number of occupational injuries per 100'000 workers was higher for men than for women, both for fatal and non-fatal injuries. One possible explanation for this gender dimension of risk exposure could be the concentration or over-representation of male workers in the most hazardous sectors.

While women are less likely to be in hazardous occupations in Qatar, there is still not sufficient data collected on the situation of female workers in Qatar. A data set has been created, by linking QID employment classification and injury diagnoses of female patients that visit the PHCC clinics. Discussions are ongoing with the PHCC to activate the “work-related” field in the electronic health records, when receiving patients.

5.4.3 Occupational injuries by sector of economic activity

Looking at the global distribution of occupational injuries by sector of activity, the sectors with more fatal work accidents are construction, transportation and storage.⁴⁸ This trend is also evident in Qatar. For severe occupational injuries, the vast majority (at least 46.6 per cent) are “general labourers” (a term often used in administrative recording and in the workplace to describe construction workers without a specialized vocation), followed by “transportation” workers (12.1 per cent). For mild-to-moderate occupational injuries, the vast majority recorded in the WURQ registry occur in construction.

However, the WURQ team has highlighted the fact that there are gaps in the categorization. There is a significant number of workers whose occupations are marked “unknown” or “not documented” in Cerner or other data management systems. Occupational coding is not linked to the worker’s QID, and even when it is, the occupation noted in the system is not always accurate. Moreover, frontline staff are able to enter additional occupational categories depending on the information provided to them, which can lead to overlaps in the list of occupations, e.g. ‘carpenter’, ‘general labourer’, ‘foreman’, ‘construction and extraction’, etc. Information on occupational injuries suffered by domestic workers is limited because of the issues raised above (see section 5.4.2). As part of a broader initiative, efforts to harmonize occupational classifications across ministries are underway, and this will lead to improved data and greater harmonization in ADLSA, MOPH, MOI and the medical institutions.

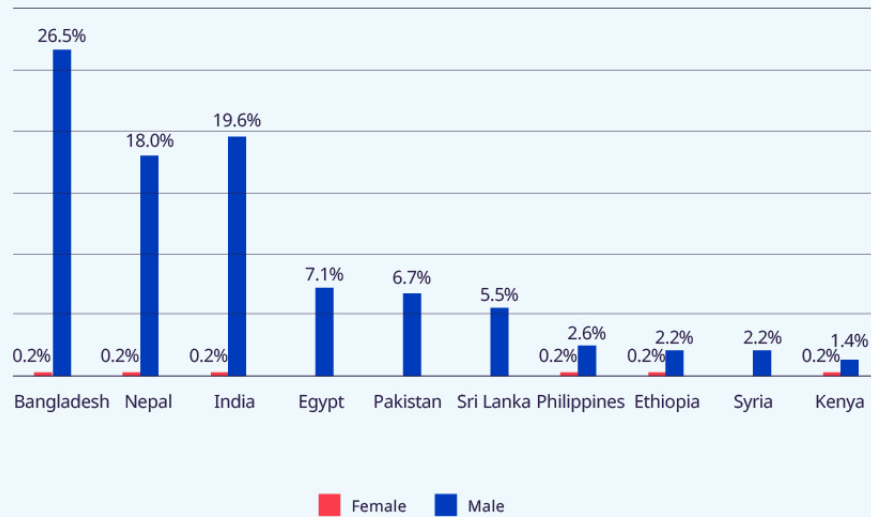
5.4.4 Occupational injuries by nationality

The majority of workers suffering occupational injuries come from Bangladesh, India and Nepal. Approximately two-thirds of severe occupational injuries and three-quarters of mild-to-moderate occupational injuries affect workers from these three countries. While official data on the nationality of the workforce is not published, workers from these countries make up the vast majority of workers in the construction sector and other hazardous jobs.

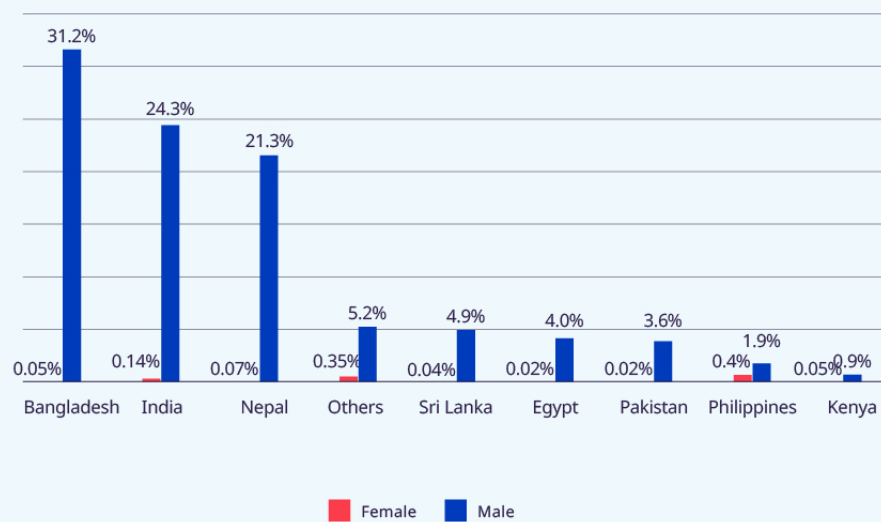
Additional analysis would need to be carried out on nationality by sector and specific occupations within construction in order to determine whether any particular nationality is over-represented.

⁴⁸ ILOSTAT <https://ilostat.ilo.org/covid-19-and-the-new-meaning-of-safety-and-health-at-work/>.

► Figure 12. Severe occupational injuries by nationality (WURQ, 2020)



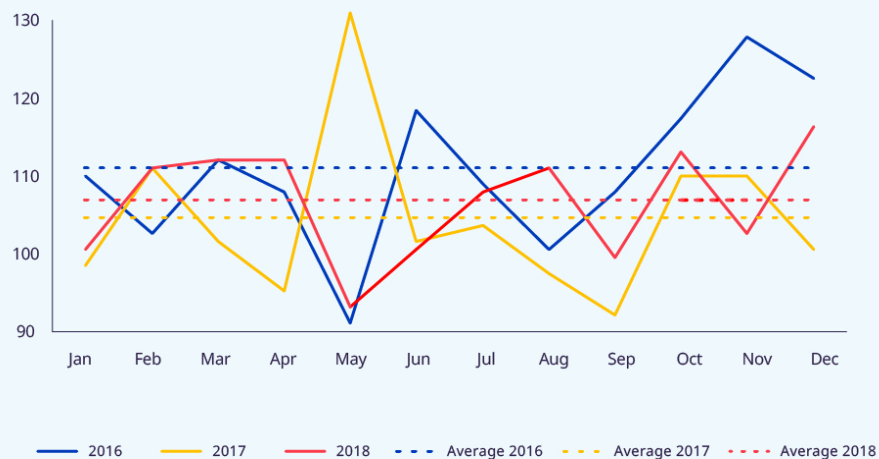
► Figure 13. Mild to Moderate occupational injuries by nationality (WURQ, 2020)



► 6. Heat stress and occupational injuries

There is a concern on whether a large number of workers' fatalities are caused by heat stress, and whether these are not being properly identified as work-related. By examining public data from the Authority on Planning and Statistics from three years (2016, 2017 and 2018), no spikes in the number of fatalities of non-Qatari men can be observed during the hottest months of the year. This analysis is limited though, by the fact that the available data relates to all deaths (not only occupational accidents and fatalities), and the nationality breakdown is only between Qatari and non-Qatari nationals. A 2019 article published in the *Cardiology* journal analysed data from the Foreign Employment Promotion Board in Nepal and found the increase in the number of Nepali men dying in Qatar during the summer months particularly pronounced from 2009 to 2014, but far less so from 2015 to 2017.⁴⁹ The article attributed this decline to increased prevention measures in Qatar due to media attention.

► Figure 14. Number of deaths (all) among non-Qatari men (2016 – 2018, APS)⁵⁰



The Labour Inspection Department of ADLSA conducts investigations of accidents that occur in workplaces, and a determination is then made on whether these are work-related or not.⁵¹ There have been calls from several quarters for autopsies to be carried out to determine whether workers who die from “cardiac arrests” or “natural causes” (as indicated on many death certificates⁵²) can be attributed to heat stress. There are challenges related to conducting autopsies due to the permission required from the next of kin, and autopsies only being ordered in case of criminal investigations.

49 Heat Stress Impacts on Cardiac Mortality in Nepali Migrant Workers in Qatar, *Cardiology*, July 2019, p. 7-8.

50 ILO analysis based on the data from the Authority on Planning and Statistics: <https://www.psa.gov.qa/en/statistics1/>

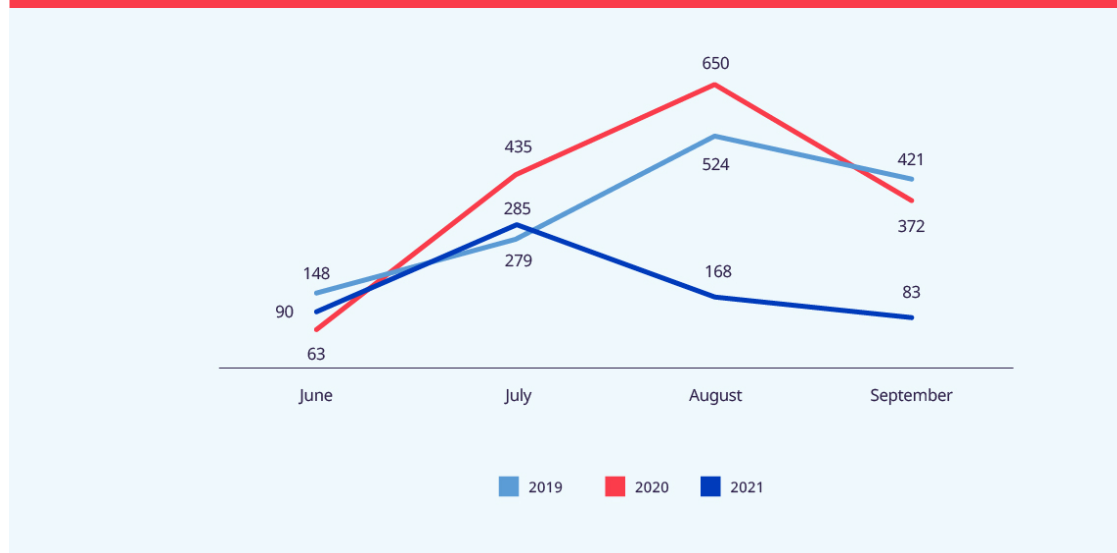
51 As indicated in the OSH Policy adopted in 2020, the functions of ADLSA include “conducting investigations to identify the causes of accidents and diseases in the workplace, in collaboration with relevant stakeholders”. This function is also referenced in the Labour Inspection Policy of 2019 and Emiri Decision No 6 of 2016 on the organizational structure of ADLSA. A team within the Labour Inspection Department received dedicated training on accident investigation in 2020, based on a course developed as part of the ADLSA/ILO technical cooperation project.

52 ILO, When the safety of Nepali migrant workers fails: A review of data on the numbers and causes of the death of Nepali migrant workers, 2016. https://www.ilo.org/kathmandu/whatwedo/publications/WCMS_493777/lang--en/index.htm; and In the prime of their lives, Amnesty International, 2021. <https://www.amnesty.org/en/documents/mde22/4614/2021/en/>

Moreover, the post-mortem diagnosis of heat-related fatalities presents serious challenges because the diagnostic findings of hyperthermia are absent or nonspecific at the time of an autopsy. Thus, a diagnosis of hyperthermia would mainly be based on scene investigation and the circumstances of the incident.⁵³

The primary source of data on heat-related disorders are the four Qatar Red Crescent (QRCs) clinics. Disorders are disaggregated by heat exhaustion, heat cramp, heat stroke, etc. and by initial and subsequent visits. In the course of the WURQ data analysis, it became apparent that the four clinics were only reporting the acute cases (1 in June, 52 in August and 7 in September) to the WURQ registry, and these were all categorized as mild-to-moderate injuries. The figure below shows the total number of initial patient visits to the four QRCs clinics for all heat-related disorders in 2019 and 2020. The data collected in 2021 from all QRCs clinics shows a drastic decline in all categories of heat-stress related disorders.

► Figure 15. Number of patients with heat-related disorders (QRCs Clinics, 2019, 2020 and 2021)



This may, at least in part, be attributed to new heat stress legislation that was adopted in May 2021. Ministerial Decision No. 17 extended the prohibited working hours and days. Importantly, employers of outdoor workers will be required to conduct annual health checks to identify workers with conditions that might make them more susceptible to heat-related disorders. This requirement builds on Article 105 of Qatar's Labour Law, which requires periodic medical checks for workers, with intervals to be set according to the occupation and exposure to hazards. While workers undergo medical checks prior to arrival in Qatar, these are not fully comprehensive⁵⁴ and health conditions can change while workers are in Qatar. The heat stress legislation draws on ground-breaking research commissioned in 2019 by ADLSA, ILO and the Supreme Committee for Delivery & Legacy.⁵⁵

53 Donoghue, Edmund R. M.D.; Graham, Michael A. M.D.; Jentzen, Jeffrey M. M.D.; Lifschultz, Barry D. M.D.; Luke, James L. M.D.; Mirchandani, Haresh G. M.D.; National Association of Medical Examiners Ad Hoc Committee on the Definition of Heat-Related Fatalities; Criteria for the Diagnosis of Heat-Related Deaths: National Association of Medical Examiners: Position Paper on The American Journal of Forensic Medicine and Pathology Issue: Volume 18(1), March 1997, pp 11-14

54 The website of the Qatar Visa Centre website contains FAQs about the medical testing process www.qatarvisacenter.com/cnt/faq

55 The study set out to determine the magnitude of occupational heat stress and heat strain experienced by workers who perform manual labour during the summer in Qatar, and to customize and optimize mitigation strategies to safeguard workers' health and wellbeing. The study was independently carried out by the FAME Laboratory (University of Thessaly, Greece). Key findings from the research can be found here: https://www.ilo.org/beirut/projects/qatar-office/WCMS_723539/lang--en/index.htm

► 7. The way forward

As stated in the National OSH Policy, enhancing data collection and analysis on occupational injuries is a priority for the State of Qatar. This is key to designing strategies and practices necessary to protect the lives and promote the wellbeing of workers; avoid preventable occupational accidents and diseases; and better assist those affected by them. The subsequent recommendations – which build on what is already underway – focus on how this priority can be put into practice.

Collection of occupational injuries data

1. As part of the National Health Strategy, MOPH's task forces should continue to work in a collaborative manner to clearly define roles and responsibilities in relation to the collection of OSH data, and to support medical institutions around the country to accurately categorize injuries and illnesses in a systematic and coherent manner. The longer-term objective should be a national integrated platform that pulls together timely and reliable occupational injury data in a sustainable manner. All possible data sources should be considered, taking into account the lessons that have emerged from the WURQ initiative. ADLSA, MOPH and other bodies should continue to exchange best practice and lessons learned with international partners.⁵⁶
2. Together with the clarification of roles and responsibilities and the coordination of data collection initiatives at national level, the efforts to fully align the definitions and classifications across all the various institutions must be completed at the utmost urgency. This includes the operational definition of occupational injury, as well as uniform terms and categories of mechanisms of injury, site of injury, industry/occupation, diagnosis, etc., including occupational accidents of domestic workers. A list of minimum mandatory data elements that must be collected for every work-related injury or fatality should be established in order to optimize the quality and accuracy of the data collected. There is a rich international experience, with globally recognized and standard OSH benchmarks that could inform this process. Amendments to Ministerial Decision No. 18 of 2005 may be required to formalize these definitions.
3. A mandatory field for categorizing injuries as work-related or not (utilising the clarified definitions just above), should be introduced – regardless of the health information system that the medical institution is using. This is most urgently needed in the PHCC, in order to capture mild and moderate occupational injuries among women, but should be expanded to all medical services available in Qatar. It is particularly important to extend this to private clinics and hospitals in light of the new Law on Healthcare Services (No. 22 of 2021), which will lead to far more mild and moderate injuries being provided by the private sector in 2022.
4. In the short-term, the State of Qatar should explore more sustainable funding options for WURQ, to support and expand the initiative with a view to integrating the data collected into the efforts for a National Registry of Occupational Accidents and Diseases.
5. Employers have the legal obligation to keep detailed records of occupational injuries and fatalities at the work site, as well as medical records for all their employees. An ADLSA campaign to raise awareness among employers about the notification of occupational injuries is an important start. It should be broadened and repeated in order to ensure that employers are fully aware of their obligations and the online platform.
6. The awareness raising and education efforts should be followed up by effective enforcement of penalties for non-compliance so that the data submitted by employers become more complete.

⁵⁶ There have been three international exchanges that have been held in 2021 between the agencies working on OSH data in Qatar and their relevant counterparts in Australia, Sweden and the United Kingdom.

7. At the workplace level, workers need to be made aware of the importance of reporting injuries to their supervisors and safety officers, and also be empowered to follow up. Safety Committees and Joint Committees at the enterprise level are one means through which to promote such practices.

8. In the various medical institutions, regular training is required for the healthcare personnel who respond to occupational incidents, attend to patients and register cases in the health services management systems. In light of the constant recruitment of new staff and their rotation to other units, such training must be carried out periodically, to cover all relevant personnel and the most prevalent sectors, occupations and mechanisms of injury. This includes being able to identify incidents of violence against workers, especially domestic workers, who may be unable to report freely on the causes of injury.

9. ADLSA's training for labour inspectors on the investigation of workplace accidents should be held on a regular basis. The labour inspection department of ADLSA should strengthen cooperation with other ministries and experts for the technical assistance they might need in the investigation of work-related accidents.

10. There is a need to review the approach taken to investigating deaths of seemingly healthy young workers from "natural causes", to be able to determine whether they are in fact work-related, and ensure more accurate identification of the cause. This is important for OSH data collection purposes, but more importantly to ensure workers' families receive due compensation. There is a need to cast a wider net when identifying possible work-related injuries at the outset, as they may otherwise not be identified in secondary reviews. For example, investigations by the labour inspectorate should be made more systematic in cases of deaths of "natural causes" that meet certain criteria, e.g. young men who work outdoors. There is already a proposal to formalize linkages at the operational level among ADLSA, MOPH and MOI to share information and conduct investigations on specific cases that need further investigation. In addition, more consultation is required on the situations in which autopsies may be viable from a legal, cultural, medical and practical perspective.

11. While there has been a renewed focus on occupational injuries, there is also a need to pay more attention to the collection and analysis of quality and consistent data on occupational diseases, despite the inherent challenges mentioned above.

12. Data should be collected and made available regarding the assistance and compensation awarded to workers affected by occupational injuries and diseases and their families (in cases of fatalities). Such information is crucial to understand the efficiency of the accident compensation programmes in the country.

Analysis of occupational injury data

13. Frequent exchanges at regular intervals should be conducted to evaluate and confirm the quality and consistency of occupational injury data that is being generated by the different sources. This will ensure the correct identification of occupational injuries, and allow for more detailed information to emerge. In addition, the various stakeholders could hold periodic meetings to retroactively fill gaps in information and keep their collection and analysis tools updated, e.g. using findings from ADLSA's accident investigations to collect certain details that were not initially captured and holding joint consultations with health specialists and institutions.

14. While some agreements and practical arrangements for exchanging information are already in place, others still need to be initiated among the key parties collecting and analysing data. Other sources against which data comparison could occur include the embassies of major countries of origin (for severe and fatal occupational injuries as well as occupational diseases), insurance companies, and the 'e-Jaza' database (specifically for information on sick leave) of the Qatar Council for Healthcare Practitioners (for mild-to-moderate occupational injuries). Analysis could also be carried out with universities and research institutes

Use of occupational injury data

15. National and sectoral data on occupational injuries and diseases should be used to inform evidence-based policies and programmes that prioritize prevention. Occupational injury data should continue to be used to implement targeted occupational safety campaigns, tailored to the needs of specific sectors and populations with the highest risk. This information should continue to be conveyed to labour inspectors in the course of training programmes, and should be used by them during their site visits to raise awareness and monitor compliance on specific identified risks. The potential for injury prevention programmes to be integrated into pre-departure training in countries of origin should also be explored.

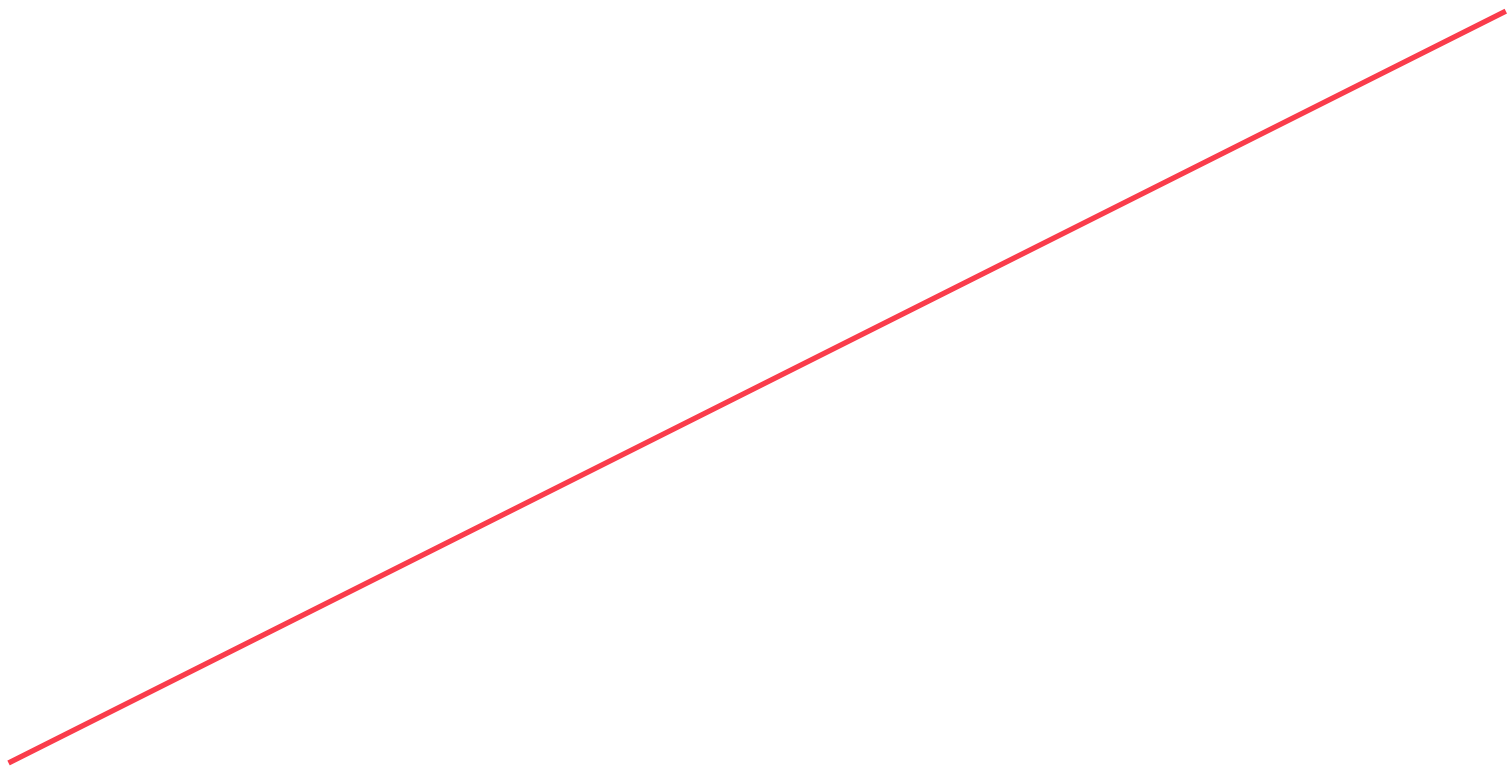
16. Protocols should be formalized for MOI and medical institutions to share “real-time” information on severe and fatal occupational injuries with ADLSA and MOPH to allow for accident investigations to be triggered in a timely manner.

17. Following the strengthening and streamlining of the data collection systems in the country, the new wealth of information gathered should be used to measure progress and evaluate the efficiency and suitability of the policies and programmes.

18. Data on occupational injuries should be communicated with national and sectoral stakeholders (especially employers and workers), to highlight the importance of workplace-level interventions. This will allow employers and workers to adopt targeted control measures and conduct training, and also measure their OSH records against the national figures.

19. Even despite the best possible efforts, occupational injuries and fatalities cannot unfortunately be entirely avoided. In that regard, all data collected on injuries and fatalities can inform the development of more efficient and effective employment injury insurance and compensation schemes. At the individual case level, the data collection should be extended to monitor the timely payment of accident compensation to workers or their next of kin.

20. Data should be communicated internationally. This includes continuing to report data as part of Voluntary National Report on SDGs, disaggregated by sex and migrant status in line with SDG indicator 8.8.1. Transparency in terms of the data available and related limitations will mean that the prominent discourse on occupational injuries is evidence-based. In that regard, this report should be updated with additional data and key developments on a periodic basis.



ilo.org

 International Labour Organization

 @ILO

 ILOTV