Report of Working Groups

Young Workers and Child Labour

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Final Report of ICOH Working Group on Young Workers and Child Labor

Co-Chairs Marilyn Fingerhut and Susan Gunn (ILO/IPEC)

Board Members Tsuyoshi Kawakami, Claudio Taboadela, and Sheng Wang are members of the Working Group.

The Working Group has 5 charges:
1) Make recommendations on ICOH actions regarding young workers and child labour.
2) Serve as a liaison with the ILO child labor activities.
3) Examine research and policy on the occupational health dimension of youth employment and child labour.
4) Produce a concise position paper on occupational health aspects of young workers and child labour.
5) Preparation of a practical guide for occupational health services about protecting young workers from work-related injuries and illnesses and adequately dealing with child labour issues.

Summary of Actions:

The Working Group, in concert with others, has acted on all five charges. The existence of the Working Group itself has been an important factor in promoting collaboration among key institutions in this field, for example between ILO and NIOSH which share the chairmanship of this committee, and the Joint WHO/ILO Technical Committee on Protecting Young Workers. This collaboration has served to stimulate joint activities, one notable result of which is the inclusion of wording related to young workers and child labor in World Health Assembly Resolution 64.27 Child Injury Prevention that was endorsed in May 2011 by the Health Ministers of the WHO member states. A second example is the joint sponsorship by WHO, ILO, NIOSH, and USDOL of a conference in 2011 in Washington DC in connection with World Day Against Child Labour, the theme of which was hazardous work of children and adolescents. With this foundation now in place, the Working Group will be seeking to advance its agenda in new directions (e.g. inclusion of OSH in school curricula) and encourage the involvement of new members (e.g. EU-OSHA) through meetings at ICOH2012 in Cancun.

Details:

1) Make recommendations on ICOH actions regarding young workers and child labour.

Concerned about the high rate of workplace injuries among young workers compared with adults, and encouraged by this Working Group, ICOH, IEA and IOHA presented a Joint Statement to the World Health Assembly (WHA) Executive Board in May, 2010. The statement called for actions to reduce injuries by raising awareness and addressing health risks to working youth. The wording was introduced by the Health Ministers of the United States and Brazil in May 2011 into the World Health Assembly Resolution 64.27 Child Injury Prevention, which was endorsed in May 2011 by the Health Ministers of the WHO member states. Access the Resolution at http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R27-en.pdf.
The wording in the WHA64.27 Child Injury Prevention Resolution includes reference to ILO Conventions C182 (Worst Forms of Child Labor) and C138 (Minimum Age Requirement) in the listing of Conventions to remind the Member States of their existing commitments. In the paragraph calling for plans of action, the wording includes a reminder to take actions to prevent child labor and to set requirements for legal adolescent employment. In the paragraph calling for awareness-raising, there is a reminder to include employers and to address workplace hazards.

ICOH/IEA and IOHA have offered assistance to the WHO Injury and Violence Technical Group to identify guidance, tools, information and practices that would be useful to countries in implementing this Resolution.

2) Serve as a liaison with ILO child labor activities.

Susan Gunn of the International Programme for the Elimination of Child Labour is Co-Chair of this ICOH Working Group.

During 2009, a Joint WHO/ILO Technical Group on Protecting Young Workers was formed to facilitate communication between OSH experts and child labor project managers. Health is central to the very definition of child labor since children may work so long as the work and conditions in which it takes place is not harmful to them or impedes their education. Therefore, since identification of hazards and reduction of workplace risks is crucial to making of work legal and safe for adolescents of employable age, youth employment and child labor projects require assistance from specialists in the design and periodically during implementation of their work.

The ICOH Working Group on Young Workers and Child Labor has collaborated with the WHO/ILO Joint Technical Group in several way, one of which is the World Day Against Child Labour consultation in June 2011 in Washington DC, entitled “Creating Safe Futures: Workshop on Good Practices to protect children and youth from hazardous work”, the aim of which was to provide an opportunity for child labor project managers to share outstanding examples and good practice in reducing risks to young workers. The organizing committee for this event included ILO, WHO, NIOSH and the U.S. Department of Labor (DOL). This initiative has stimulated further consultation among participants, a report of the meeting, and recommendations for future work. One example of these is:

- The Working Group Chairs, the WHO/ILO Joint Technical Committee, NIOSH and some WHO Collaborating Center Network CCs are working with partners in the EU and elsewhere to identify existing school curricula that might be modified and utilized in countries everywhere to teach students the ‘life skill’ of working safely.

3) Examine research and policy on the occupational health dimension of youth employment and child labour.

There are three outputs under this category:

a. With assistance of Working Group members, IPEC conducted a review of literature on health effects of work on young people under the age of 18. This is being published in an updatable format so that it will remain current as new
research comes available. This served as the background document for two major conferences.

b. To further strengthen this work, a “community of practice” was set up by IPEC with over 100 members from throughout the world to share information on hazardous child labour. The community of practice has been subsequently used to promote research, policy, knowledge-sharing and problem-solving. Two examples are:

- the Pakistan occupational safety and health institute posted a concern about a high number of amputations being observed among youth in remote agricultural areas. This led to a series of problem-solving postings from other members.
- a medical doctor in Nepal, posted a query about psycho-social effects of child labour which prompted other members to share research methods and results.

c. A global consultation on OSH research and policy took place in January 2011 in Turin, Italy under the direction of IPEC with input from members of the Working Group. This consultation examined research gaps and policy requirements in the following areas (inter alia):

- estimating the “global burden” on health due to hazardous child labour
- determining psycho-social effects of work on young people
- research to support employers in reducing risks to young workers
- research to support policy-makers in establishing or revising the national hazardous child labour lists

4) Produce a concise position paper on occupational health aspects of young workers and child labour

Based on the comprehensive review of research relating to workplace risks and inputs from the conferences noted above, IPEC produced two documents (available in Spanish, English, and French):

a. a 100 page analytical report on hazardous child labour, “Children in hazardous work - What we know, what we need to do”; access it at: http://www.ilo.org/ipecinfo/product/viewProduct.do?productId=17035

b. a compilation of good practices (still in the process of publication), “Towards the Elimination of Hazardous Work by Children: Practices with Good Potential”

Working Group members were instrumental in the peer review of these documents prior to publication.

5. Preparation of a practical guide for occupational health services about protecting young workers from work-related injuries and illnesses and adequately dealing with child labour issues

There are three initiatives under this category:

a. Brazil serves as an excellent model for not only how health services can be used as a way to identify and document the extent of health incidents due child labour, but also scaling up this system to national level. To date, over 50,000 frontline health practitioners have been trained to recognize children’s occupational injuries and illnesses, but the model is now being replicated in neighboring countries (Paraguay, Uruguay, Argentina). The model is
described in a document: “Using the Health Sector to Reach Children in Hazardous Work: Experience from Brazil”).

b. To further explore this model and promote its expansion, a delegation consisting of the persons responsible for establishing the policy to support the model, the data management system, and the online training course were invited as lead speakers in the good practices conference noted above.

c. With assistance from Working Group members, starting with the Turin research meeting, this model is now being used as the framework for a four-country project pilot project to test the model in developing country settings.