

## **Life and health are fundamental rights for workers**

**Since 1998, SafeWork, the ILO Programme on Safety, Health at Work and the Environment, has been leading the Organization's efforts to promote occupational health. A gigantic task in view of the number of people killed or injured every day at work. Jukka Takala, Director of SafeWork, takes stock of the situation. In this interview, he highlights a need for including an OSH Convention as part of the ILO's core labour standards. This is expected to be discussed at the 2003 International Labour Conference.**

**Jukka Takala**

Director

ILO Programme on Safety, Health at Work and the Environment

*Labour Education: The ILO is devoting considerable resources to health and safety. It has decided to join the International Commemoration Day for Dead and Injured Workers observed by the trade union movement on April 28 each year. What can you say about today's situation in terms of health and safety at the workplace?*

Jukka Takala: It is a daily disaster that seldom makes the headlines. Every year we estimate that 2 million people die in work accidents. One every 15 seconds. That is the equivalent of a World Trade Centre, a September 11, tragedy every day. More than 5,000 people die at work every day. And remember that most of the people killed in the terrorist attack in New York were workers. The number of accidents is increasing. Our estimates put the figure at 250 million accidents a year. Work-related diseases affect some 160 million people. And these are only conservative estimates.

*How do you mean?*

Our figures are based on information collected ten years ago. Since then, the working population has increased. Unprotected work in the informal economy has been growing and although we do not have official records, as this economy is none too visible, we know that

lots of problems exist there. These go unreported. The most reliable figures come from those countries that are good at reporting accidents and diseases. But these are also the countries that have the best prevention programmes.

This means that our estimates are quite conservative. For instance, Denmark has, on paper, the highest per capita rate of occupational diseases. This does not mean that Denmark is the most dangerous country. Quite the contrary. Denmark is among the safest, but it reports diseases and pays compensation for them. If, to give you another example, we base our estimation of worldwide occupational fatalities on extrapolations from the figures received from Finland, and we therefore assume that all countries have the same high safety and prevention standards as in Finland, our estimate would be 1.8 million deaths per year. However, as we know that only a few countries enjoy such high standards, the actual number of people dying at work could be double this figure – so, well over two million.

*What are the most dangerous occupations for workers?*

Today, agriculture is one of the three most hazardous industries, together with mining and construction, in both developing and industrialized countries. We estimate that out of a total of 350,000 fatal workplace accidents worldwide, some 170,000 casualties are among agricultural workers every year. Many of the world's 1.3 billion agricultural workers are seriously injured in workplace accidents involving machinery, or poisoned by pesticides and other agro-chemicals. That situation led the ILO to adopt a new Convention on health and safety in agriculture last year. Mining, which is now less of a problem in industrialized countries, remains highly dangerous in the developing world. Mines in Asia or Africa are still very labour-intensive, they do not use new machinery or equipment and many people still die in mining both from diseases and accidents.

*You mean that, in general, the situation is much worse in countries of the South?*

In fact, one of the trends is that industrialized countries are exporting their hazards to developing countries. Dirty and difficult jobs are left to the South. That includes mining, of course. Many of the ergonomic problems of the North have been moved to the South, where labour is not only cheaper but is also much less protected. The rate of fatal accidents in developing Asia is four times higher than that of industrialized countries. And while workers

in Scandinavian countries enjoy universal health coverage and compensation, only ten per cent of the workforce in developing countries have such social protection, with very limited provisions, if any, for compensation in case of occupational diseases or accidents.

*So there is a direct link between poverty and poor health and safety at work?*

Clearly, there is a link to poverty. Just as there is a link between child labour and poverty. The reasoning is simple: if the breadwinner dies or is disabled for a short or longer period, the whole family, an extended family, will suffer. And there are 410 million such cases annually. The poorer the country, the easier it is to fall in the trap. But there is a point below which you can no longer blame poverty alone. However poor, a country should not accept that children are sold into prostitution. In the same vein, you cannot accept that to get coal out of a mine, one in ten workers are killed. There is much room for improvement and some of this can take place immediately. For instance, we know that when Walmart, the US giant retail chain, told its suppliers in developing Asia that they would have to abide by higher standards in terms of health, safety and working conditions, the response was immediate. Even the smallest supplier in Thailand proved capable of adapting its production to the new standards. So poverty is not always a valid excuse.

*But isn't the cost of improving health and safety an obstacle for poor countries?*

The cost of doing nothing is actually much higher. We calculated that expenditure related to occupational accidents and diseases represents the equivalent of four per cent of the combined gross national product of all countries on this planet, or the equivalent of the total GNP of Africa, the Middle East (including oil-rich countries) and South Asia put together. So addressing the issues of health and safety at work could save a lot of resources and is in the interests of governments, companies and workers alike. It is in the interests of society as a whole. No country in the world has shown that it can have high levels of productivity with low levels of safety. No successful company can in the long run show high productivity levels with poor safety.

*Last year the International Commemoration Day was devoted to victims of asbestos. What is the present situation on that?*

We might call it an asbestos epidemic. Last year, we calculated that at least 100,000 people died from it. And unfortunately, that will continue even though asbestos is now being phased out in major countries. Don't forget that, once a worker is exposed, it may take up to twenty years before the disease appears, so the epidemic is far from being circumscribed. About 35 countries have already banned asbestos, which means it is still used in about 150 countries. In some places, the fibre is even recycled, from the wreckage of ships for instance.

*What about the ILO Convention? Does it ban asbestos?*

Our Asbestos Convention, No. 162, was adopted in 1986. At that time, it was not possible to ban asbestos for all uses. The Convention bans certain types of asbestos and certain processes like spraying. So that is not a total ban, but the text of the Convention is aimed at gradually eliminating asbestos. Now, this Convention has only been ratified by 30 countries. So our efforts concentrate on getting as many ratifications as possible. Meanwhile we may consider new measures banning all types of asbestos. We are promoting the establishment of "National SafeWork programmes", which are part of the ILO's effort to promote "Decent Work". A campaign for a total ban on asbestos would well fit in such programmes. This is the simplest and cheapest preventive measure. We are also seeking joint action by the ILO and the World Health Organization.

*Recently, more attention is being paid to health at the workplace – or, at least, so it seems. Has the ILO noticed any improvement?*

The trends in both accidents and diseases are mixed. In industrialized countries, we have seen a clear decrease in serious injuries. This is caused by both structural changes resulting in fewer workers in hazardous agricultural, industrial, construction and mining activities – and by real improvement in making work healthier and safer. Another contributing factor is the increasing capacity to provide first aid and emergency care which saves lives, although it does not reduce the number of accidents.

A new trend in industrialized countries is the increase in musculoskeletal problems, stress and mental problems, asthmatic and allergic reactions and problems caused by hazardous material, including carcinogens. Concerns about stress are rapidly surfacing under the pressure of globalization and increased worldwide competition. New technologies, de-

skilling, downsizing, job losses, job insecurity and poorer conditions of work are adding to the problems. Violence at work is another worrying development. As the world becomes more violent, so does the world of work. Violence at work can be both physical and psychological. It may, for instance, involve repeated actions that alone may be relatively minor but cumulatively may cause serious harm. Violence ranges from homicide and physical attack to bullying, moral harassment and sexual or racial harassment. Stress and violence cost the community between one per cent and 3.5 per cent of Gross Domestic Product.

If you add to this the damage caused by drugs, alcohol and tobacco, which affects nearly all countries, the picture is quite bleak. We have just launched a new training package which is called SOLVE and aims at addressing these emerging health problems through action-oriented solutions.

*How about developing countries?*

In developing countries, the trends are even less favourable. People are migrating to cities. More industries are being set up – often informal and dangerous ones. Globalization is drawing in workers without previous experience of industrial work. New housing and premises are needed. This leads to an increase in construction work. Infrastructure, such as roads, dams, telecommunications facilities and power generation installations, has to be built. Road traffic increases. Agriculture is mechanized and new products and synthetic materials are manufactured, using chemicals, fibres and minerals. All these factors influence the rates and numbers of injuries and diseases, for which upward trends are visible in many developing countries. In sub-Saharan Africa alone, we estimate that 125,000 work-related fatalities occur per year. And remember that basic compensation for occupational and work-related accidents or diseases is sorely lacking in most developing countries. Only 23 countries have ratified the ILO Employment Injury Benefits Convention (No.121), adopted in 1964, which lists occupational diseases for which compensation should be paid.

*What about labour inspection. Could it not help improve the situation?*

Trends on labour inspection have not been so favourable in the past. Particularly in developing countries.

Labour inspection is not always seen for what it is, even by governments. It is a service to the population. In too many countries, there are too few inspectors and their training is often not adequate. There are not enough resources put into labour inspection. And often when there are economic difficulties, labour inspection budgets will be among the first to suffer cuts. The ILO's recommendation is that every workplace should be inspected once a year. Only a few countries attain that level. If conditions are good and if management is well organized, labour inspection would not take much time. At the same time, you cannot expect that laws and regulations are respected without any enforcement and monitoring. There must be a system to back those provisions. If you let companies with poor health and safety records survive, these will set a bad example and other companies might be tempted to relax their own safety efforts.

*A number of ILO Conventions do relate to health and safety, but they have not been very widely ratified ...*

More than half of the 184 Conventions adopted so far by the ILO have links to health and safety issues. Some, like Labour Inspection Convention (No. 81) adopted in 1947, the Occupational Safety and Health Convention (No.155),1981, or the Occupational Health Services Convention (No.161), 1985, are key instruments of our policy. Our priority is to increase the number of ratifications of these standards, which could then help improve the situation in individual countries.

But here we face a paradoxical situation. When the ILO adopted its Declaration on fundamental principles and rights at work in 1998, eight Conventions were rightly confirmed as core labour standards and became the subject of a major campaign. That prompted some of our constituents to relegate other Conventions to second-class status. For example, I know of one major industrialized country that was about to ratify Convention No. 155 but delayed its decision because there was pressure to ratify the Worst Forms of Child Labour Convention. That country could only ratify one Convention per year. It chose the core labour Conventions. Yet, while child labour is practically non-existent in that country, health and safety problems are a key concern.

*What do you plan to do about that?*

A key problem is that safety and health is not given a high priority in the international and national agenda. There is no OSH Conventions among the ILO core Conventions of the ILO, which results in the difficulties in developing sound programmes with sufficient technical and financial resources. The 2003 International Labour Conference will discuss an integrated approach to OSH standard-related activities with a view to identifying the ways to achieve improvements at the workplace level and responding to this major problem. The Conference will review the impact of existing standards and of other related activities carried out by the ILO and the Member States. We expect that, as a result, ways to include an OSH Convention in the core Conventions or equivalent measures would be proposed together with other means of action for achieving greater impact. If people are left to die or get disabled at work, where is the sense in the existing core labour standards? The right to safety and health is fundamental. We have already embarked on consultation on this approach and hope we will get support from the different groups, including of course the Workers' Group.

*Workers have a special interest in this, of course. But does unionization of the workforce have an effect on the health and safety situation at the workplace?*

Absolutely. For instance, a recent study on labour inspection in Sweden shows that one of the main reasons for the country's good health and safety record is the tradition of cooperation between workers and employers, and the involvement of workers since the early 1920s. Back then, the workers and employers had already reached agreement on this. The result was a consensus-building process which has continued until this day. There is scientific evidence that the involvement of workers is a major factor in improvements. I am talking here about organized workers, because if they are not organized, they can't get their views heard. There is also a clear link between unionization rates and ratification of ILO Conventions on health and safety. Countries where unionization rates are high are those that have ratified the highest number of Conventions. These countries are also the best in terms of prevention and of health and safety performance in general. And all this results in high level competitiveness.

Sweden and Finland, which have high unionization rates, have ratified most of the health and safety Conventions.

*Yet you believe that trade unions could do more.*

Unions should always be vigilant and put more emphasis on health and safety as part of their daily work, besides other issues such as wages, working time and collective bargaining. Employers and workers may think “It will never happen to me”, so trade unions have to remind them of the need to pay attention to safety and to guard them against a false sense of security. Let’s not forget that for every one fatal accident, there are 1,200 smaller accidents that cause three days or more absence from work, 5,000 injuries requiring first aid and 70,000 near-accidents. That means that if you want to avoid that one fatal accident, you have to influence all the contributing factors that eventually lead to death at work when the preventive barriers fail or are missing.. That is quite a challenge. It is a continuous challenge. It’s like education. Each year, you have new children starting school and they have to be taught how to read. The same goes for the workforce. There is a constant need for training and follow-up. Workers’ participation in occupational safety and health management systems is vital. Accidents don’t just happen, they are caused. We never agreed that accidents and diseases “go with the job”. Unions can leave nothing to chance.