



International Commission on Occupational Health - ICOH
Commission Internationale de la Santé au Travail - CIST

Founded in 1906 as Permanent Commission



ICOH Statement on Protecting the Occupational Safety and Health of Migrant Workers

Approved by the ICOH Board on 27 May 2022

Observing that globally, it is estimated that the number of people living outside of their country of origin reached 281 million in 2020, approximately the size of the entire population of Indonesia, the world’s fourth most populous country. Most of these migrants come from low and middle-income countries to high-income countries. Currently, 65% of migrants live in high-income countries [[UN International Migration 2020 Highlights](#)].

Emphasizing that the primary drive of those migrants when migrating voluntarily is work, and to find better opportunities to increase their income and provide for their families often left behind in their home countries. Those who are forced to migrate due to war, other violence, or climate change immediately seek means of income to sustain themselves through a perilous process as currently evidenced in the war in Ukraine and not too long ago in Syria and Venezuela.

Realizing that unfortunately, migrant workers are globally known to predominantly be working in “4-D jobs”— dirty, dangerous, and difficult and *discriminatory*; the fourth D was recently added to acknowledge the discrimination and other social determinants of health ([Social Determinants of Health | CDC](#)) migrant workers face in their host country while exposed to physically precarious work. Consequently, migrant workers are at considerable risk of work-related illnesses and injury but their health needs are critically overlooked in research and policy [Hargreaves, et al 2019; [Occupational health outcomes among international migrant workers: a systematic review and meta-analysis - PubMed \(nih.gov\)](#)].

Recognizing the UN Universal Declaration of Human Rights declaring “Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to



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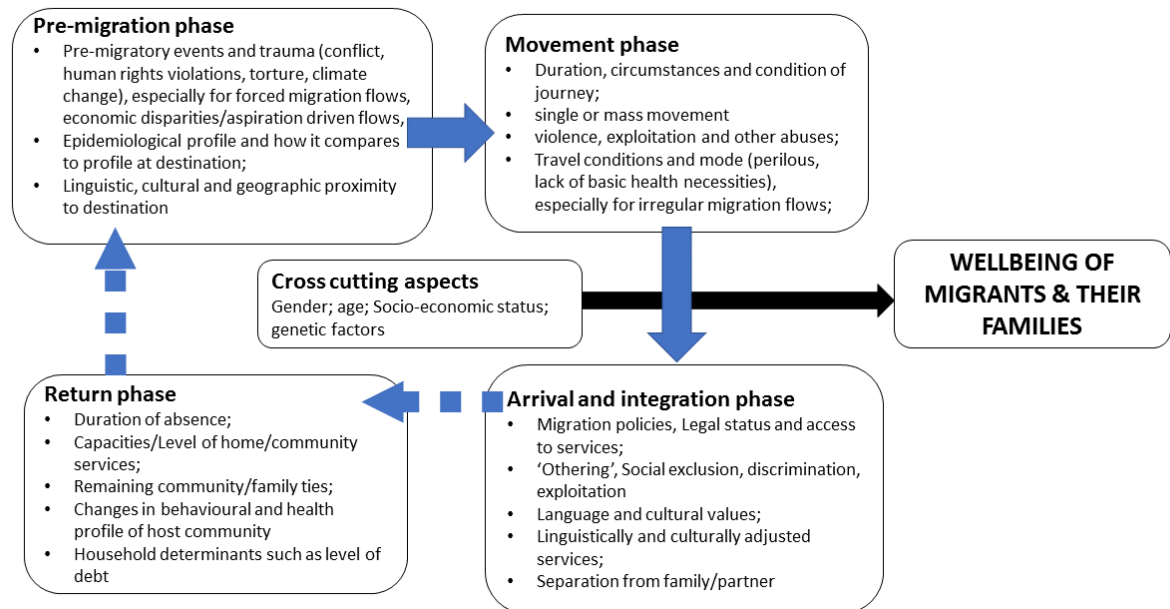
protection against unemployment” (Article 23), we cannot consider any human life – thus, the life of migrant workers – as dispensable through a structural discriminatory process that undervalues their occupational safety and health, livelihood and the contribution these workers bring to their host countries. This was clearly seen during the preparation for the upcoming world cup in Qatar where migrant workers were exposed to a multiplicity of serious hazards including deadly heat hazards [<https://www.theguardian.com/global-development/2021/feb/23/revealed-migrant-worker-deaths-qatar-fifa-world-cup-2022>] and where we need to confirm that monetary payment does not give any one person, employer or country the right to impose forced labor or exploitation as a form of modern slavery [<https://www.ilo.org/global/topics/forced-labour/lang--en/index.htm>].

The International Commission on Occupational Health (ICOH) states the following:

1. Occupational health and safety experts should acknowledge the duty to provide the skills, knowledge and evidence-based science needed to identify and prevent work-related conditions and to support social inclusion, diversity, and social justice by closing the health disparities in vulnerable migrant working populations. To achieve this we suggest the provision of basic occupational health services (BOHS), acknowledgement of employer and employee responsibilities and improvement of the working conditions of “4-D jobs”, often lacking in hosting countries for migrant workers. These efforts will contribute to ultimately guaranteeing healthy, dignifying and productive workplaces contributing to the societies that embrace them and to the future of decent work.
2. ICOH recommends the creation of a permanent high-level global committee specifically focused on “Occupational Health for Migrant Workers” to take effective actions by promoting a preventive culture considering occupational health as a human right for all workers, with a specific focus on the most vulnerable working populations, such as migrant workers. These actions and interventions should consider all the phases of migration as described by the



International Organization of Migration with public health perspectives and a sensitivity about political climates:



[<https://www.iom.int>]

3. Researchers should align investigational efforts, combine data sets and support efforts to create effective interventions with the best available data utilizing the precautionary principle. The requisite outreach and coordination to develop active and passive surveillance systems to identify risk and document outcomes should be designed in concert with unions, worker defense organizations and employers. Without data on what is happening no one can know the truth of ongoing damage to migrant workers or whether interventions are effective.

4. We exhort the creation of an independent measurement of the effectiveness of the policy changes that generate a precedent, build scientific evidence, emphasize enforcement, identify ways to engage migrants themselves, and encourage a preventive culture in occupational



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health for migrant workers. To these ends we call for the formation of a think tank of experts who can conduct qualitative and quantitative research on the implementation and dissemination of concrete preventive programs in occupational healthcare delivery, with the dynamism to guarantee opportunities of continuous improvement adapted to current and future global geopolitical situations.