International Labour Organization

Decent work – Safe work – HIV/AIDS

The ILO Report for World Day for Safety and Health at Work
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Contents

The World Day for Safety and Health at Work is held on 28 April each year, a date that was first recognized by the ILO in 2001. In 2003 World Day for Safety and Health at Work was modified to promote ways of creating and sustaining a preventative safety and health culture at work. The focus of the World Day 2006 is on the prevention of work-related accidents and ill-health through decent and safe work.

The concept of having a World Day for Safety and Health at Work is rooted in the Workers Memorial Day, which was started by American and Canadian workers in 1989 in order to commemorate dead and injured workers annually on 28 April. The International Confederation of Free Trade Unions and Global Union Federations made this into a global event, expanding its scope to embrace the notion of sustainable work and workplaces. The International Commemoration Day for Dead and Injured Workers is now observed in over one hundred countries.

On World Day 2006, governments, employers' and workers' organizations are encouraged to conduct awareness-raising activities within their areas of influence on the theme of accident and ill-health prevention. Meanwhile, everyone engaged in the world of work is encouraged to consider their working practices and to identify whether preventative action could avoid injuries and ill health, not only on 28 April but throughout the year.

We invite you to join with us in promoting this important day.

The ILO's Decent Work Agenda and the role of occupational safety and health

> "The primary goal of the ILO today is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity."
> ILO Director General, Juan Somavia[1]

Decent work sums up the aspirations of people in their working lives. People want to be safe at work in the same way that they want work that is productive and delivers a fair income. They want security in the workplace and social protection for families, better prospects for personal development and social integration. Working people want freedom to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.

Occupational safety and health is therefore an integral part of the Decent Work Agenda. In other words, if a job is well-paid but unsafe, it is not decent work; if a job is done freely but exposes the worker to health hazards, it is not decent work; if the contract of employment is fair but the work impairs the workers' health and well-being, it is not decent work.

Decent work should be at the heart of global, national and local strategies for economic and social progress. It is central to efforts to reduce poverty, and a means for achieving development which is equitable, inclusive and sustainable. The ILO works to promote decent work through promoting occupational safety and health as well as through its work on employment, social protection, standards and fundamental principles and rights at work and social dialogue.

In each of these areas, people throughout the world face deficits, gaps and exclusions in the form of unemployment and underemployment, poor quality and unproductive jobs, unsafe work and insecure income, rights which are denied, gender inequality, migrant workers who are exploited, lack of representation and voice, and inadequate protection and solidarity in the face of disease, disability and old age. ILO programmes aim to find solutions to these problems.

Occupational safety and health at the ILO is the responsibility of the InFocus Programme on Safety and Health at Work and the Environment - SafeWork. It addresses standard-setting activities, awareness raising and technical cooperation projects in the field of occupational safety and health. SafeWork's four main goals in fulfilling its part of the Decent Work Agenda are to:

- develop preventive policies and programmes;

- extend effective protection to vulnerable groups of workers;

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[1] ILO Circular 598, 20 May 2004, publicly available at:
http://www.ilo.org/public/english/bureau/integration/download/tools/6_3_83_a_framework_for_im
plementing_the_dw_agenda_in_english.pdf

- better equip governments and employers' and workers' organizations;

- ensure that the social and economic impact of improving workers' protection is documented and recognized by policy- and decision-makers.

Decent Work must be Safe Work.

SafeWork's contribution to the Decent Work Agenda

Ever since it was founded in 1919, the issue of occupational safety and health has been at the heart of the ILO's work, including its standard-setting activities. Occupational accidents and diseases cause great human suffering and loss. They are a barrier to decent work, and the economic cost is high. Annually 2.2 million workers die at work or as a result of work.[2] Yet public awareness of occupational safety and health tends to be low. All too frequently it does not get the priority it merits. This must change and action needs to be stimulated and accelerated nationally and internationally. Campaigns such as World Day for Safety and Health at Work, April 28, are part of the ILO's drive for decent and safe work.

The ILO's work on occupational safety and health is guided by a healthy collection of ILO instruments, including conventions, recommendations, codes of practice, guidelines and a range of information products, such as the ILO Encyclopaedia on Occupational Health and Safety at Work[3]. A recent major output is the ILO Global Strategy on Occupational Safety and Health[4] that will guide the ILO's and its constituents' work on safety and health at work in the years to come. This strategic approach is based on the principle of prevention and on systematic management at all levels. An enterprise management system must be able to cover all issues and hazards at work, from accidents and asbestos to zoonoses and from HIV/AIDS to the needs of young workers. Equally, there must be a framework for enforcement of national laws and regulations, as well as knowledge and promotional tools established by the member States in order to support, coordinate and monitor progress in safety and health at work.

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[2] See "Introductory Report: Decent work – Safe work", at:
 www.ilo.org/public/english/protection/safework/wdcongrs17/index.htm
[3] Available at: www.ilo.org/encyclopaedia/
[4] Available in English, French and Spanish at:
http://www.ilo.org/public/english/protection/safework/integrap/survindex.htm

The ILO Global Strategy on Occupational Safety and Health confirms the role of ILO instruments as a central pillar for the promotion of occupational safety and health and therefore of decent work. At the same time, ILO standards need to be better connected with other means of action such as advocacy, awareness raising, knowledge development, management, information dissemination and technical cooperation to maximize impact. The Strategy pinpoints the need for tripartite national commitment and national action in fostering a preventative approach and an equally preventative safety and health culture which are key to achieving lasting improvements in safety and health at work.

The ILO and its constituents must be leaders in promoting occupational safety and health at work. Together we must build the partnerships that are needed to bring about the changes we seek.

HIV/AIDS - Decent Work - Safe Work

The global HIV epidemic threatens every aspect of the Decent Work Agenda and its capacity to help achieve sustainable development and poverty reduction. It reduces the supply of labour and undermines the livelihood of millions of workers and those who depend on them. Nine out of ten people living with HIV and AIDS are of working age. The loss of skills and experience in the workforce threatens productivity and diminishes the capacity of national economies to deliver goods and services on a sustainable basis. Fundamental principles and rights at work are undermined through discrimination against those affected.

At the same time, however, the Decent Work Agenda shows all with a stake in the world of work how to take a more integrated approach to their concerns, including coping with the impact of crises, disasters and emerging issues. It provides an ethical and legal framework to guide workplace policies and programmes and protect the rights of workers. Using the Decent Work Agenda, the ILO can address both the formal and informal employment sectors, contribute to planning for the social and economic consequences of HIV/AIDS, and help support access to prevention, care and treatment.

HIV/AIDS also fits into the occupational safety and health component of the Decent Work Agenda. As we have seen, providing a safe workplace is part of providing decent work. HIV is an occupational risk in a substantial number of occupations where there may be exposure to blood or body fluids. Health workers and emergency services personnel are the most obvious group but others include custodial and security staff, funeral attendants, waste disposal personnel, and body-piercing services. While HIV is not transmitted through normal workplace contact, accidents may occur in almost any working environment, so in any job providing a safe, decent workplace means making appropriate provisions to prevent the transmission of HIV.

In some occupations, both in the informal and formal sectors, it is not so much the job itself as the conditions around it that can lead to behaviour that puts the worker at risk of acquiring HIV. This is particularly true for jobs that involve workers being separated from their homes and families for long periods of time. These might include long-distance lorry drivers, seafarers, security forces and oil-rig workers. Migrants and mobile workers suffer the same separation from their homes, and often families as well, and may be even more at risk because they are often excluded from information, benefits, and respect for their rights. Each sector or industry requires a different approach to meet its specific needs.

One of the ILO's main tools in the fight against AIDS is the Code of Practice on HIV/AIDS and the world of work[5]. The Code of Practice is the framework for action related to the workplace. It contains key principles for policy development and practical guidelines for programmes at enterprise, community and national levels. It covers the following main areas:

- prevention of HIV

- management and mitigation of the impact of AIDS on the world of work

- care and support of workers infected and affected by HIV/AIDS

- elimination of stigma and discrimination on the basis of real or perceived HIV status.

HIV/AIDS and safety and health at work

What occupational safety and health measures need to be taken to ensure protection against HIV transmission in the workplace?

One of the key principles of the Code of Practice on HIV/AIDS is that:

"4.4 The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention 1981 (No. 155). The establishment and maintenance of a healthy work environment require that the workplace, machinery, equipment and processes be safe, hazard-free and without risk to health, and that the chemical, physical and biological substances and agents present in the working environment be without risk to health when appropriate measures of protection are taken."

A healthy and safe work environment includes, but is not limited to, preventing and treating occupational hazards associated with exposure to HIV infection. Other workplace hazards and risks need to be considered at the same time to ensure that there is no interference between different risks. A decent work environment will then be one which allows optimal physical and mental health in relation to work. It will also be open to adapting work to the capabilities of staff in light of their physical and mental health, which may include measures to reasonably accommodate staff with AIDS-related illness.

Safe work practices protect the health and improve the confidence of workers. The fundamentals of minimizing the risk of transmission of HIV and other blood-borne infections in the workplace are hygiene, training and the application of universal precautions. Universal or standard precautions[6] provide a strategy which treats all blood or body fluids as a potential source of risk, independent of diagnosis or perceived risk. Although originally developed for the health sector, universal precautions are included in the Code of Practice on HIV/AIDS as an approach that can be adapted to all workplaces. Recognizing the particular risks to health and related workers, the ILO collaborated with

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[5] Available in different languages at:
http://www.ilo.org/public/english/protection/trav/aids/publ/codelanguage.htm
[6] For more information see http://www.who.int/hiv/topics/precautions/universal/en/
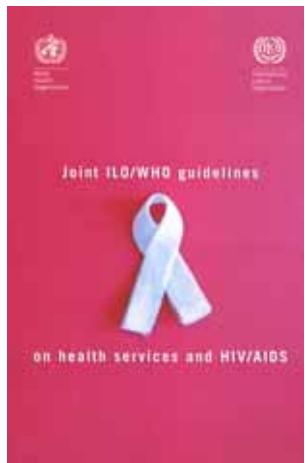
the WHO to produce the Joint guidelines on health services and HIV/AIDS.[7] By promoting safe, healthy and decent working conditions, their intention is to increase understanding, reduce fear, address discrimination, and take a stand against the massive loss of health workers in countries where they are most needed, as a result of sickness but also migration.

In order to achieve a safe and healthy work environment in all circumstances, including those related to HIV/AIDS, the ILO has developed the Guidelines on Occupational Safety and Health Management Systems: ILO-OSH 2001.[8] They provide employers with a systematic tool to help protect workers from hazards and eliminate work-related injuries, ill health, diseases, incidents and deaths. Employers who base their occupational safety and health programme on the Guidelines on Occupational Safety and Health Management Systems will take the following steps:

(a) **establish** a policy that is based on the principles of occupational safety and health and worker participation and that defines the main elements of the programme;

(b) **organize** a structure to apply the policy, including lines of responsibility and accountability, competence and training, incident recording and communication;

(c) **planning and implementation**, including objectives, initial review, system planning, development and implementation;

(d) **evaluate** performance monitoring and measurement, investigation of work-related injuries, ill-health, diseases and incidents, audit and management review;

(e) **action for improvement** through preventive and corrective measures, and the constant updating and revision of policies, systems and techniques to prevent and control work-related injuries, ill-health, diseases, and dangerous incidents.

An effective safety and health system requires joint commitment between the competent authority, employers, workers and their representatives. The overall responsibility for providing a safe and healthy working environment rests with the employer, who should demonstrate commitment to occupational safety

and health. This can be done by putting in place a documented programme, available to workers and their representatives, that addresses the principles of prevention, hazard identification, risk assessment and control, information and training. Workers have a duty

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[7] See http://www.who.int/hiv/pub/prev_care/who_ilo_guidelines.pdf
[8] Available in several languages at:
http://www.ilo.org/public/english/protection/safework/managmnt/guide.htm

to cooperate with the employer in implementing this occupational safety and health programme. They should respect and apply procedures and other instructions designed to protect them and others present at the workplace from exposure to occupational hazards. Joint safety and health committees are a recognized mechanism through which such collaborative action can be achieved. Such bipartite bodies have the advantage of using social dialogue and of being established structures dealing with a number of related issues. It represents a useful synergy to use this resource as key player in occupational HIV prevention.

Risk management for HIV must be the starting point for any workplace, as it will establish what measures need to be undertaken in that specific environment. Risk management begins with hazard identification, proceeds with an assessment of the risks identified and then moves to decisions on measures to control that risk.

Monitoring and evaluation will ensure the effectiveness and sustainability of measures taken to prevent and manage the risk of HIV infection at work. A person or a group of people should be identified in the workplace to carry out monitoring and evaluation. The person or group thus identified should be made known to all workers and should represent all categories of staff. Elements that should be considered are:

(a) the effectiveness of workplace policies and procedures;

(b) the effectiveness of information and training programmes;

(c) the level of compliance with standard precautions;

(d) the accurate recording and analysis of incidents;

(e) the effectiveness of action taken and follow-up.

The role of employers' and workers' organizations

When addressing health in a workplace setting, and more specifically work-related health and the issue of HIV/AIDS, the social partners have a vital role to play. They each have networks of influence and contacts which can reach into workplaces in a way that ministries, whether responsible for labour or for health, and non-governmental organizations often cannot. Through the interests that employers' and workers' organizations share with their constituents, the social partners can encourage an appropriate response to issues related to occupational safety and health and HIV. This can include contributing to the development of standards and policies, as well as developing an HIV strategy for their membership. They can be especially useful in the dissemination of information targeted at their members, and in conducting appropriate awareness raising activities. Training and education is a similar area where their reach into often underserved populations can be efficiently utilized.

Employers' and workers' organizations can also help contribute to ensuring protection from stigma and all forms of discrimination by representing their members' interests, and they can work together with other workplace actors to monitor compliance with relevant legislation and regulations. In some cases they will be able to improve access to useful programmes for their members, such as voluntary counselling and testing, and treatment programmes.

Social dialogue (open discussions between employers and workers) is a key to working through safety and health issues. Joint safety and health committees are a proven mechanism to address safety and health at work through social dialogue as well as to address HIV/AIDS at work. These committees grow out of a framework based on ILO

Occupational Safety and Health Convention, 1981 (C:155) through which employers and workers can suggest, develop, monitor and report on workplace action dealing with occupational safety and health. Joint health and safety committees can encourage the use of tools to promote safety and health which can readily be applied to dealing with HIV/AIDS.

It is also worth remembering that governments frequently employ many people and as such have reponsibility for their own staff, in providing a decent, safe working environment where the risk of transmitting HIV/AIDS is reduced as far as possible and in making it an environment without workplace discrimination. In a number of countries, government is the main employer of health care workers, and as such it needs to be particularly aware of the potential for HIV transmission and how to prevent it.

Last, but not least importantly, by working together to show a united workplace response to HIV and occupational safety and health issues the overall campaign can be strengthened. This has been put into practice by the International Confederation of Free Trade Unions (ICFTU) and the International Association of Employers (IOE) who in 2003 issued a joint statement, entitled 'Fighting HIV/AIDS together. A programme for future engagement'.[9] The document, signed by the Secretary General of the IOE and the General Secretary of the ICFTU, calls for their members to give HIV/AIDS the highest priority and to develop joint programmes. This kind of social dialogue can only strengthen the fight against HIV/AIDS and other health problems at work.

Employers' and workers' organizations have a huge stake in reducing the impact of the HIV pandemic, as it slows national economic growth. In over 40 countries with HIV epidemics an average 0.2 per cent of the annual rate of growth of GDP was lost between 1992 and 2002, equivalent to an annual average of $25 billion. Research confirms that the higher the prevalence of HIV in working-age people, the more GDP growth is held back.[10] Slowed GDP growth means less job creation, less employment and slowed income growth. The social partners clearly have an interest in improving the response to HIV/AIDS.

HIV/AIDS and psychosocial issues at work

HIV/AIDS is not only a medical problem, but a complex social, economic and political problem, deeply rooted in cultural beliefs and attitudes. For this reason its psychosocial consequences must be considered among the concrete and serious implications for the world of work. Because it has been commonly seen as only a medical problem, many governments, employers and workers have so far not developed the necessary technical and institutional capacities to adequately and effectively respond to the ramifications of the pandemic. The ILO has developed the SOLVE programme to demonstrate how a holistic approach to psychosocial issues, such as alcohol and drugs, stress, and violence, can be one of the most effective. Such an approach recognizes that different psychosocial problems do not occur in isolation but interact with each other, and then tries to respond in an integrated way.

In the first instance we have to consider that psychosocial problems can lead to infection with HIV/AIDS. For example, alcohol consumption and drug use, which may be the result of high stress levels, can lead to reduced inhibitions and risk-taking behaviours, including behaviours related to sex. Alcohol can also reduce the ability to manipulate a condom and use it correctly. Injecting drug use, where infected needles are shared, is a

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[9] The joint statement can be viewed at:
http://www.ilo.org/public/english/protection/trav/aids/ioeicftudecl.pdf
[10] HIV/AIDS and work: global estimates, impact and response 2004. Geneva: ILO, 2004

particularly efficient means of transmitting HIV. Violence may put people, especially women, at risk of infection as well as being a reaction to someone's positive status.

Those living with HIV may suffer from additional psychosocial problems, including fear and stress. Attempts to cope with the situation can sometimes lead to maladaptive behaviours, such as higher consumption of alcohol and tobacco, which can further harm the health of someone whose immune system is already compromised. People living with HIV may also become victims of violence, whether through stigmatization or physical violence, further increasing their psychosocial burden.

Dealing with psychosocial issues, especially addiction and risk-taking, requires changes to attitudes, knowledge and behaviour. Behaviour is difficult to change in many situations. For example, almost all smokers are aware that smoking is harmful to their health and to others who breathe in their smoke, yet, because they are addicted to the nicotine in the cigarettes, this knowledge alone is not enough to make them change their behaviour. People may know what to do to avoid infection with HIV, but their social, cultural or economic situation may prevent them from taking positive action. In addition to being aware of the facts, people need to be motivated and enabled to make change, and then be able to maintain the new behaviour. We can learn lessons in this area from well-established workplace programmes to combat drug and alcohol abuse.

Various enabling factors can help when dealing with psychosocial problems to address HIV/AIDS, and the workplace is an ideal venue to influence these enabling factors. It can be the source of effective communication about the issue concerned, as workers are present there for large parts of their waking hours. The workplace environment can also become an enabling one, which has appropriate policies and values and respects human rights. Finally the workplace can be a means of creating easy access to services which otherwise may not be used by workers.

The benefit to employers it that such measures can improve the health of workers and the productivity of the enterprise. They can contribute to reducing the transmission of HIV, and to improving the life and work quality of those living with HIV.

Managers need to know that people with HIV/AIDS are often subject to stigmatization, discrimination and even hostility in the community and at work. Their rights, such as the right to non-discrimination, equal protection and equality before the law, the right to privacy, liberty of movement, work, equal access to education, housing, health care, social security, assistance and welfare, are often violated on the sole basis of their known or presumed HIV/AIDS status. A high degree of stigmatization and discrimination also signals a high degree of ignorance about HIV/AIDS. Individuals who suffer discrimination and a lack of human rights protection are both more vulnerable to becoming infected and less able to cope with the burdens of HIV/AIDS.

HIV/AIDS and labour inspection

Labour inspection has undergone a great deal of change in recent years. It is increasingly accepted that the best approach is to have an integrated labour inspection service, with both supervisory and advisory activities, dealing with occupational safety, occupational health, conditions of work, social security, hazardous child labour, labour relations and other technical inspections. This approach lends itself well to the inclusion of a cross-cutting issue such as HIV/AIDS which needs to be tackled in a multidisciplinary way.

Increasingly, the promotion of better conditions in the workplace is based on promoting a culture of risk prevention. A variety of activities may be used to achieve this - including labour inspection, social dialogue (for example in joint safety and health

committees), disseminating information and sharing best practice, other educational/promotional activities, and building partnerships between the parties involved. As far as HIV/AIDS is concerned, prevention is the only cure.

The increasing use of the Guidelines on Occupational Safety and Health Management Systems: ILO-OSH 2001, referred to above, is also having an impact on the role of labour inspectorates. When the Guidelines are utilized as a voluntary framework, the inspector's task changes from a detailed inspection of the workplace to reviewing management systems, checking them as necessary through inspection. If the management systems are good, and working well, safety and health in the enterprise should be of an acceptable standard. This fits well with the best way to tackle HIV/AIDS as part of the overall health and safety policy. The basis for action at any workplace is the adoption of a policy on HIV/AIDS. An inspector can encourage social partners to do this, and help guide its implementation.

Recognizing the vital links between the principles and responsibilities of labour inspection and the management of HIV/AIDS at the workplace, the ILO has developed guidelines for inspectors, which include training activities and practical tools to help inspectors integrate HIV/AIDS in their work.[11]

Two principles of labour inspection are particularly relevant in dealing with HIV/AIDS: social dialogue (cooperation with and between employers and workers), and prevention.

Inspectors can encourage employers and workers to work together on developing a HIV/AIDS workplace policy and programme in the framework of the ILO Code of Practice on HIV/AIDS. This is the single most important step which can be taken in an enterprise. The process can be compared to the adoption of a health and safety policy, which many national laws on occupational safety and health require. A good safety and health policy provides the framework for an enterprise to voluntarily implement the law. In these situations, the inspector's task can be much easier. When the enterprise itself sets its goals, the inspector becomes more like a guide and less like an enforcement officer.
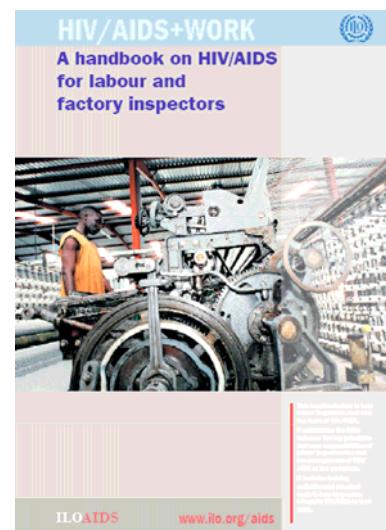
Prevention is vital for labour inspectors working on HIV. All work-related accidents and ill-health can be prevented, if there is adequate foresight, planning, organization and commitment to identify where hazards are, assess risks and take action before an accident happens or an illness has been contracted. This can best be achieved with the cooperation of all concerned. Accidents and ill-health can only be prevented on a day-to-day basis if an enterprise learns to manage its own risks. This is where labour inspection can play a major role. HIV/AIDS affects the life and health of workers and therefore calls for labour inspection action, especially in view of the preventative role of labour inspectors to reduce fatalities at work and increase workers' health.

Inspectors can also be active in helping employers to monitor work practices concerning HIV/AIDS and ensure that action is taken to change them when necessary. Monitoring existing practices and evaluating them to ensure quality is an important part of a management system.

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[11] Available on the web at:
http://www.ilo.org/public/english/protection/trav/aids/publ/gl-labourinspectorshandbook-feb05.pdf

The ILO provides practical tools and guides to help strengthen labour inspection systems. One such guide is a ten-step plan that was created to guide inspectorates in policy formation by addressing the most common and important issues. These practical tools have aided labour inspection worldwide in building a more extensive integrated training system that is geared towards constructing specific tools to deal with issues such as HIV/AIDS in the workplace.[12]

HIV/AIDS and information and education on occupational safety and health

Information and education about HIV/AIDS is sometimes called 'the social vaccine'. While knowledge is important, alone it may not be enough to bring about change. It needs backing up with education programmes and practical measures such as the provision of free or affordable condoms where appropriate. The Code of Practice and its accompanying training manual include a great deal of practical guidance on education and training. In the workplace context, employers' and workers' organizations can be a particularly useful means of disseminating information and providing training on HIV/AIDS.

Education and Training

Different types of education and training will be necessary for workers in different situations.

For managers who need to run their workplaces in a way that neither raises the risk of HIV transmission nor discriminates against people living with HIV, policy training may be necessary, including information about local legal requirements. The ILO's Code of Practice focuses on the creation of good workplace HIV policies, and is accompanied by a training manual on how to implement the Code. SafeWork's SOLVE programme[13] combines policy work on psychosocial problems related to HIV/AIDS and occupational safety and health with a significant awareness raising component.

Awareness raising and behaviour change communication programmes are vital for all workers at all levels in a company. Key messages that must come across in such training are that a worker who is HIV positive poses no threat of transmitting the disease through casual workplace contact, and that a worker living with HIV can remain active and productive for as long as 15 years, given not only the right medical treatment but also supportive social conditions at work, at home and in the community. This is of course in addition to reinforcing the basic facts about HIV infection, and how to prevent it.

Essential for the prevention of workplace transmission of HIV is training for all workers who may come into contact with blood and other body fluids about infection control procedures in the context of workplace accidents and first aid. Training where occupational exposure is a low risk should cover:

- the provision of First Aid

- the application of universal precautions

- the use of protective equipment

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[12] For more information on the ILO's labour inspection activities please see:
http://www.ilo.org/public/english/protection/safework/labinsp/
[13] For more information see www.ilo.org/safework/solve

- the correct procedures to be followed in the event of exposure to blood or body fluids.

It is important to stress that these precautions should always be followed. There are other diseases, apart from HIV, which can be transmitted through blood and body fluids. The precautions should not be related to the perceived or actual HIV status of workers. Specific training for health care workers and those exposed to occupational risk of HIV transmission will need to be provided in the given setting.

Information

Access to information about HIV and occupational safety and health is the first step towards prevention.

Core components of any knowledge base must include international labour standards, national legislation, technical standards, statistics and risk-assessment data, good practices, scientific and technical papers, and education and training tools. Employers should make sure that the appropriate tools to collect, analyse and organize the information needed to maintain a safe and healthy working environment are made available and used in the workplace. Workers and their representatives should be involved in this process so that the knowledge and expertise of workers can be considered. Such data collection should however rigorously follow the ILO's Technical and ethical guidelines for workers' health surveillance, ILO, 1998[14].

At the international level, since 1959, the ILO has been developing a unique network of CIS National, Collaborating and Regional Centres around the world. These Centres (some 140 in total) are in general the national occupational safety and health information centres for their respective countries. They systematically and rapidly collect, process and disseminate useful information relevant to governments, employers and workers in the field of occupational safety and health in all sectors of the economy. They are the preferred point to which questions on occupational safety and health at the country level can be referred. Efforts are being made to strengthen these Centres and link them to form regional networks and a global occupational safety and health information exchange system. AIDS-related information, mostly concerned with prevention efforts, is a key component to the CIS network's information strategy.[15]

[14] ILO: Technical and ethical guidelines for workers' health surveillance (Geneva, 1998), http://www.ilo.org/public/english/protection/safework/cops/english/index.htm
[15] Please see http://www.ilo.org/public/english/protection/safework/cis/about/centres.htm

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