

Recent Trends in ILO Conventions Related to Occupational Safety and Health

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The present study was conducted to analyze the ratification status of International Labour Organization (ILO) conventions related to occupational safety and health (OSH) by ILO member states in terms of national indicators (length of ILO membership and national income status) and regional affiliation. 17 conventions designated as OSH-related by the 2003 International Labour Conference were examined. In general, countries with longer ILO membership ratified higher numbers of conventions related to OSH. With some variation, long-membership countries had the largest number of ratifications, followed by middle- and short-membership countries in all regions. There were also incremental increases in the number of ratifications for OSH-related conventions according to the national income status. Common regional characteristics that could not be explained by the factors studied also existed. Future efforts to increase ratification at an international level will need to consider the factors influencing ratification practice among the member states.

International Labour Organization convention ratification occupational safety and health

1. INTRODUCTION

The International Labour Organization (ILO) formulates international labor standards in the form of conventions and recommendations, thereby setting minimum standards for basic labor rights [1, 2]. Because the ILO constitution regards conventions as international treaties, the acceptance of a convention by a member government (i.e., ratification) requires legal corroboration of its adoption “in law and in force” by competent authorities of that government [3]. ILO conventions, therefore, can only become effective if and when they are ratified by member states of the ILO [4].

ILO conventions embark on occupational safety and health (OSH) “to guide all countries in the promotion of workplace safety and in managing OSH programs” (p. 306) [4]. The 91st International Labour Conference held in 2003 made important steps in the field of OSH, and discussed ILO standards-related activities in the area of OSH as the sixth item on the agenda. The aim was to formulate an integrated approach to ILO standards-related activities in order to increase their coherence, relevance and impact, in relation to OSH [5]. Among the conclusions reached, it was recognized that levels of ratification of the OSH-related conventions were low, and that this did not reflect the importance of OSH from a human, national and global perspective [5]. Such recognition expressed the long-standing concern voiced by ILO staff in charge of OSH-related activities, including OSH-related conventions. The ratification status of OSH-related conventions had been characterized as uneven, and there was a need to increase the number of ratifications [6]. In this regard, the 93rd International Labour Conference, June 2005, received overwhelming support for the development and adoption of a new instrument in the area of OSH that “should strengthen the current standards system and be seen as a means of encouraging ratification...of these instruments” (p. 97) [7].

The number of ratifications of ILO conventions is well documented and updated routinely in the ILO homepage, specifically in the ILOLEX

database of the ILO’s international standards website [8]. However, readily available information is mostly limited to a simple count of ratification numbers by convention (how many ratifying countries) and by country (how many conventions ratified). Although it is certain that these are important indicators to improve policies and legislation in OSH [9], it is no less important to seek directions for increasing the impact of ILO standards and related activities in the area of OSH, as was conclusively remarked in the 2003 International Labour Conference. It is in view of this background, that the status quo of ILO conventions related to OSH, was studied in terms of adoption and ratification, accounting for factors hitherto given little attention, but which may affect ratification status. The objective of this study was, therefore, to quantitatively describe the ratification status of ILO conventions related to OSH in terms of national indicators and regional affiliation.

2. METHODS

As per the 91st session of the International Labour Conference in 2003, 17 ILO conventions have been termed OSH Instruments (Conventions) of the ILO, which comprised the primary target of this study (Appendix Table A, also shared by reference [13]). For all member states of the ILO, the most up-to-date information on ratification status of conventions as well as membership status was determined as of April 2004 [9]. Membership period was defined as the total period the state had been a member of ILO (summed if membership period had been interrupted). Length of membership was categorized into long (62–85 years), middle (37–61 years) and short (less than 36 years), to obtain roughly equal numbers (or one-thirds) of member states in each of the three categories.

Member states were categorized into eight global regions under a commonly used classification scheme [10]. The eight regions were North America, Central and South America, Western Europe, Eastern Europe, Middle East, Africa, Asia and Oceania. Member states were also stratified into four groups reflecting national

income status, based on the gross national income (GNI) per capita calculated by the World Bank as of April 2004 “for certain operational purposes” [11]. The four income levels used were low (less than 735 USD per year), lower-middle (736–2,935 USD per year), upper-middle (2,936–9,075 USD per year) and high (more than 9,076 USD per year).

A database of member states was constructed using a standard spreadsheet program. Membership length was considered an important underlying factor when considering the ratification status of ILO conventions, and as such, either the actual length of membership or the category of length of membership was accounted for during the analyses.

3. RESULTS

A total of 185 conventions had been adopted by the ILO as of April 2004. Figure 1 indicates the relationship in terms of references made for the 17 OSH-related conventions. Any arrow connecting two conventions indicates that the convention (with the arrow pointing) made reference to the other convention (with the arrow leaving). It can be seen that most conventions are inter-related, with some conventions having been referenced more often than others [12]. The convention to which the largest number of references was made was C155 (references made from 7 conventions), followed by C161 (5), C148 (4), C139 (4) and C115 (4).

Figure 2 and Table 1 indicate that the proportion of newly adopted OSH-related conventions among the newly adopted ILO conventions

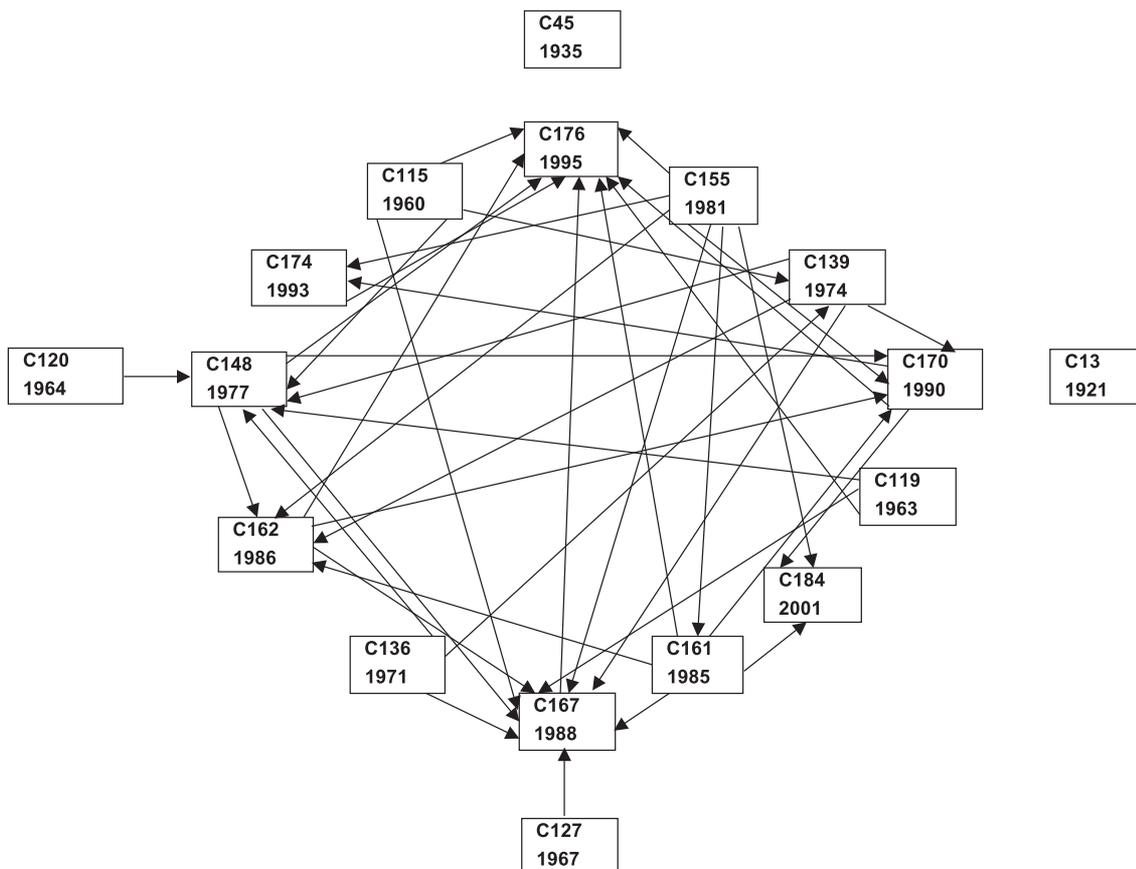


Figure 1. Relationship in terms of reference among the 17 OSH-related conventions. Notes. OSH—occupational safety and health. C stands for convention and is followed by the convention number and the year of adoption below it. Any arrow connecting two conventions indicates that the convention (with the arrow pointing) made reference to the other convention (with the arrow leaving).

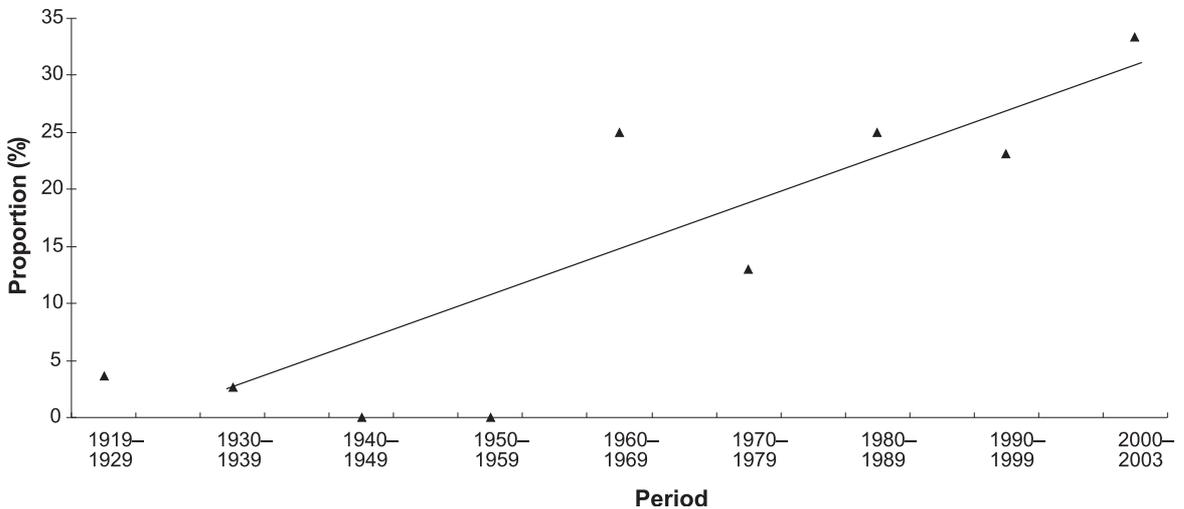


Figure 2. Trend of OSH-related conventions as a proportion of all ILO conventions. *Notes.* OSH—occupational safety and health, ILO—International Labour Organization.

TABLE 1. OSH-Related Conventions as a Proportion of All ILO Conventions

Period	OSH-Related Conventions	Total Conventions Adopted	Proportion* (%)
1919–1929	1 (C13)	28 (C1–C28)	3.6
1930–1939	1 (C45)	39 (C29–C67)	2.6
1940–1949	None	31 (C68–C98)	0
1950–1959	None	16 (C99–C114)	0
1960–1969	4 (C115, C119, C120, C127)	16 (C115–C130)	25.0
1970–1979	3 (C136, C139, C148)	23 (C131–C153)	13.0
1980–1989	4 (C155, C161, C162, C167)	16 (C115–C130)	25.0
1990–1999	3 (C170, C174, C176)	13 (C170–C182)	23.1
2000–2003	1 (C184)	3 (C183–C185)	33.3

Notes. OSH—occupational safety and health, *—proportion of OSH-related conventions to all ILO conventions, C—convention (followed by its number), ILO—International Labour Organization.

during the respective decades has increased over the years since the ILO was established. In the period before 1960, the proportion was almost zero (1.8% or 2/114) but has increased since then in a generally linear trend. For example, 25.0% (or 4/16) of ILO conventions were OSH-related during the 1960–1969 period.

Table 2 and Figures 3 and 4 show the ratification status of ILO conventions by region or country accounting for length of membership. As of April 2004, there were 177 member states of the ILO. Table 2 shows the ratification status of OSH-related and all other ILO conventions by region and categorized into length of membership period (long, middle, short). Figure 3 shows the relationship between length of ILO membership and number of OSH-related conventions ratified,

the vertical scales of which differ by region. Figure 4 shows the entire global situation in one graph with each of the 177 member states represented as a dot with a code for the name of the state (Appendix Table B).

As shown in Table 2, the numbers of states categorized as having long-, middle- and short-membership status are 56, 59, and 62, respectively. Regionally, 3 states are of North America, 32 of Central and South America, 25 of Western Europe, 23 of Eastern Europe, 14 of the Middle East, 53 of Africa, 20 of Asia and 7 of the Oceania region (see also Figure 3). The number of ratifications for all member states averaged 3.4 for OSH-related conventions and 37.3 for all other conventions, indicating a ratification rate of 20.0% (3.4/17) and 20.2% (37.3/185), respectively.

TABLE 2. Mean Number of Ratified ILO Conventions by Region and Length of Membership

Type of Convention	Length of Membership	Region									Total
		North America	Central and South America	Western Europe	Eastern Europe	Middle East	Africa	Asia	Oceania		
OSH-related	long	3.7 (3)	5.4 (19)	7.6 (18)	6.0 (4)	4.0 (2)	1.7 (3)	3.0 (5)	1.5 (2)	5.5 (56)	
	middle	— (0)	1.3 (4)	4.0 (2)	5.3 (4)	3.7 (6)	2.3 (33)	1.3 (10)	— (0)	2.5 (59)	
	short	— (0)	0.7 (9)	7.6 (5)	4.5 (15)	0.3 (6)	1.2 (17)	0.8 (5)	0.6 (5)	2.3 (62)	
	M	3.7 (3)	3.6 (32)	7.3 (25)	4.9 (23)	2.3 (14)	1.9 (53)	1.6 (20)	0.9 (7)	3.4 (177)	
All others	long	3.7 (3)	52.0 (19)	76.7 (18)	67.8 (4)	35.0 (2)	34.0 (3)	25.2 (5)	57.5 (2)	56.5 (56)	
	middle	— (0)	30.8 (4)	37.5 (2)	44.3 (4)	34.8 (6)	32.6 (33)	20.6 (10)	— (0)	31.6 (59)	
	short	— (0)	26.3 (9)	50.2 (5)	33.0 (15)	10.8 (6)	22.5 (17)	15.2 (5)	13.4 (5)	25.4 (62)	
	M	3.7 (3)	42.1 (32)	68.3 (25)	41.0 (23)	24.6 (14)	29.5 (53)	20.4 (20)	26.0 (7)	37.3 (177)	

Notes. OSH—occupational safety and health. Length of membership: long—62–85 years (*n* = 56), middle—37–61 years (*n* = 59), short—1–36 years (*n* = 62). The numbers in parentheses are the numbers of countries. Membership status as of April 2004.

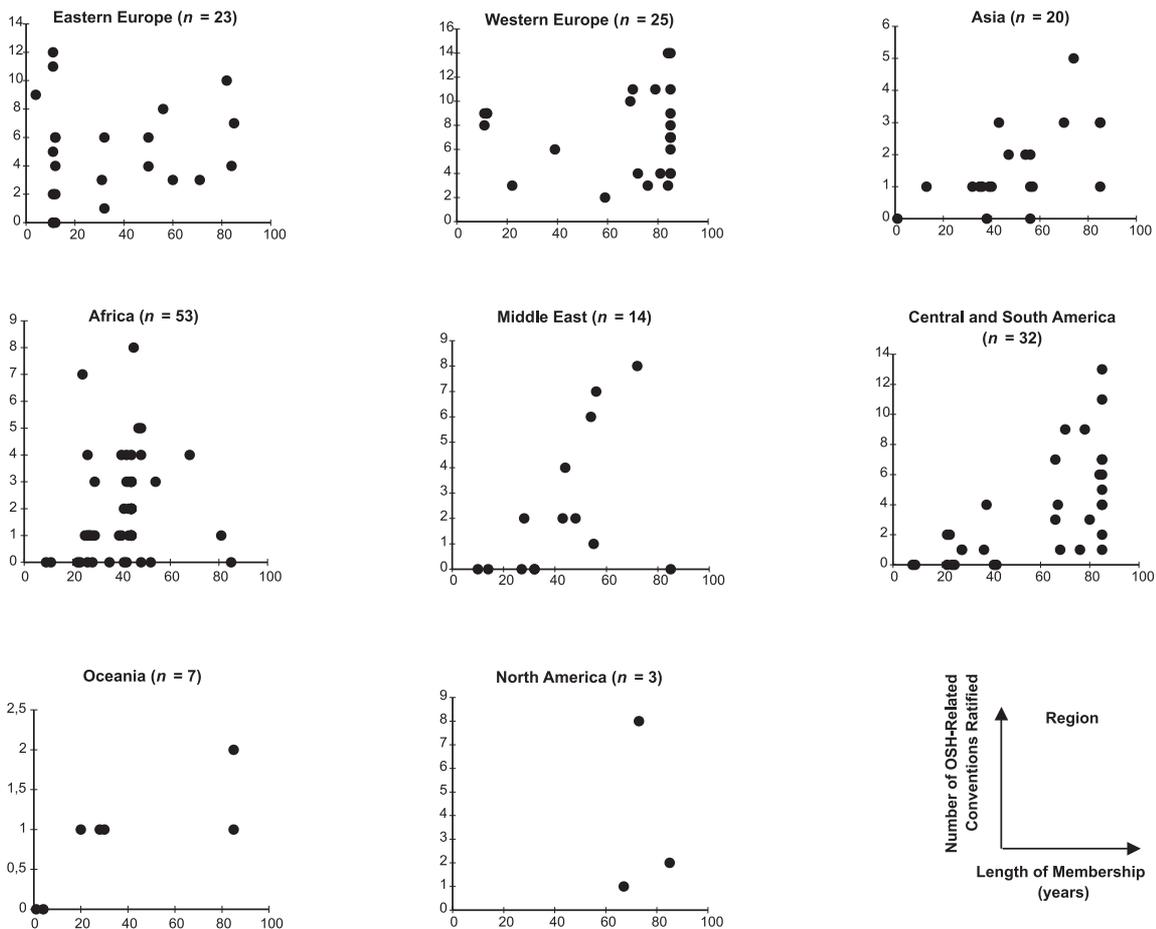


Figure 3. Ratification status of OSH-related conventions by region and length of membership. Notes. OSH—occupational safety and health.

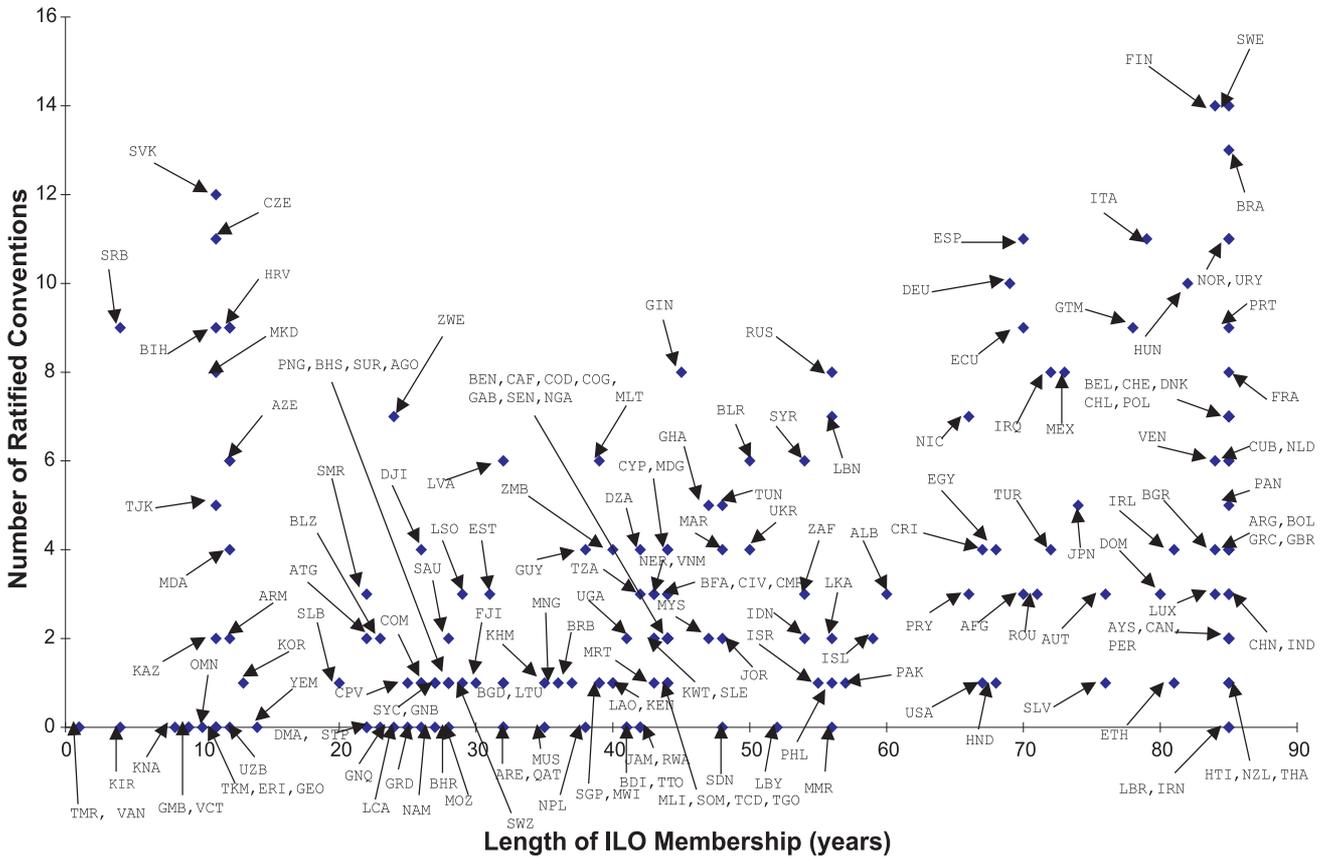


Figure 4. Number of ratified OSH-related conventions by length of membership. Notes. OSH—occupational safety and health.

In general, longer length of ILO membership coincided with more ratifications for all conventions and those related to OSH. For OSH-related conventions, long-membership countries ($n = 56$) have the largest number of ratifications (5.5), of which 39% [(18 + 4)/56] are European (Western and Eastern Europe combined) member states. This is followed by middle- and short-membership countries ($M 2.5$ and 2.3 in 59 and 62 countries, respectively) (Table 2). The relationship for OSH-related conventions by region is apparent in Figure 3, in which a linear trend is observed between ratification status and length of membership for the regions of Asia, the Middle East and Oceania. The relationship is also evident, although to a lesser extent, for the region of Central and South America. The trend for other regions is not as clear.

As shown in Table 2, in terms of regional comparison, Western Europe has by far the largest number of ratifications ($M 7.3$ in 25 countries), distantly followed by Eastern Europe, North America and Central and South America

($M 4.9$, 3.7 and 3.6 , in 23, 3 and 32 countries, respectively). Smaller numbers of ratifications are attributed to the Middle East ($M 2.3$ in 14 countries), Africa ($M 1.9$ in 53 countries), Asia ($M 1.6$ in 20 countries) and Oceania ($M 0.9$ in 7 countries). Stratified by length of membership period, the long-membership regions are led again by Western Europe ($M 7.6$ in 18 countries), followed by the four regions of Eastern Europe, Central and South America, the Middle East and North America ($M 6.0$, 5.4 , 4.0 and 3.7 in 4, 19, 2 and 3 countries, respectively). Smaller numbers are attributed to Asia, Africa and Oceania (3.0 , 1.7 and 1.5 in 5, 3 and 2 countries, respectively). As for the middle-membership regions, Eastern Europe ratified the most OSH-related conventions ($M 5.3$ in 4 countries), followed by Western Europe and the Middle East ($M 4.0$ and 3.7 in 2 and 6 countries, respectively). Africa, which comprises more than 50% of the middle-length membership countries (33/59 or 56%), ratified only a small number of conventions ($M 2.3$ in 33 countries), and only slightly more than Asian

members (1.3 in 10 countries). As for the short-membership regions, Western and Eastern Europe ratified the most OSH-related conventions (M 7.6 and 4.5 in 5 and 15 countries, respectively), while other regions ratified around one, on average.

Table 3 shows the ratification status of ILO conventions according to national income status cross-tabulated by length of membership. Overall, there is an incremental increase in the number of ratifications for both OSH-related and all other ILO conventions with increasing national income status, although the difference between lower-middle and upper-middle income is relatively small. Within the same category of membership length, the increment in ratification number by income status is evident only for long membership states for all other ILO conventions: the mean numbers of ratifications are 27.7, 46.4, 63.7 and 70.2 in 6, 19, 9 and 22 countries, respectively. There is no similar trend for the OSH-related conventions or for the middle- and short-length membership states, for all other conventions. It should be noted, however, that low-income countries invariably possess the smallest number of ratifications for OSH-related and all other ILO conventions within the same membership-length category. Conversely, within the same income status category, the increment in ratification number by membership period is evident in all income categories.

4. DISCUSSION

The current study was conducted to describe the global situation on the ratification status of 17 ILO conventions related to OSH, in contrast to all ILO conventions, and to examine the possible factors that might affect their ratification status. Whether, and the extent to which, the ratification of OSH-related ILO conventions benefits the ratifying country is arguable, and was examined in a separate study [13]. The analytical component of this investigation, therefore, focused on possible factors affecting ratification status. As such, we specifically considered three factors: (a) length of membership period in the ILO, (b) geographical region containing the state (possible geo-political factors) and (c) national income status.

Membership period was considered an important factor that may affect the status of ratification for a number of reasons. Newer member states may not be interested in ratifying old conventions adopted many years previously because they often become partly or fully obsolete. In addition, the ratification process, which involves considerable discussion and debate is usually a lengthy transaction at the national level and sometimes requires several decades. In this regard, a longer membership

TABLE 3. Mean Number of Ratified International Labour Organization (ILO) Conventions by Income Level and Length of Membership

Type of Convention	ILO Membership	Income Level				Total
		Low	Lower-Middle	Upper-Middle	High	
OSH-related	long	2.5 (6)	4.5 (19)	6.9 (9)	6.5 (22)	5.5 (56)
	middle	2.0 (33)	3.7 (14)	2.2 (5)	2.4 (7)	2.5 (59)
	short	1.7 (23)	2.5 (15)	3.0 (6)	2.0 (8)	2.3 (62)
	M	1.9 (62)	3.6 (48)	4.0 (30)	4.8 (37)	3.4 (177)
All others	long	27.7 (6)	46.4 (19)	63.7 (9)	70.2 (22)	56.5 (56)
	middle	28.7 (33)	38.5 (14)	28.2 (5)	34.3 (7)	31.6 (59)
	short	21.7 (23)	26.2 (15)	31.2 (16)	22.9 (8)	25.4 (62)
	M	26.0 (62)	37.8 (48)	40.4 (30)	53.2 (37)	37.3 (177)

Notes. OSH—occupational safety and health. Length of membership: long—62–85 years ($n = 56$), middle—37–61 years ($n = 59$), short—1–36 years ($n = 62$). Country income levels according to the gross national income (GNI) per capita calculated by the World Bank as follows: low (less than 735 USD per year), lower-middle (736–2,935 USD per year), upper-middle (2,936–9,075 USD per year), high (more than 9,076 USD per year). The numbers in parentheses are the numbers of countries. Membership status as of April 2004.

naturally provides improved opportunities for the state to engage in ILO conventions. Our study concurred with this overall trend, with longer membership being generally associated with more ratifications. As such, it can be suggested that membership length may confound the relationship between ratification status and other factors such as geographic region or income status. Nevertheless, the association between membership length and ratification status was not uniform across different regions. Rather, there was considerable variability by region, with several states in Eastern and Western Europe having a relatively large number of ratifications regardless of their membership length. The mean number of 7.6 ratifications in the 5 short-length membership countries of Western Europe equaled the mean number of ratifications in the 18 long-membership countries of Western Europe. These 5 West European countries were Bosnia and Herzegovina (membership length in years, number of OSH-related ILO conventions ratified; 11 years, 9 ratifications), Croatia (12 years, 9 ratifications), San Marino (22 years, 3 ratifications), Slovenia (12 years, 9 ratifications) and the Former Yugoslav Republic of Macedonia (11 years, 8 ratifications). Although these nations can be characterized as having displayed strong political will to ratify OSH-related conventions despite their relatively short membership periods, major political transitions in the recent past in these areas probably played some role.

Regarding Eastern Europe, there is also an outlier group of short-membership, high number-ratifying states. Serbia and Montenegro (formerly belonging to Yugoslavia), Slovakia and the Czech Republic (formerly belonging to Czechoslovakia), gained independence and joined the ILO around 1992–1993. Therefore, their ratification status could be due, at least in part, to the inheritance of the ratification status of the original country. Interestingly, 3 long-membership countries from North America (Canada, the USA and Mexico) have ratified fewer than half as many conventions as Western Europe for OSH-related and all other ILO conventions. Their rate was also less than the Middle East, Central and South America and Eastern Europe. Although possible reasons

for this could relate to the fact that Canada and the USA are federal states covering a large area and having decentralized administrative systems, other reasons remain unclear.

The region embedding the member state was another important factor affecting ratification status, for a plethora of possible geopolitical reasons. This is particularly evident for states ratifying a small number of conventions. For example, the 2 long-member countries of Oceania (Australia and New Zealand) have ratified only 2 and 1 convention, respectively. On the other hand, the long-member states of Africa (3 countries) and Asia (5 countries) ratified, on average, 1.7 and 3.0 conventions, respectively. In general, when the regional characteristics are viewed in combination with length of membership status, short-membership states exhibit more marked regional gaps than long-membership states. Although a full explanation of the ratification pattern by regional or geo-political factors is not possible in the context of the current study, it is clear that Western Europe, as a region, leads other regions and can thus serve as a model for other states in terms of ratification status of OSH-related conventions. Not only do the long-membership states within this region surpass other regions in the total number of ratifications, the short-membership states within the region also reach the same level.

Although national income status was associated with ratification status when length of membership was not considered, the association was affected by long-membership states. This suggests that long ILO membership alone cannot serve as a precondition for ratification status and that ratification status is itself, interwoven with income status. Even for the two categories with middle- and short-term membership (where no clear increment between income and ratification existed), the lowest income category states consistently showed the smallest number of ratifications. As such, it is reasonable to assume that national income status correlates to ratification status. Because of the cross-sectional nature of the relationship, however, it is not possible for us to discern cause and effect.

Although we examined 17 conventions in this study, other conventions could have been included in the analysis. In fact, the Infocus Programme Safework at the ILO presently considers 21 conventions to be OSH-related, which includes the labour inspection conventions. We chose the current 17 conventions based on an analysis published by the 91st International Labour Conference in 2003 [5], which examined OSH and labour inspection standards separately. OSH-related ILO conventions are inter-related. Some conventions influence the terms of subsequent conventions more than others, as can be seen by the number of times a particular convention has been referenced by other newly developed conventions (Figure 1). The ILO gives more weight to particular conventions by designating “core” conventions such as C155 (Occupational Safety and Health, 1981) and C161 (Occupational Health Services, 1985) for OSH, which have been ratified by 42, and 22 member states, respectively [9]. The ratification of C155 and C161 by any state is likely to promote the ratification status of all OSH-related conventions and contribute to the advancement of a coherent national system in harmony with international standards [12].

From our study, it can be clearly seen that the overall proportion of OSH-related conventions among all ILO conventions has been increasing over the years. OSH is but one of many areas covered by ILO conventions, and it can be assumed that OSH is gaining increased recognition and priority in current ILO activities. The field of OSH seems to be establishing the high priority it deserves in the international labour scene. ILO conventions, brought forth under a consensus carefully reached by the international community with tripartite representation, set high goals and provide efficient and effective tools to cope with a range of labour issues applicable at a national level [7]. Clearly, the current ratification status of OSH-related ILO conventions reveals gaps among states, which are neither negligible nor fully explainable by membership length, region or income. In each and every state, therefore, political judgment and administrative resolve will remain decisive factors in the

ratification of ILO conventions. Future efforts to increase ratifications on an international scale will, therefore, need to carefully consider the factors influencing ratification practice among the member states.

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APPENDIX

TABLE A. OSH-related conventions of the International Labour Organization (ILO)

Convention No.	Name of Convention (abbreviated context)	Year of Adoption	No. of Countries*
13	White lead (painting)	1921	62
45	Underground work (women)	1935	97
115	Radiation protection	1960	47
119	Guarding of machinery	1963	50
120	Hygiene (commerce and offices)	1964	49
127	Maximum weight	1967	25
136	Benzene	1971	36
139	Occupational cancer	1974	35
148	Working environment (air pollution, noise and vibration)	1977	41
155	Occupational safety and health	1981	42
161	Occupational health services	1985	22
162	Asbestos	1986	27
167	Safety and health in construction	1988	17
170	Chemicals	1990	11
174	Prevention of major industrial accidents	1993	9
176	Safety and health in mines	1995	20
184	Safety and health in agriculture	2001	4

Notes. OSH—occupational safety and health. *—number of countries that ratified the convention. The official full names of the conventions were shortened and appear in parentheses as abbreviated context.

TABLE B. Name and Abbreviated Codes of International Labour Organization (ILO) Member States (n = 177)

Code	Country Name	Code	Country Name	Code	Country Name
AFG	Afghanistan	GHA	Ghana	NIC	Nicaragua
ANG	Angola	GIN	Guinea	NLD	Netherlands
ALB	Albania	GMB	Gambia	NOR	Norway
ARE	United Arab Emirates	GNB	Guinea-Bissau	NPL	Nepal
ARG	Argentina	GNQ	Equatorial Guinea	NZL	New Zealand
ARM	Armenia	GRC	Greece	OMN	Oman
ATG	Antigua and Barbuda	GRD	Grenada	PAK	Pakistan
AUS	Australia	GTM	Guatemala	PAN	Panama
AUT	Austria	GUY	Guyana	PER	Peru
AZE	Azerbaijan	HND	Honduras	PHL	Phillipines
BDI	Burundi	HRV	Croatia	PNG	Papua New Guinea
BEL	Belgium	HTI	Haiti	POL	Poland
BEN	Benin	HUN	Hungary	PRT	Portugal
BFA	Burkina Faso	IDN	Indonesia	PRY	Paraguay
BGD	Bangladesh	IND	India	QAT	Qatar
BGR	Bulgaria	IRL	Ireland	ROU	Romania
BHR	Bahrain	IRN	Islamic Republic of Iran	RUS	Russian Federation
BHS	Bahamas	IRQ	Iraq	RWA	Rwanda
BIH	Bosnia and Herzegovina	ISL	Iceland	SAU	Saudi Arabia
BLR	Belarus	ISR	Israel	SDN	Sudan
BLZ	Belize	ITA	Italy	SEN	Senegal
BOL	Bolivia	JAM	Jamaica	SGP	Singapore
BRA	Brazil	JOR	Jordan	SLB	Solomon Islands
BRB	Barbados	JPN	Japan	SLE	Sierra Leone
BWA	Botswana	KAZ	Kazakhstan	SLV	El Salvador
CAF	Central African Republic	KEN	Kenya	SMR	San Marino
CAN	Canada	KGN	Kyrgyzstan	SOM	Somalia
CHE	Switzerland	KHM	Cambodia	SRB	Serbia and Montenegro
CHL	Chile	KIR	Kiribati	STP	Sao Tome and Principe
CHN	China	KNA	St Kitts and the Nevis	SUR	Suriname
CIV	Côte d'Ivoire	KOR	Republic of Korea	SVK	Slovakia
CMR	Cameroon	KWT	Kuwait	SVN	Slovenia
COD	Democratic Republic of Congo	LAO	Lao PDR	SWE	Sweden
COG	Congo	LBN	Lebanon	SWZ	Swaziland
COL	Colombia	LBR	Liberia	SYC	Seychelles
COM	Comoros	LBY	Libya	SYR	Syrian Arab Republic
CPV	Cape Verde	LCA	St Lucia	TCD	Chad
CRI	Costa Rica	LKA	Sri Lanka	TGO	Togo
CUB	Cuba	LSO	Lesotho	THA	Thailand
CYP	Cyprus	LTU	Lithuania	TJK	Tajikistan
CZE	Czech Republic	LUX	Luxembourg	TKM	Turkmenistan
DEU	Germany	LVA	Latvia	TMR	Timor-Leste
DJI	Djibouti	MAR	Morocco	TTO	Trinidad and Tobago
DMA	Dominica	MDA	Republic of Moldova	TUN	Tunisia
DNK	Denmark	MDG	Madagascar	TUR	Turkey

TABLE B. (continued)

Code	Country Name	Code	Country Name	Code	Country Name
DOM	Dominican Republic	MEX	Mexico	TZA	Tanzania
DZA	Algeria	MKD	Macedonia	UGA	Uganda
ECU	Ecuador	MLI	Mali	UKR	Ukraine
EGY	Egypt	MLT	Malta	URY	Uruguay
ERI	Eritrea	MMR	Myanmar	USA	United States of America
ESP	Spain	MNG	Mongolia	UZB	Uzbekistan
EST	Estonia	MOZ	Mozambique	VAN	Vanuatu
ETH	Ethiopia	MRT	Mauritania	VCT	St Vincent and the Grenadines
FIN	Finland	MUS	Mauritius	VEN	Venezuela
FJI	Fiji	MWI	Malawi	VNM	Vietnam
FRA	France	MYS	Malaysia	YEM	Yemen
GAB	Gabon	NAM	Namibia	ZAF	South Africa
GBR	United Kingdom	NER	Niger	ZMB	Zambia
GEO	Georgia	NGA	Nigeria		