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Occupational Health and Safety Regulation: Evidence from the DRC*

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Abstract

This paper examines the historical development and effectiveness of occupational safety and health regulation in the Democratic Republic of the Congo (DRC). Using a legal-historical and institutional analysis of legislation, ILO instruments, official reports, and academic literature, it shows that successive reforms have created a relatively dense regulatory framework. However, effective protection remains limited by widespread informal employment, weak labour inspection, fragmented institutional responsibilities, unequal access to occupational-health services, and deficient risk information systems. The paper argues that reform should prioritize stronger enforcement, protection adapted to informal workers, improved institutional coordination, and an integrated system for recording occupational accidents and diseases.

Keywords: Occupational safety, health, labour.

JEL Code: I18, J81, K31, N37, O17.

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1 Introduction

Occupational injuries and diseases remain a major challenge in developing countries, where extensive labour regulation often coexists with limited institutional capacity, widespread informality, and weak social protection. The Democratic Republic of the Congo (DRC) provides a particularly informative setting in which to examine this tension. Its regulatory trajectory makes it possible to investigate how colonial legacies, post-independence political discontinuities, and persistent governance constraints have shaped both the development and the enforcement of occupational safety and health (OSH) standards.

At the international level, the right to a safe and healthy working environment became the fifth fundamental principle and right at work in 2022. The Occupational Safety and Health Convention, 1981 (No. 155), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), were accordingly recognized as fundamental conventions (ILO, 1981a, 2006a, 2022). They complement the conventions concerning forced labour (ILO, 1930, 1957), freedom of association and collective bargaining (ILO, 1948, 1949), equality and non-discrimination (ILO, 1951, 1958), and the abolition of child labour (ILO, 1973, 1999). This recognition requires all members of the International Labour Organization (ILO), irrespective of ratification, to respect, promote, and progressively realize the fundamental right to a safe and healthy working environment.

OSH lies at the intersection of labour regulation, social protection, and public health. The social-protection dimension of occupational risks in the DRC has been extensively examined by Manwama Mungongo (1981), Biduaya Beya (1991), and Mukadi Bonyi (1993, 1995, 2007), as well as by subsequent legal and institutional studies (Lukoo, 2011; Loko, 2014, 2016, 2022, 2024; Muluma, 2014; Kapingamulume, 2021; Lwanga Wasingya, 2021). From a public-health perspective, OSH concerns the prevention of occupational diseases, the promotion of healthy working environments, and the integration of occupational health into national health systems (OMS, 2021, 2026). This integration is particularly important in the DRC, where occupational-health coverage remains limited (Lwanga Wasingya, 2021). At the organizational level, ISO 45001:2018 provides a voluntary management framework through which firms can identify occupational risks, establish prevention objectives, and continuously improve their OSH performance (ISO, 2018). Such voluntary standards complement, but cannot substitute for, public regulation and effective labour inspection.

The broader OSH literature can be divided into four related strands. The first examines international standards, regulatory frameworks, and the institutional foundations of occupational-risk prevention (Durand, 2008; La rédaction, 2011; ILO, 2023a,

2026a,b,c; OMS, 2021; Berastegui, 2024; Bau et al., 2024; Rephann and Wanchek, 2026). The second provides sectoral evidence on the prevalence, determinants, and consequences of occupational risks (Laplanche and Richard Hamelin, 2004; Yéboué-Kouamé et al., 2012; Esswein et al., 2016; Kaddour Djebbar and Achache, 2016; Boini, Colin, and Grzebyk, 2016; Ayelo et al., 2018; Du Pasquier and Poffet, 2023; Durand, 2024). The third investigates how technological, organizational, and environmental transformations affect working conditions and occupational risks (Roux et al., 2004; Lung, 2020; Chan The et al., 2020; Descatha, 2023; Diabate et al., 2024; Giallanza et al., 2024; Shah and Mishra, 2024; Descatha et al., 2025; Zikas, Panagiotakopoulos, and Kiouvrekis, 2026). The fourth focuses on regulatory enforcement, institutional capacity, and the conditions under which formally adopted OSH standards produce effective protection (Bennett, 2007; Fassier and Durand, 2010; Guillamo, 2010; Durand, 2011; Mille, 2012; Abouettahir, Seghioeur, and El Amarti, 2013; Devers, 2014; Laraqui et al., 2018; Boulinguez and Skoury, 2018; Caveta, 2018; Hoffmann and Ducret, 2018; Wilhelm, 2018; Malenfer and Héry, 2020; Soya et al., 2020; Liu et al., 2023; Watson and Jones, 2024). Taken together, these studies reveal a persistent gap between regulatory development and effective prevention, particularly in economies characterized by extensive informality and constrained state capacity.

Despite this extensive international literature, systematic research on OSH regulation in the DRC remains limited. The available studies include an examination of occupational accidents at the Katana cement plant by Kyambikwa et al. (2015) and an analysis of the legal protection of artisanal miners by Via Balole (2023). Institutional and corporate publications, including those of the National Social Security Fund and mining companies, provide additional information on declared prevention practices (CNSS, 2026; Glencore RDC, 2026). These contributions are informative but remain sector-specific and do not provide an integrated historical assessment of the development, coverage, and enforcement of OSH regulation in the DRC.

This paper addresses the following question: how has OSH regulation developed from the colonial period to the present-day DRC, and why has its progressive expansion not produced equally extensive and effective protection for workers? We answer this question through a legal-historical and institutional analysis of national legislation, labour codes, administrative regulations, ILO instruments, official reports, and the relevant academic literature. The analysis distinguishes regulatory adoption from effective implementation and examines the Congolese trajectory across four periods: the colonial period, the early post-independence period, the consolidation of labour regulation, and the contemporary reform period.

The paper makes three contributions. First, it reconstructs the development of OSH regulation as the outcome of three historically interacting institutional logics:

disciplining labour, organizing economic activity, and protecting workers. During the colonial period, labour regulation was primarily designed to control the workforce, as illustrated by the 1922 decree governing employment relations between so-called “civilized” and “indigenous” populations (Mukadi Bonyi, 2007). The organizational logic became more prominent with the 1967 Labour Code, while the protective logic was progressively strengthened by social security reforms and contemporary OSH standards (ILO, 1981a, 2006a).

Second, the paper reassesses the DRC’s international commitments. The country has ratified several older instruments relevant to occupational risk, including Conventions Nos. 119, 120, and 121 (ILO, 1963, 1964a,b, 2026d). Its international anchoring is therefore partial rather than absent. However, the DRC has not ratified Conventions Nos. 155 and 187 or several more recent sector-specific instruments covering activities in which occupational risks are particularly high.

Third, the paper identifies the mechanisms underlying the gap between regulatory expansion and effective protection. These include limited inspection capacity, fragmented social-protection arrangements, weak occupational-risk data, discontinuities in policy implementation, and the predominance of informal employment. Although contemporary informality rests on a legal and economic structure different from colonial labour classification, the exclusion of informal workers from contributory protection creates a functional divide between protected and unprotected workers that echoes the segmented coverage of colonial labour law. Throughout the article, occupational accidents, commuting accidents, occupational diseases, and work-related diseases are defined in accordance with Articles 58–60 of Law No. 16/009 of 15 July 2016.¹

The rest of the paper is organized as follows. Section 2 presents the analytical framework, reviews the relevant literature, and describes the documentary methodology. Section 3 reconstructs the historical development of OSH regulation from the colonial period to the contemporary reform era. This section also examines the current domestic regulatory framework and the DRC’s commitments under ILO conventions. and discusses the gap between regulation and enforcement, with particular attention to informality, inspection capacity, institutional fragmentation, and the availability of occupational-risk data. Section 4 develops the resulting policy priorities, including the modernization of the national OSH framework, the extension of protection to informal workers, and the strengthening of prevention and reporting institutions. Section 5 concludes. Appendix A provides the operational definitions used in the article, while Appendix B presents the relevant ILO instruments and the corresponding ratification status of the DRC.

¹The operational definitions of these concepts are presented in Appendix A.

2 Related literature and methodology

The relationship between labor and health has long been a subject of scientific inquiry. A foundational contribution was made by Bernardino Ramazzini in *De Morbis Artificum Diatriba*, published in 1700, which systematically linked specific occupational activities and working conditions to patterns of disease (Ramazzini, 1700). His work laid the intellectual foundations of occupational medicine by establishing the workplace as a major determinant of workers' health.

Industrialization subsequently transformed occupational risks into a major social and political issue. The expansion of textile manufacturing, mining, and metallurgy exposed large groups of workers to machinery accidents, silica dust, lead, solvents, and other industrial hazards. In the United Kingdom, factory investigations and the Factory Acts of 1833, 1844, and 1878 constituted early institutional responses to these risks (Hutchins and Harrison, 1911). In France, Villermé (1840) documented the physical and social conditions of textile workers. In Germany, the social insurance legislation introduced between 1883 and 1889 established the foundations of the contributory model of protection against employment injuries and occupational diseases (Hennock, 2007).

The creation of the International Labour Organization (ILO) in 1919 institutionalized worker protection at the international level. The preamble to the ILO Constitution linked lasting peace to social justice and recognized that the failure of one country to provide humane working conditions could undermine improvement efforts elsewhere (ILO, 1919e). The first International Labour Conference adopted conventions on hours of work, unemployment, and maternity protection (ILO, 1919a,b,c). During the same period, occupational medicine and industrial toxicology developed through the work of Legge (1934) and Hamilton (1943).

The postwar period broadened the concept of occupational health. The Constitution of the World Health Organization defined health as physical, mental, and social well-being rather than merely the absence of disease (OMS, 1946).² In 1950, the Joint ILO/WHO Committee on Occupational Health defined occupational health in terms of promoting workers' well-being, preventing work-related harm, protecting workers from occupational hazards, and adapting work to human capabilities.³ The definition was revised in 1995 but retained its emphasis on prevention, adaptation, and worker well-being (ILO, 1995c).

²See Faurie (2024) for a more detailed discussion.

³The initial formulation appeared in an unpublished WHO working document (WHO/Occ.Health/2, pp. 5 and 11) and was subsequently reproduced in a note published by the Joint ILO/WHO Committee on Occupational Health in July 1953. See OMS 1953, p. 4.

This period also witnessed the development of the main disciplines underlying contemporary OSH. Ergonomics became an autonomous field (Murrell, 1965); occupational hygiene developed systematic methods for identifying and controlling workplace exposures (ACGIH, 1946); and occupational psychology began documenting the effects of psychosocial conditions on workers' health (Karasek, 1979). Epidemiological research subsequently established relationships between asbestos and mesothelioma (Selikoff, Churg, and Hammond, 1964), silica exposure and silicosis (Hnizdo and Sluis-Cremer, 1993; Fonn et al., 1993), and psychosocial strain and cardiovascular disease (Karasek and Theorell, 1990). The demand-control model (Karasek, 1979), the effort-reward model (Siegrist, 1996), and their subsequent applications (Theorell et al., 2015) strengthened the analysis of psychosocial occupational risks.

Table 1 summarizes the main stages in the development of OSH as a scientific, normative, and organizational field.

The development of management systems represents an important component of this evolution. The ILO-OSH 2001 guidelines introduced a voluntary OSH management framework based on the Plan–Do–Check–Act cycle (ILO, 2001b). ISO 45001:2018 subsequently formalized this approach within the harmonized structure of international management standards (ISO, 2018). These instruments shifted organizational attention from formal compliance alone toward risk identification, worker participation, monitoring, and continuous improvement.

Research on managerial and organizational determinants developed in parallel (Fassier and Durand, 2010; Malenfer and Héry, 2020). The concept of safety culture emphasizes the values, attitudes, and practices through which organizations manage occupational risks.⁴ This literature also highlights the contribution of human and organizational factors to occupational accidents (Reason, 1997; Balonov, 2007). The related concept of organizational resilience concerns the ability of production systems to absorb disturbances and continue operating under adverse conditions (Hollnagel, Woods, and Leveson, 2006). Comparative surveys, including the European Working Conditions Survey and the European Survey of Enterprises on New and Emerging Risks, have further improved the measurement of workplace exposures and organizational prevention practices (Caveta, 2018).

⁴The concept of safety culture gained prominence following the 1986 Chernobyl accident. It refers to the shared values, attitudes, and behaviours that shape safety practices within an organization. See IAEA (1986, 1991); IAEA et al. (2006).

Table 1: Main stages in the development of occupational safety and health

Period	Dominant approach	Main developments and references
1700–1918	Occupational medicine and social insurance	Identification of occupational diseases, factory inspection, early labour legislation, and contributory employment-injury insurance (Ramazzini, 1700; Hutchins and Harrison, 1911; Villermé, 1840; Hennock, 2007).
1919–1945	Internationalization of worker protection	Creation of the ILO, adoption of the first international labour conventions, and development of industrial medicine and toxicology (ILO, 1919e,a,b,c; Legge, 1934; Hamilton, 1943).
1946–1980	Prevention and multidisciplinary development	Broadening of the concept of health, development of occupational medicine, ergonomics, hygiene, toxicology, and psychosocial-risk analysis (OMS, 1946, 1953; ILO, 1995c; Murrell, 1965; ACGIH, 1946; Karasek, 1979).
1981–2000	National systems and shared responsibility	Adoption of Convention No. 155, development of epidemiological evidence, and expansion of specialized regulatory institutions (ILO, 1981a; Selikoff, Churg, and Hammond, 1964; Hnizdo and Sluis-Cremer, 1993; Fonn et al., 1993; Karasek and Theorell, 1990; Durand, 2008).
2001–2018	Management systems and organizational prevention	Development of ILO-OSH 2001, safety culture, organizational resilience, and ISO 45001 (ILO, 2001b; ISO, 2018; Fassier and Durand, 2010; Malenfer and Héry, 2020; Reason, 1997; Balonov, 2007; Hollnagel, Woods, and Leveson, 2006; Caveta, 2018).
Since 2019	Fundamental right, digitalization, and universal coverage	Recognition of OSH as a fundamental right, emergence of digital and platform-related risks, and increased attention to informal and vulnerable workers (ILO, 2022, 2023b; OMS, 2021; Iung, 2020; Chan The et al., 2020; Descatha, 2023; Descatha et al., 2025; Berastegui, 2024; Yéboué-Kouamé et al., 2012; Diabate et al., 2024).

Note: The periods identify dominant approaches rather than strictly separated historical regimes. Several approaches overlap across periods.

2.1 Contemporary literature and the developing-country gap

The contemporary OSH literature emphasizes three major transformations. First, Conventions Nos. 155 and 187 were recognized as fundamental conventions in 2022 (ILO, 2022). This decision added the right to a safe and healthy working environment to the four previously recognized fundamental principles and rights at work. All ILO members are therefore required to respect, promote, and progressively realize this principle, regardless of whether they have ratified the two conventions (ILO, 2022, 2023b). The COVID-19 pandemic reinforced international attention to this issue by revealing the vulnerability of frontline workers and the consequences of inadequate occupational-health protection (OMS, 2021).

Second, digitalization is changing the nature and organization of work. Robotization, artificial intelligence, algorithmic management, platform-mediated employment, digital surveillance, and remote work create risks that are not always adequately covered by existing regulatory frameworks (Iung, 2020; Malenfer and Héry, 2020; Descatha et al., 2025). The expansion of teleconsultation in occupational medicine also raises questions concerning the quality and accessibility of remote medical surveillance (Chan The et al., 2020). These developments require the adaptation of both OSH regulation and occupational-risk assessment methods (Descatha, 2023).

Third, increasing attention is being paid to workers who remain outside formal prevention and social-protection systems. This literature covers seasonal workers (Berastegui, 2024), informal workers in sub-Saharan Africa (Yéboué-Kouamé et al., 2012; Diabate et al., 2024), migrant workers, and digital platform workers. The joint ILO/WHO estimates indicate that occupational diseases and injuries cause approximately 1.9 million deaths annually, with a disproportionate burden borne by low-income and middle-income countries (OMS, 2021).

Despite the magnitude of occupational risks in developing countries, evidence from sub-Saharan Africa remains limited and predominantly sectoral. Existing studies examine informal employment in Côte d'Ivoire (Yéboué-Kouamé et al., 2012), workplace safety committees in Côte d'Ivoire (Soya et al., 2020), post-independence OSH development in Morocco (Laraqui et al., 2018), occupational health in Niger (Diabate et al., 2024), and occupational exposure to haemorrhagic fevers in Benin (Ayelo et al., 2018). Research on the DRC remains particularly scarce (Kyambikwa et al., 2015; Via Balole, 2023). This underrepresentation reflects both limited research capacity and the weakness of national systems for recording and reporting occupational accidents and diseases.

2.2 Analytical framework

The analysis distinguishes between the existence of regulation and its effective implementation. The number of laws, regulations, or ratified conventions provides information about the density of the normative framework, but does not establish whether workers are effectively protected. Effective protection also depends on the substantive scope of the rules, institutional enforcement capacity, the population covered, the availability of occupational-health services, and the existence of reliable information systems.

The historical analysis is organized around three institutional logics. The disciplinary logic treats labour regulation primarily as a mechanism for controlling workers and securing the supply of labour. The organizational logic structures employment relations and production by defining contracts, responsibilities, institutions, and enforcement procedures. The protective logic seeks to prevent occupational harm, compensate victims, and extend access to health and social protection. These logics are neither mutually exclusive nor strictly sequential. They can coexist within the same legislation or institutional arrangement.

The evaluation of OSH regulation is based on the six analytical dimensions reported in Table 2.

This framework produces a distinction between three levels of analysis. The first is the adoption of a legal or regulatory instrument. The second is the development of the institutional capacity required to implement that instrument. The third is the effective extension of protection to workers. A regulatory system may therefore be normatively extensive while remaining institutionally weak or socially exclusionary.

The international benchmark is based on the ILO's classification of fundamental, governance, and technical conventions, together with the relevant protocols and recommendations (ILO, 2026a,b,c). These categories should be interpreted as components of an international normative architecture rather than as a strict legal hierarchy among ratified conventions.

Two of the ten fundamental ILO conventions are specifically concerned with OSH. Convention No. 155 establishes the general framework for national OSH policy and defines the responsibilities of governments, employers, and workers (ILO, 1981a). Convention No. 187 requires ratifying countries to develop and periodically review a national OSH policy, a national system, and a national programme (ILO, 2006a).⁵

⁵Before 2022, Conventions Nos. 155 and 187 were classified among the ILO's technical conventions. At its 110th Session, the International Labour Conference recognized a safe and healthy working environment as the fifth fundamental principle and right at work and designated these two instruments as fundamental conventions (ILO, 2022). Consequently, all ILO members are required to respect, promote, and progressively realize the corresponding principle, irrespective of ratifica-

Table 2: Analytical framework for assessing OSH regulation

Dimension	Main analytical question	Documentary indicators
Historical orientation	What institutional logic motivates the regulation?	Disciplinary provisions, organization of employment relations, prevention duties, compensation rights, and worker participation.
Normative scope	Which risks, sectors, and categories of workers are legally covered?	Definitions of occupational risks, employer obligations, sectoral rules, exclusions, sanctions, and rights to compensation.
International anchoring	To what extent is domestic regulation connected to international OSH standards?	Ratification status, entry into force, denunciation, abrogation, and incorporation of ILO instruments into domestic law.
Institutional enforcement	Which institutions are responsible for implementing and enforcing the rules?	Labour-inspection mandates, staffing, territorial presence, enforcement powers, occupational-health services, and safety committees.
Effective coverage	Which workers are effectively protected?	Coverage of formal and informal workers, contributory eligibility, sectoral reach, access to compensation, and access to occupational-health services.
Information and accountability	Can occupational risks and regulatory performance be measured?	Notification duties, accident and disease registers, administrative statistics, reporting to the ILO, monitoring, and periodic policy review.

Note: Effective implementation refers to the translation of formal rules into institutions, enforcement practices, and actual worker coverage.

The four governance conventions are not exclusively concerned with OSH, but two are directly relevant to its enforcement. Convention No. 81 on labour inspection and Convention No. 129 on labour inspection in agriculture define the functions, investigative powers, and preventive responsibilities of labour inspectors (ILO, 1947, 1969). Convention No. 122 concerns employment policy (ILO, 1964c), while Convention No. 144 institutionalizes tripartite consultation on international labour standards (ILO, 1976). In particular, Articles 3, 9, and 13 of Convention No. 81 provide a basis for enforcing legal provisions concerning worker health and safety (ILO, 1947). Articles 6, 17, and 18 of Convention No. 129 extend comparable functions to agricultural employment (ILO, 1969).

Technical instruments cover both compensation and prevention. Relevant social-security instruments include Convention No. 102 on minimum social security standards (ILO, 1952), Convention No. 118 on equality of treatment in social security (ILO, 1962), Convention No. 157 on the maintenance of social security rights (ILO, 1982), and the maritime social-security Conventions Nos. 70 and 165 (ILO, 1946, 1987b). Preventive and sector-specific instruments include Convention No. 161 on occupational-health services (ILO, 1985a), Convention No. 164 on health protection and medical care for seafarers (ILO, 1987a), Convention No. 167 on safety and health in construction (ILO, 1988a), Convention No. 176 on safety and health in mines (ILO, 1995a), Convention No. 184 on safety and health in agriculture (ILO, 2001a), and Convention No. 152 on occupational safety and health in dock work (ILO, 1979).

The 2002 Protocol to Convention No. 155 reinforces obligations concerning the recording, notification, and publication of statistics on occupational accidents and diseases (ILO, 2002). The corresponding recommendations provide additional technical guidance, including Recommendations Nos. 32, 97, 164, 171, 175, 183, 192, and 197 (ILO, 1929, 1953, 1981b, 1985b, 1988b, 1995b, 2001c, 2006b).

As of the article’s 2026 documentary cut-off, the DRC had ratified 37 ILO conventions, of which 32 remained in force (ILO, 2026d). These included eight of the ten fundamental conventions and two of the four governance conventions. The DRC had not ratified Conventions Nos. 155 and 187. Its OSH-related international anchoring was nevertheless not entirely absent because Conventions Nos. 119, 120, and 121 remained in force.

Four previously ratified conventions had been abrogated: Convention No. 4 (ILO, 1919d), Conventions Nos. 50 and 64 concerning indigenous workers,⁶ and Conven-

tion. The COVID-19 pandemic provided an important context for this decision by highlighting the consequences of inadequately protected working environments.

⁶The abrogation of Conventions Nos. 50 and 64 reflects the evolution of international standards concerning colonial labour and non-discrimination. See ILO (1936, 1939).

tion No. 62 on safety provisions in building (ILO, 1937). Convention No. 42 on occupational-disease compensation was automatically denounced in 1968 following the entry into force of Convention No. 121 (ILO, 1934).

The principal gap therefore concerns the absence of the two fundamental OSH conventions and several contemporary instruments relevant to the country’s high-risk sectors, particularly mining (ILO, 1995a), construction (ILO, 1988a), agriculture (ILO, 2001a), and occupational-health services (ILO, 1985a). Subsection 3.5 provides a detailed examination of this ratification profile and its implications.

Our paper uses a qualitative legal-historical and institutional methodology. Its objective is not merely to list legal instruments, but to reconstruct the conditions under which OSH regulation emerged, changed, and acquired different degrees of institutional effectiveness.

The documentary corpus combines primary and secondary sources. Primary sources include colonial decrees and ordinances, post-independence labour codes, social-security legislation, ministerial regulations, official gazettes, and ILO instruments. Secondary sources include academic studies, institutional reports, historical analyses, and documented sectoral evidence. Table 3 describes the main source categories and their use in the analysis.

Documents were retained when they met at least one of four criteria: direct relevance to occupational-risk prevention or compensation; definition of the responsibilities of employers, workers, or public institutions; determination of the categories of workers covered; or provision of evidence concerning enforcement, reporting, inspection, or access to benefits. Sources whose legal status or institutional origin could not be established were not used as primary evidence.

Each document was examined according to a common set of characteristics: date and legal status; target population; sectoral coverage; occupational risks addressed; employer and worker obligations; responsible enforcement institution; available sanctions; compensation mechanisms; and notification or reporting requirements. This coding procedure makes it possible to compare instruments adopted in different institutional contexts.

The historical analysis uses the periodization reported in Table 4. The periods are defined by major changes in the legal and institutional organization of work rather than by political chronology alone.

The analysis uses source triangulation to address inconsistencies between legal texts, institutional reports, and secondary studies. Where sources report different dates, legal statuses, or institutional arrangements, priority is given to the original legal instrument or the relevant official international record. Unresolved discrepancies are explicitly reported rather than silently harmonized.

Table 3: Documentary corpus and evidentiary use

Source category	Main documents	Use in the analysis
Domestic primary law	Decrees, ordinances, labour codes, social-security laws, ministerial orders, and implementing regulations	Reconstruction of legal obligations, worker coverage, employer duties, institutional mandates, sanctions, and historical change.
International legal sources	ILO conventions, protocols, recommendations, supervisory comments, and NORM-LEX ratification records	Assessment of international commitments, legal status, reporting obligations, and consistency with international OSH standards.
Institutional documents	Reports and publications of public authorities, social-security institutions, the ILO, WHO, and other international organizations	Assessment of implementation arrangements, administrative capacity, policy priorities, and documented gaps.
Academic literature	Historical, legal, medical, public-health, and social-policy studies	Interpretation of institutional developments, identification of mechanisms, and comparison with other national or sectoral experiences.
Corporate and sectoral sources	Company reports, institutional websites, and sector-specific documentation	Identification of declared workplace practices and sectoral context. These sources are not treated as independent evidence of regulatory effectiveness.

Note: Greater evidentiary weight is assigned to primary legal sources, official ratification records, and peer-reviewed studies. Institutional and corporate sources are used cautiously and are cross-checked whenever independent documentation is available.

Table 4: Periodization of OSH regulation in the DRC

Period	Institutional turning point	Main analytical focus
1882–1959	Formation and consolidation of colonial labour regulation	Coercive labour organization, legal segmentation, unequal protection, and the gradual emergence of occupational-risk compensation.
1960–1966	Independence and establishment of national social-security institutions	Legal succession, inherited ILO commitments, creation of the National Social Security Institute, and institutional transition.
1967–2001	Adoption of the first Labour Code and post-independence regulatory consolidation	Expansion of labour standards, ratification of technical conventions, development of implementing regulations, and weakening of enforcement capacity during successive political and economic crises.
2002–2026	Revision of the Labour Code and contemporary social-security reforms	Modernization of labour regulation, 2016 social-security reform, implementing measures, persistence of informality, and the implications of the 2022 recognition of OSH as a fundamental right.

Note: The periodization is analytical. Legal and institutional developments may overlap across adjacent periods.

The methodology has three principal limitations. First, the availability and quality of documentary evidence vary considerably across periods. Colonial records primarily reflect the perspective of the administration and employers, while the experiences of African workers are less systematically documented. Second, the DRC does not possess a complete and continuous statistical series on occupational accidents, occupational diseases, labour inspections, or workplace sanctions. The article therefore evaluates institutional effectiveness rather than estimating the causal effect of individual laws on occupational-health outcomes. Third, informal employment is structurally underrepresented in administrative records even though it accounts for a substantial share of the labour force.

These limitations are themselves relevant to the analysis. Incomplete reporting, fragmented records, and the absence of reliable occupational statistics constitute institutional characteristics of the OSH system rather than purely technical data problems. The following section uses this framework and methodology to reconstruct the historical development of OSH regulation from the colonial period to the contemporary DRC.

3 OSH regulation in the DRC

The development of occupational safety and health regulation in the Democratic Republic of the Congo did not follow a linear transition from an absence of protection to a comprehensive preventive system. The current framework emerged through successive layers of colonial regulation, post-independence institutional reconstruction, legislative codification, and contemporary social-protection reforms. Each period introduced new rights, institutions, or technical standards without fully removing the limitations inherited from earlier arrangements.

This section distinguishes four historical sequences. The first covers the colonial period from 1882 to 1959, during which labour regulation evolved from the coercive mobilization of workers toward a selective and sectoral system of occupational protection. The second covers the immediate post-independence period from 1960 to 1966, characterized by legal continuity, institutional disruption, and the creation of a national social-security institution. The third extends from the adoption of the first Labour Code in 1967 to 2001 and combines substantial normative expansion with a progressive deterioration in enforcement capacity. The fourth begins with the Labour Code of 2002 and encompasses the contemporary reforms implemented through 2026.

Table 5 summarizes the main characteristics of these four sequences.

Table 5: Historical periodization of OSH regulation in the DRC

Period	Main institutional developments	Dominant regulatory orientation	Principal limitation
1882–1959	Initial industrial regulations, differentiated compensation schemes, technical safety rules, and colonial labour inspection	Mobilization and control of labour, followed by selective protection in organized industrial sectors	Legal segmentation between indigenous and non-indigenous workers and weak territorial enforcement
1960–1966	Continuity of inherited legislation, accession to the ILO, creation of the INSS, and adoption of a national list of occupational diseases	Construction of a national social-insurance system	Political instability, institutional disorganization, and exclusion of workers outside formal wage employment

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Period	Main institutional developments	Dominant regulatory orientation	Principal limitation
1967–2001	First Labour Code, ratification of several ILO conventions, general and sectoral OSH regulations, medical services, and workplace safety committees	Codification, administrative organization, and gradual transition from compensation to prevention	Declining inspection capacity, economic crisis, institutional fragmentation, and widening informality
2002–2026	New Labour Code, specialized labour courts, implementing regulations, social-security reform, creation of the CNSS and CNSSAP, and updated list of occupational diseases	Consolidation of prevention, compensation, rehabilitation, and institutional governance	Persistent gap between formal legal protection and effective coverage, particularly in the informal economy

Note: The periods identify changes in the dominant institutional orientation of OSH regulation. They do not imply complete breaks between successive legal regimes. Several colonial regulations remained applicable after independence, while subsequent reforms retained institutions and implementation mechanisms inherited from earlier periods.

3.1 Colonial foundations of occupational regulation, 1882–1959

The formal history of occupational regulation in the Congo originated in the administrative structures established before the creation of the Congo Free State in 1885 and subsequently consolidated under Belgian colonial rule. This starting point should not be interpreted as implying that work was unregulated before colonization.⁷

The early colonial economy was organized around natural-resource extraction, transport infrastructure, plantation agriculture, and the compulsory mobilization of African labour. Working time, rest periods, remuneration, medical supervision, and

⁷Congolese societies had developed their own systems for allocating work, organizing apprenticeships, transmitting occupational knowledge, regulating reciprocal obligations, and repairing work-related harm. These arrangements formed part of broader customary and political institutions within precolonial kingdoms and communities (Vansina, 1963, 1966a,b, 1990, 1992; Fallers, 1969; Moore, 1978; Chanock, 1985; Mamdani, 1996). Colonization did not therefore introduce the regulation of work as such. It imposed a centralized and formally codified legal order that displaced or subordinated pre-existing institutions.

protection against occupational hazards were either unregulated or subordinated to production requirements (Vanhove, 1968; Manwama Mungongo, 1981). Under the Congo Free State, forced labour took several forms, including labour taxation, compulsory portage, public works, plantation labour, and work performed for concessionary companies.

Belgian annexation in 1908 reduced some of the most visible abuses without immediately replacing the underlying system of labour mobilization. Colonial labour law continued to distinguish between indigenous and non-indigenous workers. This distinction determined the contractual regime, remuneration, jurisdiction, working conditions, and access to social protection (Mukadi Bonyi, 2007).

Non-indigenous employees were generally covered by contractual arrangements derived from Belgian civil law. Indigenous workers remained subject to a separate regime combining employment obligations, administrative control, and more limited protection. Occupational protection was therefore not conceived as a universal right attached to the performance of work. Its scope and generosity depended on the worker's legal status, sector of employment, and position within the colonial economy.

The Ordinance of 12 May 1914 regulating dangerous, unhealthy, and inconvenient establishments was among the earliest instruments addressing industrial hazards. Its primary purpose was the administrative supervision of establishments capable of generating risks or nuisances. Its coverage remained limited to identifiable industrial premises and did not establish a general right to occupational protection.

A more explicit OSH framework emerged after the creation of the International Labour Organization in 1919. The Decree of 15 June 1921 on workers' hygiene and safety authorized the Governor-General to adopt implementing regulations for particular activities. The Decree of 16 March 1922 governing employment contracts between so-called "civilized" employers and indigenous workers subsequently formalized wage relations by regulating contractual duration, remuneration, accommodation, food, sanctions, and administrative remedies (Mukadi Bonyi, 2007).

Although the 1922 Decree was not primarily an OSH instrument, it established the legal employment relationship within which occupational responsibilities could be assigned. It made indigenous wage labour visible to the formal legal system without eliminating the unequal status on which that system rested.

During the 1930s, occupational regulation became progressively more technical. The Ordinance of 13 May 1936 regulated containers used for liquefied, compressed, or dissolved gases. Such measures responded to identifiable industrial hazards but remained concentrated in organized enterprises. Agricultural workers, domestic workers, casual labourers, and workers outside fixed establishments remained largely beyond their reach.

The introduction of employment-injury compensation further revealed the unequal structure of colonial protection. The Decree of 20 December 1945 established compulsory compensation for occupational accidents affecting non-indigenous employees from 1 January 1947. A separate regime for indigenous workers was introduced by the Decree of 1 August 1949 and entered into force on 1 July 1950 (Dory, 1958; Mukadi Bonyi, 2007). The latter provided less extensive protection and imposed more restrictive conditions for the recognition and compensation of occupational injuries.

The postwar period produced a significant expansion of technical regulation. The Decree of 21 March 1950 on occupational hygiene and safety consolidated earlier provisions and strengthened the legal basis for sector-specific measures. It was followed by regulations concerning spray painting, medical surveillance of silicosis, dangerous establishments, steam boilers, compressed gases, serious industrial and mining accidents, calcium-carbide storage, welding equipment, and lifting machinery.

Table 6 presents the principal colonial instruments and their contribution to the emergence of OSH regulation.

Table 6: Selected colonial instruments relating to occupational safety and health

Year	Instrument	Contribution to OSH regulation	Main limitation
1914	Ordinance regulating dangerous, unhealthy, and inconvenient establishments	Introduced administrative supervision of industrial hazards	Focused on fixed establishments rather than workers' general protection
1921	Decree on workers' hygiene and safety	Established a general legal basis for sector-specific safety regulations	Largely programmatic and dependent on implementing ordinances
1922	Decree governing employment contracts between "civilized" employers and indigenous workers	Formalized the employment relationship within which employer obligations could be imposed	Preserved the legal inequality between indigenous and non-indigenous workers
1936	Ordinance regulating containers for liquefied, compressed, or dissolved gases	Introduced a technical standard for a specific industrial hazard	Narrow sectoral application
1945	Decree on occupational-accident compensation for non-indigenous employees	Established compulsory employment-injury protection from 1947	Applied initially only to non-indigenous employees

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Year	Instrument	Contribution to OSH regulation	Main limitation
1949	Decree on occupational-accident compensation for indigenous workers	Extended compensation to indigenous workers from July 1950	Provided less extensive protection and more restrictive recognition conditions
1950	Decree on occupational hygiene and safety	Consolidated earlier provisions and supported technical implementing regulations	Enforcement remained territorially and institutionally limited
1952	Ordinance on the medical surveillance of silicosis	Connected occupational exposure to systematic medical monitoring	Applied principally to organized mining and industrial employment
1956	Ordinance on the reporting of serious accidents in mines, metallurgical plants, quarries, cement works, and lime kilns	Introduced a reporting mechanism for serious occupational accidents	Did not establish a comprehensive national information system
1959	Ordinance regulating lifting machinery	Strengthened technical accident prevention	Limited to specific equipment and formal establishments

Note: The table presents selected instruments rather than an exhaustive inventory of colonial labour legislation. The principal sources are the colonial official bulletins and the historical reconstructions provided by Manwama Mungongo (1981), Dory (1958), and Mukadi Bonyi (2007).

These developments marked a gradual movement from the administrative control of industrial establishments toward the identification, reporting, and prevention of occupational risks. Nevertheless, the colonial system retained three structural limitations. Protection remained concentrated in the organized industrial economy, compensation reflected the hierarchy of legal status, and inspection services lacked the personnel and territorial reach required to enforce the expanding body of regulation.

3.2 Independence and institutional reconstruction, 1960–1966

Independence did not immediately produce a comprehensive replacement of colonial labour law. The transitional arrangements adopted in June 1960 maintained much of the existing legal order in order to prevent a regulatory vacuum. Colonial provisions governing employment contracts, workplace hygiene, occupational safety, and employment-injury compensation therefore continued to apply after 30 June 1960.

This legal continuity coincided with severe political and administrative disruption. The departure of experienced administrative personnel, the Congolese political

crisis, armed conflict, the Katanga secession, and the weakness of public finances sharply reduced the operational capacity of the labour administration. Institutions responsible for inspection, occupational-health supervision, and social protection entered the postcolonial period with formal responsibilities that exceeded their available resources.

The DRC became a member of the ILO in September 1960. The conventions registered for the country included early instruments concerning employment-injury compensation, occupational diseases, equal treatment, forced labour, package-weight marking, and safety in the building industry (ILO, 2026d). This portfolio provided an international basis for compensation and selected technical risks but did not amount to a comprehensive national OSH system.

The creation of the National Social Security Institute, the INSS, by the Decree-Law of 29 June 1961 constituted the principal institutional innovation of the period. The INSS established a contributory social-insurance system covering, among other branches, occupational accidents and diseases affecting workers governed by labour legislation. It centralized the collection of contributions and the administration of employment-injury benefits and formally replaced the differentiated colonial compensation schemes.

The reform nevertheless retained a restrictive connection between social protection and formal wage employment. Access to employment-injury benefits depended on registration and contribution through an identifiable employer. Self-employed workers, subsistence farmers, informal traders, domestic workers, and most artisanal workers remained outside effective coverage (Manwama Mungongo, 1981; Mukadi Bonyi, 1993; Lwanga Wasingya, 2021).

The Ordinance n° 66-370 of 9 June 1966 established the list of occupational diseases recognized for social-security purposes. It clarified the conditions under which diseases could be attributed to occupational exposure and compensated. However, this list remained in force for more than five decades without comprehensive revision.

3.3 Codification and regulatory expansion, 1967–2001

The adoption of the first Congolese Labour Code on 9 August 1967 marked the transition from inherited colonial decrees to a unified national labour law. The Code organized individual and collective employment relations and provided the legislative foundation for workplace hygiene, occupational safety, medical supervision, and employer responsibility. It also authorized the adoption of implementing regulations adapted to particular sectors and hazards.

Codification coincided with an expansion of the DRC's international commit-

ments. In 1967, the country ratified Convention n° 119 on the guarding of machinery, Convention n° 120 on hygiene in commerce and offices, and Convention n° 121 on employment-injury benefits (ILO, 1963, 1964a,b). These three conventions remain in force. Convention n° 118 on equality of treatment in social security was also ratified in 1967, while Convention n° 81 on labour inspection was ratified in 1968 (ILO, 1962, 1947, 2026d).

This sequence strengthened the preventive, compensatory, and administrative components of the framework. Machinery safety and workplace hygiene addressed prevention, Convention n° 121 modernized employment-injury benefits, and Convention n° 81 provided an international framework for labour inspection.

The 1970s produced the most concentrated expansion of OSH regulation in the post-independence period. The ministerial order of 20 December 1971 established general workplace safety requirements, while the order of 4 August 1972 regulated workplace hygiene. These measures addressed ventilation, lighting, sanitation, workplace organization, accident prevention, emergency procedures, and first-aid arrangements.

Sector-specific regulations followed. The Order n° 0017/73 of 6 February 1973 established safety requirements for excavation and construction work. The Order of 15 November 1973 created safety and hygiene committees in mining enterprises. Subsequent regulations introduced medical examinations, enterprise medical services, protection against occupational lead poisoning, and safety committees across a broader range of enterprises.

Table 7 summarizes the principal developments between independence and 2001.

Table 7: Main developments in OSH regulation, 1960–2001

Year	Instrument or institutional development	Contribution to the national OSH framework	Implementation constraint
1960	Independence, legal continuity, ILO membership, and registration of the initial portfolio of conventions	Preserved existing protection and established an international normative connection	Retained inherited regulations and coincided with severe institutional disruption
1961	Creation of the National Social Security Institute, INSS	Centralized contributory social insurance and employment-injury benefits	Coverage remained tied to formal wage employment
1966	Ordinance n° 66-370 establishing the list of occupational diseases	Defined diseases eligible for recognition and compensation	List remained largely unchanged until 2022

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Year	Instrument or institutional development	Contribution to the national OSH framework	Implementation constraint
1967	First Labour Code	Unified national labour law and established a basis for workplace hygiene, safety, and employer responsibility	Enforcement depended on subsequent regulations and inspection capacity
1967	Ratification of Conventions n ^{os} 119, 120, and 121	Strengthened machinery safety, workplace hygiene, and employment-injury benefits	International commitments exceeded domestic enforcement capacity
1968	Ratification of Convention n ^o 81 on labour inspection	Established obligations concerning the organization and powers of labour inspection	Inspection services remained insufficiently staffed and equipped
1971–1972	General regulations on workplace safety and hygiene	Established cross-sectoral requirements for workplace conditions	Application remained concentrated in formal establishments
1973	Regulations on construction safety and mining safety committees	Introduced sector-specific prevention and worker participation	Worker representation remained constrained by the political environment
1975	Regulation of pre-employment, return-to-work, and risk-specific medical examinations	Strengthened medical surveillance of exposed workers	Occupational-health services remained unevenly distributed
1976	Regulation of enterprise medical and health services	Institutionalized workplace medical services	Application depended on enterprise size and financial capacity
1977	Regulation preventing occupational lead poisoning	Addressed a specific occupational exposure and disease	Limited monitoring of exposure and compliance
1978	Extension of workplace hygiene and safety committees	Broadened enterprise-level participation in risk prevention	Committees remained largely absent from informal activities
1981	Creation of social-protection arrangements for public employees and university personnel	Extended formal occupational-risk protection to additional categories	Increased institutional fragmentation
1987	Ratification of Conventions n ^{os} 102 and 150	Strengthened commitments concerning social security and labour administration	Fiscal and administrative capacity was deteriorating

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Year	Instrument or institutional development	Contribution to the national OSH framework	Implementation constraint
1990–2001	Political transition, economic contraction, and armed conflicts	Maintained the inherited formal legal framework	Reduced inspection, reporting, social-insurance, and enforcement capacity

Note: The ratification dates and current status of the ILO conventions are drawn from ILO (2026d). The domestic instruments are identified from the Labour Code, ministerial orders, official gazettes, and the historical legal literature.

Thus, the regulations adopted between 1967 and 1978 reveal a progressive transition from compensation toward prevention. The framework incorporated technical safety, medical surveillance, occupational-health services, accident prevention, and worker participation. If fully implemented, this body of regulation would have provided a relatively advanced level of formal protection.

Normative expansion did not produce an equivalent increase in enforcement capacity. Political centralization weakened independent worker representation, while the nationalization policies implemented during the 1970s disrupted the management of many formal enterprises. Occupational medicine, equipment maintenance, accident reporting, and workplace safety services were unevenly maintained.

The economic crisis of the 1980s further reduced the resources allocated to labour administration and social security. At the same time, the creation of separate schemes for public officials, university personnel, magistrates, parliamentarians, and other occupational categories increased institutional fragmentation. These schemes recognized additional rights but complicated coordination, financing, portability, and statistical consolidation.

The economic and political crisis of the 1990s, followed by the wars of 1996–1997 and 1998–2003, further widened the divergence between formal regulation and effective protection. Formal employment contracted, labour administration lost operational capacity, and artisanal mining expanded in areas where inspection and social insurance were largely absent. Workers in these activities faced occupational hazards together with armed violence, forced displacement, and environmental exposure (Via Balole, 2023).

3.4 The contemporary reform era, 2002–2026

Law n° 015/2002 of 16 October 2002 introduced a new Labour Code as part of the broader reconstruction of the Congolese legal order. Title VII is specifically devoted

to occupational health and safety. Article 159 identifies the principal objectives of OSH regulation, including the prevention of occupational accidents, the control of occupational diseases, the establishment of healthy working conditions, the reduction of excessive occupational fatigue, and the adaptation of work to the worker.

Articles 160–162 require enterprises to obtain occupational-health services and define their preventive and emergency-care responsibilities. Articles 163–166 require the organization of workplace safety and hygiene services. Articles 167–169 provide for committees responsible for developing, implementing, and monitoring policies for preventing occupational accidents and diseases.

Law n° 016/2002 of the same date established specialized labour courts. This reform strengthened the adjudicatory dimension of labour protection by creating a specialized forum for disputes concerning employment relations and employer obligations. Limited territorial coverage, procedural delays, and litigation costs nevertheless continue to restrict effective access to these courts.

The implementing regulations adopted in 2008 translated several provisions of the Labour Code into more detailed organizational requirements. The Ministerial Order n° 12/CAB.MIN/ETPS/043/2008 of 8 August 2008 defined the organization and operation of workplace safety, hygiene, and improvement committees. It made such committees compulsory for enterprises or establishments employing at least twenty workers and assigned them responsibility for designing, implementing, and monitoring the prevention of occupational accidents and diseases.

The Ministerial Order n° 12/CAB.MIN/ETPS/046/2008, adopted on the same date, regulated machinery protection and prohibited the sale, rental, display, or transfer of machinery whose dangerous components were not fitted with appropriate protective devices. This measure provided a domestic implementation mechanism for Convention n° 119.

These instruments strengthened enterprise-level prevention but remained closely tied to formal establishments. Their practical application is more difficult in artisanal mining, informal construction, small-scale agriculture, domestic work, and other activities conducted outside stable employer-employee relationships.

Law n° 16/009 of 15 July 2016 on the general social security system constitutes the most important reform of employment-injury protection since the creation of the INSS. It reorganized the general system around occupational risks, family benefits, and pensions. It also modernized the rules governing the reporting, recognition, treatment, compensation, and rehabilitation of occupational injuries and diseases.

Articles 58–60 distinguish among occupational accidents, commuting accidents, occupational diseases included in the official schedule, and work-related diseases not included in that schedule. The reform also recognized prevention as an explicit

component of social-security policy. Law n° 16/010, adopted on the same date, amended and supplemented the 2002 Labour Code.

Decree n° 18/027 of 14 July 2018 created the National Social Security Fund, the CNSS, as the successor to the INSS. The implementing framework entrusted the CNSS with responsibilities relating to risk prevention, functional rehabilitation, vocational retraining, and the occupational reintegration of workers affected by occupational injuries or diseases.

A parallel process occurred in the public sector. The creation of the National Social Security Fund for Public Servants, the CNSSAP, was followed by Law n° 22/031 of 15 July 2022 establishing a special social-security scheme for public servants. The reform broadened the institutional basis for protecting public employees and reduced reliance on the fragmented schemes previously applicable to specific categories of state personnel.

Decree n° 22/35 of 17 October 2022 established an updated list of occupational diseases. It replaced the list adopted in 1966 and incorporated a wider range of occupational exposures and pathologies. This reform was particularly important because inclusion in the official list determines access to the presumption of occupational origin and facilitates entitlement to social-security benefits.

Table 8 summarizes the principal contemporary reforms.

Table 8: Contemporary OSH and social-protection reforms, 2002–2026

Year	Instrument or reform	Contribution to OSH regulation	Remaining limitation
2002	Law n° 015/2002 establishing the Labour Code	Consolidated occupational-health services, workplace safety services, and safety and hygiene committees	Main provisions remain centered on formal enterprises
2002	Law n° 016/2002 establishing labour courts	Created a specialized mechanism for adjudicating labour disputes	Limited territorial and practical accessibility
2006	National interprofessional collective agreement	Complemented statutory labour protection through social dialogue	Uneven application across sectors and enterprises
2008	Ministerial Order n° 12/CAB.MIN/ETPS/043/2008	Regulated workplace safety, hygiene, and improvement committees	Committee requirement is more difficult to enforce in small and informal establishments

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Year	Instrument or reform	Contribution to OSH regulation	Remaining limitation
2008	Ministerial Order n° 12/CAB.MIN/ETPS/046/2008	Strengthened machinery safety and implemented Convention n° 119	Limited equipment inspection and compliance monitoring
2015	Decree n° 15/031 creating the CNSSAP	Established a social-security institution for public servants	Initial personal coverage remained narrower than the full public sector
2016	Law n° 16/009 on the general social security system	Modernized occupational-risk coverage, prevention, compensation, and rehabilitation	Effective coverage continues to depend substantially on formal registration and contribution
2016	Law n° 16/010 amending the Labour Code	Updated selected provisions of the 2002 Labour Code	Did not remove the structural implementation gap
2018	Decree n° 18/027 creating the CNSS	Reorganized the institution responsible for the general social-security system	Prevention and reporting capacity remains uneven across provinces
2022	Law n° 22/031 establishing the special social-security scheme for public servants	Extended and consolidated the institutional coverage of public employees	Maintained a separate institutional regime from private-sector workers
2022	Decree n° 22/35 establishing the list of occupational diseases	Updated the occupational-disease list that had remained largely unchanged since 1966	Recognition still depends on diagnosis, reporting, and administrative capacity
2022	Recognition of a safe and healthy working environment as an ILO fundamental principle and right at work	Strengthened the universal normative status of OSH	The DRC has not ratified Conventions n°s 155 and 187
2024	Abrogation of Convention n° 62 on safety provisions in the building industry	Removed an obsolete international instrument from the ILO system	Reduced the number of historical OSH instruments associated with the DRC

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Year	Instrument or reform	Contribution to OSH regulation	Remaining limitation
2026	Current NORMLEX position	Conventions n ^{os} 119, 120, and 121 remain in force for the DRC	No ratification of Conventions n ^{os} 155, 161, 167, 176, 184, or 187

Note: The table distinguishes domestic legal reforms from changes in the international normative environment. Ratification status is based on ILO (2026d). The absence of ratification does not remove the DRC's obligation, as an ILO member, to respect, promote, and realize the fundamental principle of a safe and healthy working environment (ILO, 2022).

The historical evidence reveals three persistent characteristics of OSH regulation in the DRC. First, legal development has been cumulative. New codes, institutions, and technical regulations have generally been added to earlier arrangements rather than replacing them completely. This process has produced a relatively dense but fragmented legal architecture.

Second, the boundary between protected and unprotected workers has changed without disappearing. During the colonial period, protection was distributed according to racial and legal status. After independence, the decisive boundary became the distinction between workers integrated into formal, contributory employment and workers operating outside it. These forms of segmentation are not legally equivalent, but they produce a comparable institutional outcome: exposure to occupational risk does not, by itself, guarantee access to prevention, compensation, or rehabilitation.

Third, the principal weakness of the Congolese framework lies less in the complete absence of regulation than in the limited capacity to implement it. Labour inspection, occupational-health services, workplace committees, social-security institutions, and reporting systems have developed unevenly and remain concentrated in the formal economy. Workers in artisanal mining, informal construction, small-scale agriculture, domestic employment, and other informal activities remain substantially less protected despite their often greater exposure to occupational risks (Lwanga Wasingya, 2021; Via Balole, 2023).

The historical reconstruction undertaken above explains how the current OSH framework emerged, but it does not, by itself, establish how that framework operates today. The analysis must therefore shift from the historical formation of regulation to its contemporary institutional configuration. The following two subsections first examine the domestic legal architecture and the DRC's commitments under ILO conventions, and then assess the extent to which these formal rules are effectively implemented.

3.5 Current domestic regulatory framework and ILO commitments

The contemporary OSH framework in the DRC is not governed by a single statute. It consists of a multilayered legal architecture combining constitutional principles, labour legislation, social-security law, ministerial regulations, sector-specific requirements, collective agreements, and international labour standards. Its implementation involves several institutions whose mandates cover prevention, inspection, medical surveillance, compensation, rehabilitation, adjudication, and the collection of occupational-risk information.

3.5.1 Constitutional and legislative foundations

The Constitution provides the general legal foundation of occupational protection through the rights to work, health, physical integrity, and a healthy environment. These constitutional guarantees do not constitute a complete OSH regime, but they establish the broader principles within which labour and social-security legislation must be interpreted.

The principal legislative instrument is Law n° 015/2002 of 16 October 2002 establishing the Labour Code, as amended and supplemented by Law n° 16/010 of 15 July 2016. Title VII of the Labour Code is specifically devoted to occupational health and safety. Article 159 defines its principal objectives as preventing occupational accidents, controlling occupational diseases, establishing healthy working conditions, reducing excessive occupational fatigue, adapting work to the worker, and addressing major community-health threats within the workplace.

Articles 160–162 require enterprises and establishments to obtain occupational-health services. These services are principally preventive and are responsible for workers' medical surveillance, the sanitary monitoring of workplaces, and the provision of first aid and emergency care. Articles 163–166 require enterprises to organize workplace safety and hygiene services. Articles 167–169 establish workplace safety, hygiene, and improvement committees and assign them responsibility for developing, implementing, and monitoring policies for preventing occupational accidents and diseases.

The Labour Code is complemented by Law n° 16/009 of 15 July 2016 on the general social security system. Whereas the Labour Code primarily defines employer obligations and preventive institutions, Law n° 16/009 organizes the recognition, treatment, compensation, rehabilitation, and occupational reintegration of workers affected by occupational injuries or diseases. It therefore links preventive labour regulation to the social-insurance system.

Articles 58–60 of Law n° 16/009 distinguish occupational accidents, commuting accidents, occupational diseases listed in the official schedule, and work-related diseases that are not included in that schedule. The distinction is important because inclusion in the official list facilitates the recognition of occupational origin, whereas an unlisted work-related disease generally requires additional evidence of the causal relationship between employment and illness.

3.5.2 Implementing and sector-specific regulations

Several ministerial regulations translate the Labour Code’s general obligations into more specific organizational and technical requirements. The Ministerial Order n° 12/CAB.MIN/ETPS/043/2008 of 8 August 2008 regulates the organization and operation of workplace safety, hygiene, and improvement committees. Such a committee is compulsory in enterprises and establishments employing at least twenty workers. Its responsibilities include identifying occupational risks, examining accidents, proposing preventive measures, monitoring the operation of occupational-health and safety services, and contributing to worker information and training.

The Ministerial Order n° 12/CAB.MIN/ETPS/046/2008 regulates machinery protection and prohibits the sale, rental, display, or transfer of machinery whose dangerous components are not fitted with appropriate safeguards. This instrument also contributes to the domestic implementation of ILO Convention n° 119 on the guarding of machinery.

Earlier regulations concerning medical examinations, occupational-health services, construction work, mining safety, hazardous substances, lead poisoning, industrial equipment, and dangerous establishments remain relevant insofar as they have not been expressly repealed or replaced. Sectoral legislation, particularly the Mining Code and Mining Regulations, adds specific obligations concerning mine safety, protective equipment, emergency procedures, the management of hazardous substances, and the protection of workers operating on industrial mining sites.

Collective bargaining provides an additional regulatory layer. The National Inter-professional Collective Agreement of 2006 establishes minimum conditions applicable across economic activities and may be supplemented by sectoral or enterprise-level agreements. However, collective agreements primarily reach workers employed in organized establishments and have limited application in activities without stable employer-employee relations.

Table 9 summarizes the principal components of the current domestic framework.

Table 9: Current domestic architecture of OSH regulation in the DRC

Instrument or institution	Main scope	OSH function	Principal limitation
Constitution	Rights to work, health, physical integrity, and a healthy environment	Provides the general constitutional basis for worker protection	Does not establish detailed OSH obligations or enforcement procedures
Labour Code, Law n° 015/2002, as amended	Employment relationships governed by the Labour Code	Defines preventive objectives, occupational-health services, safety services, and workplace committees	Primarily applicable within identifiable employment relationships
Law n° 16/009 of 15 July 2016	General social-security system	Organizes prevention, recognition, treatment, compensation, rehabilitation, and occupational reintegration	Effective protection remains closely connected to registration and contribution
Ministerial Order n° 12/CAB.MIN/ETPS/043/2008	Enterprises and establishments, with compulsory committees from twenty workers	Regulates workplace safety, hygiene, and improvement committees	Limited applicability in small and informal production units
Ministerial Order n° 12/CAB.MIN/ETPS/046/2008	Machinery placed on the market or used in enterprises	Requires appropriate protection of dangerous machinery components	Enforcement depends on equipment inspection and market surveillance
Mining Code and Mining Regulations	Industrial and artisanal mining activities	Establish sector-specific safety, environmental, and operational requirements	Enforcement is substantially weaker in artisanal mining zones
National Interprofessional Collective Agreement	Workers and employers covered by collective labour relations	Complements statutory working-condition and protection requirements	Limited coverage of informal and non-organized workers
Labour Inspectorate	Establishments governed by labour legislation	Monitors compliance, investigates violations, and may require corrective measures	Insufficient personnel, equipment, territorial presence, and operational resources

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Instrument or institution	Main scope	OSH function	Principal limitation
CNSS	Workers covered by the general social-security system	Administers the occupational-risk branch and promotes prevention, compensation, and rehabilitation	Coverage is concentrated in the formal economy
CNSSAP	Public servants covered by the special social-security scheme	Provides social protection for occupational and other social risks	Operates separately from the general scheme administered by the CNSS
Labour courts	Individual and collective employment disputes	Provide a specialized adjudicatory mechanism	Limited territorial accessibility and lengthy proceedings
Enterprise occupational-health services	Enterprises and establishments covered by the Labour Code	Conduct medical surveillance, workplace-health monitoring, and emergency care	Uneven availability of qualified occupational-health professionals

Note: The table identifies the principal components of the current framework rather than every sectoral regulation potentially relevant to occupational risks. The legal architecture combines preventive labour law with social-insurance, medical, technical, judicial, and enterprise-level mechanisms.

3.5.3 Institutional allocation of responsibilities

The Ministry responsible for employment and labour formulates labour policy and supervises the Labour Inspectorate. Labour inspectors are authorized to enter workplaces, examine employment and safety conditions, obtain relevant documents, investigate violations, and require corrective measures. These functions derive from domestic legislation and from ILO Convention n° 81, ratified by the DRC in 1968 (ILO, 1947).

The Ministry responsible for public health contributes through occupational medicine, health surveillance, professional standards, and the wider public health system. The ministry responsible for mines exercises sector-specific oversight in industrial and artisanal mining. Provincial authorities also participate in implementing labour, health, mining, and environmental regulations within their respective jurisdictions.

The CNSS administers the occupational-risk branch of the general social-security system. Its responsibilities include receiving accident and disease declarations, assessing entitlement, financing medical care and cash benefits, promoting prevention, and supporting functional and occupational rehabilitation. The CNSSAP performs comparable social-security functions for public servants covered by the special scheme.

At the enterprise level, employers bear the primary responsibility for preventing occupational risks. Occupational-health services, safety departments, worker representatives, and safety and hygiene committees constitute the main organizational mechanisms through which this responsibility is implemented. The effectiveness of the framework therefore depends on coordination among public authorities, social-security institutions, employers, workers, medical professionals, and the judicial system.

3.5.4 The DRC's commitments under ILO conventions

The international dimension of the framework must be assessed carefully. The DRC has ratified 37 ILO conventions, of which 32 remain in force. These include 8 of the 10 fundamental conventions, 2 of the 4 governance conventions, and 27 technical conventions (ILO, 2026d). This overall ratification record demonstrates substantial participation in the international labour-standard system, but the degree of alignment varies across regulatory areas.

The DRC has ratified several instruments relevant to OSH. Convention n° 81 provides the principal international basis for labour inspection. Conventions n° 119 and 120 address machinery safety and hygiene in commerce and offices, respectively. Convention n° 121 governs employment-injury benefits, while Conventions n° 102 and 118 address selected dimensions of social security and equality of treatment.

The DRC has not ratified Convention n° 155 on occupational safety and health or Convention n° 187 on the promotional framework for occupational safety and health. It has also not ratified the 2002 Protocol to Convention n° 155, which establishes requirements concerning the recording, notification, and publication of occupational-accident and disease statistics.

Several contemporary sectoral conventions remain unratified, including Convention n° 161 on occupational-health services, Convention n° 167 on safety and health in construction, Convention n° 176 on safety and health in mines, and Convention n° 184 on safety and health in agriculture. These gaps are particularly significant because construction, mining, and agriculture account for a substantial share of employment and occupational exposure in the DRC.

Table 10 presents the principal ILO instruments relevant to the analysis.

Table 10: ILO instruments relevant to OSH and their status in the DRC

Instrument Subject		DRC status	Relevance to the national framework
C081	Labour inspection	Ratified, 1968	Establishes the functions, powers, organization, and independence of labour inspection (ILO, 1947)
C129	Labour inspection in agriculture	Not ratified	Would extend specialized inspection requirements to agricultural employment (ILO, 1969)
C155	Occupational safety and health	Not ratified	Establishes the general framework for a coherent national OSH policy (ILO, 1981a)
C187	Promotional framework for occupational safety and health	Not ratified	Requires a national policy, system, and programme for continuous OSH improvement (ILO, 2006a)
P155	Recording and notification of occupational accidents and diseases	Not ratified	Provides a framework for national occupational-risk information systems (ILO, 2002)
C062	Safety provisions in the building industry	Ratified in 1960; abrogated in 2024	Historically addressed building safety but is no longer in force (ILO, 1937)
C119	Guarding of machinery	Ratified, 1967	Requires protective devices for dangerous machinery (ILO, 1963)
C120	Hygiene in commerce and offices	Ratified, 1967	Establishes hygiene standards beyond industrial workplaces (ILO, 1964a)
C121	Employment-injury benefits	Ratified, 1967	Provides the principal international standard for compensation following occupational accidents and diseases (ILO, 1964b)
C102	Social security minimum standards	Ratified, 1987	The DRC accepted Parts V, VII, IX, and X, concerning old-age, family, invalidity, and survivors' benefits (ILO, 1952)
C118	Equality of treatment in social security	Ratified, 1967	The accepted branches include employment-injury protection (ILO, 1962)
C152	Occupational safety and health in dock work	Not ratified	Relevant to cargo handling and port activities (ILO, 1979)

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Instrument Subject		DRC status	Relevance to the national framework
C161	Occupational-health services	Not ratified	Establishes preventive and multidisciplinary occupational-health services (ILO, 1985a)
C167	Safety and health in construction	Not ratified	Provides a modern sectoral framework for construction risks (ILO, 1988a)
C176	Safety and health in mines	Not ratified	Particularly relevant to the DRC's industrial and artisanal mining economy (ILO, 1995a)
C184	Safety and health in agriculture	Not ratified	Relevant to agricultural employment and rural occupational risks (ILO, 2001a)
C157	Maintenance of social-security rights	Not ratified	Supports coordination and portability of social-security entitlements (ILO, 1982)

Note: Ratification status is based on ILO (2026d). Under Convention n° 102, Part V concerns old-age benefits, Part VII family benefits, Part IX invalidity benefits, and Part X survivors' benefits. Employment-injury benefits are governed by Part VI, which the DRC did not accept under Convention n° 102. They are nevertheless covered by Convention n° 121, which the DRC ratified in 1967 and which remains in force.

The DRC's international position is therefore better described as partial and uneven alignment than as a complete absence of OSH commitments. Several technical and compensatory conventions remain in force, but the country has not ratified the two fundamental conventions that organize OSH as a coherent national system.

Since 2022, a safe and healthy working environment has been recognized as a fundamental principle and right at work. All ILO member States are therefore required to respect, promote, and realize this principle, irrespective of whether they have ratified Conventions n°s 155 and 187 (ILO, 2022, 2023b). Ratification would nonetheless strengthen the supervisory, reporting, and policy obligations applicable to the DRC.

3.6 The gap between regulation and enforcement

The existence of a relatively extensive legal framework does not establish that workers are effectively protected. Regulatory effectiveness requires a continuous implementation chain through which rules are communicated, workplaces are inspected, oc-

occupational hazards are identified, accidents and diseases are reported, violations are sanctioned, and affected workers obtain medical care, compensation, rehabilitation, and access to justice.

A failure at any stage of this chain can prevent formal rights from producing practical protection. In the DRC, the regulation-enforcement gap is principally associated with the structure of employment, limited inspection capacity, institutional fragmentation, and the weakness of occupational-risk information systems.

The most important structural constraint is the predominance of informal employment. Although estimates vary according to definitions and data sources, the available evidence consistently indicates that the majority of Congolese workers operate outside stable and formally registered employment relationships (ILO, 2019; Lwanga Wasingya, 2021).

This employment structure limits the reach of both labour law and contributory social insurance. The Labour Code assumes the existence of an identifiable employer who can organize medical services, establish a safety committee, provide protective equipment, declare accidents, and comply with inspection orders. The social-security system similarly depends on registration, contribution records, and an identifiable employment relationship.

These conditions are frequently absent in artisanal mining, informal construction, subsistence agriculture, street commerce, domestic employment, transport services, and small-scale manufacturing. Workers in these activities may be exposed to serious occupational risks but remain outside the administrative mechanisms through which those risks are prevented, recorded, and compensated.

The legal extension of social-security coverage to additional categories under Law n° 16/009 represents an important development, but formal eligibility does not automatically produce effective affiliation. Irregular incomes, limited administrative presence, weak awareness of registration procedures, and the absence of identifiable employers continue to restrict practical participation.

The contemporary division between formally protected and informally unprotected workers is not legally equivalent to the colonial distinction between indigenous and non-indigenous workers. It nonetheless produces a functional continuity: access to occupational protection remains dependent on the worker's institutional status rather than solely on exposure to risk.

The second constraint concerns labour inspection. Ratification of Convention n° 81 gives the DRC a formal obligation to maintain an inspection system capable of monitoring working conditions and protecting workers (ILO, 1947). Domestic legislation also grants inspectors powers to enter establishments, examine documents, investigate working conditions, and require corrective action.

In practice, inspection services face shortages of qualified personnel, vehicles, protective equipment, technical instruments, laboratories, financial resources, and reliable information on establishments. The country's territorial size further increases the cost of inspecting workplaces located outside major urban centers.

Inspection is consequently concentrated in formal establishments that are relatively easy to identify and access. Agricultural areas, informal construction sites, artisanal mines, and small production units are less frequently inspected even though occupational risks may be particularly severe in these activities. Evidence concerning inspections in the principal copper- and cobalt-producing areas illustrates the limited frequency of workplace controls relative to the number and geographical dispersion of sites (ILAB, 2021).

Inspection capacity is not only a question of the number of inspectors. OSH enforcement may require specialized knowledge in occupational medicine, mining engineering, industrial hygiene, toxicology, ergonomics, chemistry, radiation protection, and psychosocial risks. A general labour inspector cannot independently provide all these forms of expertise. Effective inspection therefore requires multidisciplinary cooperation and access to specialized technical services.

The third constraint arises from the dispersion of OSH responsibilities across several institutions. The Labour Inspectorate monitors employer compliance. The CNSS administers occupational-risk benefits for workers under the general scheme. The CNSSAP covers public servants. The ministries responsible for health, mines, environment, employment, and social security exercise related regulatory functions. Provincial authorities, enterprise medical services, labour courts, employers, and worker representatives also participate in the system.

Institutional specialization is not inherently problematic. It becomes a source of weakness when information, responsibilities, and procedures are insufficiently coordinated. An occupational accident may simultaneously involve an employer, a workplace committee, the Labour Inspectorate, a medical facility, the CNSS or CNSSAP, a sectoral ministry, and a labour court. If these institutions apply different reporting systems or do not exchange information, the same event may be recorded several times, incompletely recorded, or not recorded at all.

The coexistence of the CNSS and CNSSAP also creates a need for compatible definitions, reporting standards, information systems, and portability arrangements. Without such coordination, it is difficult to construct a national picture of occupational exposure, accidents, diseases, compensation, and rehabilitation.

The fourth constraint is the absence of a comprehensive and integrated national information system for occupational accidents and diseases. Reliable statistics require several elements: workers and employers must recognize reportable events,

medical professionals must be able to diagnose occupational diseases, employers must submit declarations, inspection and social-security institutions must register them consistently, and the resulting data must be consolidated and published.

Each of these conditions remains fragile. Employers may avoid reporting accidents because of administrative costs, possible sanctions, reputational concerns, or increased insurance liabilities. Workers may not report an injury because they fear dismissal, lack information about their rights, or do not have access to the relevant institution. Occupational diseases are particularly susceptible to underreporting because they may develop slowly, have multiple possible causes, and require specialized medical expertise.

Informal workers face an additional difficulty because there may be no employer responsible for submitting a declaration. Accidents occurring in artisanal mines, family farms, domestic employment, informal transport, or small workshops can therefore remain entirely absent from administrative records.

The absence of population denominators and reliable employment data further limits interpretation. A number of reported accidents cannot be converted into a meaningful incidence rate if the number of workers, hours worked, and distribution of exposure are unknown. Comparisons across sectors and provinces consequently remain difficult.

The DRC has not ratified the 2002 Protocol to Convention n° 155, which provides a structured international framework for recording, notifying, and publishing occupational-accident and disease statistics (ILO, 2002). Ratification would not, by itself, create a functional information system, but it could support the harmonization of definitions, reporting procedures, institutional responsibilities, and publication requirements.

Table 11 summarizes the principal dimensions of the regulation-enforcement gap.

Table 11: Main dimensions of the OSH regulation-enforcement gap

Dimension	Formal regulatory mechanism	Observed implementation constraint	Principal consequence
Informal employment	Employer obligations, worker registration, social-security contributions, and accident reporting	Absence of stable employment relationships, identifiable employers, or regular contribution records	Exclusion of highly exposed workers from prevention and compensation

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Dimension	Formal regulatory mechanism	Observed implementation constraint	Principal consequence
Labour inspection	Statutory inspection powers and Convention n° 81	Limited personnel, transport, technical expertise, equipment, and territorial coverage	Low probability of detecting or sanctioning non-compliance
Occupational-health services	Medical surveillance and enterprise occupational-health services	Shortage and unequal geographical distribution of specialized personnel	Delayed diagnosis and underrecognition of occupational diseases
Institutional coordination	Distribution of responsibilities among ministries, inspection services, CNSS, CNSSAP, employers, and courts	Fragmented mandates, procedures, records, and information systems	Duplication, omissions, and incomplete case management
Accident and disease reporting	Employer declarations, medical records, inspection reports, and social-security registries	Underreporting, weak incentives, limited awareness, and absence of formal employers	Recorded cases underestimate the actual occupational-risk burden
Worker participation	Workplace safety and hygiene committees and worker representatives	Committees are absent or ineffective in many small and informal establishments	Workers have limited influence over workplace prevention
Access to remedies	Labour courts, administrative procedures, and social-security benefits	Procedural costs, delays, geographical distance, and limited legal information	Formal entitlements do not systematically result in effective redress
Occupational-risk statistics	Administrative data collected by inspection, health, and social-security institutions	Incompatible databases, missing denominators, and irregular publication	Prevention policies cannot be reliably targeted or evaluated

Note: The dimensions are interdependent. Informality reduces registration and reporting; weak reporting limits inspection targeting; limited inspection reduces compliance incentives; and fragmented information prevents the evaluation of regulatory effectiveness.

The gap between regulation and enforcement should not be interpreted solely as the result of individual non-compliance. It reflects a structural mismatch between a legal framework primarily designed around stable formal enterprises and a labour market dominated by small-scale, informal, geographically dispersed, and weakly registered activities.

The DRC therefore combines a relatively dense body of domestic regulation with

highly unequal practical protection. Workers employed by large formal enterprises are more likely to benefit from occupational-health services, workplace committees, inspection, social insurance, and access to legal remedies. Workers in informal and artisanal activities frequently face greater occupational exposure while having less access to each component of the protection system. Closing this gap requires more than the adoption of additional legal texts. It requires extending preventive mechanisms to informal activities, strengthening risk-based labour inspection, improving coordination among the CNSS, CNSSAP, labour administration, health services, and sectoral authorities, and establishing an interoperable national system for recording occupational accidents and diseases. The maturity of the Congolese OSH framework must therefore be evaluated not only through the formal content of its legislation, but also through its capacity to protect workers across employment statuses, sectors, and provinces.

4 Policy priorities for effective OSH protection

Our analysis in Subsection 3.6 shows that the central policy problem is not the complete absence of occupational safety and health regulation. Rather, it is the limited capacity of the existing framework to reach workers, identify risks, secure compliance, and provide effective remedies. The policy question is therefore how to convert normative commitments into measurable protection across sectors, employment statuses, and provinces.

This objective requires a sequenced strategy combining legal modernization, institutional coordination, broader worker coverage, stronger prevention and inspection, and an integrated occupational-risk information system. The adoption of additional legislation, in isolation, would not be sufficient. Reform must simultaneously address the institutions responsible for implementing, financing, monitoring, and evaluating OSH policy.

4.1 Modernizing the national OSH framework

The first priority is to transform the existing collection of laws, regulations, institutions, and sectoral requirements into a coherent national OSH framework. The current architecture contains important preventive and compensatory provisions, but these provisions were adopted at different times, under different institutional arrangements, and without a unified national implementation strategy.

A comprehensive legal review should identify provisions that remain in force, those that have been implicitly replaced, and those that no longer correspond to

contemporary occupational risks. This review should cover the Labour Code, social-security legislation, ministerial regulations, mining and construction rules, public-health legislation, environmental standards, and provincial implementation measures. Its purpose would not necessarily be to replace all existing instruments with a single OSH statute, but to clarify their hierarchy, scope, institutional responsibilities, and enforcement mechanisms.

The DRC should subsequently adopt a national OSH policy accompanied by an operational national programme. Consistent with Conventions n^{os} 155 and 187, the policy should specify the respective responsibilities of the State, employers, workers, social-security institutions, occupational-health professionals, and sectoral authorities (ILO, 1981a, 2006a). The national programme should translate these responsibilities into measurable objectives, implementation deadlines, budgetary commitments, and reporting requirements.

The framework should address both traditional and emerging occupational risks. Traditional priorities include mining accidents, exposure to dust and heavy metals, unsafe machinery, construction falls, hazardous agricultural chemicals, transport accidents, and inadequate workplace sanitation. Contemporary regulation should also incorporate psychosocial risks, musculoskeletal disorders, extreme heat, climate-related exposure, digital surveillance, platform work, and risks associated with new production technologies.

A permanent national OSH coordination body should support this process. Its composition should reflect the tripartite structure promoted by the ILO and include representatives of the State, employers, and workers, together with the CNSS, CNSSAP, public-health authorities, sectoral ministries, occupational-health professionals, universities, and representatives of informal workers. Its functions should include policy coordination, standard-setting, monitoring, consultation, and publication of an annual national OSH report.

4.2 Developing a sequenced strategy for ILO alignment

The absence of ratification of Conventions n^{os} 155 and 187 does not prevent the DRC from improving its domestic OSH framework. Since 2022, all ILO members have been required to respect, promote, and realize the fundamental right to a safe and healthy working environment (ILO, 2022, 2023b). Nevertheless, ratification would strengthen the country's policy, reporting, and international supervisory obligations.

Ratification should be integrated into an institutional-preparation strategy rather than treated as a purely symbolic objective. The first stage should consist of a legal and institutional gap assessment comparing domestic legislation with the require-

ments of Conventions n^{os} 155 and 187. The second stage should identify the administrative, financial, and technical measures required for effective implementation. Ratification could then consolidate a reform process already supported by operational institutions and budgeted programmes.

Sectoral conventions should be prioritized according to the structure of occupational risks in the Congolese economy. Convention n^o 176 on safety and health in mines is particularly relevant given the importance of industrial and artisanal mining. Convention n^o 167 would strengthen the framework for construction, while Convention n^o 184 would support the protection of agricultural workers. Convention n^o 161 would provide a modern framework for occupational-health services.

The 2002 Protocol to Convention n^o 155 should be considered in conjunction with the reform of the national reporting system. Its ratification would be more effective if accompanied by harmonized definitions, reporting procedures, institutional responsibilities, and a functional national database (ILO, 2002).

4.3 Extending protection to informal workers

The second major priority is to reduce the dependence of occupational protection on formal wage employment. A framework based exclusively on enterprise registration, stable employment contracts, and regular contributions cannot adequately protect a labour force in which informal employment is predominant.

Extending protection does not require applying every obligation designed for large enterprises to individual workers or microenterprises. Such an approach could increase the cost of formalization without materially improving working conditions. The appropriate strategy is to establish a minimum OSH protection floor combined with sector-specific and progressively graduated obligations.

The minimum protection floor should include access to basic risk information, preventive training, essential protective equipment, emergency care, occupational-accident reporting, and referral for medical evaluation. Access to these preventive services should not depend entirely on prior social-security contributions. Prevention generates benefits for workers, enterprises, communities, and the public-health system and may therefore justify partial financing from general public revenue or sectoral funds.

For income replacement, disability benefits, survivors' benefits, and long-term rehabilitation, simplified contributory mechanisms could be developed for self-employed and informal workers. Contributions should take account of irregular income and seasonal activity. Payment through mobile money, cooperatives, professional associations, market organizations, and local administrative structures could reduce

registration and transaction costs.

Collective affiliation mechanisms are particularly relevant to artisanal mining, transport, markets, agriculture, construction, and craft production. Cooperatives and occupational associations can aggregate workers for registration, contributions, training, equipment procurement, and access to shared occupational-health services. However, such organizations should not be treated as substitutes for public regulation or used to transfer all responsibility for prevention to workers.

Interventions should be adapted to sector-specific risk profiles. In artisanal mining, priorities include ground stability, ventilation, dust and metal exposure, protective equipment, emergency evacuation, and the prohibition of child labour. In informal construction, priorities include falls, scaffolding, electrical safety, lifting equipment, and personal protective equipment. In agriculture, attention should focus on pesticides, machinery, heat, biological risks, and access to emergency care. In informal transport, road safety, working time, fatigue, and vehicle maintenance are central concerns.

4.4 Strengthening labour inspection and preventive institutions

The third priority is to reinforce the institutions responsible for prevention and compliance. Increasing the number of inspectors is necessary but insufficient. Effective inspection requires appropriate territorial deployment, technical specialization, operational independence, equipment, transport, information systems, and coordination with other regulatory authorities.

The inspection system should adopt a risk-based approach. Rather than allocating inspections uniformly, the administration should prioritize sectors, establishments, and geographical areas according to expected exposure, accident severity, worker vulnerability, previous violations, and the absence of internal preventive institutions. Mining, construction, transport, agriculture, manufacturing involving hazardous substances, and healthcare should receive particular attention.

A national register of establishments and occupational-risk profiles would support inspection planning. Each inspection should generate a standardized digital record identifying the establishment, sector, number of workers, principal hazards, violations, corrective measures, deadlines, sanctions, and follow-up results. This information should be connected to accident and disease records without disclosing confidential medical information.

Multidisciplinary inspection teams should be developed for high-risk activities. These teams may include labour inspectors, mining engineers, occupational physi-

cians, industrial hygienists, environmental specialists, and social-security representatives. Joint inspections can reduce duplication and improve the technical quality of enforcement.

Institutional integrity is equally important. Inspection assignments, findings, corrective notices, and follow-up decisions should be traceable. Employers and workers should have access to transparent complaint and appeal procedures. Confidential reporting channels should allow workers to report serious hazards without exposing themselves to retaliation.

At the enterprise level, enforcement of the requirement to establish safety, hygiene, and improvement committees should be strengthened. Committees should receive minimum training, maintain records of workplace hazards and accidents, and submit periodic reports. For smaller establishments that cannot maintain a permanent committee or occupational-health service, shared sectoral or territorial services should be developed.

4.5 Reinforcing occupational-health services and prevention

The preventive capacity of the health system should be strengthened alongside labour inspection. Occupational diseases often remain undetected because health professionals do not systematically collect occupational histories or lack training in the identification of work-related conditions.

Medical and nursing curricula should therefore incorporate occupational health, workplace exposure, injury reporting, and the recognition of occupational diseases. Specialized training should be expanded in occupational medicine, industrial hygiene, toxicology, ergonomics, epidemiology, and occupational psychology. Universities, teaching hospitals, the Ministry responsible for health, the Labour Inspectorate, the CNSS, and the CNSSAP could jointly support these programmes.

The updated list of occupational diseases established by Decree n° 22/35 should be accompanied by practical diagnostic guidelines. These guidelines should specify exposure criteria, minimum clinical and laboratory information, reporting responsibilities, referral procedures, and the conditions governing recognition by social-security institutions.

Access to occupational-health services should not depend exclusively on the capacity of individual enterprises to employ specialized personnel. Shared services could provide medical surveillance, workplace assessment, training, and technical assistance to groups of small enterprises and informal-worker organizations. Mobile units could serve remote agricultural, mining, and construction areas.

Prevention should also be integrated into the financial incentives of the social-

security system. The CNSS could offer technical assistance, recognition, or contribution incentives to enterprises demonstrating verified improvements in prevention. Such mechanisms should be carefully designed to avoid encouraging employers to conceal accidents in order to preserve favorable contribution rates.

4.6 Building an integrated occupational-risk information system

The fourth major priority is the creation of an integrated national information system for occupational accidents, diseases, exposures, and inspection activities. Without reliable data, the State cannot identify priority risks, allocate inspection resources, evaluate prevention programmes, or measure whether reforms improve worker protection.

The first requirement is the adoption of harmonized definitions. The Labour Inspectorate, CNSS, CNSSAP, health facilities, sectoral ministries, and provincial authorities should apply consistent definitions of occupational accidents, commuting accidents, occupational diseases, work-related diseases, fatalities, permanent incapacity, and days lost.

The second requirement is a standardized minimum dataset. Each reported case should contain, where applicable, information on the worker, occupation, employment status, economic sector, location, employer, date and circumstances of the event, type of injury or disease, exposure, medical outcome, incapacity, compensation, inspection response, and corrective measures. A unique case identifier should permit institutional coordination without unnecessarily disclosing personal information.

The third requirement is interoperability. The information systems of the Labour Inspectorate, CNSS, CNSSAP, health services, mining authorities, and labour courts should be capable of exchanging defined categories of data. This does not require placing all information in a single institution. It requires common standards and secure mechanisms through which records can be matched and consolidated.

Reporting should extend beyond employers. Hospitals and health centers should be able to notify suspected occupational injuries and diseases. Workers, trade unions, professional associations, cooperatives, and community organizations should have access to simplified reporting channels, particularly where no formal employer exists.

Administrative data should be complemented by periodic labour-force and enterprise surveys containing occupational-risk modules. These surveys would provide information on informal workers and unreported events and would supply the employment denominators needed to calculate comparable incidence rates.

The resulting data should be published in an annual national OSH report. The report should present occupational accidents, diseases, fatalities, inspections, violations, sanctions, compensation, rehabilitation, and prevention activities by sector, province, sex, age, and employment status. Publication would improve transparency, research, institutional accountability, and evidence-based policy.

4.7 Financing, coordination, and accountability

Implementation requires a financing mechanism consistent with the scope of the proposed reforms. Employer and worker contributions can finance employment-injury benefits within the contributory system, but they are unlikely to finance universal prevention, informal-worker outreach, inspection, and national data infrastructure on their own.

A mixed financing model is therefore required. Its possible components include the national budget, social-security resources allocated to prevention, employer contributions, sector-specific levies in high-risk industries, development-partner support, and provincial allocations. External financing may support initial investments in training, digital systems, and equipment, but recurrent expenditure should progressively be covered by predictable domestic resources.

Budget allocations should distinguish among inspection, prevention, occupational-health services, compensation, rehabilitation, information systems, and research. This distinction would make it possible to determine whether expenditure remains concentrated on compensation after harm or is progressively shifting toward prevention.

Institutional accountability requires clearly assigned responsibilities. Each reform measure should identify the lead institution, cooperating institutions, budget, implementation deadline, and measurable indicators. The national tripartite OSH body should monitor progress and publish periodic implementation assessments.

Table 12 summarizes the proposed policy priorities, institutional responsibilities, and monitoring indicators.

Table 12: Policy priorities for strengthening OSH protection in the DRC

Priority	Main measures	Principal institutions	Illustrative monitoring indicators
National OSH framework	Conduct a legal review; adopt a national policy, system, and programme; clarify institutional mandates	Government, Labour Ministry, Health Ministry, social partners	Policy adopted; implementation programme funded; annual progress report published
ILO alignment	Assess legal gaps; prepare ratification of Conventions n ^{os} 155 and 187; prioritize sectoral conventions	Government, Parliament, National Labour Council, ILO	Gap assessment completed; ratification roadmap adopted; reporting obligations fulfilled
Informal-worker protection	Establish a minimum preventive floor; simplify registration and contributions; use cooperatives and professional associations	CNSS, Labour Ministry, provincial authorities, worker organizations	Number of informal workers registered; sectors covered; preventive services delivered
Labour inspection	Recruit and train inspectors; adopt risk-based planning; establish mobile and multidisciplinary teams	Labour Inspectorate, sectoral ministries, provincial authorities	Inspections by sector and province; follow-up rate; corrected violations
Occupational-health services	Expand specialized training; develop shared and mobile services; publish diagnostic guidelines	Health Ministry, universities, CNSS, CNSSAP, employers	Trained professionals; workplaces covered; suspected diseases investigated
Workplace prevention	Strengthen safety committees; improve worker training; support risk assessment and protective equipment	Employers, workers, Labour Inspectorate, CNSS	Functioning committees; workers trained; documented risk assessments
Occupational-risk reporting	Harmonize definitions; establish a minimum dataset; digitize reporting; introduce unique case identifiers	Labour Inspectorate, CNSS, CNSSAP, Health Ministry	Reporting completeness; processing time; institutions connected
National OSH statistics	Integrate administrative records with surveys; publish annual reports; provide sectoral and provincial indicators	National statistical system and participating OSH institutions	Annual report published; incidence rates available; informal sector included
Institutional coordination	Establish a permanent tripartite OSH body and data-sharing protocols	Government, employers, workers, CNSS, CNSSAP, sectoral ministries	Meetings held; decisions implemented; interoperable procedures adopted

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Priority	Main measures	Principal institutions	Illustrative monitoring indicators
Access to remedies	Improve labour-court coverage; simplify claims; strengthen legal information and protection against retaliation	Labour courts, Labour Ministry, social-security institutions	Claims processed; processing time; proportion of workers receiving remedies

Note: The allocation of responsibilities is indicative and should be refined through institutional consultation. Indicators should be disaggregated by province, sector, sex, age, employment status, and enterprise size whenever the underlying data permit.

4.8 Sequencing the reforms

The proposed reforms cannot be implemented simultaneously. Their sequencing should reflect institutional capacity, fiscal constraints, and the dependencies among policy measures. In particular, reliable baseline data are necessary to define targets, while clear institutional responsibilities are necessary before creating interoperable information systems.

The immediate phase should concentrate on legal clarification, institutional coordination, baseline assessment, and the design of reporting standards. The medium-term phase should expand inspection, occupational-health services, informal-worker pilots, and digital information systems. The longer-term phase should consolidate universal protection, complete institutional interoperability, and evaluate whether the reforms have reduced occupational injuries and diseases.

Table 13: Indicative sequencing of OSH reforms

Horizon	Institutional and regulatory priorities	Coverage, prevention, and information priorities
Immediate phase, 1–2 years	Complete the legal and institutional review; establish the national tripartite OSH body; adopt the national policy; conduct the ILO gap assessment; define institutional responsibilities	Establish baseline indicators; harmonize definitions; design the minimum dataset; identify high-risk sectors; begin pilot registration of informal workers
Medium-term phase, 3–5 years	Implement the national OSH programme; strengthen provincial inspection; develop multidisciplinary teams; prepare priority ILO ratifications	Deploy digital reporting; expand shared occupational-health services; extend informal-worker pilots; publish annual national OSH reports

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Horizon	Institutional and regulatory priorities	Coverage, prevention, and information priorities
Longer-term phase, 5–10 years	Consolidate the national OSH system; evaluate regulatory performance; revise policy targets; complete institutional and legal alignment	Extend coverage nationally; achieve interoperability among institutions; measure trends in occupational injuries, diseases, fatalities, and rehabilitation

Note: The proposed horizons are indicative. Implementation speed should depend on available resources, institutional readiness, evaluation results, and consultation with employers, workers, and informal-sector organizations.

4.9 Policy synthesis

The proposed agenda rests on a simple principle: the effectiveness of OSH policy must be evaluated by its capacity to reduce occupational exposure and provide protection across the entire labour market, rather than by the number of legal instruments adopted.

Legal modernization is necessary to clarify obligations and align the national framework with contemporary standards. It is not sufficient without effective inspection, occupational-health expertise, sustainable financing, worker participation, and reliable reporting. Similarly, extending formal eligibility to informal workers will have limited effect unless registration, contribution, prevention, and reporting mechanisms are adapted to their economic and organizational circumstances.

The reform strategy should therefore combine universal minimum protection with progressively stronger obligations according to enterprise size, sectoral risk, and institutional capacity. Such an approach would preserve the protective ambition of the law while recognizing the structural characteristics of the Congolese economy. It would also shift the national system from a predominantly reactive model centered on compensation toward a preventive model capable of identifying and controlling occupational risks before they result in injury, disease, disability, or death.

5 Conclusion

This paper has examined the historical formation, current architecture, and effectiveness of occupational safety and health regulation in the Democratic Republic of the Congo. The analysis shows that the national framework developed through successive regulatory layers, beginning with a selective and unequal system inherited from

the colonial period, followed by post-independence social-insurance institutions, the codification and expansion of preventive regulation, and the contemporary reforms initiated since 2002. This trajectory produced a relatively dense legal framework covering prevention, medical surveillance, compensation, rehabilitation, inspection, and worker participation. At the international level, the DRC has ratified several relevant ILO instruments, including Conventions n^{os} 81, 119, 120, and 121, but has not ratified the fundamental Conventions n^{os} 155 and 187 or the principal contemporary conventions covering mining, construction, agriculture, and occupational-health services.

The principal weakness of the Congolese OSH system lies less in the absence of regulation than in the limited reach and enforcement of existing rules. Protection remains closely linked to formal wage employment, leaving a large proportion of workers in artisanal mining, agriculture, construction, transport, domestic work, and other informal activities outside effective preventive and compensatory mechanisms. This exclusion is compounded by limited labour-inspection capacity, an unequal territorial distribution of occupational-health services, fragmented institutional responsibilities, and insufficient reporting of occupational accidents and diseases. The resulting gap between normative density and effective protection prevents the legal framework from producing comparable levels of safety across sectors, provinces, and employment statuses.

The paper argues that closing this gap requires an integrated and progressively implemented reform strategy. The priorities include adopting a coherent national OSH policy and programme, preparing the ratification and effective implementation of relevant ILO conventions, extending minimum preventive protection and adapted social-security mechanisms to informal workers, strengthening risk-based inspection and occupational-health services, and establishing an interoperable national system for reporting occupational risks. Ultimately, the maturity of the Congolese OSH framework should not be assessed by the number of regulations adopted, but by its measurable capacity to prevent occupational harm, provide effective remedies, and protect every worker irrespective of sector, employment status, or geographical location.

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A Operational definitions in the specific context of the DRC

This appendix defines the principal concepts used throughout the article. Where a concept has a specific meaning under Congolese law, the definition follows Law n° 16/009 of 15 July 2016 on the general social security system and Law n° 015/2002 of 16 October 2002 establishing the Labour Code, as amended by Law n° 16/010

of 15 July 2016. Other concepts are used as analytical categories for evaluating the coverage and effectiveness of occupational safety and health regulation.

A.1 Occupational safety and health

In this article, occupational safety and health, or OSH, refers to the institutions, rules, policies, technical measures, medical services, and workplace practices intended to prevent occupational accidents and diseases, protect workers against occupational hazards, and support treatment, compensation, rehabilitation, and return to work following occupational harm.

This definition encompasses both prevention and compensation. Prevention seeks to eliminate or control risks before injury or illness occurs. Compensation and rehabilitation intervene after occupational harm has occurred. A complete OSH system therefore includes risk assessment, inspection, medical surveillance, worker information, protective equipment, accident reporting, treatment, income replacement, rehabilitation, and occupational reintegration.

A.2 Occupational hazard and occupational risk

An *occupational hazard* is any source, condition, activity, substance, equipment, or organizational arrangement capable of causing injury, illness, disability, or death in connection with work. Hazards may be physical, chemical, biological, ergonomic, mechanical, psychosocial, organizational, or environmental.

An *occupational risk* is the combination of the probability that a worker will be exposed to an occupational hazard and the expected severity of the resulting harm. Risk therefore depends not only on the intrinsic danger of an activity but also on exposure, working time, equipment, training, preventive measures, and the worker's vulnerability.

Under Article 57 of Law n° 16/009, occupational risks recognized by the Congolese general social-security system comprise occupational accidents and occupational diseases, including diseases of occupational origin.

A.3 Occupational accident

Article 58 of Law n° 16/009 defines an occupational accident as any accident occurring to a worker, whatever its cause, by reason of or in connection with work, whether or not the worker is at fault.

The expression *by reason of work* refers to a situation in which the performance of work is directly involved in the occurrence of the accident. The expression *in connection with work* extends the definition to an accident occurring within the temporal, spatial, or functional context of employment, even where the worker's usual task is not the immediate cause of the event.

The legal definition does not require the worker to establish the absence of personal fault. Worker negligence does not, by itself, remove the occupational character of an accident when the required connection with work is established.

A.4 Commuting accident and work-related travel

Article 58 also recognizes two categories of accident as occupational accidents.

First, a *commuting accident* is an accident occurring during the outward or return journey between the worker's residence, or the place where the worker ordinarily takes meals, and the place where the worker performs work or receives remuneration. The journey must not have been interrupted or diverted for a reason dictated by personal interest and unrelated to employment.

Second, an accident occurring during travel whose expenses are borne by the employer under applicable rules, or by a third party with the employer's agreement, is also treated as an occupational accident.

A.5 Occupational disease

Under Article 59 of Law n° 16/009, an *occupational disease* is a disease included in the official schedule of occupational diseases and contracted under the conditions specified in that schedule.

The schedule associates recognized diseases with occupations, production processes, working conditions, or exposure to harmful agents capable of causing them. When the disease and the relevant exposure conditions satisfy the schedule, occupational origin benefits from the legal recognition attached to the listed disease.

Decree n° 22/35 of 17 October 2022 determines the current list of occupational diseases in the DRC. It replaced the list established by Ordinance n° 66-370 of 9 June 1966 and incorporated additional occupational exposures and pathologies.

A.6 Disease of occupational origin

Article 60 of Law n° 16/009 permits the recognition of a *disease of occupational origin* even where the disease is not included in the official schedule. Recognition

requires evidence that the disease is essentially and directly caused by the victim's usual work and that it results in permanent incapacity or death.

Before such a disease can be covered, a reasoned opinion must be issued by a health committee established by the ministers responsible for social security and health. The committee comprises a physician from the relevant public institution, the victim's treating physician, and an expert appointed by the minister responsible for health.

The distinction between an occupational disease and a disease of occupational origin is therefore primarily procedural. A listed occupational disease is assessed with reference to the official schedule, whereas an unlisted disease requires individual evidence of causation and examination by the competent health committee.

A.7 Prevention of occupational risks

Prevention refers to all measures intended to avoid the occurrence of occupational accidents and diseases or to reduce their probability and severity. It includes the identification and assessment of hazards, elimination or substitution of dangerous processes, engineering controls, workplace organization, maintenance, personal protective equipment, medical surveillance, worker training, emergency preparedness, and inspection.

Article 61 of Law n° 16/009 assigns the social-security institution responsibility for developing and implementing programmes for preventing occupational accidents and diseases. The institution is also responsible for promoting worker and employer education and supporting compliance with statutory safety and health requirements.

A.8 Occupational-health service

An *occupational-health service* is a preventive service responsible for monitoring workers' health and the sanitary conditions of workplaces. Under Articles 160–162 of the Labour Code, enterprises and establishments must obtain occupational-health services provided under the responsibility of an occupational physician.

The functions of these services include medical surveillance, assessment of workplace conditions, first aid, emergency care, worker information, and advice to employers and workers concerning the adaptation of work to physical and psychological capacities.

A.9 Workplace safety and hygiene committee

A *workplace safety, hygiene, and improvement committee* is an enterprise-level body responsible for participating in the design, implementation, and monitoring of workplace prevention policy.

Articles 167–169 of the Labour Code establish these committees, while the Ministerial Order n° 12-CAB.-MIN-ETPS-043-2008 of 8 August 2008 regulates their organization and operation. The committee is compulsory for enterprises or establishments employing at least twenty workers. Its responsibilities include identifying hazards, examining accidents, proposing corrective measures, promoting worker training, and monitoring the operation of occupational-health and safety services.

A.10 Compensation, rehabilitation, and occupational reintegration

Compensation refers to the medical and monetary benefits provided following an occupational accident or disease. These benefits may include medical treatment, temporary incapacity payments, permanent-disability benefits, survivors' benefits, prosthetic devices, and related care.

Functional rehabilitation comprises medical and therapeutic measures intended to restore the worker's physical or psychological capacities. *Vocational rehabilitation* refers to training or retraining intended to enable a worker affected by occupational injury or disease to resume the previous occupation or undertake another suitable activity.

Occupational reintegration includes the adaptation of the workstation, reassignment, retraining, and other measures allowing the worker to return to economically productive activity following injury, disease, or disability.

A.11 Formal and informal workers

For the purposes of this article, a *formal worker* is a worker whose employment relationship is legally identifiable and registered and whose employer is subject to labour, tax, and social-security obligations. Formal status normally facilitates access to occupational-health services, inspection, accident reporting, social-security benefits, and legal remedies.

An *informal worker* is a worker whose activity is not fully covered in practice by employment registration, social-security contributions, inspection, or other statutory employment arrangements. Informal workers include many self-employed workers,

unpaid family workers, casual workers, domestic workers, street traders, agricultural workers, transport workers, artisanal miners, and workers in unregistered microenterprises.

Informality does not necessarily imply that an activity is prohibited or that the worker has no legal rights. It indicates that the employment relationship or economic activity remains partly or entirely outside the effective reach of the administrative mechanisms through which those rights are implemented.

A.12 Regulatory coverage and effective protection

Regulatory coverage refers to the persons, enterprises, sectors, and risks that fall within the formal scope of a legal instrument. *Effective protection* refers to the extent to which workers actually benefit from prevention, inspection, reporting, treatment, compensation, rehabilitation, and access to remedies.

The distinction is important in the DRC because a worker may formally fall within the scope of a general legal principle while remaining unable to access the institutions responsible for implementing that principle.

A.13 Normative density and enforcement gap

Normative density refers to the number, scope, and technical detail of legal instruments governing occupational risks. A system can exhibit high normative density if it contains numerous laws, regulations, institutional mandates, and sectoral standards.

The *enforcement gap* is the difference between the protection formally required by these instruments and the protection workers receive in practice. In this article, the gap is examined through four principal dimensions: informal employment, inspection capacity, institutional fragmentation, and deficiencies in occupational-risk reporting.

Table A1: Operational definitions used in the article

Concept	Operational definition	Principal legal or analytical basis
Occupational safety and health	Institutions and measures intended to prevent occupational harm and provide treatment, compensation, rehabilitation, and reintegration	Labour Code; Law n° 16/009; ILO standards
Occupational hazard	Source, condition, substance, activity, or organizational arrangement capable of causing work-related harm	Analytical definition

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Concept	Operational definition	Principal legal or analytical basis
Occupational risk	Combination of the probability of exposure to a hazard and the severity of the possible harm	Analytical definition
Occupational accident	Accident occurring to a worker, whatever its cause, by reason of or in connection with work	Article 58 of Law n° 16/009
Commuting accident	Accident occurring on the normal journey between the worker's residence or usual meal location and the place of work or payment	Article 58 of Law n° 16/009
Occupational disease	Disease included in the official schedule and contracted under the conditions specified therein	Article 59 of Law n° 16/009; Decree n° 22/35
Disease of occupational origin	Unlisted disease essentially and directly caused by the victim's usual work and resulting in permanent incapacity or death	Article 60 of Law n° 16/009
Prevention	Measures intended to eliminate occupational hazards or reduce the probability and severity of occupational harm	Labour Code; Article 61 of Law n° 16/009
Compensation	Medical and monetary benefits provided following an occupational accident or disease	Occupational-risk branch of the general social-security system
Rehabilitation	Medical, functional, and vocational measures intended to restore capacity and facilitate return to work	Law n° 16/009 and its implementing measures
Formal worker	Worker whose employment relationship is identifiable, registered, and covered by labour and social-security institutions	Analytical definition adapted to the Congolese institutional context
Informal worker	Worker whose activity is not fully covered in practice by registration, contributions, inspection, or employment institutions	Analytical definition adapted to the Congolese labour market
Regulatory coverage	Persons, activities, enterprises, and risks formally included within the scope of a legal instrument	Analytical definition
Effective protection	Prevention, treatment, compensation, rehabilitation, and remedies actually accessible to workers	Analytical definition
Enforcement gap	Difference between protection formally required and protection effectively received	Analytical framework of the article

Note: Table A1 summarizes the operational definitions used in the analysis. The definitions of occupational accidents and diseases follow Articles 57–60 of Law n° 16/009 of 15 July 2016. The remaining definitions are used to ensure consistency across the historical, legal, and institutional analysis.

A.14 Historical categories of colonial labour law

The historical analysis uses several categories that no longer have legal effect but are necessary for understanding colonial labour regulation.

The term *indigenous person* referred to a member of the African population subjected to the colonial legal status known as the *indigénat*. This status involved specific labour, taxation, administrative-sanction, and jurisdictional arrangements.

The term *non-indigenous person* principally referred to Europeans and other persons who were not subject to the *indigénat*. They generally benefited from a different contractual, civil, judicial, and social- protection regime.

In the terminology of colonial labour law, an *employee* generally referred to a non-indigenous person working under a contract for services, while the category of *worker* was principally applied to an indigenous person who had undertaken to perform work for an employer (Dory, 1958; Mukadi Bonyi, 2007).

B Relevant ILO instruments and ratification status of the DRC

The appendix [B](#) presents the ILO instruments most directly relevant to the analysis of occupational safety and health in the DRC. It distinguishes among fundamental conventions, governance conventions, technical conventions, protocols, and recommendations. The list is selective rather than an inventory of every ILO instrument with a possible connection to working conditions.

ILO conventions are international treaties open to ratification by member States. Once ratified, a convention creates legally binding obligations for the ratifying State and becomes subject to the ILO supervisory system.

Protocols supplement or update existing conventions. They are separate instruments and require ratification. Ratification of the underlying convention does not automatically bind a State to the corresponding protocol.

Recommendations are not treaties and are not subject to ratification. They provide non-binding guidance on the implementation of conventions or the development of national policy.

The ILO currently classifies its conventions into ten fundamental conventions, four governance conventions, and technical conventions. Since 2022, Conventions n^{os} 155 and 187 have been classified as fundamental conventions following the recognition of a safe and healthy working environment as a fundamental principle and right at work (ILO, 2022).

As of 2026, the DRC has ratified 37 ILO conventions. Of these, 32 remain in force, one has been denounced, and four have been abrogated. The country has ratified 8 of the 10 fundamental conventions, 2 of the 4 governance conventions, and 27 technical conventions (ILO, 2026d).

The DRC has not ratified the two fundamental OSH conventions, Convention n° 155 and Convention n° 187. It has nevertheless ratified several instruments directly relevant to occupational protection, including Convention n° 81 on labour inspection, Convention n° 119 on machinery protection, Convention n° 120 on workplace hygiene in commerce and offices, and Convention n° 121 on employment-injury benefits.

The country's position should therefore be characterized as partial and uneven alignment with the international OSH framework, rather than as an absence of OSH-related international commitments.

Table B1: Relevant ILO instruments and ratification status of the DRC

Category and instrument	Subject	Year	DRC status	Relevance to OSH
<i>Fundamental conventions relating to OSH</i>				
C155	Occupational safety and health	1981	Not ratified	General framework for a coherent national OSH policy (ILO, 1981a)
C187	Promotional framework for occupational safety and health	2006	Not ratified	Requires a national OSH policy, system, and programme (ILO, 2006a)
<i>Protocol relating to OSH</i>				
P155	Recording and notification of occupational accidents and diseases	2002	Not ratified	Establishes reporting, recording, and publication requirements (ILO, 2002)
<i>Governance conventions containing OSH-related provisions</i>				
C081	Labour inspection in industry and commerce	1947	Ratified in 1968; in force	Establishes inspection functions, powers, and institutional requirements (ILO, 1947)

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Category and instrument	Subject	Year	DRC status	Relevance to OSH
C129	Labour inspection in agriculture	1969	Not ratified	Extends specialized labour inspection to agricultural employment (ILO, 1969)
<i>Technical conventions relating to safety, hygiene, and prevention</i>				
C062	Safety provisions in the building industry	1937	Ratified in 1960; abrogated in 2024	Historical construction-safety instrument no longer in force (ILO, 1937)
C119	Guarding of machinery	1963	Ratified in 1967; in force	Requires safeguards for dangerous machinery (ILO, 1963)
C120	Hygiene in commerce and offices	1964	Ratified in 1967; in force	Establishes workplace-hygiene standards for commerce and offices (ILO, 1964a)
C152	Occupational safety and health in dock work	1979	Not ratified	Regulates safety in loading, unloading, and port operations (ILO, 1979)
C161	Occupational-health services	1985	Not ratified	Establishes preventive and multidisciplinary occupational-health services (ILO, 1985a)
C164	Health protection and medical care for seafarers	1987	Not ratified	Establishes health and medical-care requirements for seafarers (ILO, 1987a)
C167	Safety and health in construction	1988	Not ratified	Provides the contemporary sectoral framework for construction risks (ILO, 1988a)
C176	Safety and health in mines	1995	Not ratified	Particularly relevant to industrial and artisanal mining in the DRC (ILO, 1995a)

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Category and instrument	Subject	Year	DRC status	Relevance to OSH
C184	Safety and health in agriculture	2001	Not ratified	Addresses machinery, chemicals, biological risks, and agricultural working conditions (ILO, 2001a)
<i>Technical conventions relating to social security and employment injury</i>				
C070	Social security for seafarers	1946	Not ratified	Historical social-security instrument for maritime workers (ILO, 1946)
C102	Social security minimum standards	1952	Ratified in 1987; Parts V, VII, IX, and X accepted	Establishes minimum standards for selected social-security branches (ILO, 1952)
C118	Equality of treatment in social security	1962	Ratified in 1967; branches (d), (e), and (g) accepted	Includes equality of treatment in employment-injury protection (ILO, 1962)
C121	Employment-injury benefits	1964	Ratified in 1967; in force	Main international standard for occupational-accident and disease benefits (ILO, 1964b)
C157	Maintenance of social-security rights	1982	Not ratified	Supports coordination and portability of social-security entitlements (ILO, 1982)
C165	Social security for seafarers, revised	1987	Not ratified	Revises the social-security framework applicable to seafarers (ILO, 1987b)

Note: Ratification status is based on ILO (2026d). Under Convention n° 102, Part V concerns old-age benefits, Part VII family benefits, Part IX invalidity benefits, and Part X survivors' benefits. Part VI, which concerns employment-injury benefits, was not accepted by the DRC under Convention n° 102. Employment-injury protection is nevertheless covered by Convention n° 121, ratified by the DRC in 1967 and currently in force. Under Convention n° 118, branch (g) concerns employment-injury benefits.

ILO recommendations are not subject to ratification. They provide technical guidance that may inform domestic legislation, administrative practice, enterprise-level prevention, and the interpretation of corresponding conventions.

Table B2: Selected ILO recommendations relevant to OSH

Instrument	Subject	Year	Relationship to the OSH framework
R032	Power-driven machinery	1929	Early technical guidance concerning machinery safeguards (ILO, 1929)
R097	Protection of workers' health	1953	Provides general guidance on occupational-health protection (ILO, 1953)
R164	Occupational safety and health	1981	Complements Convention n° 155 and specifies measures for national and enterprise-level prevention (ILO, 1981b)
R171	Occupational-health services	1985	Complements Convention n° 161 (ILO, 1985b)
R175	Safety and health in construction	1988	Complements Convention n° 167 (ILO, 1988b)
R183	Safety and health in mines	1995	Complements Convention n° 176 (ILO, 1995b)
R192	Safety and health in agriculture	2001	Complements Convention n° 184 (ILO, 2001c)
R197	Promotional framework for occupational safety and health	2006	Complements Convention n° 187 (ILO, 2006b)

Note: Recommendations are non-binding instruments and are not classified as ratified or unratified. Their relevance lies in the technical and policy guidance they provide to ILO members.

Three conclusions emerge from the ratification record. First, the DRC has binding OSH-related commitments. Conventions n° 81, 119, 120, and 121 remain in force and address labour inspection, machinery safety, workplace hygiene, and employment-injury benefits.

Second, the country has not ratified the general systemic instruments that define a comprehensive national OSH policy. These are Conventions n° 155 and 187 and the Protocol of 2002. Their absence is particularly relevant to institutional coordination, national programming, and occupational-risk reporting.

Third, the DRC has not ratified the principal contemporary sectoral conventions covering occupational-health services, construction, mining, and agriculture. This creates an important gap between the structure of the Congolese economy and the country's international commitments, particularly because mining, construction, and agriculture account for substantial employment and occupational exposure.

The abrogation of Convention n° 62 in 2024 should not be interpreted as meaning that the DRC has no OSH-related ILO convention in force. Conventions n^{os} 119, 120, and 121 remain legally binding. The more precise conclusion is that the DRC has a partial and historically dated international OSH portfolio that does not yet include the fundamental systemic conventions or the principal contemporary sectoral instruments.