International Organizations as Drivers of Change in Occupational Health

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Abstract

This chapter presents the background, mandate, and reason for existence of international occupational health organizations and the role they play as drivers of change. The main focus is on the International Labour Organization (ILO) and the World Health Organization (WHO) because they are intergovernmental and thus more influential than nongovernmental organizations. International occupational health organizations have played important roles in the struggle for peace and social justice for more than 100 years. Today they face dilemmas and problems, including silo-thinking and insufficient funding, but there are also reasons for optimism, such as growing political recognition of decent work and occupational health. The recent suggestion to make occupational safety and health one of ILO's fundamental principles and rights at work is potentially

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very promising for the future of international occupational health organizations as drivers of change.

Keywords

International organizations · Work · Health · Occupational health · Multilateral system · United Nations · ILO · WHO

Introduction

Upstream determinants of occupational health are the business of most UN agencies as well as other international and regional organizations. To narrow down the scope, this chapter only discusses organizations with an explicit focus on occupational health. In the multilateral system, the most prominent of those are the International Labour Organization (ILO) and the World Health Organization (WHO). Although other organizations figure in the chapter, focus is mainly on the ILO and the WHO.

The chapter is based on secondary sources complemented by material from the international organizations themselves. Due to the scarcity of solid research on the role of international organizations in the area of occupational health, the chapter rests to a considerable extent on primary sources or secondary literature.

The first two sections of the chapter describe features and history of the main international occupational health organizations. The third and fourth sections present challenges and dilemmas facing the organizations as well as reasons for optimism. The chapter ends with a summary.

International Organizations as Drivers of Change

International Organizations in the Field of Occupational Health

There are two UN agencies with an explicit mandate to work with occupational health: the International Labour Organization (ILO) and the World Health Organization (WHO). In Table 1, the WHO has been categorized as intergovernmental organization, whereas the ILO has been categorized as both intergovernmental and nongovernmental. This is due to the tripartite setup of the ILO (explained below). The International Social Security Association (ISSA) and the International Commission of Occupational Health (ICOH) are nongovernmental.

The International Labour Organization

The ILO was founded in 1919 and became a specialized agency to the United Nations in 1946. It has a mandate to deal with labor and social policy, and in 2019 it had 187 member states. The ILO has a secretariat in Geneva, Switzerland, the International Labour Office, and field offices in more than 40 countries.

Table 1 Four key international organizations in the area of occupational health

Name	Founding year	Intergovernmental organisation	Nongovernmental organisation	Members
ICOH	1906			Occupational health professionals, institutes and national associations, health and medical associations
ILO	1919			Governments, employers and workers with equal representation in the Governing Body and the International Labour Conference
ISSA	1927			Social security institutions
WHO	1948			Governments represented in the World Health Assembly

Occupational safety and health is coordinated from the Labour Administration, Labour Inspection and Occupational Safety and Health Branch.

ILO has two features distinguishing it from other UN agencies. First, the "tripartite" structure, which means that it is governed by ILO's three constituents: governments, employers', and workers' organizations. Despite this, the budget system is similar to other UN organizations and fully paid by governments. Policy making takes place during the annual International Labour Conference and the meetings of the governing body. Second, the core activity is standard setting. International labor standards are legal instruments drawn up and adopted by the ILO's constituents, setting out basic principles and rights at work. They consist of conventions, which are legally binding international treaties, and recommendations, which are non-binding guidelines. Countries that ratify conventions must apply them in national legislation and report on their application at regular intervals. ILO assists member countries in the application of standards and in taking steps toward ratification of conventions. In 2019, there were 189 ILO conventions and 205 ILO recommendations. Tripartite committees regularly issue other codes and guidelines. In addition, a number of declarations have been adopted.

Occupational safety and health experts in the regional offices and at headquarters guide and assist member countries to promote safety and health at the workplace. They help governments respond to consequences of gaps in occupational health protection and establish a preventive culture in labor policy (Swepston 2018). They also contribute to broader issues affecting health-related human rights, such as violence at work, vulnerable workers, and social insurance (Ibid.). In addition, they take initiatives beyond traditional workplace measures, such as coordinating the latest Globally Harmonized System of Classification and Labelling of Chemicals (Takala, personal communication 2019). Knowledge dissemination is another area of activity, including four consecutive editions of the ILO Encyclopaedia of Occupational Health and Safety and a Masters course in Occupational Health at ILO's International Training Centre in Turin, Italy, 2016–2017 (Swepston 2018).

Nearly half of ILO's labor standards deal directly or indirectly with safety and health. Of those, more than 40 conventions and recommendations deal specifically with occupational safety and health (ILO 2019a). The conventions can be classified in four groups (ILO, 2019b, p.16): a. Dealing with fundamental principles and governance of occupational safety and health; b. Encompassing general principles and outcomes (such as those relating to management of occupational safety and health, labour inspection and welfare facilities); c. Related to specific risks (such as ionizing radiation, asbestos and chemicals); d. Related to specific sectors or branches of work activity (such as agriculture, constructing and mining). The conventions dealing with fundamental principles and governance of occupational safety and health are:

- Occupational Safety and Health Convention, 1981, No. 155 (67 ratifications in 2019)
- Occupational Health Services Convention, 1985, No. 161 (33 ratifications in 2019)
- Promotional Framework for Occupational Safety and Health Convention, 2006, No. 187 (46 ratifications in 2019)
- Labour Inspection Convention, 1947, No. 81 (148 ratifications in 2019)

The World Health Organization

The WHO is a specialized agency of the United Nations dealing with international public health. It was established in 1948 and is headquartered in Geneva, Switzerland. Its predecessor, the Health Organization, was (just like the ILO) an agency of the League of Nations. According to the WHO, every person has the right to health, which is defined as a state of complete physical and mental well-being and not only absence of disease and infirmity. The constitution defines the goal of the organization as "the attainment by all people of the highest possible level of health." WHO decision-making takes place in the annual World Health Assembly.

Within the WHO, occupational health is placed in the public health section. It has merged with environmental issues in the unit Social and Environmental Determinants of Health. According to the director of public health (Neira 2019), the workplace is the setting of ". . .many WHO global health initiatives on environment, and climate change, non-communicable diseases, mental health, tuberculosis, HIV and other communicable diseases."

Several hundred collaborating centers around the world, including research institutes and universities, assist the WHO in carrying out the organization's programs. Some of those are WHO collaborating centers for occupational health.

The International Social Security Association

The ISSA, founded in 1927, had more than 330 member organizations in 158 countries in 2019. The organization supports its members in social security administrations through guidelines, services, and support, including prevention of occupational injuries and diseases. ISSA's member institutions collaborate with the ILO in organizing the World Congress on Safety and Health at Work every 3 years.

Another initiative is the "Vision Zero campaign" which aims at integrating safety, health, and well-being at all levels of work in an effort to prevent occupational accidents and disease.

The International Commission of Occupational Health

The ICOH was founded in 1906 in Milan, Italy, by Canadian and European occupational health scientists and physicians. It is a professional association of occupational health experts, national safety and health institutes, as well as health and medical associations. The aim of ICOH is to promote worldwide research on occupational diseases and disseminate available knowledge to the scientific community, physicians, practitioners, employers, and workers. For example, many professional bodies use ICOH's ethical principles and related guidelines. Every 3 years, ICOH holds a large world congress, and at regular intervals, 35 scientific committees in various fields of occupational health research organize smaller conferences and expert meetings. Several ICOH initiatives have been adopted by the Joint ILO/WHO Committee on Occupational Health, such as the elimination of silicosis and of asbestos-related diseases (Takala, personal communication 2019).

The Origins: From Social Peace to Decent Work

Social unrest and concern about workers' health and safety caused international occupational health organizations to emerge in the early 1900s. This section briefly describes their emergence and evolution. For ease of reference, the section has been divided into three periods of time.

1900 - World War II: – The Beginning of International Occupational Health Organizations

In the early twentieth century, growing concerns about workers' health and safety led nations to introduce regulatory control and enforcement. New infrastructure for occupational health emerged, as well as a range of specializations in areas such as regulation, engineering, labor administration, and social insurance. In the sciences, specializations developed in occupational medicine and hygiene.

In 1906, scientists and physicians in Canada and 11 European countries founded the **International Commission on Occupational Health** (ICOH). The aim of the organization was to promote research on occupational diseases worldwide and disseminate occupational health knowledge to the scientific community, to physicians and practitioners, as well as to employers and workers. A major driver to establish ICOH was the loss of many workers in building the tunnels under the Alps that connect countries south of the Alps with Central Europe. When the ILO was founded, ICOH argued that it should have a strong emphasis on occupational health and safety.

In 1919, the **International Labour Organization** (ILO) was founded as an agency of the League of Nations through the Treaty of Versailles. The constitution

of the ILO says that universal and lasting peace can only be established if it is based upon social justice and that occupational health is an important part of this:

"…conditions of labour exist involving such injustice, hardship and privation to large numbers of people as to produce unrest so great that the peace and harmony of the world are imperilled; and an improvement of those conditions is urgently required: as, for example, by the regulation of the hours of work, including the establishment of a maximum working day and week, the regulation of the labour supply, the prevention of unemployment, the provision of an adequate living wage, *the protection of the worker against sickness, disease and injury arising out of his employment*, the protection of children, young persons and women, provision for old age and injury, protection of the interests of workers when employed in countries other than their own, recognition of the principle of freedom of association, the organisation of vocational and technical education and other measures…"(from the preamble of the ILO Constitution, 1919. Italic inserted by author)

At the beginning, the ILO approached occupational health problems as purely technical issues (Swepston 2018), and focus was on standard setting and scientific activities (ILO 2019a). The ILO established international conventions that would stimulate action to reduce occupational health risks neglected in many national legislations (LaDou 2003). When addressing dangerous substances and processes, the ILO disseminated knowledge from more developed to less developed economies, where dangerous materials tend to be used long after they are regulated and forbidden in industrialized countries (Swepston 2018). In the 1930s, the first ILO Encyclopaedia of Occupational Health and Safety was issued.

In 1927 a third international organization emerged: the **International Social Security Association** (ISSA). The roots of ISSA can be found in mutual insurance as a response to illness, unemployment, disability, and old age among nineteenth-century European industrial workers.

Post-World War II 1989: Emerging and Increasingly Influential International Occupational Health Organizations

Social peace and poverty alleviation were high on the agenda during the reconstruction of war-torn countries after the World War II. In 1944, the ILO members adopted the Declaration of Philadelphia, outlining the key principles for future ILO work. The Declaration stresses the importance of fighting poverty for sustained peace: "…poverty anywhere constitutes a danger to prosperity everywhere; … the war against want requires to be carried on with unrelenting vigour within each nation, and by continuous and concerted international effort…" After the establishment of the **United Nations** in 1945, ILO became a specialized UN agency in 1946.

In 1948, yet another specialized UN agency was formed: the **World Health Organization, WHO**. The constitution of the WHO includes references to occupational health. Priorities during the first years included the control of malaria, tuberculosis, and sexually transmitted infections, as well as improvement of maternal and child health, nutrition, and environmental hygiene.

Occupational health was thus on the agenda of the ILO as well as the WHO. Following a recommendation in the first World Health Assembly, the Joint ILO/

WHO Committee on Occupational Health was set up. In 1950, the first meeting of this committee was organized. In the post-World War period, ILO activities in the field of occupational health were characterized by standard setting and guidance. Due to the overlap between the ILO and the WHO, the ILO abandoned strictly medical aspects, focusing instead on prevention and the combination of safety and health in one program (ILO 2019a).

The post-World War II period was also a time of decolonization. The Declaration of Philadelphia, from 1944, contains two much quoted principles: "labour is not a commodity" and "all human beings, irrespective of race, creed or sex, have the right to pursue both their material well-being and their spiritual development in conditions of freedom and dignity, of economic security and equal opportunity." There was rapid growth of members in the UN system, and ILO membership grew from the original 45 countries in 1919 to 121 countries in 1971, and by then developed countries had become a minority (ILO 2019b).

In 1969, on its 50th anniversary, the ILO was awarded the Nobel Peace Prize.

Until about 1960, ILO conventions in the field of occupational safety and health were detailed, narrow in scope, and focused on safety and protection. From 1970 they began to focus more on prevention and deal more broadly with health as well as safety. Rather than seeking to adapt the workplace to workers, focus was now on protecting workers from hazards in the workplace (Swepston 2018). Another novelty was that governments and the ILO adopted a "systems approach" to deal with occupational safety and health. This meant that occupational safety and health was no longer seen only as a matter for governments, employers, and trade unions but also as a public health concern. Implied in this thinking was the need to develop a culture of safety and health at work as well as elsewhere. The paradigm shift culminated in the 1980s with the Occupational Safety and Health Convention, 1981 (No. 155), which calls for a dynamic, policy-based approach to occupational safety and health prevention, covering all workplaces and all risks. At the same time, psychological and psychosocial aspects of work gained attention, leading to discussions, research, and policy making related to occupational stress, psychosocial hazards, workload, and work organization (Rantanen 2011).

Another feature of occupational safety and health activities at the ILO were programs to build up capacities and capabilities in developing countries, concentrating on factories inspectorates and the establishment of safety and health institutes (Takala, personal communication 2019).

1990s–2019: Struggle for Relevance in a Globalizing World

The post-Cold War era was characterized by growing hegemony of neoliberal economics and preoccupation with global inequalities. In order to remain influential, international occupational health organizations had to reinvent their role.

In the 1990s, health and working conditions figured in the debates about whether, and if so how, a "social clause" should be included in the international trade system. In 1996, the World Trade Organization was established. To the disappointment of some, the WTO did not get a mandate to negotiate sanction-led enforcement of labor standards. To compensate, the ILO launched two new initiatives: the Decent Work

Agenda and the Declaration on Fundamental Principles and Rights at Work (hereafter the 1998 Declaration). The purpose of both was to renew the organization and respond to the adverse consequences of globalization.

The Decent Work Agenda was launched in 1999 to raise the profile of the ILO, to make Decent Work a strategic international goal, and to promote fair globalization. Decent Work, promoting "opportunities for women and men to obtain decent and productive work, in conditions of freedom, equality, security and human dignity," became the guiding concept in reinventing the ILO. It was reiterated and expanded upon in the 2008 Declaration on Social Justice for a Fair Globalization and has gained popularity also in other organizations over the years.

The 1998 Declaration introduced a new approach. It selected eight "fundamental conventions" (or "core conventions" or "core labor standards"), together covering the following four principles:

1. Freedom of association and the effective recognition of the right to collective bargaining
2. The elimination of forced or compulsory labor
3. The abolition of child labor
4. The elimination of discrimination in respect of employment and occupation

According to the 1998 Declaration, all member states, regardless if they have ratified the fundamental conventions or not, are obliged to respect, promote, and realize the *four principles*. A consequence of this new focus on principles was a turn of the organization toward "soft law." Another was that a few selected conventions from then on received more attention than the others did. It has been debated whether this turn of the ILO was beneficial or not, a discussion we will return to later in the chapter.

Parallel to the initiatives to reinvent and promote the ILO, a number of activities were launched to raise awareness about occupational health and place it on the international policy agenda. In 1994, the WHO collaborating centers in occupational health adopted the Declaration on occupational health for all. The purpose was to make health at work a priority issue. In 2003, the ILO adopted a global strategy on occupational safety and health, including a World Day for Safety and Health at Work, the first of which was held on 28 April 2003.

Yet another promotional initiative was the World Congress on Safety and Health at Work, organized by the ILO in collaboration with ISSA every 3 years to raise the visibility of ILO and occupational safety and health. At the 2008 World Congress, the Seoul Declaration was adopted, calling for a preventative safety and health culture. At the 2011 World Congress, the Istanbul Declaration was adopted, calling for a healthy and safe working environment as a fundamental human right as well as a societal responsibility.

Content wise, the ILO has continued with the systems approach of occupational safety and health, resulting in the ILO guidelines on safety and health management systems (ILO-OSH 2001) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). Focus in the WHO, according to

the Workers' Health: Global Plan of Action 2008–2017 (WHO, 2007), is interventions and occupational health services for the primary prevention of occupational and work-related diseases and injuries, particularly for workers in the informal sector, agriculture, small enterprises, and migrant workers. There are also efforts to assess the disease burden attributable to occupational risks (WHO 2018a).

In 2019, ILO's Global Commission on the Future of Work suggested a Universal Labour Guarantee, allowing fundamental workers' rights and a set of basic working conditions, including safe and healthy workplaces to all workers (ILO 2019b). This Commission was set up in 2017 to commemorate the 100th anniversary of the ILO. It also suggested that occupational safety and health should be added to the 1998 Declaration as a fundamental principle and right at work. This suggestion was picked up and included in the draft text for an ILO Centenary Declaration, circulated before the 108th session of the International Labour Conference in June 2019 (ILO 2019c, p. 7). The proposal became the most contended and discussed issue during the discussion about the Centenary Declaration (ILO 2019d). The workers' group was in favor; the employers' group was against. Government representatives were divided in the issue, with some being hesitant and others, notably the EU, strongly in favor. In the end a compromise was found in the words "Safe and healthy working conditions are fundamental to decent work" (ILO 2019e). However, the battle to elevate occupational health to a core labor standard seems not yet to have been lost. A resolution adopted at the same time as the Centenary Declaration requests the governing body to: ". . .consider, as soon as possible, proposals for including safe and health working conditions in the ILO's framework of fundamental principles and rights at work" (ILO 2019f).

Dilemmas and Challenges

Critics have asked why not more is being done to prevent occupational accidents and diseases considering the substantial economic losses they cause the global economy (Takala et al. 2014, 2017). Others (Lucchini and London 2014; LaDou et al. 2018) question the capacity of the WHO and the ILO to protect workers' health, considering the weak coverage of occupational safety and health legislation in many countries and high number of workers exposed to risks. This section takes a closer look at some of the circumstances that complicate the work of international occupational health organizations.

The Enforcement of Labor Standards

International law is per definition difficult to enforce and ILO's labor standards are no exception. Countries that do not ratify ILO's conventions are of course not bound by them, and only a fraction of the ILO member states have ratified the core occupational safety and health conventions. Nations that ratify and subsequently do not respect the conventions will only be "named and shamed" in the supervisory system as there is no system for sanctions. Critics suggest that this "lack of teeth" limits the usefulness of

ILO standard setting, whereas its defenders claim that the system works well (Hughes and Haworth 2011; Swepston 2018; Tapiola 2018).

Soft Versus Hard Law

The WHO does not formulate legal instruments, with the exception of the Framework Convention on Tobacco Control. Instead, the WHO promotes ideas through resolutions in the World Health Assembly. ILO's shift in focus from traditional labor standard setting to a more promotional "soft law" approach with the 1998 Declaration set off a debate between those in favor and those against. Hughes and Haworth (2011) discuss this debate and call those in favor of "the ILO school" and those against "the Strategic Misdirection School."

The ILO School defends the turn from hard to soft law, arguing that the ILO needed this renewal and that all hard law has started as aims, claims, and resolutions, including the 1948 Universal Declaration of Human Rights, which is the foundation of all subsequent human rights law (Hughes and Haworth 2011; Tapiola 2018). Philip Alston (2004), one of the critics in the Strategic Misdirection School, argues that ILO's shift to soft law instruments is detrimental because of the vagueness of "core labor standards," both in terms of their connection to all labor standards and to their enforcement. In his opinion, the shift has significantly debilitated the ILO. Lucchini and London (2014) also criticize what they perceive as a shift from accountability to flexibility in the interpretation and application of labor standards, with negative consequences for occupational health, especially in developing countries.

Lack of Funding and Attention

UN agencies are financed from different sources. Regular budget funding consists of membership fees from governments to finance everyday operations. The size of the share of regular budget resources allocated to the area of occupational health is vital for the capacity of the WHO and the ILO to act. Occupational health has been marginalized in the WHO as well as in the ILO in terms of manpower, resources, and attention, making the UN, in the words of LaDou et al. (2018, p. 2), "largely a paper program [which] provides an opportunity for most countries to simply agree to the principles, and to essentially ignore the problem." This severely impedes the development of occupational health at global level (Ibid; Takala 1999).

According to Lucchini and London (2014), one reason for reduced levels of ILO funding allocated to occupational safety and health is the concentration of resources rendered to the fundamental conventions listed in the 1998 Declaration on Fundamental Principles and Rights at Work.

A sign, or perhaps a consequence of reduced attention to the area, is that both the WHO and the ILO have merged their units of occupational health with other units. In the WHO, occupational safety and health is in the public health department, where it has been merged with environmental health. In the ILO, occupational health has been merged with labor administration into the "Labour Administration, Labour Inspection and Occupational Safety and Health Branch."

Conflict of Interest

In addition to the regular budget, UN agencies receive extra-budgetary allocations consisting of voluntary contributions from governments, private foundations, enterprises, and organizations. The share of extra-budgetary funding in the total budget is growing. In the ILO, some 45% of the total resources are extra-budgetary (ILO 2019g), and in the WHO, about 80% of total resources derive from other sources than regular budget (LaDou et al. 2018). One feature of extra-budgetary funding is that it is often ear-marked for a particular question, topic, or region. As a consequence, UN agency activities sometimes differ from the plan of action or strategy. In addition to this dilemma is the risk of conflict of interest, i.e., a situation in which an organization has competing interests or loyalties. There are rules prohibiting conflict of interest, e.g., the tobacco industry funding initiatives related to tobacco control, but it is a difficult area to control. For example, extra-budgetary funding from an enterprise is sometimes channeled through another organization, making it difficult to detect the original source.

Organizational "Silos" at the International and National Level

Silos are the unintentional result of disparate discourses and different mandates. Occupational safety and health intersects with the discourses and mandates in a range of policy areas, leading to problems of silos, i.e., systems, processes, or departments that operate in isolation from others.

At the national level, silos are best known for causing problems of cooperation between various government ministries. In occupational health, this is a recurrent problem as the area tends to lie somewhere between the mandates of the ministries of labor and health. Lack of collaboration between health and labor sectors is, in the words of the WHO chief of Public Health, "a major obstacle for addressing health and safety challenges from a changing world of work" (Neira 2019).

At the international level, occupational health is considered a human right as well as a social and environmental issue (Swepston 2018). The ILO and the WHO both strive for healthy workplaces, but their overarching goals and mandates differ: whereas the WHO formulates its mission in striving for health for all, the ILO aims for decent work for all. Another difference is their expertise. Officials and experts in the WHO tend to have a background in health and medicine. The ILO typically have officials with a background in, e.g., law, economics, engineering, and, exceptionally, health. As a result the two agencies have different approaches, leading to different discourses, e.g., in the case of workplace stress. The ILO describes stress as a psychosocial factor that should be integrated in a systems approach to healthy work environments; the WHO describes stress as an issue of mental health and noncommunicable disease. The differences in approaches and discourses may seem trivial but may complicate inter-agency collaboration.

It is worth noting that there are several UN initiatives in place to make the UN family more coordinated, e.g., the United Nations Economic and Social Council

(ECOSOC), the United Nations Development Programme (UNDP), the Millennium Development Goals (MDGs), and the Sustainable Development Goals (SDGs). In a comment about the SDGs, ILO Director General Ryder recognized the dilemma of silos between organizations: "The most obvious danger is a retreat into institutional silos based on an overly defensive or narrow interpretation of each organization's mandate" (ILO 2016, p. 16).

There are also silos within the organizations, notably the organizational division in the ILO between occupational safety and health and working conditions. Psychosocial health has been an integral part of occupational health since the 1980s (Rantanen 2011) and is closely related to working conditions. Current changes in working life (ILO 2019b) would make it sensible to pool the resources and expertise in the occupational health branch with those in the "Inclusive labour markets, labour relations and working conditions branch," where focus is on work organization, nonstandard forms of employment, working time arrangements, and the informal economy. The same divide between occupational health and working conditions is present in the EU between the European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Agency for Safety and Health at Work (EU-OSHA). Tradition and legislation are possible explanations. Collective bargaining determines terms and conditions of employment, typically wages and working time. Occupational safety and health is more often regulated by law.

The Dilemma of Exclusion

In an ideal world, all vested interests are included in the decision-making processes of international organizations. In practice, this can be difficult to realize. The WHO does not allow any decision-making power to non-state actors in the World Health Assembly. In the ILO, the participatory process of social dialogue is part of the institutional tripartite setup - also in decision-making. However, although collaborating with civil society organizations, universities, and nongovernmental organizations (ILO 2019a), the ILO does not allow any other actor than its three constituents to vote in the decision-making processes. As a consequence, ILO's tripartism excludes the interest of many workers and employers (Hagen 2003). First, far from all workers and employers are members of the organizations representing their nation in the ILO. Second, low and sinking rates of union density, e.g., below 10% in France and Turkey (ILO 2017), add to this problem of representation. Third, workers' and employers' organizations with a vote in the ILO do not represent self-employed or the most vulnerable workers, e.g., migrants and informal workers. Most workers in the world are active in the informal economy, not the formal economy. According to ILO estimates, two billion workers, or 61% of the global workforce, pursued economic activities in 2016 that were not or insufficiently covered by formal arrangements of law or practice (ILO 2019h). Informality is higher among men (63 percent) than among women (58 percent) and is especially widespread among own-account workers, a.k.a. self-employed (Ibid).

International Organizations as Drivers of Change: Reasons for Optimism

Despite the challenges listed in section three, there are reasons for optimism as occupational health seems to attract increased attention at international level.

Increased Pressure for Inclusiveness

Despite the exclusiveness of tripartism described earlier, calls to include more stakeholders are becoming stronger, e.g., in the Sustainable Development Agenda which talks of "participation of all countries, all stakeholders and all people" (UN 2015 preamble). Since 2008, the ILO has a formal policy to increase collaboration with other non-state actors. However, there is concern among the ILO constituents that their historically privileged position will become marginal or merely formal (ILO 2016, p. 6). According to the ILO Director General: ". . .resistance to any perceived loss of sovereignty might be expected to be strongest at the ILO because, exceptionally, decision-making there is made by employers and workers, as well as by governments" (ILO 2016, p. 17).

Change is nevertheless likely to be slow. Although the Global Commission on the Future of Work refers to all workers including self-employed, those in the informal economy and work in the platform economy, their recommendation is to stick with ILO's tripartite format rather than "tripartite plus" (ILO 2019b).

Stability in Turbulent Times

International occupational health organizations emerged in periods of social and political unrest. Today, nationalism, intolerance, and populist movements are gaining ground in many countries. International organizations serve as a reminder of why international collaboration is necessary and that stable institutions are needed to cope with an increasingly interdependent world of large-scale migration, climate change, and global trade and investment (UN 2015; ILO 2019b).

The tripartite structure of the ILO, though not without its critics, adds to this stability. The influence and voice of workers and employers balance the power of governments. Furthermore, tripartism leads to a more realistic and effective standard-setting and supervisory progress than is possible in organizations that are purely intergovernmental (Swepston 2018).

Collaboration Despite Silos

Another source of stability is the tradition of collaboration in the field. The Joint ILO/WHO Committee on Occupational Health has existed nearly seven decades and allows representatives from the secretariats as well as members of both UN agencies to meet and discuss priorities and ways to increase collaboration in topics including education, training, scope, and organization of occupational health as well as reporting and establishment of permissible limits (ILO and WHO 2003).

One area of international collaboration is promotional activities to place occupational safety and health higher on the political agenda. As already mentioned, the

ILO launched the World Day for Safety and Health at Work in 2003. Today the WHO and governments alike promote the day. Another example is the World Congress on Safety and Health of Work, a joint effort by ISSA and the ILO.

Another area of collaboration is data and statistics. The WHO and the ILO are developing a joint methodology to allow estimates of the health impacts of occupational risks based on the WHO burden of disease studies and ILO labor statistics. It will be used to monitor progress of SDG 8 and related targets of other SDGs (ILO 2019b; WHO 2019) and will also enable assessments of the impact of precarious employment on quality of life, health, and equity (Benach and Muntaner 2007; Benach et al. 2014).

There are also inter-agency collaborations in specific areas, such as chemical safety. The ILO and the WHO have invited UNEP, UNCTAD, UNITAR, and the World Bank to join the International Programme on Chemical Safety (Takala, personal communication 2019). Health workers is yet another area which received attention in 2014 during the outbreak of Ebola, as more than 100 health workers were infected and some died (Lucchini and London 2014). The WHO, the ILO, and the OECD collaborate in a program focusing on decent working conditions and making jobs more attractive to young people in the health sector (WHO 2018b).

Increasing Recognition of Occupational Health

The suggestion in 2019 to make occupational safety and health a fundamental principle and right at work was not new. The idea had been put forward already at the Copenhagen World Summit for Social Development in 1995, when core labor standards were first discussed. Back then, developing countries rejected the idea of including occupational safety and health, arguing that this could be used against them for protectionist reasons. The suggestion was subsequently reiterated in the 2011 Istanbul Declaration (Tapiola 2018) and by the Global Commission on the Future of Work (ILO 2019b, p. 39). There is also pressure from within the ILO, as its constituents have expressed a wish for more attention to the elimination of problems related to occupational safety and health (ILO 2018, p. 15).

Elevating occupational safety and health to a fundamental principle and right at work may seem of little importance. However, in the light of the attention and resources the ILO has allocated to the 1998 Declaration, there is a fair chance that the area would receive more funds and that more states would ratify the occupational health conventions. The campaigns to promote the 1998 Declaration, combined with monitoring of progress, resulted in a 90% ratification rate of the core conventions (Tapiola 2018).

Recognition of occupational health is also manifest in the 2030 Agenda for Sustainable Development (UN 2015). The ILO (2019a) as well as the WHO (2019) are committed to SDG Target 8.8.: “protect labour rights and promote safe and secure working environments for all workers, including migrant workers, particularly women migrants and those in precarious employment.” It was not always like this. In 1995, the MDGs did not refer to work at all. Only in the 2007 revision of the MDGs, a “decent work target” was added.

Another example of recognition of occupational health was the "High Level Meeting on Non-Communicable Diseases" in the UN General Assembly in 2018, which called for providing healthy and safe working conditions, tobacco-free workplaces, and wellness initiatives and improving health coverage of workers (WHO 2018c).

Occupational Health and the Social Dimension of Globalization

Occupational health is also a recurring theme in the ongoing discussion about a social floor or social pillar to protect those with unacceptable working conditions. In 2019, the Global Commission on the Future of Work suggested a Universal Labour Guarantee to cover all workers regardless of contractual arrangement or employment status and give them fundamental workers' rights, a living wage, maximum limits on working hours, and protection of safety and health at work (ILO 2019b). The WHO supports the idea, which complements their goal of universal health coverage (Neira 2019). In the European Union, the European Pillar of Social Rights promotes similar ideas.

Summing Up

This chapter has presented the background, mandate, and reason for existence of international occupational health organizations and the role they play as drivers of change. Some of these organizations originated more than a century ago in the struggle for peace and social justice. The International Labour Organization (ILO) and the World Health Organization (WHO) are the two UN agencies with mandate to work in the field of occupational safety and health.

Challenges to international occupational health organizations include low levels of funding and lack of attention to the area. Dilemmas in the legal sphere include enforcement of labor standards and a debate between proponents and opponents of the effects and benefits of "soft law." Another challenge is the complexity of occupational health, spanning various disciplines and policy areas, as differences in expertise and discourses can lead to misunderstandings and complicate collaboration. Yet another challenge is the tripartite nature of the ILO, as it excludes the representation of many workers and employers.

Positive signs include the role of international organizations as stabilizing forces in times of rapid change and ongoing inter-agency collaboration despite obstacles. Another positive sign is the growth in international recognition of decent work and occupational health since the millennium shift, not least through the UN Sustainable Development Goals. The suggestion to make occupational safety and health one of ILO's fundamental principles and rights at work is promising for the future of the field at international level.

A recurrent theme in the chapter is the complex nature of occupational health as a policy area, which could explain the lack of research on the effectiveness of occupational health organizations as drivers of change. Such research would be complex and need a truly multidisciplinary effort, yet be of great use to policy makers at national and international level.

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