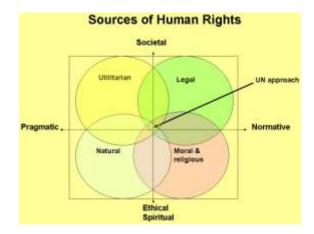


Q1: Do workers', rights and right to

occupational health belong to basic

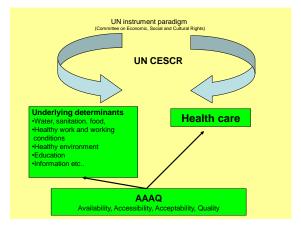
human rights?

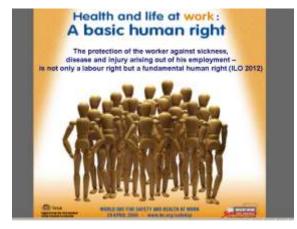


International generic instruments for Human Rights

- Universal Declaration of Human Rights UDHR (1948)
- UN International Covenant on Economic, Social and Cultural Rights (1966/1976) & UN Covenant on Civil and Political Rights (1966/1976)
- Regional Human Rights Chartes for Africa and Americas
- · HR Charter and Social Charter for Europe
- 6000 multilateral and about 60 000 bilateral Agreements and Covenants for global international governance
- 250 International Organizations, IGOs, and 1500 UNregistered NGOs for support of implementation







ILO instruments for human rights at work (Second generation rights)

- ILO Constitution (1919) and Philadelphia Declaration (1944)
- ILO Declaration on Fundamental Principles and Rights at Work (1998)
 - 8 ILO Core Conventions ("freedom conventions")
 - Freedom of association and right to bargaining (C87, C98)
 - Elimination of forced and compulsory labour (C29, C105)
 Abalities of ability labour (C100, C100)
 - Abolition of child labour (C138, C182)
 Elimination of discrimination in complexity
 - Elimination of discrimination in employment and occupation (C100, C11)
- ILO special OSH Conventions
 - OSH Convention 155 (1981), OSH for all
 - OHS Convention 161(1985), OHS for all
 - Promotional Framework Convention 187(2006)
- With its instruments, ILO is a strong legal and political guardian of HR at work. Implementation is ensured with tripartite negotiation. The level of ambition always subjected to the negotiation process.

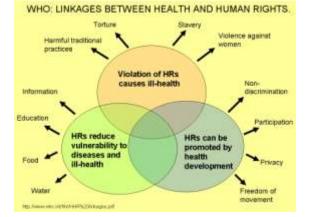


WHO and human rights

•WHO defines the principle on workers' right to health in constitution (1948).

•The WHO Global Strategy on Occupational Health for All (1996) reconfirms the WHA position on occupational health as a basic right. •WHO Global Plan of Action (2007) provides access to services.

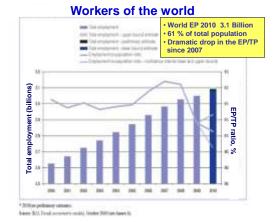
WHO does not regulate internationally. It provides scientific and technical information for support of national policies and services.



Q1: Do workers, rights and right to occupational health belong to basic human rights?

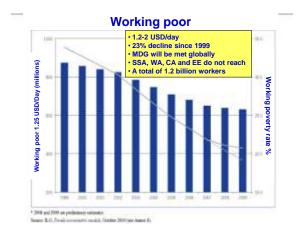
A1: Yes; The most authoritative political bodies have agreed upon it.

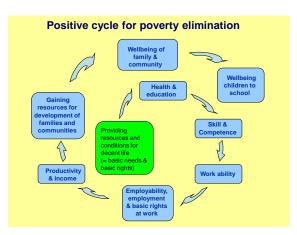
Q 2: How are the Human Rights realized in the contemporary world of work?



Global statistics • 12.3-27 million • 40-50 % children • Several hidden forms of slavery • Evidence from 69 countries • Difficult to control

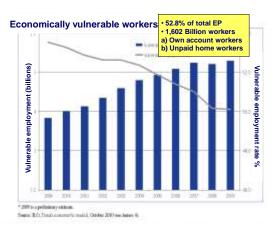






ILO Minimum Estimation of Forced Labour by Form





Workers of the world			
Group	Number (mill)	% of world total	OBS
Developed economies	470	15	25% in hazardous jobs
Informal workers	1600	50	Most in South Asia and SSA
Working poor	1200	38	Most in South Asia and SSA
Agricultural workers	1300	41	91% in developing countries Women account for almost half of the agricultural workers
Economically vulnerable workers	1528	48	a) Own account workers and b) Unpaid family workers
Workers in high-risk and hazardous jobs	2200	70	Majority of workers in the less and least developed economies
SMEs	1056	30	OECD 132 Country Survey: 125 Mill formal MSMEs

Accumulation of risks

- High-risk jobs
- · Low pay or no pay
- Absolute or working poverty
- No OSH protection
- · No social protection
- No OHS
- Global crisis hits hardest
- Impact on next generations
- · Economic and occupational vulnerability

Q 2: How are the Human Rights realized in the contemporary world of work?

A 2: Not very well for 85% of the workers

Q 3: Is the right to occupational health realized in the contemporary world of work?

Industrialized countries

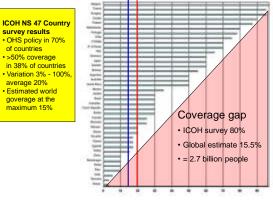
- Overall trend positive: Continuous decline of the traditional occupational hazards
- Still one order of magnitude differences in risks of accidents and occupational diseases
- Occupationally vulnerable workers, women, young, disabled, migrants, aged workers, temporary workers and workers with low qualifications (several HR problems)
- SMEs and self-employed in growing inequity
- Some actual issues like violence at work, discrimation and inequal access to OHS still prevail
- New technology hazards and new natural hazards in growth



Several orders of magnitude risk differences

- Accident risk difference DC/IC 1000-fold and 10fold within ICs like Finland
- OD risk almost equal between DCs and ICs (~ 10-100/100000). Risk difference within ICs 10fold, like in Finland
- WRD risk differences likely higher (e.g. asbestos worker and cancer)
- Access to OHS varies between individual ICs/Ds 3% to 100%. 85% of 3.2 billion workers live without services





Q 3: Is the right to occupational health realized in the contemporary world of work?

A 3: No, at least for the majority (85%) of the workers of the world

Q 4: Can anything be done?



ICOH can do a lot

- The best way to support HR by ICOH is to promote and implement best occupational for all in all its forms
- Collaborate with the IGOs and NGOs
- Reveal and inform on risks, needs and gaps through research
- Train and educate all; IGOs, politicians, social partners, health sector, media, etc
- Research and experiment models for filling the gap through services (like BOHS)
- Translate our research into practice (The Cancun Theme!)
- Encourage voluntary OH work (Doctors across Frontiers)
- Enhance visibility of occupational health and OHS in the public and political agenda > *Cancun Charter!*

Q 4: Can anything be done?

A 4: Yes; ICOH can do a lot together with others.

