

# ITUC Campaign Brief

## A new approach to global governance of occupational health and safety

*“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Preamble to the WHO Constitution<sup>1</sup>*

*“The protection of the worker against sickness, disease and injury arising out of his [or her] employment ....” Preamble to the ILO constitution<sup>2</sup>*

Occupational health and safety is crucial to tackling the Covid-19 pandemic. The evidence of transmission of the virus in many different types of workplaces is clear – protecting workers also protects the public in general.

The Covid-19 pandemic has highlighted the inadequacy of occupational health and safety measures at the level of the workplace, and in particular a number of global governance gaps which need to be addressed urgently to address existing shortfalls, the current pandemic and likely future health emergencies. Workers’ health and safety has not been treated with sufficient priority by the global community, and this campaign brief sets out what the global trade union movement is demanding. Further demands that would constitute a New Social Contract for recovery and resilience are set out in a separate ITUC document.<sup>3</sup>

Throughout our calls, we reiterate the need to address the specific problems faced by women workers who have borne the brunt of the pandemic in terms of the heightened occupational exposure in the jobs they do, their unequal responsibilities for childcare and the threat posed by domestic violence. And we also recognise that black lives matter in the pandemic as well as in economic and social discrimination. Those whose economic power is least will need the most support in combating the pandemic.

### **1. Occupational health and safety must be recognised as a fundamental right for workers**

The ILO Centenary Declaration for the Future of Work (2019) declared that “[s]afe and healthy working conditions are fundamental to decent work”. The conference resolution subsequently adopted requested the Governing Body “to consider, as soon as possible, proposals for including safe and healthy working conditions in the ILO’s framework of fundamental principles and rights at work” in the same way as the eight fundamental ILO Conventions<sup>4</sup> do. These rights, along with maximum limits on working hours, living minimum wages and social protection form the basis of the labour protection floor we want.

<sup>1</sup> <https://www.who.int/about/who-we-are/constitution>

<sup>2</sup> [https://www.ilo.org/dyn/normlex/en/f?p=1000:62:0::NO:62:P62\\_LIST\\_ENTRIE\\_ID:2453907:NO](https://www.ilo.org/dyn/normlex/en/f?p=1000:62:0::NO:62:P62_LIST_ENTRIE_ID:2453907:NO)

<sup>3</sup> A New Social Contract: Crisis>>Recovery>>Resilience <https://www.ituc-csi.org/crisis-recovery-resilience>

<sup>4</sup> Freedom from child and forced labour, discrimination at the workplace, and freedom of association and collective bargaining for all workers.

Making occupational health and safety a fundamental right, drawing on the ILO's existing key Conventions in the area, would:

- a. place an obligation on ILO member states to adhere to the core occupational health and safety Conventions, regardless of ratification (but also provide a spur to ratify them<sup>5</sup>), and to report regularly, including enhanced application of international occupational health and safety standards and greater implementation of these rights in national legislation and practice;
- b. encourage greater recognition, as well as adherence, for the rights set out in the Conventions, such as the right to refuse unsafe work, and also unlock increased resources for occupational health and safety internationally and domestically; and
- c. build occupational health and safety into trade agreements and multilateral arrangements, like World Bank and regional development bank rules, WHO guidance, etc. And it would clearly signal the ILO's leadership role on health issues in the world of work.

*The ILO Governing Body has identified a roadmap that would achieve this transformation, but employers and some governments have blocked progress. The roadmap requires action by the International Labour Conference, and global unions are demanding this take place in 2021.*

## **2. Consulting workers about prevention and protection must be at the heart of tackling the pandemic in the world of work**

There is a huge body of knowledge that shows that working people are safer the more they are consulted and engaged in prevention and protection at the workplace. This ranges from social dialogue in multilateral institutions and regulation, tripartite management of occupational health and safety at national level<sup>6</sup>, sectoral and workplace joint management-union health and safety committees, and union workplace safety representatives.

Workers' occupational health and safety rights are best protected if they are consulted through trade unions about health and safety at work. Workers are more likely to engage fully and enthusiastically with preventive and protective measures if their independent representatives are involved in determining and communicating those measures. And such consultation has also been shown to provide greater protection for members of the public, too.

*Multilateral institutions should engage in meaningful consultation with trade unions about measures affecting the health and safety of working people, guidance about such measures, and the promotion of health and safety messages to workers and the wider public. In particular, to address the risk of further pandemics and learn the lessons of MERS, SARS and now Covid-19, the ILO needs to adopt a Biological Hazards Convention.*

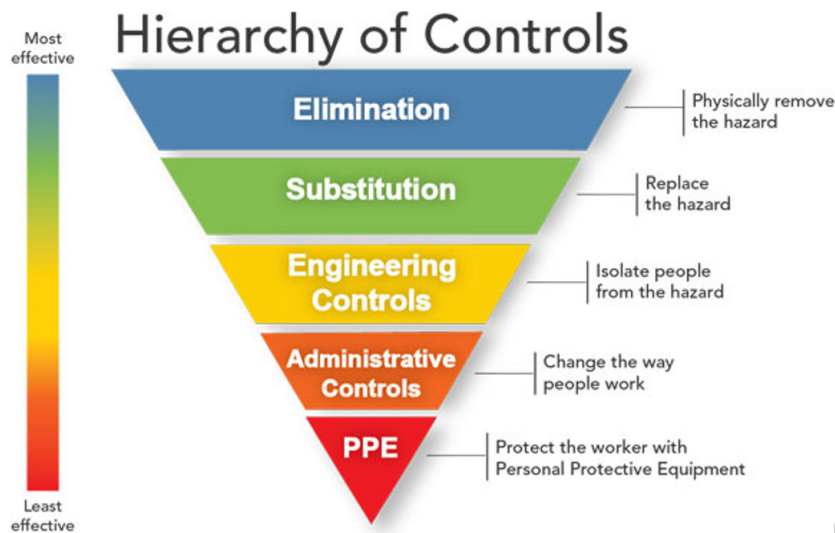
## **3. The 'hierarchy of controls' and risk assessments must be applied to health measures at the workplace**

As well as the general principle of risk assessment, the ITUC wants to see greater use of the well-established occupational safety and health 'hierarchy of controls', best described in the diagram below from the US government occupational safety and health research body NIOSH<sup>7</sup>, which indicates the order in which preventive measures should be taken to tackle workplace hazards. In each case, the first measures undertaken – because they are the most effective – should eliminate risks altogether by preventing workers coming into contact with the hazard.

<sup>5</sup> Currently, the OSH convention ratifications are 69 for Convention 155, 33 for Convention 161 and 49 for Convention 187 (OSH Promotional Convention)

<sup>6</sup> As required by ILO Conventions

<sup>7</sup> <https://www.cdc.gov/niosh/topics/hierarchy/default.html>



In the case of an infectious disease like SARS-CoV-2, which cannot reliably be removed from workplaces, that would mean that WHO should encourage governments and employers to first remove the worker from the hazard (such as by working remotely, closing workplaces, reducing the number of people in workplaces, and furloughing workers on full pay) before adopting measures like reorganisation of work rates and processes, social distancing of at least two metres, as recommended by the ILO, increased ventilation and so on.

Measures such as provision of personal protective equipment (PPE) are the least effective method of prevention and should be the last step taken in seeking to mitigate workplace exposure. That doesn't undermine trade union campaigns to make sure every worker has access at no cost to appropriate masks, gloves and so on if they need them, but they are the last resort.

*Global unions believe that this approach should become the standard approach to hazards adopted by multilateral bodies like the WHO, in multilateral agreements such as those covering trade and in the investment policies of international financial institutions.*

## 4. Better reporting, notification and compensation for occupational injury and disease

The occupational nature of many injuries and illnesses has often only been realised once doctors and other professionals have asked the ill and injured the crucial question "what work do you do?" Yet this is very often left out of reporting and notification requirements – as demonstrated in many countries during the current Covid-19 pandemic. The resulting failure to include such injuries and illnesses in state and employer compensation schemes has presented no effective redress for the workers affected, nor incentives to address the causes.

Rather than progress through union campaigning, occasional reports in health and safety journals of otherwise unexplained 'clusters', or pioneering research by individual health professionals, *occupation should become a standard part of any health notification process, and diseases like Covid-19, where the potential for occupational exposure is clear, should be swiftly included in notification, reporting and compensation regulations, such as ILO Recommendation 194.*

## **5. Universal social protection should include paid leave from day one for those off sick or, in the case of communicable diseases, isolation or quarantine**

Covid-19 has demonstrated that people who are suffering from communicable diseases will continue to go to work and put others at risk (especially in the case of diseases with asymptomatic transmission) if they are faced with the choice of working while sick or going without income. In the case of illnesses like Covid-19, this also applies to workers who should be isolating or quarantining because of exposure to others with the disease.

That means that employers need to continue to pay the full wages of people who cannot work, from the first day they are off sick until they are able to return to work. In many cases, that will require government-funded social protection measures. And these provisions should be extended to self-employed and insecure workers as well as those in the informal economy who have been hardest hit by the pandemic.

*Multilateral bodies should be encouraging governments to provide universal social protection, including a Global Social Protection Fund to enable developing countries to develop such provision.*

## **6. Vaccines and testing**

Lastly, while the rapid development of vaccines is good news, we need to redouble our efforts to make sure they are shared around the world rather than stockpiled by rich countries. Illness anywhere can threaten illness everywhere.

But it will be some time before their efficacy and ability to not only protect from symptoms but also stop people becoming contagious are known. Adding rapid antigen tests, in the community and also in workplace settings through negotiations with unions, to the range of preventive and protective measures will help address the need for elimination. Testing and vaccination must be voluntary, and must be supported by social protection, sick pay for those ill or isolated, and other economic measures to support businesses and jobs.

*Initiatives like COVAX must be supported by national governments, and rapid antigen testing must be rolled out as a crucial part of eliminating contagion at the workplace.*