

Public Services International

Health services from Congress 2007 to Congress 2012

Threats to the health sector and the PSI response: 2008-2012

Worldwide, health service workers and their trade union affiliates face challenges to their employment conditions, experience poor working environments, and suffer risks to their health. The pressures due to the current global economic context have benefited privatization in the health sector, constrained public health budgets and public sector wages, created worker shortages, increased the casualization of health sector work, and made health worker migration both more attractive and more difficult. At the same time, health sector workers cope daily with risks to their health and well-being from hazards that are particular to the health workplace, such as HIV/AIDS and other bloodborne pathogens, and violence.

Congress recognized these challenges already in 2007 and set a broad Health services agenda, outlining the following seven objectives¹:-

1. Assist workers in the health sector to form trade unions and to bargain collectively
2. Assist affiliates to improve funding and staffing levels in the health care sector
3. Assist affiliates to develop national plans to achieve decent working conditions
4. Provide affiliates with the relevant information to effectively challenge privatisation and contracting out
5. Strengthen affiliates' capacity to engage with employers in order to protect health workers from occupational health and safety threats
6. Strengthen affiliates' capacity to respond to the increasing threat of HIV and AIDS, malaria and tuberculosis in the workplace
7. Coordinate the exchange of information and best practice to strengthen international solidarity

To meet these objectives, a number of activities were intensified or initiated under the guidance of the Health Services Task Force who met on 12-14 May, 2008; 27-29 May, 2009; and 14-16 February 2011.

At the outset, PSI developed the work programme "Quality Health Services Campaign (2008-2012)" to include a workplace strategy to protect health workers, strengthen unions and achieve quality health services.

In the course of re-launching the global Quality Public Services campaign in 2010-2011, it became apparent at PSI that the health of workers in *all* sectors of public services – not only the health sector – is under threat from global economic pressures and persistent deterioration in the employment and working conditions of public service work.

Moreover, protection of the occupational health and safety of workers, which had made visible gains until the global recession, is now clearly under threat. In the new economic calculus,

¹ Resolution No. 2 PSI Global Policy and Strategic Objectives: 2008-2012; Section (3) Health Service Workers.

occupational health and safety of workers is perceived as a superfluous benefit which is expendable, and against which employers can make savings to their balance sheet.

It was therefore decided to intensify and broaden action to protect the occupational health and safety of workers.

Broadening the objectives for occupational health and safety to public services workers in other sectors also makes it possible to increase collaboration with the Council of Global Unions and the other Global Union Federations on occupational health matters.

The work programme was re-cast to reflect the evolving situation and the inclusion of all workers in public services under three objectives:-

- Making health workers healthy workers;
- Making health services better workplaces;
- Striving for quality health services for all workers and users.

The three objectives made it possible also to stress the priority focus determined by the Executive Board in 2009 on 1) Public Sector Funding for Quality Public Services; 2) Precarious Work in Public Services; and 3) Privatization of Public Services in the context of health services.

Making health workers healthy workers

To address the daily risks to the health and well-being of health workers from hazards that are particular to the health workplace, such as HIV/AIDS and other bloodborne pathogens, PSI intensified its occupational health and safety campaign on the **prevention** and the **management** of needlestick injuries and bloodborne pathogens (Hepatitis, HIV/AIDS).

Prevention can be achieved through campaigns promoting vaccination as in the case of Hepatitis B and through campaigns to switch to safety-engineered injecting devices to protect against all bloodborne pathogens.

Policies for the prevention and management of health risks in the health sector are also critical; they help to inform and educate trade union members; establish procedures to prevent injuries; and institute mechanisms for management of injuries, as well as provide for the introduction and adoption of new technologies.

In regard to vaccination, PSI health sector affiliates continued the campaign for the systematic vaccination of health care workers against Hepatitis B, in collaboration with the World Health Organization.

As to safety-engineered devices, good results started in Nigeria in 2008, when all hospitals adopted the use of retractable syringes². In the Democratic Republic of Congo, the nurses' union SOLSICO also reached an agreement in 2008 with the government that only retractable syringes could be imported into the country, although follow-up implementation has now to be

² *Government of Nigeria, National Agency for Food and Drug Administration and Control: Procurement of Automatic Retractable Syringes to End the Medical Transmission of Blood Borne Pathogens in Health Care Settings, Lagos, 9 December 2008.*

documented³. In 2010, affiliates took significant steps to improve the health of health service workers through further positive action taken on the use of retractable syringes to reduce needlestick injuries, notably in Mali and Chad.

At PSI Head Office, the **DVD “SHARP SENSE”** to highlight the prevention of needlestick injuries; the benefits of retractable syringes; and the importance of access to HIV post-exposure prophylaxis was ready for worldwide distribution in early 2011, together with a 28-page trilingual “Discussion guide”. “SHARP SENSE” and the guide will be used by affiliates as tools to inform and train worldwide; it is being initially distributed in three language versions: English, French and Brazilian Portuguese. The German language version is planned, and a Spanish language version is to follow shortly.

A Needlestick Injury Prevention Panel Side event at Congress 2012 will involve the major health care workers who contributed their stories in the filming of “SHARP SENSE”. The purpose is to launch a discussion on the benefits of disclosure to combat stigma and discrimination and to ensure appropriate access to treatment by health care workers

Policy approaches were pursued at regional and international level.

At the regional level, PSI coordinated a three-year project (March 2008 - March 2011) to strengthen public sector trade union response to HIV and AIDS in 11 countries of southern Africa (Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe). An external evaluation conducted in late 2010 and early 2011 concluded that the project had been highly successful. A follow-up project is being designed for 2012 onward.

In Europe in 2010, the agreement on prevention from sharps injuries in the hospital and healthcare sector signed by the European Federation of Public Service Unions (EPSU) and the European Hospital and Healthcare Employers’ Association (HOSPEEM) on 17 July 2009 was adopted as a European Council Directive.

At the international level, PSI participated in the **Joint ILO/WHO Tripartite Working Party of Experts on Occupational Health and HIV/AIDS for Health Service Workers** held on 6-9 July 2010, where PSI contributed a trade union perspective to the review and validation of the Joint ILO-WHO “*Policy guidelines on improving health worker access to HIV and TB prevention, treatment, care and support services*” launched in November, 2010. These important guidelines are now part of PSI’s toolbox to assist affiliates in protecting and promoting the rights, working conditions and health of health services workers globally.

Making health services better workplaces

The shift of both central healthcare services and, especially, peripheral health services (cleaning, laundry, waste, and laboratory) to the private sector through privatization or outsourcing is worsening both employment and working conditions of health service workers. Furthermore, the deterioration of public services and the increase in efficiency-driven staff shortages in private or outsourced services result in overwork that fosters tension, stress and violence.

³ *Gouvernement de la République Démocratique du Congo, Ministère de la Santé Publique: Arrêté Ministériel N°1250/CAN/MIN/SP/022/AQ/2007 Portant Normalisation des Seringues à Usage Médical, Kinshasa, 5 January 2008.*

To create tools to confront trends to privatization and outsourcing, PSI commissioned a meta-analysis of efficiency losses and gains due to the privatization of health services from PSIRU in late 2010. The research report: “*A structured analysis of costs/benefits and efficiency changes resulting from privatization of health services*” was completed in September 2011. PSI is producing materials to assist affiliates to challenge privatization and contracting out on the basis of the robust evidence advanced by the research analysis.

To confront the problem of health workplace violence, PSI was a major sponsor of the **Second International Conference on Violence in the Health Sector: from Awareness to Sustainable Action** held in Amsterdam in October, 2010. PSI affiliate members from Bulgaria, the Czech Republic, Fiji, India and Mauritius participated in the conference. The same members were invited to attend the 2011 Health Services Task Force Meeting and presented national perspectives on violence in the health sector.

PSI is a Supporting Organization for the Third International Conference on Violence in the Health Sector to be held on 24-26 October 2012 in Vancouver, Canada. As **PSI is also a member of the Organization Committee**, PSI sought to ensure a programme addition in 2012 on conditions of health care delivery in zones of conflict, or outside traditional healthcare structures. Little attention had been given to these issues in the first two international conferences of 2008 and 2010, whose focus was on violence within health care institutions.

In view of **PSI’s special interest in the surplus risks faced by public service workers** - in emergencies and disasters, emergency service, healthcare, water and energy workers risk their health and lives on the frontlines in the service of their communities daily - PSI sought a keynote speaker to focus on the dangers that health care workers face in providing services in zones of conflict and other emergencies, whether due to human or environmental hazards. One can conclude on the basis of recent research conducted by the ICRC that this area now needs to be squarely addressed at the Conference on Violence in 2012. New findings should be available at Congress in November 2012.

A study of the health issues for health workers engaged in precarious employment was launched and a first draft of the analysis “*Health of precarious health workers: issues, concerns and options*” was completed in September 2011. The analysis will be used to draft pamphlets on the damage to workers’ health due to precarious employment status, and the risk of the damage being passed on to the patients of precarious health workers in the form of deterioration of patient care. Also, a worked draft of the original analysis will be submitted to ILO/ACTRAV’s *International Journal of Labour Research*, for a special issue on *Precarious work* to appear after the ILO/ACTRAV Symposium on Precarious work of 4-7 October 2011.

Striving for quality health services for all workers and users

A project to develop a web-based **reference site of international standards and norms for occupational health and safety** was launched in 2011. This multi-year project is being carried out in three phases.

- First, creation a data base of ILO Recommendations and Conventions, Codes of practice and Guidelines, and WHO resolutions and guidelines on occupational health and safety marked by intelligent language simplification and user-friendliness. This first phase includes a matrix of the countries having ratified each of the ILO standards.

- Second, integration of information from reports and surveys of countries that have ratified (Article 22 of the ILO Constitution) and not ratified (Article 19 of the ILO Constitution) the ILO standards from ILO records.
- Third, inclusion of national information on the application of laws and policies that implement international standards and guidelines.

This project is being developed in conjunction with the development of the new PSI website, and will be squarely embedded and accessible from the Health pages to affiliates worldwide.

Programme of work for 2013-2017

Among other, unforeseen themes and topics of work that will arise, PSI proposes to carry out 7 major activities designed to address the issues of health risks to health workers; the employment and working conditions of health sector workers; and the occupational health and safety of all public service workers.

• Making health workers healthy workers

1. A new multi-year project to address HIV and AIDS is planned for Southern Africa, based on the Road Map provided by the Global Action Plan for ILO's HIV and AIDS Recommendation, 2010 (200) to guide work on the following objectives, to:
 - seek to increase voluntary testing and counselling activities of unions;
 - encourage the broader development of the creation and/or adoption of union policies on HIV and AIDS;
 - encourage unions to develop, road-test, and establish working networks and systems of access to HIV and AIDS services;
 - assist unions in the development toward universality of HIV and AIDS workplace policies founded on rights-based collective bargaining agreements that include a clear HIV/AIDS component; and
 - encourage unions toward participation in proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Collaboration with the other GUFs will be sought in the region.

• Making health services better workplaces

2. A multi-year survey of health sector salaries, in conjunction with the Amsterdam Institute for Advanced Labour Studies, by means of their on-line tool "WageIndicator".
3. A trial of the "HEALTHWISE" tool developed by ILO and WHO:

"Health WISE is a participatory methodology adapted by WHO and ILO for the health sector based on the ILO Work Improvement in Small Enterprises (WISE) tool to assist health care organizations in improving working conditions and workplace safety. Health WISE is based on six fundamental principles: Build on local practice; Focus on achievements; Link working conditions with other management goals; Use learning-by-doing; Encourage exchange of experience; and Promote involvement of staff."

http://www.who.int/occupational_health/publications/newsletter/newsletter_18_global_issues/en/index3.html
4. Work to design empowerment training and tools to build on the work to establish an evidence base on the costs and benefits of privatization and outsourcing, to
 - 1) assist health service workers in combating privatization and outsourcing, and

- 2) promote quality health services through development of sustainable worker-initiated savings and efficiency campaigns.

- **Striving for quality health services for all workers and users**

5. Full realization of the project for the development of a web-based **reference site of international standards and norms for occupational health and safety**, whose three phases require a multi-year investment in resources.
6. An analysis of Collective Bargaining instruments that have successfully included clauses to protect and improve the occupational health and safety of public service workers (“good practices”) to be prepared along with training materials in advance of a PSI strategy meeting for affiliates to develop opportunities for inclusion of occupational health and safety in collective bargaining instruments. An important possible partner could be the Global Network of WHO Collaborating Centres for Occupational Health, whose 2009-2012 Workplan already includes the objective to incorporate workers’ health into non-health policies and projects (Global Plan of Action Objective 5 of 5).
7. A multi-year symposium series launched in late 2011 entitled “The FORUM & FEDERATION symposia on workers’ health” is to continue in partnership with the NGO Forum for Health, a Geneva-based association of 30 nongovernmental organizations focused on global health and development issues:

“The purpose of this series of symposia is to draw attention to the health of workers globally. The great majority of adults in the world work, whether in the formal economy or informally – daily work for income and family support is one of the most important shared experiences of adults in all regions and cultures. Worldwide, workers’ health is adult health.

The health of workers is important for household income, national domestic product, and the global economy. There is much at stake in keeping workers healthy. Yet workers are subjected to risks and sources of ill-health from which they are unevenly protected across countries and levels of national income. “

The symposia are designed to include key partners in the United Nations system, national governments and civil society whenever possible, in order to bring trade union perspectives to the attention of the international community. FORUM & FEDERATION symposia in the pipeline include:-

- **The prevention of occupational sources of noncommunicable diseases: a needed addition to the WHO Action Plan for a Global Strategy for the Prevention and Control of Noncommunicable diseases**

Partners: WHO’s Department of Public Health and Environment; ILO’s Programme on Safety and Health at Work and the Environment (SAFEWORK); and West African Health Sector Unions Network (WAHSUN)

- **Workers with disabilities**

Partners: WHO’s Department of Violence and Injury Prevention and Disability (2011 WHO/World Bank’s *World report on disability*); ILO’s Skills and Employability Department (EMP/SKILLS) (2011 *Achieving equal employment opportunities for persons with disabilities through legislation (online ILO guide)*). See also http://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_140958.pdf; United Nations Department of Economic and Social Affairs (DESA), Division for Social Policy and Development, Social Integration Branch, *Enable Programme*; Handicap International

- **Workers faced with violence in emergencies and conflicts**

Partners: ICRC (“*Health care in danger*”); Global health workforce alliance (GHWA); The Office of the United Nations High Commissioner for Refugees (UNHCR); *Médecins sans Frontières* (JAMA. 2011;306(5):475-476. doi: 10.1001/jama.2011.1091 “*Human Rights Report Details Violence Against Health Care Workers in Bahrain*”); ITUC: <http://www.ituc-csi.org/bahrain-s-anti-union-repression.html>