WIEGO

PISAT

INSTITUTO DE SAÚDE COLETIVA - UFBA
SAÚDE IGUAL PARA TODOS

WIEGO Social Protection Programme
Occupational Health and Safety Research and Advocacy Project

Occupational Health and Safety Initiative for Informal Workers – The Case Study of Brazil

1st. WIEGO OHS Learning Meeting

Durban, May 2-6 2011

- **Coordinator: Vilma Santana**

- **Quantitative component:**

  Vilma Santana, Maria Juliana Moura, Eduardo Marinho

- **Qualitative component:**

  Jorge Iriart, Marina Lunas

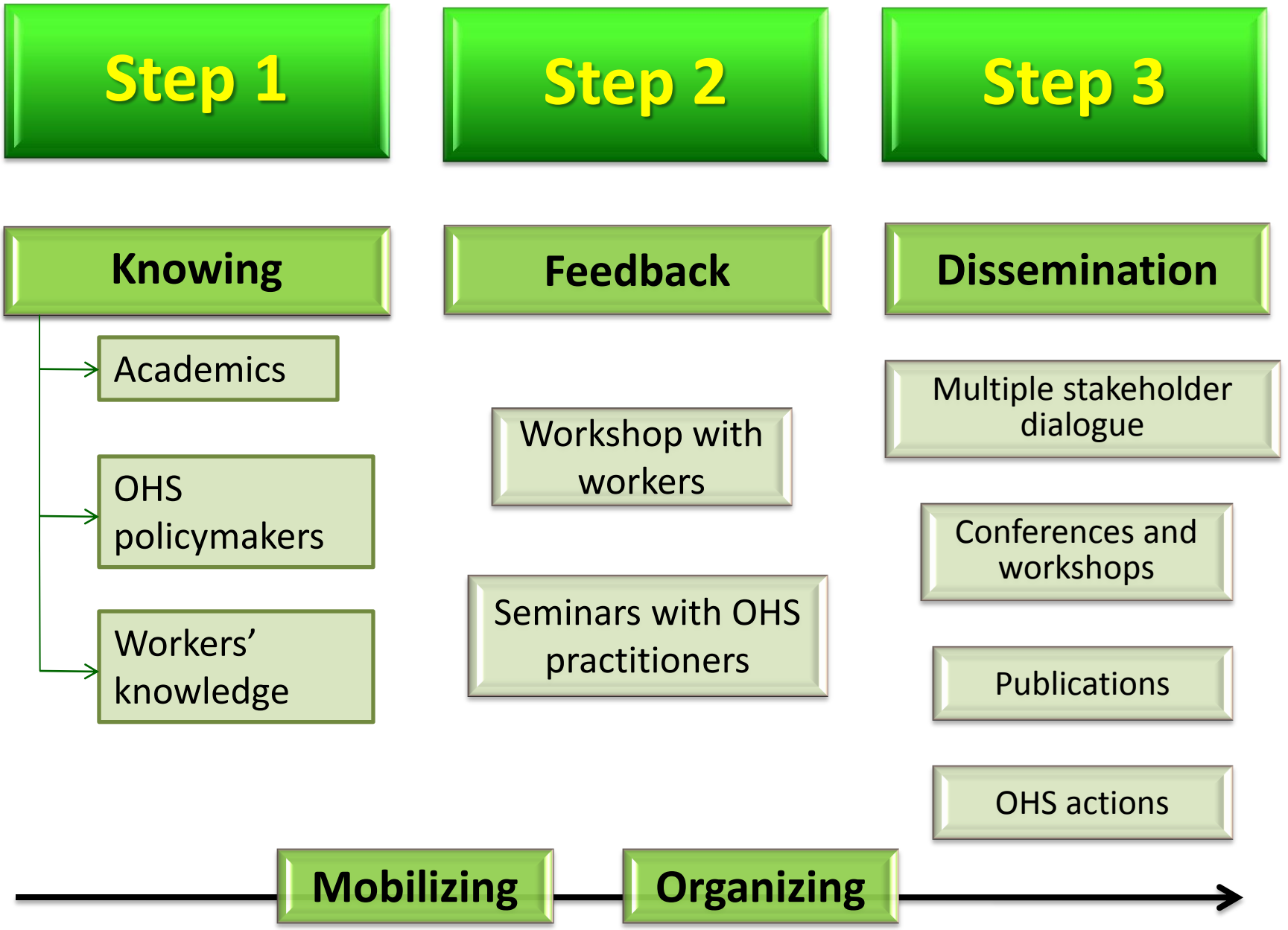
Here we are…

WIEGO – OHS Research and Advocacy Project

Purpose

- To develop actions intended to foster the promotion of **social protection policies** for informal workers, particularly women, and those from vulnerable groups

  - **emphasis on Occupational Health and Safety**


Step 1
Step 2
Step 3
Knowing
Feedback
Dissemination
Academics
OHS policymakers
Workers' knowledge
Workshop with workers
Seminars with OHS practitioners
Multiple stakeholder dialogue
Conferences and workshops
Publications
OHS actions
Mobilizing
Organizing

The Case Study of Brazil

Selected informal workers groups

- 1- Street vendors (Street Vendors Labor Union)
- 2- Recyclable waste pickers (24 cooperatives)
- 3- Domestic workers (Sindoméstico, Fenatrad)







Participant Organizations

OHS related institutions

Federal	Health Ministry Universal Health System, SUS Social Insurance Ministry Labor and Employment Ministry Public Ministry (Judiciary)
State	The State Workers' Health Center
Municipal	Municipal Workers' Health Referral Center (Salvador) Urban Public Services Authority

Academic institutions

Federal University of Bahia
State University of Campinas (S. Paulo)
Institute of Technological Education
ABRASCO (Public Health Association)

Specific objectives

Step 1

Knowing

1. The shape and size of Informal Workers (Paper 1);
2. Map of institutional resources for Informal Workers (Paper 2);
3. Annotated bibliography of recent research focusing risks, injuries and occupational health provision;
4. Focus Group Discussion (FGD) report;
5. Synthesis of research methods used in studies on OHS for informal workers (Paper 4);
6. Participatory research with street vendors (carnival and World Cup preparation).

Specific objectives

Step 2

Feedback

1. Workshops with informal workers organizations to discuss study findings;

Step 3

Dissemination

1. Presentation of findings and plan of actions to OHS authorities;
2. Publications – Final Report (Paper 1 and 2) and FGD report with guidelines and recommendations, Paper 4, newsletter, policy briefings, folders, and other advocacy materials;
3. Promotion of multiple stakeholders dialogue.

A reference group was recruited…

✓During the first contact, potential members were excited with OHS for informal workers;

✓But we did not succeed in have them involved in our scheduled meetings

✓Therefore, we decided to bring the issue in already existent participatory structures

WHAT HAVE WE DONE?








Step 1

Knowing

Actions undertaken

1. **Paper 1-** The size and shape of Informal Economy and Informal Workers in Brazil;
2. **Paper 2** – The OHS institutional analysis – the case of informal employment in Brazil;
3. **Final Paper (1 and 2)** - to be released in Portuguese.
4. **FGD report** – to be translated into English;
5. **Annotated bibliography** on OHS related to informal workers carried out in Brazil – to be published in the WIEGO website.

Step 1

Knowing

Actions undertaken

6. **MBO maps** – completed for street vendors and recyclable waste pickers.

   There is only one Labor Union (SINDOMÉSTICO) and one national federation of domestic workers (FENATRAD);

7. **Map of potential stakeholders or potential supporters** (Part of Paper 2 and Final Paper);

Step 2

Feedback

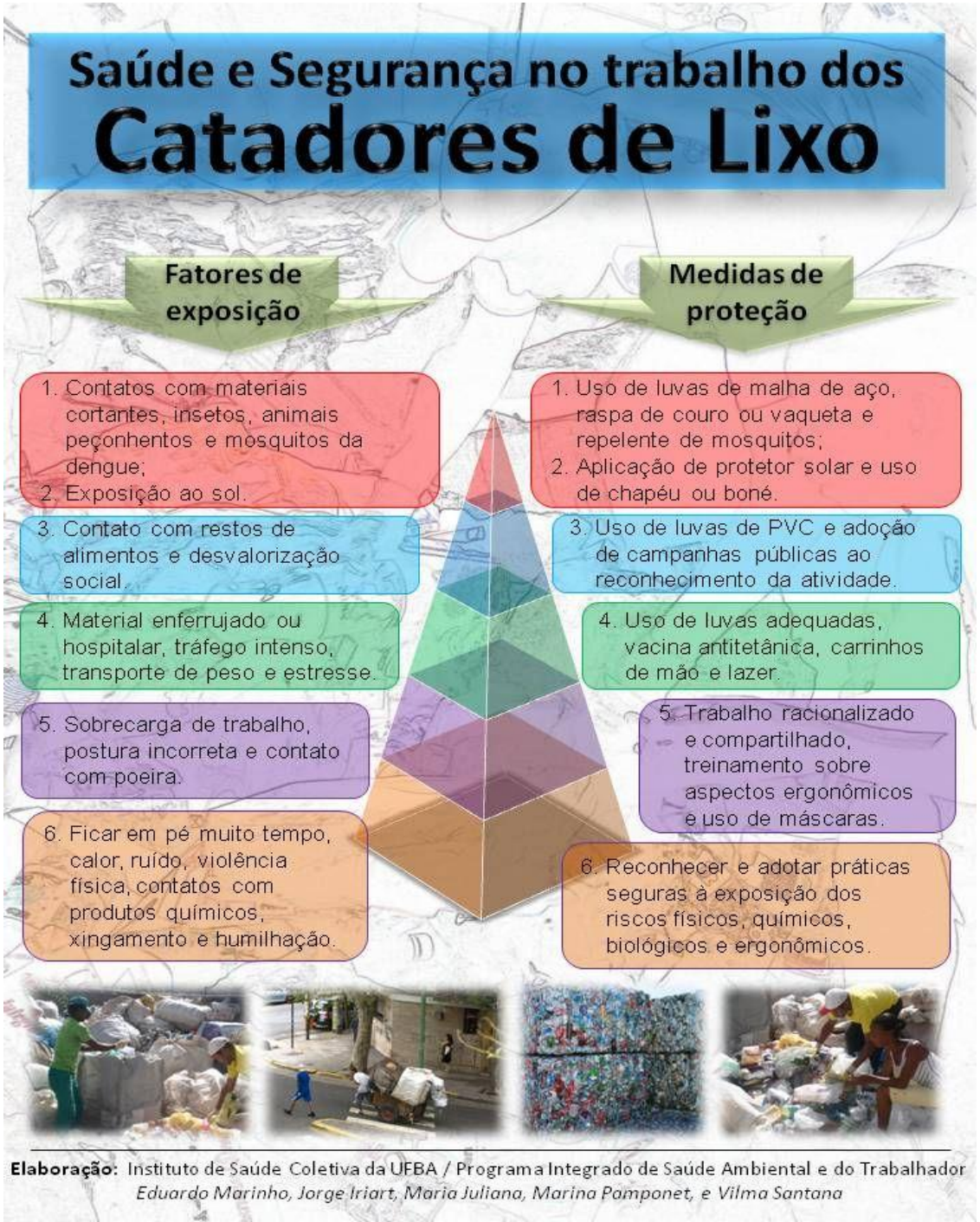
Actions undertaken

1. **Focal Group Discussions** with leaders from cooperatives, labor unions, and workers' associations were undertaken;
2. **Feedback workshops**
    1. Domestic workers (July/2010, Dec/2010);
    2. Street vendors (March/2011);
    3. RWPickers (Nov/2010)
3. **Visits** to municipality authorities to share study findings.

A feedback workshop with RWP workers was cancelled because of a violence-related incident.


REUZA

Poster prepared for OHS feedback to RWP Workers.



Poster prepared for Feedback to Domestic Workers.

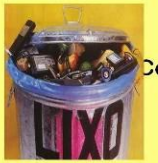
TRABALHO DOMÉSTICO

O que fazemos	Qual risco desse trabalho	O que pode causar	Como evitar
Relações interpessoais  	Humilhações, xingamentos, preconceito racial Pressão emocional Conduta abusiva que fira a dignidade, integridade física ou psíquica.	Assédio moral e sexual Baixa auto-estima, depressão, alcoolismo	Ter amigos e confidentes Conhecimento dos direitos - lei (art. 216-A, do Código Penal). Conscientização da vítima e do agressor(a). Identificação das ações e atitudes. Resgatar o respeito e a dignidade no trabalho. Acompanhamento de saúde
 Limpeza e arrumação de ambientes	Exposição a Carga mecânica de trabalho (carga e ritmo intenso e contínuo)	Lesões por esforços repetitivos	Informação sobre postura. Alongamento Ginástica laboral Acompanhamento de saúde
Preparo de alimentos 	Exposição a calor e substâncias quentes	Queimaduras	Usar EPI (calçados e luvas térmicas)
 Preparo de alimentos e atividades de jardinagem	Exposição e manuseio de objetos cortantes	Cortes(Acidente perfuro cortantes)	Usar EPI (luvas) Manejo seguro de facas durante corte de alimentos

Elaboração:
Instituto de Saúde Coletiva
Programa Integrado Saúde Trabalhador
Marina Pamponet, Maria Juliana Moura, Jorge Iriart, Vilma Santana e Eduardo Marinho

Poster prepared for Feedback to Domestic Workers.

TRABALHO DOMÉSTICO

O que fazemos	Qual risco desse trabalho	O que pode causar	Como evitar
A limpeza externa de janela com projeção do corpo para fora 	Trabalho desprotegido em altura	Queda Fraturas Traumatismo craniano	<u>Não realizar</u> Usar equipamento específico para limpeza, Treinamento para atividade.
 Higienização de ambientes 	Contato com líquidos e vapores químicos (produtos de limpeza) Contato com poeira	Intoxicações Problemas Respiratórios (Pneumonia Química) Doenças da pele (Dermatite química) Alergias	Usar EPI (calçados e luvas impermeáveis), Utilizar apenas produtos de uso doméstico, Cumprir sempre as recomendações dos rótulos Reduzir o tempo de exposição aos agentes químicos Garantir a ventilação do ambiente
 Contato com lixo e sanitários	Exposição a risco biológico (micróbios)	Infecções dermatites tuberculose hepatite e etc.	Usar EPI (calçados e luvas impermeáveis) Máscara se necessário Reduzir o tempo de exposição aos agentes biológicos
Limpeza e arrumação de móveis 	Esforço físico inadequado	Lombalgias (dor na coluna) Doenças de coluna	Não levantar carga cujo peso seja capaz de comprometer a sua saúde.

Elaboração:
Instituto de Saúde Coletiva
Programa Integrado Saúde Trabalhador
Marina Pamponet, Maria Juliana Moura, Jorge Iriart, Vilma Santana e Eduardo Marinho


WIEGO
Projeto WIEGO/UFBA –
Iniciativa em Saúde e Segurança para o
trabalhador informal


TRABALHO DOMÉSTICO
=
TRABALHO DECENTE


TRABALHO DOMÉSTICO
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Step 3

Dissemination

Incorporation of OHS-IW into the National Workers' Health Policy

Actions undertaken

1 . <u>Guidelines and recommendations</u>

Presented as contribution to the **National Workers' Health Policy,** currently under development (participatory process) (2009-2011).

2. **<u>Involvement of policymakers in the Project</u>**

Paper 2 was co-authored by policymakers from all institutions in charge of OHS in the country, and researchers already engaged in OHS-IW subject.

Labor and Employment Ministry

Fernando Donato Vasconcelos

Occupational Physician and Lawyer

National Executive Secretary of OHS

Health Ministry

Guilherme Netto

Physician and Epidemiologist

Director of Environmental and Workers Health

Roque Veiga

Economist

Budget and Funding Supervisor for Workers' Health

Jacinta de Fátima Sena

Secretary of Strategic Management and Social Participation

Social Insurance Ministry

Rogério Constanzi

General Coordinator of Insurance Studies

Inclusive Policies and Decent Work Program

Step 3

Dissemination

Promoting dialogue

Actions undertaken

3. **National multiple stakeholders dialogue workshop** (Gramado RGS, May 2010);

   Participants were OHS practitioners, academics, Health Ministry, Labor Ministry, Social Insurance Ministry, labor unions (During the National Occupational Medicine Conference).

4. **State and municipal multiple stakeholder workshop** (Salvador, Dec/2011)

   Participants were OHS practitioners and managers, policymakers, municipal authorities, labor unions.

1- State and municipal multiple stakeholders dialogue

Step 3

Dissemination

Sharing knowledge

Actions undertaken

1. OHS-IW contents have been presented and discussed in meetings with OHS practitioners.

   Aracaju, June 2010.

   Renast national meeting, July 2010).

   A national workshop on OHS-IW is planned for October 2011.

Step 3

Dissemination

Publications

1. Paper 2 – will be published as a Research Report (online) in Portuguese.

2. Articles to be published in scientific journals (from Paper 2)
   - "Health Information Systems and Workers' Health in Brazil" – under final review.
   - "The informal worker and Occupational Health and Safety institutions in Brazil"- under preparation.

Actions undertaken

Step 3

Dissemination

Other publications on OHS-IW

Actions undertaken

1. Book chapter –(2010)

   "Work and Health in the Americas". Aburto VB & Santana VS. Focusing social inequities and OHS with emphasis on informal workers. PAHO/WHO.

Santana and Ribeiro *Environmental Health* 2011, **10**(Suppl 1):S10
http://www.ehjournal.net/content/10/S1/S10

ENVIRONMENTAL HEALTH

PROCEEDINGS Open Access

Occupational cancer burden in developing countries and the problem of informal workers

Vilma Sousa Santana[1*], Fatima Sueli Neto Ribeiro[2]

From First Lorenzo Tomatis Conference on Environment and Cancer
Turin, Italy. 4-5 June 2009

Abstract

Most workplaces in developing countries are "informal", i.e. they are not regularly surveyed/inspected and laws for workers' protection are not implemented. Research on occupational risks in informal workplaces and the related cancer burden is needed. The results of studies addressing exposures among informal workers are difficult to generalize because of the specificities of social contexts, and study populations are small. The estimation of the burden of cancers attributable to occupational exposures is also made difficult by the fact that occupational cancers are usually clinically indistinguishable from those unrelated to occupation.

Article

According to WHO guidelines, cancer prevention requires information on morbidity and mortality, identification of the most relevant causes and risk factors, where carcinogens are, how individuals become exposed, which are the most vulnerable groups, and what works better to eliminate or reduce the number of exposed or exposure levels [1]. However, available health information remains a challenge in most countries, **particularly in African and Asian countries** [2]. For instance, a recent study on mortality information systems of all American countries shows that only 39.6% were considered as good, and no data was available for 16 countries [3]. Data on cancer morbidity are likely to be worse. In 2006, population-based cancer registries covered only 21% of the world population. Their quality and coverage were uneven across regions, with developing countries having a less favorable situation. Only 11% of the population were covered in Africa, 8% in Asia, while almost all inhabitants (99%) of North America could be reached by cancer registries [4]. Lack of reliable data is an obstacle to establish cancer prevention as a priority in public policies, particularly in poor regions.

It is well established that individual habits such as **smoking and alcohol consumption are major** contributors to cancer burden [1]. However workplaces continue to be a substantial source of carcinogen exposures [5], also including psychosocial stressors that can mediate exposure to relevant cancer risk factors such as smoking and alcohol consumption. The work environment could be of particular relevance in developing countries where cancer mortality is growing [2]. Enforcement of hazard control in workplaces is weak and workers organizations are not strong enough to ensure compliance with standards required for healthy and safe work environments. A study carried out in Brazil with firms undergoing labor inspections revealed that the great majority (92.9%) does not comply with safety norms, particularly collective preventive practices (71.4%) against hazards in the workplace [6] .

This situation can be aggravated in the informal economy where firms are out of State control, not reached by the enforcement of labor regulations concerning workers' health and safety. Informal economy is increasing in developed and developing countries, and can represent more than 60% of labor force, especially in rural areas [7]. Firms from the informal economy are usually non-registered small businesses and are not targeted by labor or health and safety inspections, commonly workers are not unionized, or are poorly organized, and have limited power to make pressure for

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CAPÍTULO 19

Trabajo y salud en la Región de las Américas

Víctor H. Borja-Aburto
Vilma Sousa Santana

Introducción

Durante las últimas tres décadas, todo el mundo, particularmente la Región de las Américas, ha sido afectado por la globalización y la reforma comercial. Aunque se les reconoce como las principales causas del crecimiento económico, éstas no han tenido un aumento comparable en la demanda de empleos, tal como lo indican el crecimiento del PIB, junto a las altas tasas de desempleo[1] y al crecimiento de la participación de formas de subempleo en los mercados laborales. La recesión económica del año 2008 reveló no sólo el fracaso de este modelo de "hacer negocios", sino también la función crucial que el Estado desempeña en cuanto a la reglamentación de la economía y la prestación de seguridad social y cobertura de salud a un número mayor de desempleados o trabajadores que se ven obligados a participar en la economía informal. En la Región de las Américas, la estructura y las características del mercado de trabajo son distintos en todos los países y las zonas, lo cual refleja la diversidad cultural y de tradiciones y, en particular, su desarrollo social, económico y político. También es pertinente la manera en que la reestructuración de los modos de producción y la reforma comercial se incorporaron a las políticas económicas. Estos procesos se han señalado como uno de los principales factores sociales determinantes de pobreza e inequidades sociales, como las condiciones de empleo y trabajo, que afectan no sólo la salud y el bienestar de los trabajadores, sino también a la sociedad en su conjunto.[2]

La protección social se define de varias formas, pero generalmente se entiende como una variedad de medidas encaminadas a promover ingresos básicos para las personas afectadas por cambios económicos desfavorables imprevistos, proteger el capital humano y garantizar la capacidad de participar eficazmente en la producción económica, o bien, proporcionar servicios básicos como atención de salud, educación y seguridad social.[3] Éstos son derechos humanos y sociales fundamentales y su cobertura universal, no sólo para los grupos necesitados, supone un desafío para la mayoría de los países de la Región. La protección social universal implica pactos de solidaridad y compromisos en los distintos niveles sociales desde el Estado hasta la sociedad, con el apoyo del poder político e instituciones políticas, dedicados a satisfacer con eficacia la necesidad de financiamiento y de otros recursos y capacidades.[4] El seguro social o la atención de salud se proporcionan con frecuencia a los trabajadores que contribuyen con impuestos específicos de forma bipartita o tripartita y, generalmente, se limita a aquellos que tienen trabajos formales, es decir, legalmente reconocidos y registrados como trabajadores asalariados o que trabajan por su cuenta. Así, no sorprende que la morbilidad y la mortalidad por enfermedades y lesiones relacionadas con el trabajo hayan aumentado en la Región y que los cálculos correspondientes sean mayores que en los países desarrollados.[5] Lo mismo ocurre en el caso de las enfermedades y los traumatismos no relacionados con el trabajo.[6] Por consiguiente, un importante reto para la protección social en la Región de las Américas estriba en cómo proporcionar protección social universal a las personas desempleadas que realizan trabajos informales o que participan en la economía informal y su amplia gama de modalidades laborales inferiores al promedio, tan comunes en toda la Región.

En este capítulo nuestro objetivo es resumir las características principales de las condiciones laborales, la cobertura de protección social y las inequidades de salud que afectan a los grupos más pobres que conforman la fuerza laboral, con lo cual se espera contribuir a que se cobre conciencia sobre la relevancia de este tema o asunto, lo que puede dar lugar a que se asigne mayor prioridad a la salud y las políticas sociales en toda la Región.

Step 3

Dissemination

OHS-IW actions

Actions undertaken

1. Prevention Programs

   Hearing Loss Prevention Campaign - for street vendors and RWP during Carnival 2011;

   Collaboration with the Health Education Program in Carnival 2011;

   Anti Hepatitis Vaccination Campaign – for *RWP cooperatives in collaboration with OHS – SUS services;*

Step 3

Dissemination

OHS-IW actions

Actions undertaken

2. Special Health Care Programs

Dance and Body Awareness Program – classes provided by a UFBA dance student (Naranda Souto) to improve stress management skills.

Mental Health Program *provided by SUS to RWP and domestic workers (to better coping with sexual violence, harassment, domestic violence and substance abuse).*

4.000 folders

1.000 ear plugs

Delivered during Carnival 2011

As part of our WIEGO Project

A collaboration with the City of Salvador Health Municipal Secretary

And the Workers Health Referral Center

Street vendor using ear plugs delivered by our Hearing Loss Prevention Campaign.

Step 3

Dissemination

OHS-IW actions

Actions undertaken

3. **OHS education for IW**

   OHS included in the Manual used for street vendors training who were registered by the municipality for Carnival (app. 4.000 workers);

4. **OHS-IW information**

   Type of job (Formal x Informal) incorporated into official OHS statistics.

5. **OHS-IW in contents of courses**

Universidade Federal da Bahia - UFBA

Centro Colaborador
Vigilância dos Acidentes de Trabalho

ABRIL/ 2011 – Edição nº1, ano I

BOLETIM EPIDEMIOLÓGICO ACIDENTES DE TRABALHO FATAIS

INFORME DO CENTRO COLABORADOR UFBA/ISC/PISAT – MS/DSAST/CGSAT

Acidentes de Trabalho fatais no Brasil 2000 – 2010

Óbitos por Acidentes de Trabalho caem em todo País

Baseando-se em dados divulgados pelo Instituto Nacional de Seguro Social (INSS) para trabalhadores segurados entre 2000 e 2007, verifica-se que o número de óbitos por acidente de trabalho (AT) decresceu nesse período, passando de 3.094 óbitos em 2000 para 2.804 em 2007, queda de 9,3%. Isso ocorreu tanto para os homens (8,2%) como entre as mulheres (25,1%).

O coeficiente de mortalidade por acidentes de trabalho, CM-AT, também chamado de taxa de mortalidade anual, se reduziu (42,9%) caindo de 17,5x100.000 para 10,0x100.000 trabalhadores segurados (Figura 1). Entre os homens, este declínio foi de 24,6x100.000 para 15,1x100.000

Figura 1: Coeficiente de mortalidade anual de acidentes de trabalho (CM) (x100.000), por ano, específico por sexo, entre trabalhadores segurados da Previdência Social. Brasil, 2000-2007

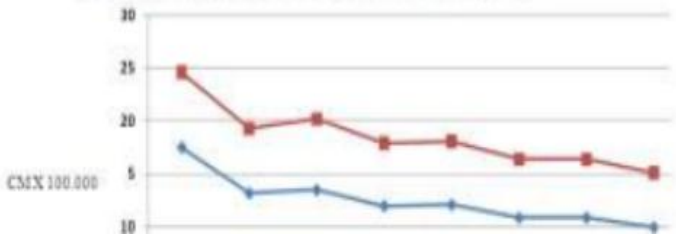

Tabela 2. Distribuição dos óbitos por acidente de trabalho de acordo com o vínculo de trabalho, registrados no SINAN, 2008-2010. Brasil

Variáveis	Tipo de vínculo de trabalho			
	Informal		Formal	
	N	%	N	%
Sexo				
Masculino	711	95,6	1.601	92,5
Feminino	33	4,4	129	7,5
Faixa etária (anos)				
10-19	30	4,1	77	4,5
20-29	146	19,7	526	30,6
30-39	492	66,5	1.028	57,7
>59	72	9,7	90	5,2
Ramo de atividade econômica				
Agricultura	11	8,7	51	8,7
Indústria da transformação	16	12,6	161	27,6
Construção	34	26,8	84	14,4
Comércio	30	23,6	103	17,6
Transporte	21	16,5	68	11,6
Serviços	11	8,7	85	14,5
Educação	3	2,4	22	3,8
Saúde	1	0,8	10	1,7
Mecanismo do acidente				
Com envolvimento de veículo	302	43,3	729	44,6
Quedas	94	13,5	149	9,2
Impacto c/ objetos em movimento	33	4,7	67	4,1
Esmagamento	1	0,1	30	1,8
Tentativa de homicídio	32	4,6	79	4,8
Ferramentas	13	1,9	44	2,7
Explosões/fogo/fumaça	11	1,6	57	3,5
Mordida/picada animais	5	0,7	4	0,2
Afogamento	2	0,3	12	0,7
Eletrocussão	56	8,0	97	6,0
Outras	149	21,3	365	22,3

Fonte: SINAN.

Main problems and challenges – and why they are difficult?

Organizing

Not a strong achievement

Domestic workers are already organized, have strong knowledge about their work conditions, OHS hazards, and what they need.

Their priorities are labor rights such as being a formal wage worker (only 30% have registered job contracts), and occupational training.

Have limited free time to engage in other activities.

A dance/body awareness program was provided but attendance was poor.

Main problems and challenges – and why they are difficult?

Street vendors – many labor organizations, worker groups fights, awareness of OHS hazards focus violence from municipal ordinances (very common).

Health education programs focused only in the safety of produce or consumers not in the workers' own safety. There is resistance from authorities to change this paradigm.

Need to work with urban planning authorities.
Carnival – opportunities to work. Already started (Manual, Support facilities for families, children, etc. Coca Cola settled a Program in 2011).

Main problems and challenges – and why they are difficult?

RWP – strong labor organizations, many cooperatives, clear and consistent awareness of OHS hazards, and what they need.

No much clear knowledge about the role of SUS for OHS and how to achieve better health care access or special programs focusing their health needs.

What are the main obstacles to OHS reform in your country?

The OHS reform regarding informal workers coverage **is already under effect**

After the dictatorship, leftwing parties and the social movement manage to include in the new Constitution of 1988,

In health, education and social security as

"**a citizens right and a State duty**"

ensuring these as public services for all, or of **universal coverage (free for all)**

OHS for all workers is provided by the SUS

through a network of services (RENAST) that covers app 82% of the labor force in the entire country

integrated to primary health care (Family Health Program and Community Health Agents Program) ***- under implementation***

based on a participatory decision process (local, state and national councils, interinstitutional commissions, and three national summits).

Fonte: PISAT/ISC/UFBA, CC-Colaborador MS/CG-SAT, 2010

N= 190 Workers' Health Referral Center

Legenda: ▲Cerest estadual ●Cerest regional ■Cerest municipal

Final assembly CNST III

There are many programs intends to incorporate informal workers into the INSS:

- incentives to micro entrepreneurs became contributors (1 million in April/2011);

- domestic workers can be individual contributors at low rates;

- taxes deduction for employers who register domestic work contracts

- Increment of formal employment opportunities
  - increased around 1% a year since 1999.
  - Informal workers reduced from 51 to 43% in 2010, Census).

Main pitfalls

OHS is not a priority for workers

OHS is not a priority in health policies

OHS practitioners not always receptive to informal workers needs (industrial safety and hygiene paradigm)

Lack of tradition to work with informal workers

Lack knowledge and tools to work with OHS-IW

Prejudice (social, occupational, racial?)

Informal workers are underrepresented in OHS statistics surveillance and prevention programs

Summary of future plans

- To promote multiple dialogue workshops between SUS/OHS practitioners, policymakers and informal workers;

- To support increased participation of informal workers in the participatory process of OHS planning and management (Commissions, etc.)

- Help providing OHS information for informal workers separately
  - show the real size of the problem and the impact on health services and inequities on access.

Future plans

- Development of practicum resources for OHS to be used in PHC actions;

  -check list for workplaces hazards (Eduardo Marinho doctoral thesis);

  - training of PHC staff (Family Health Program and Health Community Agents Program) to address informal workers OHS needs.


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05


by Micha Empty

Thank you!

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