

ORIGINAL RESEARCH

Occupational Safety and Health in Peru

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Abstract

Peru is a country located on the Pacific coast of South America with a population of more than 30 million inhabitants. In the past 10 years, Peru has had a steady economic growth. Peru is predominantly an extractive industry country, but the manufacturing and construction sectors are booming. It is in this context that regulations have been implemented to protect the safety and health of workers. One of the most important regulations is the Law on Safety and Health at Work, which has been recently promulgated. Regulations are complemented by training and education in occupational safety and health. The measures are yet to be fully implemented thus a positive effect in reducing accidents and occupational diseases at work has not yet been seen.

KEY WORDS safety, occupational health, Peru, accidents at work, occupational disease

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AREA AND POPULATION

Peru is located on the central Pacific coast of South America and borders Colombia and Ecuador to the north, Bolivia and Brazil to the east, and Chile to the south.

The surface area of Peru is 1,285,216 km², with a political administrative division comprising 24 departments, a constitutional province, 195 provinces, and 1845 districts.

In 2014, 61.4% of the inhabitants of Peru concentrated mainly in the departments of Lima, La Libertad, Piura, Cajamarca, Puno, Cuzco, and Junin.

Nationally, the population density is 24 inhabitants/km², being higher in the Constitutional Province of Callao (6803.5 inhabitants/km²) and in the departments located on the coast. Considering the density by departments, Lima has a density of 278.3 inhabitants/km² followed by Lambayeque 87.9 inhabitants/km², La Libertad 72 inhabitants/km², and Piura 51 inhabitants/km².

In contrast, departments such as Madre de Dios, Loreto, and Ucayali (located in the jungle region) have the lowest population density, with less than 5 inhabitants/km².

According to the National Institute of Statistics and Informatics, the estimated population for 2014 is 30,814,175 inhabitants, 15,438,887 of who are men and 15,375,288 are women. The annual growth is 339,000 people. It has been estimated that 581,450 children were born and 172,731 people died in 2014, which was equivalent to a natural growth rate of 13 per 1000 inhabitants. Net international migration balance (immigrants minus emigrants) shows a loss of 70,046; thus the annual growth for 2014 amounted to 338,673 representing the growth rate of more than 11 per 1000 inhabitants.

SOCIOECONOMIC DATA¹⁻⁷

The Peruvian economy has shown a high dynamism in the past decade with growth rates above the

average for the countries of the region. In 2014, the economic growth was 2.9, and the expected rate of growth for 2015 is 5.3. Likewise, inflation in 2014 was 3.0 and for 2015 has been estimated at 2.7, according to the Association of Pension Fund Administrators. This is due to the management of macroeconomic policies and increased competitiveness in exportation, which constituted the main drivers of Peruvian growth. Increased competitiveness, however, is due to external factors such as an increase in the price of raw materials (such as minerals for exportation).

From a socioeconomic perspective, the evolution of poverty has been favorable for several indicators that show a reduction of about 50% between 2001 and 2011. This was not only because of economic growth but also the implementing of important social measures that were prompted by the favorable social context.

The labor market has shown an evident recovery in the evolution of unemployment and job quality. The level of unemployment has maintained a downward trend. The recovery in terms of job quality is evident in the evolution of indicators of social protection and registered employment.

The Inter-American Development Bank (IDB) listed the following indicators:

- Annual unemployment rate: 6.04% (2013).
- Gross domestic product (GDP) growth of 5.0 (2013).
- Poverty rate (income below US\$2.5 per day): 15.5% (2013).
- People belonging to the middle class: 30,879 (2014).

The top 5 sectors in terms of employment (which accounts for more than 50% of employment at national level) are construction, transport, communications, agriculture, and hospitality. The construction sector has the highest growth, with employment levels that could be doubled by 2020. The trade sector maintains a stable development, whereas the agricultural sector is the only one that estimates a decrease in demand work. These sectors are characterized by high informal work.

Changes in population structure such as urbanization and demographic transition interact, modifying the epidemiological profile of Peru and thus the pattern of demand for health services. These changes in the epidemiological profile coincide with the relative incidence of causes of death. There is a decrease in infectious diseases and conditions in the perinatal period, in contrast, there is an increase

in chronic and degenerative diseases and death by violence or external causes.

To assess the Peruvian epidemiological transition it is useful to monitor costs on health services, which in 2005 reached 4.5% of the GDP. Health expenses have remained relatively stable since the 1990s; health expenses in the 2013 were 5.3% of the GDP. The following health indicators are identified:

- Life expectancy (Table 1).
- Human resources in health (Table 2) Infant mortality rate: 17 per 1000 infants born.

Infant mortality is higher in the southern Andes of Peru, an area where poverty, abandonment, and very low temperatures converge. Departments on the coast have a lower mortality rate.

For the period 2010–2015, differences in the crude mortality rate average are expected to be less pronounced than those for the period 1995–2000. For the period 2010–2015, the lowest crude mortality rate corresponds to Callao, Tumbes, and Madre de Dios and the highest rate corresponds to Puno (7.01 per 1000), and the average will be 5.52 per 1000 (Figure 1).

LEGISLATION ON SAFETY AND HEALTH AT WORK⁸

In August 2011 Law 29783 on Safety and Health at Work was promulgated. The law entails a number of requirements aimed at creating a culture of prevention of occupational hazards in the country. Compliance with this law is enforceable in all companies operating in Peru.

To meet the objectives of the law, a prevention strategy must be developed with levels of responsibility:

- Government: through inspection and supervision.
- Company: through prevention.
- Worker: through participation.

Peru has established the National System of Health and Safety at Work, which consists of the National Council for Safety and Health at Work

Table 1. Life Expectancy

Year	1995-2000	2000-2005	2005-2010	2010-2015
Age (years)	68.3	69.8	71.2	72.5

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