Occupational Health and Safety *for Informal Workers*

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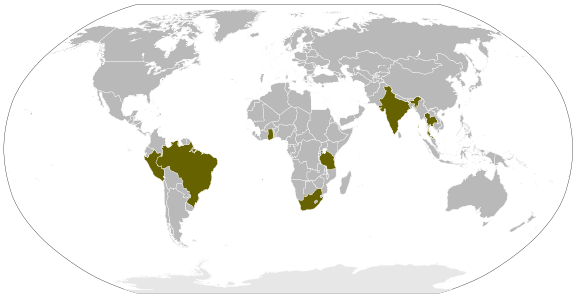

Project progress in 2012

In April 2012, WIEGO's OHS Project turned three years old! We are now moving into the dissemination phase. The research we have done over the last two years will be used to promote OHS for informal workers at national, international and local levels.

So, what do we have planned for the year? Here is a snapshot view of some of the upcoming activities:

In **Lima, Peru,** Anita Lujan (Peru Country Coordinator for the OHS Project) and Carmen Roca (WIEGO's Latin American Regional Advisor) will be organizing an event aimed at "making some noise" about OHS and informal workers. They will be organizing a public event at the end of May, which will bring together officials from the Ministries of Health and Labour, OHS authorities and experts, and informal worker representatives in Lima.

In **Ahmedabad, India,** the team from the Self Employed Women's Association (SEWA) will organize two dissemination workshops this year – one in Gujurat State and one at the national level. The workshops will focus on advocacy around the equipment designed for embroidery workers, papad rollers, agricultural workers, and waste pickers over the last two years (see OHS Newsletter, Issue 2 for more details on the development of these tools). SEWA's advocacy will particularly target the Workers' Welfare Boards, which act as state level platforms for contact between the government, employers and informal workers. The Boards also regulate the conditions of work of vulnerable informal workers and in some cases provide basic social security. SEWA hopes that the Boards will adopt the tools it has designed. It hopes the Boards will promote the use of these tools among informal workers by providing them at a subsidized rate.

In **Salvador, Brazil,** Vilma Santana and her term from PISAT[1] will organize a research feedback workshop on OHS and informal workers in Bahia state. Workshop participants will include members of the *Sistema Unico de Saude* (SUS), which is the Brazilian public health service; officials from the Ministry of Labour and Employment (MTE); the Ministry of Social Insurance; the Task Force of the

Tools designed by SEWA. Pictures Clockwise: Sugar cane sickles, supports for embroiderers, carts for waste pickers. Photographs courtesy of SEWA.

[1] PISAT is the Workers' Health Programme run by the Institute of Collective Health at the Federal University of Bahia in Salvador.

Did you know...

…that April 28th has been declared the World Day for Safety and Health at Work and has been observed by the ILO since 2003?

The ILO encourages organizations to celebrate the day and to send in pictures and reports on their activities so that these can be put up on the ILO website.

If your organization has done something to celebrate World Day for Safety and Health at work, send us pictures and/or a short report too, and we'll include it in the next OHS Newsletter.

Bahia State Labour Secretariat for Decent Work Advancement; and representatives from the domestic workers unions, the waste pickers associations, and the street vendors associations in Salvador. Vilma will also organize a workshop with the primary health care staff at the Health District of Liberdade (DSL) to discuss the incorporation of occupational health and safety activities in their work through the Family Health Program (for more information on this work see OHS Newsletter, Issue 4).

In **Accra, Ghana,** dissemination has been an on-going part of the project through various engagements with local government and the media over the past two years. We are proud to announce that the work done in Accra under the OHS project has contributed to a strategic shift within WIEGO to a focus on city level advocacy. Starting in April 2012, the Accra Focal Cities Project will be coordinated by Dorcas Ansah. The project will carry on where the OHS Project left off with follow up on the commitments made by local government to improved sanitation and fire safety in the markets and with more policy dialogues aimed at giving informal workers greater voice in local level policy making. Good luck to Dorcas in her new role!

In addition to these country-level dissemination activities, Francie Lund and Laura Alfers are planning to run a series of OHS workshops during the year with the informal worker networks affiliated to WIEGO. The dates for these workshops have not yet been finalized, but stay tuned for more information!

WIEGO Social Protection Director Francie Lund welcoming delegates to the WIEGO/ HomeNet Thailand Health Policy Dialogue, Bangkok, January 2012. Photograph: Neeranuch Wichaidist.

Some things we learned at the WIEGO/ HomeNet Thailand Bangkok Health Policy Dialogue, 23rd and 24th January 2012

WIEGO and HomeNet Thailand jointly organized a Health Policy Dialogue in Bangkok on the 23rd and 24th of January 2012 on the theme of Universal Health Schemes and the Working Poor: Barriers to Access. The event was attached to the prestigious annual Thai public health conference, the Prince Mahidol Award Conference (PMAC), at which WIEGO and

HomeNet Thailand also held a panel session. Case studies of recently introduced health schemes – those operating in Ghana, India and Thailand – were presented by Laura Alfers (Ghana), Kalpana Jain (India), Boonsom Namsomboon and Poonsap Tulaphan (Thailand).

Health schemes can take many different forms. They can be based on social insurance principles, such as the National Health Insurance Scheme (NHIS) in Ghana, on private insurance such as the Rashtriya Swasthya Bima Yojana (RSBY) in India, or funded by general taxation such as the Universal Coverage Scheme in Thailand. According to the World Health Assembly definition, for a scheme to be considered "universal," it must provide coverage for everyone with needed health services and protection against the costs of healthcare.

Through the presentation of the three country case studies and the discussions that followed, we learned more about some of important debates that are happening around universal health coverage.

To target or not to target: Questions were asked about whether universal health schemes – which are meant to allow access to healthcare for all people in a country equally – are really helpful to poor people. Some people argue that universal health schemes can often end up benefitting the rich more than they do the poor because richer people are more easily able to access the benefits. The suggestion is that targeted health schemes, which focus on providing healthcare for the poor only, might be a better way to do things. However, Brazil's experience with a targeted health scheme shows that targeting does not always work in the interests of the poor either. In Brazil, the national health system originally tried to target the poor, but found that richer people were still benefitting more from public resources. Now, the Brazilians are trying to implement a universal health scheme that will cover the rich and poor equally.

Insurance or general taxation: Although very successful in Thailand, the Universal Coverage Scheme is not a model that is being copied in many of the developing countries that have implemented new health schemes. Many of these countries, including Ghana, India, Vietnam, Indonesia, the Philippines, Kenya, Rwanda, and Mali, have chosen instead to implement health insurance schemes. It became clear at the Dialogue and at the PMAC conference that, in many countries, private insurers and private providers are now making profits from universal health schemes that are supposed to protect the poor from financial risks. It is likely that so-called "universal health coverage" systems in some countries are enabling private corporate firms to profit, especially so where the public health system is poor and where services and medicines are not regulated.

WIEGO International Coordinator Marty Chen with Neeramol Sutipannapong from HomeNet Thailand at the Dialogue. Neeramol represents Home-based Workers at the Bangkok Area Health Security Centre. Photograph: Neeranuch Wichaidist.

News snippets from our partners…

The April 2012 issue of the WIEGO MBO Newsletter reports that Malawi Union for the Informal Sector (MUFIS) organized a "sweeping" demonstration on World Women's Day (March 8th) in order to highlight the poor state of sanitation and waste management in one of Blantyre's main markets, Manase Market. For more on this story and to download the MBO newsletter, visit the following link:

http://library.constantcontact.com/download/get/file/1102011005007-77/WIEGO_MBO_Newsletter_April_2012_English.pdf

The heavy rains that came to Durban, South Africa with Cyclone Irene in March highlighted some of the difficulties urban informal traders face in securing safe and healthy work environments for themselves and their goods. WIEGO's partner organization, *Asiye eTafuleni* (Zulu for "all come to the table"), which works closely with traders in the Warwick Junction trading area, reports that the rains have had a particularly bad impact on the *imphepho* and lime markets. *Imphepho* is a dried herb that is burnt for ceremonial purposes; lime (the chalk, not the fruit!) is sold in the form of dried balls to be used as sunscreen and by traditional healers. The area in which these goods are sold in Warwick Junction is not well protected. There is bad drainage and very little shelter. When the rains hit Durban, the area was flooded – destroying the trader's goods and leaving unhealthy stagnant water behind.

Asiye eTafuleni is working with the *imphepho* and lime sellers and the Durban municipality to improve the infrastructure in this trading area. For the full story and more information on *Asiye eTafuleni's* work, visit http://www.aet.org.za/.

A step forward for the health of home-based workers in Thailand

The health of home-based workers will receive added attention in Thailand over the next three years. HomeNet Thailand, in collaboration with the Bureau of Occupational and Environmental Diseases, begins a pilot project that will look at integrating OHS into primary healthcare. Between 1997 and 2000, HomeNet Thailand was part of an alliance of social movements, which successfully pushed for free universal healthcare. In Thailand, the collection of 50,000 signatures or more allows groups to submit what is called a "People's Sector Law." The People's Sector Law on Universal Health Coverage (UC Law) was passed in 2002. After a short period where people paid small amount of money for healthcare (30 baht or less than a dollar), it has now become a wholly free service.

MUFIS members at their sweeping demonstration. Photograph courtesy of MUFIS.

Around 50 per cent of the population who use the UC Scheme are informal workers. These workers receive the same benefit package as the other groups who use the scheme – there is no focus on the specific health needs of workers. Two years ago, HomeNet Thailand began advocacy to incorporate a worker focus into the scheme, which included these demands:

- annual health check-ups for occupational groups with high work-related risks;
- a monitoring service and system for worker's health;
- and development of sector – or occupation – specific OHS schemes providing preventative, curative, and rehabilitative services to workers.

Careful and consistent negotiation and advocacy by HomeNet Thailand has meant that some of these demands will start being met during the pilot phase of the project. The pilot project will run in two provinces over the next three years, and will incorporate 335 primary care units. Some of the project's objectives include the following:

- to improve the capacity of primary care units to provide occupational health services, starting with home-based workers / industrial outworkers;
- to develop a database of occupational diseases and injuries amongst home-based workers / industrial outworkers;
- to establish a supervision, monitoring and evaluation system;
- and to develop and improve collaboration on OHS amongst health providers, local government, workers, and people in the community.

In our last OHS Newsletter (Newsletter 4, February 2012), we debated whether the integration of OHS into primary healthcare should be seen as a step forward for informal workers or whether it could take attention away from their rights as workers. There are few places in the world that provide practical examples, which can be used to test this debate. Brazil is one such place. Now it seems that Thailand will be the next. For this reason, it will be important to watch the developments in both of these countries closely and to encourage research on this topic.

WIEGO's Laura Alfers and Dr Grit Leetongin, Senior Managing Director of Health Promotion and Primary Care Funds at the Bangkok National Health Security Office, explaining the new OHS pilot project in Thailand to the delegates at the WIEGO/HomeNet Thailand Health Policy Dialogue. Photograph: Neeranuch Wichaidist.

National Planning Commission of India reports on OHS

The National Planning Commission of India announced in 2011 that OHS would be a priority area for the upcoming Twelfth Plan, which began this year and ends in 2017. Late in 2011, the Commission released a report of the Working Group on OHS, which lays the foundation for future work on upgrading OHS legislation and systems in India. The report says that, in terms of regulation, occupational health and safety for informal workers in the country is practically "non-existent." It recommends that OHS training for informal workers be incorporated into the mandate of existing OHS institutions such as the Factories Inspectorate and the Ministry of Agriculture.

It also recommends that OHS be integrated into India's new Social Security scheme for informal workers on a pilot basis. Workers would have to have a medical check-up every second year by doctors trained in occupational health. As an incentive, workers who comply would not have to pay their annual social security contributions. Health information on workers would be sent to a central database so that a better record of worker's diseases and injuries could be maintained.

It is interesting that India, unlike Brazil and Thailand, has decided not to go along the path of integrating OHS into the public health services, but have kept it within the ministries of labour and social security. It is another country to watch for us to watch closely then! The Self-Employed Women's Association (SEWA) will be represented on the Working Group on OHS for the Twelfth Plan, and we look forward to hearing from representatives about the progress made.

To download the full report, go to: http://planningcommission.nic.in/aboutus/committee/wrkgrp12/wg_occup_safety.pdf

Focus on pesticides: blurring the boundaries

Pesticides are chemicals that are used to kill pests. There are many different types of pesticides – almost as many as there are different types of pests. So, for example, insecticides kill insects, fungicides kill fungi and moulds, rodenticides kill rodents and so on. This means that pesticides can be used in many different ways and in many different settings.

Within the discipline of Occupational Health and Safety, the major concern with pesticides has usually been their use in agriculture, where they are used to protect crops from those pests that can cause crops damage. The chemicals do not only have a harmful effect on the insects. They can also be very dangerous to the health of the agricultural workers who apply them.

Poisonous pesticides floating into a residential area nearby a farm in the Western Cape, South Africa. Photograph: Leslie London.

So, protecting workers from exposure to pesticides is very important.

In South Africa, the University of Cape Town's Centre for Occupational and Environmental Health is changing the idea that the concern with pesticides from an OHS perspective should be limited to the protection of rural workers in agricultural settings. Andrea Rother's work, for example, describes the way in which harmful chemical substances have "crossed the boundary" between urban and rural environments and between the home and work environment. In her article *Falling Through the Regulatory Cracks: Street Selling of Pesticides and Poisoning among Urban Youth in South Africa,*[2] she shows that pesticides are being sold in Cape Town's urban areas – including in informal markets. Some of the pesticides found by Dr. Rother gave off such toxic fumes that the laboratory was unable to perform tests on them. The unregulated selling of these pesticides can cause harm to the vendors of the products as well as to the people who buy them and to their families. Young children, pregnant women, and the elderly are particularly vulnerable to poisonous substances in the home. This danger is made worse by the fact that the containers in which the pesticides are sold have no labels or instructions for safety.

According to Professor Leslie London, from UCT's Centre for Occupational and Environmental Health Research, toxic substances in homes are becoming more and more common. In his keynote address at the ICOH/GHS conference in Accra in October 2011[3], Professor London explained that the reasons for this spread included the expansion of the informal economy, an increase in the number of people working from their homes, and the fact that many homes and workplaces are close to one another. This means that the difference between "workplaces" and "home spaces" are becoming more and more blurred, and hazardous substances that were once only found in the workplace are now also commonly found in homes.

One of the problems with OHS as a discipline is its narrow focus on the health of workers in formal workplaces such as factories, mines, offices and shops. This work on pesticides shows how important it is that this focus widens. According to Professor London, one way in which this can be done is for OHS practitioners to adopt a "primary health care focus," which can include attention to health in the home as much as workplace. This would also include providing education about the dangers of these chemicals to workers, employers and the public. Andrea Rother argues too that there is a need in developing countries

A farm worker's home nearby an orchard that is sprayed with pesticides. Photograph: Leslie London.

[2] Rother, H-A. 2010. "Falling Through the Regulatory Cracks: Street Selling of Pesticides and Poisoning among Urban Youth in South Africa." International Journal of Occupational and Environmental Health, 16: 202-213.

[3] London, L. 2011. "Taking Toxins Home: Exposure pathways for hazardous materials." Keynote address to the Conference on Occupational Health in Small and Medium Scale Enterprises. October 2011: Accra.

like South Africa to ban highly toxic pesticides, particularly when less toxic substances are able to do the job just as well. Evidence from Sri Lanka has shown that the banning of the most toxic pesticides led to a reduction in death rates from suicide in the country,[4] while at the same time the ban had no impact on agricultural productivity.[5]

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OHS microsite as a resource: We will be developing the OHS microsite, which you can find on WIEGO's website at **www.wiego.org/ohs/**. We hope it will become a valued resource of information for people interested in and studying OHS for informal workers. Let us know what you would like to see there! Send us references and toolkits you know about!

[4] Manuweera, G, Eddleston M, Egodage S, Buckley, NA. 2008. "Do targeted bans of insecticides to prevent deaths from self-poisoning result in reduced agricultural output?" Environmental Health Perspective, 116(4):492-5.

[5] Fernando R, Hewagama M, Priyangika WD, Konradsen F, Eddleston M. 2007.Gunnell D "The impact of pesticide regulations on suicide in Sri Lanka." International Journal of Epidemiology, 36(6):1235-42.