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Statement by
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Commission on Population and Development
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Health, morbidity, mortality and development

Mr. Chair,

Among the global population of 6.9 billion, half are economically active¹ spending at least a third of their day working. Safety and health at work therefore, are important elements within a broader framework of health, morbidity, mortality and development. The statistics are daunting. Occupational accidents and diseases cause great human suffering and loss. The ILO estimates (based on the data of 2003) indicate that each year about 358,000 fatalities occur in the world and that 1.95 million persons die from work-related diseases. The number of deaths caused by hazardous chemicals alone is estimated at 651,000. The overall annual rate of occupational fatal and non-fatal accidents is estimated at 337 million and some 160 million workers suffer from work-related diseases. While annual rates of such injuries and diseases are declining slowly in most industrialized countries, they are on the increase in developing countries.

Against this grim picture of safety and health at the workplace and in particular since the articulation of the Decent Work Agenda in 2001, it has become obvious that there is a global need to increase the awareness of and to enhance action on occupational safety and health concerns. The ILO has intensified its efforts in improving the global occupational safety and health situation as well as in enhancing the relevance and impact of existing occupational safety and health-related tools and actions. The adoption of the Global Strategy on Occupational Safety and Health in 2003 and the development and adoption of the Promotional Framework for Occupational Safety and Health Convention, (No. 187) in 2006 responded to this need.

The ILO's Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) aims at improving the occupational safety and health situation globally by motivating decision-makers and policy planners among the constituents, in government agencies and social partner organizations, to commit to improving the national occupational safety and health system through the development and implementation of national policies and action programmes in line with ILO standards. The fostering and promotion of a preventative safety and health culture is a key for improving occupational safety and health performance in the long term.

¹ ILO. Economically Active Population Estimates and Projections (5th edition, revision 2009). <http://laborsta.ilo.org/STP/guest>

Mr. Chair,

Turning more specifically to the issue of health at work, we must recognize that the combination of climate change, economic and financial crises, natural disasters and health epidemics, are reinforcing negative developments. All affect the health and well being of workers and their families, impact labour markets, particularly those characterized by high levels of informality and unemployment and result in decreasing economic growth. These developments require an integrated response that seeks to address both immediate and structural needs. This is the basis behind the UN Social Protection Floor Initiative that is being led by the ILO and WHO. While virtually all countries have introduced some mechanism for providing health services to the poor, health systems in the poorest countries are often heavily underfunded. The missing funds are frequently generated through out-of-pocket payments from those that are already poor and create high barriers to access health services. Based on the ILO Access Deficit Indicator it can be assumed that more than one third of the world's population has no access to health services when in need due to the absence of the health work force – and most of them are the poor living in poor countries and working in the informal economy.

Effective access to health services requires that a set of basic criteria is met. It includes first of all affordability of health services and that refers particularly to the absence financial barriers to access health services. Further, services should be available and this requires particularly a health work force that works under decent working conditions to be able to provide quality services. Finally, financial protection should be provided to ensure the absence of catastrophic health care cost and income support.

Mr. Chair,

In conclusion, we recall that the Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948, recognizes the right of all people to just and favourable conditions of work. Also, as former UN Secretary-General Mr. Kofi Annan said in 1997, "Safety and health of workers is a part and parcel of human security. As the lead United Nations agency for the protection of workers' rights, the ILO has been at the forefront of advocacy and activism in promoting safety and health at work. Safe work is not only sound economic policy, it is a basic human right."

The protection of the worker against sickness, disease and injury arising out of his or her employment, being both a labour and a fundamental human right, is one of the main objectives of the ILO as stated in its Constitution. The right to decent, safe and healthy working conditions and environment, has been a central issue for the ILO since its creation in 1919, was reaffirmed in the 1944 Declaration of Philadelphia and in the 2008 ILO Declaration on Social Justice for a Fair Globalization. The ILO remains ready to work with our partners in the UN system and with member states to improve health, morbidity, mortality and development outcomes for working women and men and we trust the Commission will reflect the importance of occupational safety and health in its conclusions.

I thank you.