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Public policies for occupational safety and health in Brazil

Políticas públicas de segurança e saúde no trabalho no Brasil

Políticas públicas de salud y seguridad en el trabajo en Brasil

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Abstract *This study aimed to systematize federal public policies related to occupational safety and health (OSH) in Brazil, focusing on the prevention of occupational diseases and accidents, the promotion of safe work environments, and social protection for workers, in force in Brazil in 2023. The documentary research was conducted in three stages: exploratory research and data collection, systematization, and analysis. Data collection was carried out on official platforms indexing normative instruments, as well as programs or plans instituted by the federal government, using complementary data triangulation strategies. Nine OSH public policies were identified, organized into five thematic categories: Social Security; Labor and Employment; Health; Management; and Inspection and Regulation. Each category encompasses specific strategies to protect workers and promote safe workplaces. In summary, Brazil has adopted a series of governmental efforts to protect workers, expanding protective measures over the past decades. However, there is a need for institutional redesign to minimize the isolation of the identified policies and to carry out their monitoring and evaluation.*
Keywords *Occupational Health, Public Policy, Occupational Health Policy, Surveillance of the Workers Health*

Resumo *Este estudo teve como objetivo sistematizar as políticas públicas federais voltadas à segurança e saúde no trabalho (SST), com foco na prevenção de doenças e acidentes ocupacionais, promoção de ambientes laborais seguros e proteção social aos trabalhadores, e que se encontravam em vigor, no Brasil, em 2023. A pesquisa documental foi conduzida em três etapas: a pesquisa exploratória e coleta de dados; a sistematização; e, por fim, a análise. A coleta de dados foi realizada em plataformas oficiais de indexação de instrumentos normativos, bem como de programas ou planos instituídos pela União, e por estratégias complementares de triangulação de dados. Foram identificadas nove políticas públicas de SST em vigor, organizadas em cinco categorias temáticas: Previdência; Trabalho e Emprego; Saúde; Gestão; e Fiscalização e Normatização. Cada categoria abrange estratégias específicas para proteger os trabalhadores e promover ambientes de trabalho seguros. Em resumo, o Brasil adotou uma série de esforços governamentais para proteger os trabalhadores, ampliando as medidas de proteção ao longo das últimas décadas, mas necessita promover (re)desenhos institucionais, com vistas a minimizar o isolamento das políticas levantadas e a realizar o seu monitoramento e avaliação.*
Palavras-chave *Segurança no Trabalho, Políticas Públicas, Política de Saúde do Trabalhador, Vigilância em Saúde do Trabalhador*

Resumen *Este estudio tuvo como objetivo sistematizar las políticas públicas federales orientadas a la seguridad y salud en el trabajo (SST), con foco en la prevención de enfermedades y accidentes profesionales, la promoción de ambientes de trabajo seguros y la protección social de los trabajadores, que estaban vigentes en Brasil en 2023. La investigación documental se realizó en tres etapas: investigación exploratoria y recolección de datos; sistematización; y, finalmente, el análisis. La recolección de datos se realizó en plataformas oficiales de indexación de instrumentos normativos, así como de programas o planes establecidos por la Unión, y mediante estrategias complementarias de triangulación de datos. Se identificaron nueve políticas públicas vigentes en SST, organizadas en cinco categorías temáticas: Seguridad Social; Trabajo y Empleo; Salud; Gestión; e Inspección y Normalización. Cada categoría cubre estrategias específicas para proteger a los trabajadores y promover entornos de trabajo seguros. En resumen, Brasil ha adoptado una serie de esfuerzos gubernamentales para proteger a los trabajadores, ampliando las medidas de protección en las últimas décadas, pero necesita promover (re)diseños institucionales, con miras a minimizar el aislamiento de las políticas planteadas y realizar su seguimiento y evaluación.*
Palabras clave *Seguridad en el Trabajo, Políticas Públicas, Política de Salud Ocupacional, Vigilancia de la Salud Ocupacional*

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Introduction

The creation and implementation of public policies tailored to the needs of the labor world are necessary efforts to promote a healthier, more productive, and satisfied workforce, reflecting positively on the socio-economic development of countries[1]. This understanding, strengthened over the past century, stems from the realization that advances in scientific, technological, and industrial fields inexorably depend on human resources in good health, well-being, and satisfaction with their tasks. This recognition, in turn, drove the need to develop and implement practices aimed at the occupational safety and health (OSH)[2].

Translating this social demand into normative terms, the Federal Constitution of 1988, in its Article 7, XXII, established that urban and rural workers have the right to reduce work-related risks through health, hygiene, and safety standards. It also imposed, in the same article, in item XXVIII, the obligation of employers to provide insurance against occupational accidents. Additionally, in Article 200, II and VIII, it stipulated that the Unified Health System (SUS) must carry out actions related to health surveillance and epidemiology, as well as worker health, and collaborate in environmental protection, including workplace environments[3].

Consistently, Article 201 confirmed that social security plans must guarantee coverage for events such as incapacity for work, disability, and death, including those resulting from occupational accidents[4]. Article 21, XXIV, of the Constitution granted the Union the exclusive competence to organize, maintain, and execute labor inspection[3].

At the infraconstitutional level, Law nº 8213/1991 complemented these provisions by delegating to companies the responsibility for implementing collective and individual measures to ensure the health of workers. These organizations are obliged to provide detailed information about the risks associated with the tasks performed by workers and the products handled[3].The Organic Health Law, Law nº 8,080/1990, stipulated that the SUS is responsible for implementing worker health actions in various domains, including assistance, surveillance, promotion and protection, as well as recovery and rehabilitation of worker health. The public system also has the competence to contribute to the definition of standards, criteria, and standards for inspecting work conditions and environments, as well as to coordinate worker health policy in a hierarchical and decentralized manner for states and municipalities[5].

This legislative framework provided the basis for the development of public policies aimed at protecting workers, preventing occupational accidents and illnesses, and ensuring safe and healthy working environments[6]. Therefore, these legal provisions are of undeniable importance in the legal protection of worker safety and health, as they aim to ensure dignified working conditions and security, as well as support during adverse situations such as occupational accidents or illnesses.

Public policies for the prevention of occupational diseases and accidents in Brazil, here referred to as 'OSH public policies', constitute essential pillars of social protection for the workforce in the country. These strategies aim to safeguard the rights of national workers and through them, ensure a protected, safe, and healthy workforce, thereby contributing to the socio-economic development of the country.

However, there is no knowledge of an initiative that has systematized OSH public policies implemented in Brazil in recent decades. This knowledge could contribute to a comprehensive understanding of these strategies and their interconnections, making it easier to identify gaps and areas where complementary or synergistic policies may be necessary, as well as the monitoring and evaluation of these strategies.

In this regard, this study aimed to systematize federal public policies aimed at OSH and, notably, the prevention of occupational accidents and illnesses that are currently in force in the country.

Method

This study is based on documentary research conducted in three stages: exploratory research and data extraction; systematization; and data processing and analysis, adapted from a guideline by the Ministry of Economy for the catalog of Policies in Brazil[7].

Stage 1 - Exploratory Research and Data Extraction

The first stage consisted of exploratory research aimed at identifying data related to initiatives designated or displaying characteristics of public policies in OSH within the scope of the Federal Public Administration.

The theoretical-conceptual definition of public policy that guided the systematization of this study was the one adopted by Lassance, which defines government public policy as any comprehensive action of the government, originating from proposals developed based on a strategic and institutionalized vision to address issues of public interest – in the case of this work, public policies in OSH. The development of these instruments has the state as a central actor, and its objective is to meet the needs of the population or take advantage of opportunities for development promotion, at different scales – local, regional, national (territory of interest for this research), or even international[7,8]. In addition, government programs and/or plans in the field of OSH initiated by the Union were also included in this study.

The definitions of policies, plans, and programs adopted here were systematized by the Ministry of Economy for the cataloging of public policies in Brazil and are available in a Technical Note from the agency[7]. Chart 1, we present a conceptual synthesis of each of these government actions.

During this phase, the Legislation Portal of the Palácio do Planalto (www.planalto.gov.br/legislacao) was selected as the main source used to collect content related to national OSH policies within the scope of the Union. This portal provides access to most of the legal and regulatory instruments in Brazil's history. The research covered the period from the promulgation of the Federal Constitution of 1988 to the year 2022.

It was, therefore, an inclusion criterion for this study to focus on government public policies, programs, or plans in the field of OSH, with national scope, emanating from the promulgation of the 1988 Constitution until the year 2022. Tasks, specific actions, or public policies, programs, and plans that were discontinued or had their validity period ended, even within the field of OSH and initiated by the Union, were excluded.

A guided search was conducted using key terms, all in Portuguese, grouped by Boolean operators: (policy OR program OR plan) AND (worker health OR occupational safety OR job safety OR workplace safety OR occupational hygiene).

The normative instruments considered in the collection included ordinary laws, complementary laws, decrees, decree-laws, provisional measures, ordinances, and current resolutions, as well as programs or plans formally instituted by the Union. The collection of documents was limited to those related to the approval and/or institution of government policies, plans, and programs in line with the study's objective.

In addition to this, other sources were employed, such as the legislation portal of the Chamber of Deputies (www.camara.leg.br/legislacao), the Catalog of Public Policies (catalogo.ipea.gov.br/sobre), ministerial portals, and consultation with experts working in the ministries of Labor and Employment (MTE), Social Security (MPS), and Health (MS). All searches were conducted during the week from August 6 to August 18, 2023.

The approach to experts, carried out through a formal written consultation via a protocol sent to the MS, MTE, MPS, Labor Inspection Secretariat (SIT), and the National Social Security Institute (INSS), involved a single question: "What are the public policies in OSH within your competence (Ministry's competence) that are currently in force?" This complementary approach aimed to triangulate the already identified public policies in previous stages and allowed the inclusion of other policies in the survey that had not been identified in the initial exploratory research effort.

Stage 2 - Data Systematization

After obtaining the initial list of OSH public policies, the next step was data systematization. In this phase, information was extracted to construct the study's database. From each policy found, essential attributes were extracted: policy name, regulatory instrument, area, start date of validity, agencies involved, objectives, and target audience. A field for summarized description and general observations about each public policy was also added.

To determine the start of validity, the date of publication of the instrument in the Official Gazette of the Union was considered. Objectives and target audience, when present in the documents, were extracted from the body of the legislation that established them. To identify

Chart 1. Synthesis of the concepts of public policy, program, and government plan adopted by the Ministry of Economy for the cataloging of public policies.

Governmental public policy	The government's comprehensive action, based on formulated proposals, taking into account a strategic and institutionalized conception of how to address a particular public issue. The state plays a central role in this elaboration, and its objective is to meet the needs of the population or take advantage of opportunities for development promotion, at different scales – local, regional, national, or even International.
Government program	Content that expresses the set of solutions devised to address the central problem of one or more policies. It develops the microcosm in which resources are established, specifies the target audience, calculates necessary resources, defines objectives, deadlines, and indicators for monitoring.
Plans	Plans can be seen as an immediate result of government planning, which, in turn, is inherent to the governing activity, consisting of defining priorities, coordinating implementation, organizing support, and monitoring policies and programs.

Source: Adapted from the Ministry of Economy[7]

the agencies involved in the institution of each policy, the names of the agencies/ministries that signed the respective documents at the time of publication were observed.

When a specific policy had more than one normative act regulating it and/or was duplicated, it was included only once in the database. Therefore, for each policy, the database included only one entry with the most recent version of that policy. Changes or updates that occurred over time and were identified during the research were recorded in the observation field of the survey.

Stage 3 – Treatment and Analysis

The analysis was guided by the interpretation of information contained in the normative instrument establishing each public policy. The chosen method was thematic analysis, following five steps adapted from a recommendation for qualitative data analysis[9], summarized below:

i) Familiarization with the data: Repeated and active readings of the normative instrument establishing each governmental action, its heading, and its essential attributes were conducted. The aim of this stage was to immerse in and understand each public policy, identifying key concepts, principles, guidelines, obligations, and safety and/or health measures present in the documents when applicable.

ii) Generation of initial codes: Systematic coding of the database, manually identifying potential themes/patterns; identification, when applicable, of approaches adopted for preventing accidents and occupational illnesses in each policy.

iii) Search for themes: Identification of relationships between policies, themes, and possible sub-themes. This allowed grouping normative instruments that dealt with similar or complementary subjects into thematic clusters.

iv) Definition, naming, and revision of themes: Review of grouped excerpts for each theme to ensure cohesion of policies and themes in relation to the entire database, ensuring validity; definition of concise and representative thematic categories.

vi) Production of the report: Construction of an analytical narrative (discussion) beyond data description, aligned with the study's objective and the field of health and work; use of visual representation (summary table) for summarizing findings. Trends over time were also identified; thus, a timeline was created to describe the trajectory of institutionalization of OSH policies in Brazil. The base of the timeline was the creation date of each public policy, with the landmark being the 1988 Constitution.

Results

A total of 334 documents were retrieved, of which twenty were selected for systematization. Among these, eight were duplicates, and three were actions related to more comprehensive policies. The final corpus of the study consisted of nine active OSH public policies in the country (Figure 1).

The nine OSH public policies were organized into five thematic categories. Each category encompasses a specific set of strategies aimed at preventing occupational diseases and accidents, promoting healthy and safe work environments, providing social protection for workers, and managing OSH.

The first thematic category is Social Security, comprising three major initiatives. A second category pertains to Labor and Employment actions, consisting of one policy and one national plan. Health constitutes the third dimension, including an integrated network and a guiding policy. The fourth category of public policies is Management, in which eSocial was allocated. Lastly, Inspection and Standardization cover labor inspection. These policies are summarized in Table 1.

Figure 2 depicts the historical trajectory of the institutionalization of OSH policies in Brazil.

Discussion

This study systematically organized the currently active public policies in Brazil related to OSH, grouping them into five thematic categories, in order to highlight the essential attributes of each initiative, as well as the scope of action of the mapped strategies.

In total, nine initiatives were identified for the prevention of occupational accidents and illnesses, promotion of healthy and safe work environments, social protection of workers, and OSH management. These nine policies, ranging from social security benefits for occupational accidents to a national virtual system for collecting and storing labor, social security, and tax information, represent a robust framework of normative measures aimed at ensuring the integrity and safety of Brazilian workers.

The OSH public policies identified here converge – to some extent, despite the challenges that still persist – with contemporary views of prevention, as highlighted by René Mendes. Mendes emphasizes the importance of considering work-related health hazards as complex sociotechnical phenomena and underscores the need for adopting a systemic approach to prevent such hazards[19] – a perspective that, internationally, is influenced by a solid set of guidelines. Among these, the Universal Declaration of Human Rights stands out, which, in Article 23, established that every human being has the right to work under just and favorable conditions; the International Covenant on Economic, Social and Cultural Rights; and the Conventions of the International Labour Organization, which serve as anchors for preventive action and control of hazards, risks, and threats to life and health. These global references, endorsed by Brazil and having the status of constitutional

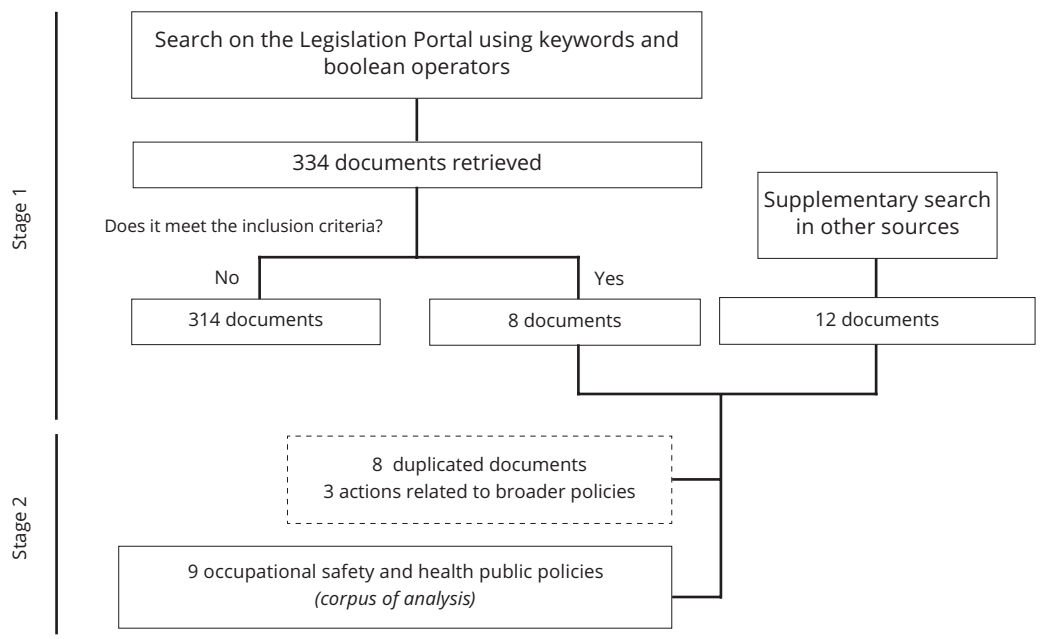

Figure 1. Exploratory Research and Data Systematization Flowchart.

Table 1. Public Policies for the Prevention of Work-Related Accidents and Diseases in Force in Brazil.

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
Social Security Benefits Plans [Planos de Benefícios da Previdência Social]	Social Security	Law Nº 8213/1991[10]	July 24, 1991	Workers insured under RGPS	(...) aims to provide its beneficiaries with essential means of support due to disability, involuntary unemployment, old age, length of service, family responsibilities, imprisonment, or death (...)	Ministry of Social Security	The main aspects related to occupational accidents are addressed in articles 19 to 23 of this Law and its amendments, regulated by Decree n.º 3.048/1999.
National Network for Comprehensive Workers' Health Care [Rede Nacional de atenção Integral à saúde do Trabalhador]	Health	Ordinance Nº 1679/2002[11]	September 19, 2002	Workers in general	(...) aims to integrate the SUS service network, focused on assistance and surveillance, for the development of Workers' Health actions.	Ministry of Health	It was created in 2002 by Ordinance GM/MS n.º 1.679; in 2005, it was reviewed and expanded by Ordinance GM/MS n.º 2.437/2005; and subsequently by Ordinance GM/MS n.º 2.728/2009.

Table 1. continued

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
Labor Inspection Regulation [Regulamento da Inspeção do Trabalho]	Inspection and Regulation	Decree Nº 4552/2002[12]	December 27, 2002	Employers and workers	(...) aims to ensure, throughout the national territory, the application of legal provisions, including ratified international conventions, acts and decisions of competent authorities, Regulatory Norms, and collective labor conventions, agreements, and contracts, regarding the protection of workers in the exercise of their activities.	Ministry of Labor and Employment (MTE)	Labor Inspection was established for the first time through Decree n.º 1.313 in 1891. It is based on ILO Convention 81, as well as the provisions of Decree-Law n.º 5.452/1943. Law n.º 10.593/2002 established the Labor Auditing Career and provided for other measures. It is also regulated by Regulatory Norm n.º 01, approved by Ordinance SEPRT nº 6.730/2020. The National Campaign for Occupational Accident Prevention (CANPAT) and the Sustainable Work Program are integral parts of the activities carried out by the Labor Inspection Department of the MTE.

Table 1. continued

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
Epidemiological Technical Link [Nexo Técnico Epidemiológico]	Social Security	Decree Nº 6042/2007[13]	April 1, 2007	Workers insured under the General Social Security Regime	(...) establishes a connection between work and harm when there is an epidemiological technical connection between the company's activity and the morbidity entity causing disability, listed in the International Classification of Diseases (ICD) in accordance with the provisions of List B of Annex II of the Social Security Regulation.	Ministry of Social Security	NTEP was established by Law n.º 11.430, of December 26, 2006, and regulated by Decree n.º 6.042/2007, Article 5, I.

Table 1. continued

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
Accident Prevention Factor [Fator Acidentário de Prevenção]	Social Security	Decree Nº 6957/2009[14]	January 1, 2010	Companies and employers subject to the collection of currently named Environmental Risks of Labor (RAT)	(...) encourages the improvement of working conditions and worker health by encouraging companies to implement more effective occupational policies to reduce accidents.	Ministry of Social Security	FAP was regulated in the Social Security Regulation approved by Decree 3.048/1999, updated by Decree 6.957/2009, as well as in CNPS Resolution n.º 1.316, of 2010. Decree 6.957/2009, in its Annex V, reviewed the risk classification for RAT rates, effective for the year 2010.
National Policy on Occupational Safety and Health [Política Nacional de Segurança e Saúde no Trabalho]	Labor	Decree Nº 7602/2011[15]	November 7, 2011	Workers in general	(...) aims to promote worker health, improve their quality of life, and prevent accidents and health damage related to work or occurring during it by eliminating or reducing risks in the workplace.	Ministry of Labor and Employment (MTE)	The first version of this policy was published on November 12, 2004. The review of occupational safety and health regulations, established by Decree No. 10,854/2021, is one of the strategies of the PNSST and the PLANSAT.

Table 1. continued

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
National Plan for Occupational Safety and Health [Plano Nacional de Segurança e Saúde no Trabalho][16]	Labor	NSA	April 27, 2012	Workers in general	(...) Inclusion of all Brazilian workers in the national system for the promotion and protection of occupational safety and health (OSH); Harmonization of labor, health, social security, and other legislation related to OSH; Integration of government actions on OSH; Adoption of special measures for labor activities at high risk of occupational diseases and accidents; Structuring an integrated OSH information network; Implementation of OSH management systems in the public and private sectors; Ongoing OSH training and education; Creation of an integrated agenda of OSH studies and research.	Ministry of Labor and Employment (MTE); Ministry of Health; Ministry of Social Security	No updates were identified.

Table 1. continued

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
National Policy on Worker and Worker Health [Política Nacional de Saúde do Trabalhador e da Trabalhadora]	Health	Ordinance Nº 1823/2012[17]	August 23, 2012	Workers in general	(...) aims to define the principles, guidelines, and strategies to be observed by the three levels of management of the Unified Health System (SUS), for the development of comprehensive occupational health care, with an emphasis on surveillance, aiming at promoting and protecting workers' health and reducing morbidity and mortality resulting from development models and production processes.	Ministry of Health	CNS Resolution nº 603/2018 was published in November 2018 and deals with a plan to reorganize Comprehensive Occupational Health Care in SUS, with the aim of developing a new organizational model for CEREST.

Table 1. continued

Name	Type	Legal Instrument	Effective Date	Target Audience	Purpose or Objective	Government Agencies	Description or General Remarks
Digital System for Tax, Social Security, and Labor Obligations Recording [Sistema de Escrituração Digital das Obrigações Fiscais, Previdenciárias e Trabalhistas, eSocial]	Management	Decree Portaria Nº 8373/2014[18]	January 8, 2018*	Employers and workers	(...) develop a system for collecting labor, social security, and tax information, storing it in a Virtual National Environment, in order to enable the participating project agencies, to the extent of each one's thematic relevance, to use such information for labor, social security, tax, and FGTS contribution purposes.	Ministry of Finance, Social Security, and Labor and Employment	The new CAT regulation is regulated by Ordinance Nº 4.334, of 2021; The electronic PPP is regulated by Ordinance MTP Nº 313, of 2021, with amendments made by Ordinance Nº 1010, of 2021. The eSocial Manual, in its version S-1.1, was approved by Joint Ordinance SEPRT/RFB nº 33, of 06/10/2022, providing comprehensive guidance. Joint Ordinances SEPRT/RFB/ME Nº 76/2020 and Nº 71/2021 consolidated the eSocial implementation schedule for public entities.

NSA: Not Applicable; *Implementation schedule was progressive

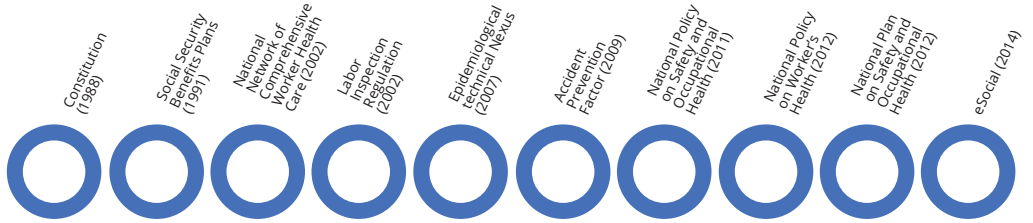

Figure 2. Timeline of the institutionalization of occupational safety and health policies in Brazil.

amendments, constitute one of the pillars and main regulations of what have been referred to here as OSH public policies[20].

The National Policy on Occupational Safety and Health (PNSST)[15] and the National Sustainable Work Plan (PLANSAT)[16], in line with what Mendes has raised, foresee the involvement of different institutions with defined responsibilities in favor of preventing harm to life and health generated, aggravated, or triggered by production processes, working conditions, or the way work is organized and managed[19]. This broader approach finds its origin internationally in 1983 when the Pan American Health Organization (PAHO) proposed expanding the classical concept of Occupational Health (OH), introducing the term Worker's Health (WH). This new proposal, in addition to encompassing the scope of occupational health – traditionally focused on identifying and controlling professional risks in work environments – aimed to include an understanding of the relationships between work activity and health. In other words, it proposed a structural view of occupation as a social determinant of this process[21]. It is also known that the movement for Sanitary Reform contributed to formulating the SUS project, as prescribed by the 8th National Health Conference, whose final report pointed out that dignified working conditions and workers' knowledge and control over work processes and environments were central prerequisites for the full exercise of access to health. This position was notably influenced by the theoretical-conceptual formulations of the field of Latin American Social Medicine and Collective Health, which provided an alternative to the hegemonic model advocated by Occupational Medicine (OM) and OH for providing assistance to workers[21].

The intersection between the identified public policies, however, poses a challenge to be addressed. In 2011, even before the promulgation of the PNSST and PLANSAT, Almeida highlighted, in a strong manner, the persistence of disconnection and the dispersion of institutional responsibilities regarding WH in the Brazilian context[22]. He emphasized the lack of a political actor capable of driving the construction of a project for the area aligned with the principles and definitions of ST established in the SUS Law; the persistent disconnection among the areas of ST in the MS, MPS and MTE, characterized by differences in language, divergence of purposes, and, in some cases, manifestations of hostility[22].

Although the PNSST and PLANSAT have clearly defined the responsibilities of the MTE, MS, MPS, as well as the participation of other organs and institutions in their implementation, the reality, a decade after the establishment of these policies, still shows a lack of synchronization and collaboration among these entities. This is not an isolated position; on the contrary, Vasconcelos acknowledges the importance of the PNSST and the PLANSAT and assesses their positive impact[23]. However, he emphasizes the need to deepen the possibilities for cooperation among the different agencies operating in the field at all three levels of government. Additionally, there is a need to develop an ambitious Action Plan for OSH within the MTE that can effectively contribute to changing the "natural history of accidents and occupational illnesses" in the country[23].

In the midst of this discussion, Hurtado and their collaborators highlight numerous contradictions within worker health policies in Brazil[24]. Vasconcellos goes so far as to assert that the PNSST and the PNSTT translate into two forms of surveillance and no actual policy[25]. This latter author identifies two forms of worker health surveillance: surveillance of intention, which involves theoretical and academic discussions, and surveillance of action, which focuses on

practical and effective measures. He argues that the lack of an effective state policy leads to limited and isolated surveillance of action, while surveillance of intention remains within the realm of discourse[25].

One of the main criticisms is undoubtedly the lack of harmonization of actions among the ministries. Each of them has specific responsibilities, but it is essential that these responsibilities complement and support each other. For example, the MTE is responsible for labor inspection and the development and revision of regulatory norms, while the MS is responsible for promoting the structuring of comprehensive health care for workers and the national management of the National Network for Comprehensive Workers' Health Care (RENAST). These two areas exhibit overlapping competencies that require coordination and collaboration that are lacking in the current situation.

The lack of effective sharing of information and data between ministries is another critical point. For example, the registration of Communication of Occupational Accident (CAT) and the notification of workplace accidents to National Notifiable Diseases Information System (SINAN) are not integrated[26]. The notification logic in the SUS is different from that of social security. The latter prioritizes settled accidents, events suffered by workers who contribute to the General Social Security System (RGPS) and that led to the granting of benefits. By definition, this system excludes accidents that affect workers not covered by the RGPS, such as informal workers and self-employed professionals, even if formally insured under the RGPS. As a result, there is a lack of accurate and timely information about the real incidence of occupational accidents and illnesses in the country, which is important for identifying high-risk areas and directing resources and efforts appropriately[27].

The web module for occupational health events in eSocial, which allows for the entry of events such as "WH monitoring", which deals with monitoring the WH during their employment contract, including information about OH certificates and additional exams; the "environmental work conditions" event, which identifies harmful agents to which the worker is exposed and declares the presence of collective protection equipment installed and individual protection equipment provided by companies; and the CAT event, used for sending the CAT by the employer, seem to be a step towards the lack of integration and sharing of information on OSH at the federal level[28]. This module represents an advance because it facilitates the collection and management of data related to the safety and health of workers, penalizing organizations that fail to submit the required event declarations in a timely manner.

Another bottleneck that persists is that the information, even with eSocial, is mandatory only for those insured under the RGPS[28].This creates a gap in the coverage of information on OSH since it does not encompass all workers, especially those who are not insured under the RGPS (like informal workers and statutory public servants). For a truly comprehensive approach, it would be necessary to consider the inclusion of information from civil servants affiliated with Social Security's Own Regimes within the scope of these obligations and on informal workers.

Another example of the lack of coordination and management of OSH activities at the national level can be observed on the website of the MTE. The site records that the last meeting of the Tripartite Committee on Safety and Health at Work (CTSST) was in September 2015[29]. This information suggests that, after that date, the PNSST and the PLANSAT were left without systematic formal monitoring, a fact that was confirmed in a formal inquiry conducted with the MTE itself in September 2023 (Protocol No. 19955.058877/2023-33). The CTSST is the federal body with the competence to assess and propose measures for the implementation, within Brazil, of International Labor Organization (ILO) Convention No. 187, which deals with the Promotional Framework for OSH[30].

The lack of updating the List of Occupational Diseases (LDRT) by the MS for 24 years, along with the Appendices of the Social Security Regulation addressing occupational diseases and their respective etiological agents or risk factors, used as a reference for establishing the causal link for social security purposes, constituted a concerning gap in the legislation and occupational safety and health policies within the country. Similarly, psychosocial risks remained unrecognized by the Government, despite being factors that could heighten the likelihood of physical and mental harm to a worker in the form of disorders, illnesses, injuries, or occupational accidents[31-34]. The 1999

LDRT did not accurately represent the reality of accidents ailments faced by workers in contemporary times[33,34].

It's noteworthy that, after two decades, the MS initiated the process of updating a new LDRT, resulting in an approved version released in 2020. However, due to political decisions, this version was rendered ineffective on September 8 of the same year by Ordinance No. 2,384/GM/MS, which reinstated the validity of the 1999 version[34]. More recently, after a 24-year hiatus, this List was revisited through Ordinance GM/MS No. 1,999, dated November 27, 2023[35]. This milestone breaks through years of gaps and marks a turning point, providing legal certainty and support to workers exposed to risks that have long been disregarded. Particular emphasis is placed on the inclusion of psychosocial factors and mental disorders related to work in the new LDRT. In this new list, conditions such as anxiety, depression, and suicide attempts were included as manifestations of psychological stress related to work. In the 1999 edition, depressive episodes were exclusively linked to exposure to toxic substances such as mercury and manganese.

Furthermore, starting from May 28, 2025, psychosocial risk factors must be officially included in the Risk Management Program, in accordance with Ordinance No. 1,449, published by the Ministry of Labor in August 2024, which amended Regulatory Standard No. 1. The Standard determined that occupational risk management must cover not only risks related to physical, chemical, and biological agents but also psychosocial and ergonomic risks associated with work. National companies must therefore consider ergonomic working conditions and related psychosocial factors, and develop actions and measures for the prevention, monitoring, and control of these risk agents in the workplace. This measure adds to Law 14,457/2022, which assigns Internal Accident Prevention Commissions the additional responsibility of preventing and combating sexual harassment and other forms of workplace violence, and promoting a safe and inclusive work environment for employees, along with the recent update to the LDRT. Such changes require companies to address issues such as harassment, burnout, stress, and general violence, expanding employers' responsibility for protecting mental health in the workplace.

It's worth noting that since February 2019, the federal government had been carrying out a significant revision of the OSH Regulations (NRs) in Brazil[36]. This initiative – oblivious to changes in the world of work, the introduction of new types of risks, and impulses toward social insecurity – encompassed the complete revision of NRs 1, 7, and 9, as well as the comprehensive approach to NR 3, which deals with work stoppage and interdiction; 12, related to workplace safety in machinery and equipment; 18, addressing conditions and the work environment in the construction industry; 20, focusing on flammables and combustibles; 24, addressing hygiene and comfort conditions in workplaces; and 28, concerning inspection and penalties. Concurrently, NR 2, which dealt with prior inspection, was repealed, and revisions were made to the heat annex of NR 15, as well as the item addressing the danger of fuel for own consumption, found in NR 16. These changes were supported by Action 3.1.1 of PLANSAT, which foresaw the elaboration and revision of NRs with tripartite consultation[15]. This process of revising the NRs encountered political and legal resistance in the form of a Public Civil Action, specifically Public Civil Action No. 0000317-69.2020.5.10.0009, filed by the Public Ministry of Labor (MPT) and processed at the 10th Regional Labor Court (TRT)[37]. The MPT argued that the NRs were being revised in an accelerated manner, with limited time for in-depth analysis and a lack of support from scientific studies and regulatory impact assessments. These concerns raised questions about the quality of proposed changes to the regulations, questioning the technical basis of the new wording and the lack of consensus in the tripartite discussions involving workers, employers, and the government. In addition to the MPT, several other institutions, associational entities, and unions, including the Central Única dos Trabalhadores, Força Sindical, Central do Trabalhadores e Trabalhadoras do Brasil, Confederação Nacional dos Trabalhadores da Indústria, and Nova Central Sindical dos Trabalhadores, supported the initiative[37].

The lack of interdepartmental dialogue, the apparent disarray of policies, and the apparent absence of (effective) coordination among social security, occupational safety, and WH policies create a disconnect that could harm the working class and the economic sector itself. Therefore, the convergence of the public policies outlined in this article emerges as a necessity to address the complex and multifaceted challenges surrounding the field of labor and

employment, notably in the context of OSH. This fragmentation of the social protection network for workers at the national level, while a significant obstacle, is not insurmountable. Through the promotion of dialogue between ministries and the adoption of an interdepartmental perspective, as well as fostering relationships among various governmental spheres, the business sector, and organized civil society, it is plausible to pave the way toward a more synergistic and coordinated approach to the existing policies. Effective coordination requires a constant exchange of information regarding occupational accidents, occupational diseases, and emerging risks, with communication between various ministerial bodies being a necessary condition to contemplate more effective prevention and intervention.

Another point worth highlighting is the need for evaluation of the implementation and impact of the public policies identified in this study. In this regard, it is pertinent to note that all the public policies included in the research were officially promulgated and approved, either by the head of the executive branch or another competent authority, or through a specific legislative process. However, it is important to emphasize that the effective implementation of a public policy involves the practical translation of legal provisions into concrete actions, a stage that requires the mobilization of resources, the establishment of administrative structures, and the coordination of efforts to ensure efficient execution.

Furthermore, systematic monitoring and measurement of the effectiveness of these strategies play a relevant role in promoting their efficacy, efficiency, and continuous improvement, as well as in striving to achieve their objectives. The scarcity of evaluative studies and the measurement of the impact of identified public policies compromise the comprehensive analysis of outcomes and desired effects for these strategies, making it difficult to assess their impact on society and identify the areas requiring adjustments or improvements. This lack of evaluative studies presents an urgent opportunity for research and action, as the availability of empirical evidence plays a important role in grounding solid public policies aimed at continuous progress. Therefore, conducting studies dedicated to evaluating and measuring the impact of current policies within the scope of OSH is a crucial point in guiding more precise and effective interventions[26], benefiting both workers and society as a whole. At this point, the concept of the "control loop" emerges as a guide for the ongoing monitoring and evaluation of the policies raised here, notably through WH Surveillance.

In this scenario, Lacaz highlights that the current model of attention to WH deserves criticism, as it has not been able to effectively integrate WH actions into the primary health care network[38]. He emphasizes that assistance activities, even after the creation of the RENAST, still carry significant weight in practice, overshadowing surveillance efforts. This is aggravated by the lack of adequate training for those working in these roles. Lacaz also reinforces the lack of intra and intersectoral integration among government agencies (already addressed in this work) and the scarce evaluations of the effectiveness and appropriateness of WH actions. Additionally, it cites a lack of qualified demand from health managers and a PNSTT that effectively integrates the MS, MS, and MTE – including collaboration with the Ministry of Science and Technology to promote research in this field. All these factors make the PNTSST a policy that is still "limping", and a possible hypothesis for this scenario is the ongoing dispute for hegemony in addressing the issue, influenced by formulations from MT, SO, and the field of WH[38].

As a possible way forward, Lacaz highlights the need to reclaim the assumptions of the WH field and criticize the theoretical and methodological reductionisms perpetrated by OH/MT. It is necessary to engage "hearts and minds" in reclaiming the social aspects to support health practices, aiming to support the care model that has been constructed over the past few decades. In conclusion, in the face of this context, Lacaz suggests that WH remains a field of practices and knowledge with a recent and ongoing development, significantly influenced by the socio-historical reality of a complex society like Brazil[38].

Still within the possible pathways, a proposal for one of the main identified critical issues – the lack of coordination – is suggested by Machado[39]. According to him, actions in the field of worker health should overcome fragmentation by seeking integrating and operational categories. The author proposes four fundamental bases of integration: first, expanding territorial integration by strengthening collaboration beyond the health district to include sectors such as education, environment, and public safety, while considering various territoriali-

ties, including productive and social networks, to better understand the impacts on worker health. Second, enhancing the industry-specific approach by focusing on economic sectors and gaining a deeper understanding of production chains, work processes, and worker and union organization, promoting strategic partnerships with union and business entities for joint actions supporting worker health. Third, broadening the approach to environmental risks by expanding the focus from work processes and specific worker health issues to include various environmental risks in the territory, providing a more comprehensive analysis of health impacts on local populations exposed to these risks. Finally, emphasizing health issues and community participation by conducting descriptive epidemiological analyses and fostering participatory discussions with populations and workers, allowing community involvement to identify health priorities and direct more effective interventions[39].

In the same vein, Waldvogel points to the technique of linking databases and data sources, including identification variables, as a strategy to form pairs with common cases, to ensure the consistency of information, and as a way to integrate information systems, thereby expanding coverage of workplace accidents[40]. This underscores the need for the refinement of conceptual instruments, study designs, and information systems to address the challenges of the 'information age'. At this point, it's important to mention the national initiative 'SmartLab - Promotion of Decent Work Guided by Data' by the MPT which includes the OSH Observatory (https://smartlabbr.org/sst). This initiative integrates data from multiple information systems to better inform and support public policies for preventing occupational accidents and illnesses.

It is important to acknowledge that this study may have been influenced by selection bias. Furthermore, the study does not provide a detailed analysis of each public policy, its implementation, and/or its impact, but rather a comprehensive systematization of the current national policies focused on OSH within the scope of the Union. While the research did not delve deeply into each initiative, it aimed to provide a broad and structured view of the contemporary landscape of the main strategies in this segment within the Union, contributing to a general understanding of efforts in favor of OSH.

By allowing knowledge, systematization, and transparency of the universe of public policies in OSH at the federal level, this study contributes to understanding the scope and extent of existing policies. This will enable policy makers, academics, and society at large to have a clearer view of existing policies and how they have evolved over time. Additionally, the study can serve as a data source for future analyses aimed at evaluating the functioning and impact of the outlined strategies.

Final considerations

In summary, the presented panorama suggests that Brazil has incorporated a set of state efforts aimed at protecting workers into public life, having expanded this protective framework over recent decades.

Nevertheless, it is worth stating, as a summary measure, that the Brazilian state still needs to promote stronger and more interactive institutional arrangements to eliminate the administrative isolation of public policies in OSH and in the field of evaluation and monitoring of these strategies.

Special attention should be given to the creation of policies that simplify responses to emerging issues, especially hazards and risks in labor, including new pandemics, related to the rapid changes occurring in the political landscape, the workforce, the environment, among others. Furthermore, efforts in this direction should occur in an integrated and participatory manner, taking into account the multitude of interests present in society, with a focus on those segments of workers traditionally excluded from decision-making processes.

Contributions

CJS Júnior: Contributed to the study's design, data analysis and interpretation; drafted the article or provided relevant critical review of the content; approved the final version; and is responsible for all aspects of the work and ensuring the accuracy and integrity of the work. IM Almeida: Provided relevant critical review of the content; approved the final version; and is responsible for all aspects of the work and ensuring the accuracy and integrity of the work. FM Fischer: Guided the research; provided relevant critical review of the content; approved the final version; and is responsible for all aspects of the work and ensuring the accuracy and integrity of the work.

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