

**EMERGING RISKS AND NEW PATTERNS OF PREVENTION IN A
CHANGING WORLD OF WORK**

BY

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PROTOCOLS!

1. INTRODUCTION

I consider it a great privilege to be invited to speak at this year's World day for health and safety at work -**an international annual campaign, on every April 28, to promote safe, healthy and decent work and the prevention of occupational accidents and diseases globally**. It is therefore an awareness-raising campaign intended to focus international and local attention on the magnitude of the problem and on how promoting and creating a safety and health culture can help reduce the number of work-related deaths and injuries. This is because Work-related injuries and illnesses are major problems both in Nigeria and elsewhere.

The International Labour Organization (ILO) estimates that 270 million work accidents occur annually while every year some 160 million are estimated to suffer from work-related illnesses. More painful is that about 2.2 million die worldwide every year due to such accidents – a death toll averaging some 6,000 workers a day. The good news however is that each of us either as individuals or groups can do something to change the situation and put an end to these avoidable deaths and injuries on the job as well as reduce the vast human and economic burdens of work-related accidents and diseases to the workers, his family and the economy. As workers we should work safely, protect ourselves and not endanger others. We should know our rights and participate in the implementation of preventive measures. As employers we should ensure that the working environment is safe, healthy and secured. It is the duty of the Federal, states and local governments to put in place laws, regulations and policies that will ensure that the conditions of work are safe, healthy and secured; and that injured workers are adequately taken care of and the families of workers who are killed because of the job are not abandoned but adequately catered for. As a trade union we should ensure that Health, Safety and security of our members are adequately addressed and given priority attention in our collective bargaining agreements and in our everyday life. We should ensure that the various collective bargaining agreements clearly indicate the duties and responsibilities of all parties to health, safety and security.

We must continue to discharge our duties and responsibilities as far as workers health, safety and security is concerned. We must also increasingly pay focused and continuous attention to the health, safety and security of the workers. To this end, I am happy to inform us that the Trade Union Congress of Nigeria (TUC) Rivers State has appointed Comrade Charles Chima Igwe the Branch Secretary of Eleme Petrochemical Company Limited Branch of Petroleum and Natural Gas Senior Staff Association of Nigeria (PENGASSAN) as the Special Assistant on Health and Safety to the TUC State Chairman. This is in view of the strategic importance of workers health and safety and our desire to give it a more focused attention. We also plan to set up a Standing Committee for Health, Safety and Decent Work in Rivers State. We therefore encourage all our affiliates to have a special committee of their Council dedicated to the health, safety and security of their members; as well as take seriously our recommendations in this paper.

Last year I was also invited to speak at this forum and the title of my paper then was "**Health at Work: A basic human right**". **In that paper I made it clear that *health and safety at work are inseparable in practice, while safety without security is useless. Experience from the recent events in the Niger delta since February 2006 have clearly revealed that* security is an**

important component of safety, and that a workplace cannot be safe if it is not secured. Similarly a workplace cannot be healthy if it is not safe. **Let me state that I take this annual event very seriously as a Union Leader because I strongly believe that the single most important protection the government, employers and trade unions can give to a worker is protection from unsafe, unhealthy and unsecured workplace. You will agree with me that when a worker leaves his residence to work for the upkeep of his family and contribute to the economy of his society and nation, he does so with a believe that he will come back to the warm embrace of his family at least the way he was when he left them.** He does not expect that the work will howsoever lead to his death or disability or injury or ill health. You will also agree with me that the consequences of workplace fatalities, accidents, injuries, sickness and disease conditions are far reaching both to the individual, the employer and the society.

Please permit me to use this opportunity to thank the Federal Ministry of labour and Productivity for ensuring that April 28th is marked every year to draw attention to the plight of workers in Nigeria with regards to health, safety and now security; and together with other Stakeholders in the world of work share thoughts on issues, challenges, concerns and way forward with regards to the promotion of a safe, healthy and secured workplace. 28 April is also the International Commemoration Day for Dead and Injured Workers organized worldwide by the trade union movement since 1996. **It is my considered view that the Federal Government should declare the morning (ie 7am -11am) of every April 28th work free morning to allow workers adequately participate in the activities for the day.**

The Theme for this year's, 2010, World Day for Safety and Health at Work is "Emerging risks and new patterns of prevention in a changing world of work". This is also the title of my paper. The National theme is "Risk Control in a rapidly changing pattern of work in Nigeria". I believe both are related. As always, let me add very quickly that I am not a Safety/Health Practitioner and that I will not pretend to be one. I am only a Union leader and will therefore attempt to present this paper from a Labour and industrial relations perspectives.

Before we continue I think it would be good if we throw more light on what we mean by health, safety and security.

The generally accepted definition of health used by the World Health Organisation (WHO) is that it is "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity ". **A Healthy workplace, in my opinion, is one that will not adversely affect the physical, mental and social well-being of the worker, while a safe work place, also in my opinion, is one where harm, damage, or loss to the workers and visitors is unlikely. For me a safe and healthy workplace is one, which will ensure that a worker returns home at least the way he left his home in terms of his physical, mental and social conditions. For me, it also does not matter whether the factory or platform he works was attacked by gun men or whether an equipment failure led to the loss/injury or whether it was caused by the carelessness of his employer or even a co-worker or whether the clinic at the worksite lacked the necessary drugs, equipment or doctor. All that matters is that the man or woman did not return home at least the way he/she left and/or that the workplace cannot reasonably be expected to guarantee that the man or woman returns home the way he /she left.** The ILO /WHO Committee on Occupational Health (1995) advises that "Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of

workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an Occupational environment adapted to his physiological and psychological Capabilities; and, to summarize, the adaptation of work to man and of each man to his job”

2. CHANGING WORLD OF WORK AND EMERGING RISKS

The Theme for this year's , 2010, World Day for Safety and Health at Work is as aforementioned, “Emerging risks and new patterns of prevention in a changing world of work”. This is also the title of my paper. The National theme is “Risk Control in a rapidly changing pattern of work in Nigeria”. I believe both are related. Let me state that the subject of this seminar is timely and the forum at which it is presented is commendatory for some reasons. First is that the current global and national economic crises have terribly increased the temptation of employers and even government to compromise the health, safety and security of their workers as well as increased pressure on workers, especially due to the resultant unprecedented unemployment level in Nigeria, to accept any job regardless of whether it is healthy, safe, secured or decent. For instance, while oil, gas , construction and other workers are regularly killed, kidnapped, maimed and their family traumatized, the government seem only interested in the revenue from oil and gas .The only time they acted – i.e. when they hurriedly came up with the amnesty programme and which as subsequent events have clearly shown was not properly thought through- was when the militant activities almost crippled the entire oil and operation in the country and led to a severe reduction in government revenue. Let me however quickly add that the amnesty programme itself was a success but the post amnesty aspects including the urgent and massive development of the Niger Delta region, the delivering of the promises made during the amnesty programme and the rehabilitation and reintegration of both the armed and intellectual militants into the society, is to say the least poor. There is therefore an urgent need for the protection of workers and their families under the current hostile economic situation heightened by the Niger Delta security crises as companies, banks and similar organisations in Nigeria are forced to decrease their workforce and desperately cutting costs in an effort to remain economically viable and sustain production. **We must draw national and international attention to the consequences of all these on the health, safety and security of workers.** These consequences include low workers morale, increase in stress, increases in accidents, and non-compliance with Occupational Safety and Health laws. Other side effects include increase in crime and kidnapping targeted at the workers and their families, inability of the workers to take good care of their families and the absence of work-life-balance due to overwork and the prevalence of precarious work. Second is the new challenge to occupational safety and health as a result of the emergence of new diseases and threats to health, safety and security at work. New diseases such as SARS, H1N1 influenza, drug-resistant types of infectious diseases such as tuberculosis and malaria and the ongoing HIV/AIDS epidemic. Moreover not only are there newly emerging hazards and risks, but also the relationship between employer and worker, the demographic of the Nigerian workforce, patterns of work, and types of work are changing. **Today many workers are exposed to ‘new’ risks emerging from changing patterns of work, for example because of conditions arising from the increasing use of precarious employment by employers of labour like casualisation and contract staffing, the Niger Delta security crises, frequent organization restructuring and increased pressures to meet the demands of modern working life. Workforce age profiles are also changing, as is the gender balance in many workplaces. These changes in employment patterns have created evident risks that were either less prevalent or less obvious previously. These changes in turn affect how**

occupational safety and health have to be managed at workplace, community, states, national, and international levels.

The International Labour Organisation (ILO) also notes that:

“New and emerging occupational risks may be caused by technical innovation or by social or organizational changes, such as:

- New technologies and production processes, e.g. nanotechnology, biotechnology
- New working conditions, e.g. higher workloads, work intensification from downsizing, poor conditions associated with migration for work, jobs in the informal economy
- Emerging forms of employment, e.g. self-employment, outsourcing, temporary Contracts

Moreover globalisation and the internationalisation of labour means that the Federal Government of Nigeria must partner with other stakeholders such as the ILO, the WHO, the labour unions, the OECD,AU, employers associations ,States and local governments and other global players to protect workers during these changing times.

Let me state that we need to continuously draw attention to the economic and social benefits of a healthy work force and the responsibility of all to ensure that it is realized even in a changing world of work.. Let me also state that a healthy worker is a productive worker who contributes significantly to the overall improvement of the economic status of the company and overall improvement of the country as a whole. **Therefore, all workers regardless of their occupation , gender, category (ie whether casual, contract staff, agency or permanent staff) should enjoy the basic human right of a safe, healthy and secured workplace.**

Appendix 1 shows the ILO list of occupational diseases. The ILO’s international list of occupational diseases is used by many countries as a model for the establishment, reviewing and updating of their national lists. Please take time and go through the list and ensure that you also share it with your colleagues. An important aspect of the new patterns of prevention is sharing information on health, safety and security with others.

3. SOME RESPONSIBILITIES FOR HEALTH AND SAFETY AT WORK

I have made some attempts at showing how the changing world of work and emerging threats impact on Health, Safety and Security at work. The next thing I want to try to do is to throw some light on the responsibilities of all the principal parties with respect to health and safety at work.

3.1 EMPLOYERS’ RESPONSIBILITIES:

It is the responsibility and duty of the employer to ensure that no worker is hurt or ill at work or ill through work. This duty of the employer cannot be extinguished howsoever by delegation. This responsibility includes, but is not limited, to the following:

- a) Regular and continuous review of the jobs and workplace to identify new threats and what could endanger the safety, security and health of the workers

- b) Explaining to the workers these identified hazards and other safety risks and how they will be controlled and managed to ensure that no worker is hurt at work or ill through work.
- c) Building and encouraging a culture of cooperation where workers are encouraged to share with their colleagues and the company information about emerging threats to health, safety and security .
- d) Provision of adequate and sufficient training to enable the employee discharge his/her duties without being hurt or ill through work.
- e) Ensure that all the provisions of the law including ILO Conventions on the health and safety of workers have been fully complied with.
- f) Ensure that the workers are under the adequate supervision of persons who have thorough knowledge and experience of the machine or the particular work activity
- g) Regular consultation with the workers and their Representatives on health, safety and security issues including how the employer intends to protect the employees
- h) Regular health and safety trainings and briefings for all the workers
- i) Establishment of health and safety policies after due consultation with the workers Representatives
- j) Provision of adequate personal protective equipment (PPE), toilets, washing facilities, good drinking water, smoke detectors, fire extinguishers, adequate first aid facilities including onsite clinics etc
- k) Review of the report of all injuries, diseases and dangerous incidents at work and share the learning with the workers and their representatives
- l) Obtain adequate Workmen Compensation Insurance as well as Life insurance for all workers in line with the extant labour laws.
- m) Work with any other employer or contractors/subcontractors sharing the workplace or providing workers (such as Labour Contractors) to ensure that they fulfil their obligations to the workers on health and safety with the aim of ensuring that the health and safety of everybody is protected.
- n) Ensure that adequate provision has been made for comprehensive health care of the workers either via company operated health facilities, retainer clinics or via the National Health Insurance Scheme
- o) Carry out any other lawful activity or process that will enhance or improve the health, safety and security at work of all workers.

3.2 WORKERS' RESPONSIBILITIES:

- a) Follow all lawful instructions and/or order given by the employer that is aimed at protecting his/her health and safety
- b) Follow the training he/she has received on health, safety and security at work
- c) Cooperate (but DO NOT COMPROMISE) with your employer on health, safety and security
- d) Intervene if you see that any other worker is not adhering to the health and safety rules/policies
- e) Tell your employer, supervisor or health/safety officer or your branch Union leadership if you think the work or workplace or inadequate precautions could put you or anyone's health and safety at serious risk
- f) Tell employer, supervisor or health/safety officer or your branch Union leadership if you are worried about health and safety in your workplace

g) In consultation with the Union leadership consider if the situation presents an imminent and serious danger to his/her life or health and hence a reasonable justification to remove him/her from the worksite.

3.3 SOME RESPONSIBILITIES OF GOVERNMENT:

The Federal and State Governments have a duty to make laws for the protection of the health and safety of workers in line with Section 17 (3) (b and c) of the 1999 Constitution of the Federal Republic of Nigeria which requires that they ensure that the conditions of work are just and humane, ... and that the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused. More importantly the government at all levels in addition to their duty to make laws to ensure the safety, health and security of lives and property, also have a duty to enforce the laws that they have made. **Let me use this opportunity to appeal to the Federal Government to progress the post amnesty programme, seek and implement workable, enduring and acceptable solutions to the Niger Delta crises such as the immediate implementation of the Ledum Mitee Niger Delta Technical Committee Report , massive development of the Niger Delta, and delivering on the promises they made during the amnesty programme .**

4. ISSUES AND CHALLENGES

At present, there are quite some challenges in the way of achieving the full realisation of the health and safety of workers in Nigeria .The emergence of new risks and the changing world of work have only compounded the situation. I will try to highlight some of these issues and challenges and hope that we in this forum will proffer workable solutions to each of them.

4.1 LEGAL:

One of the key challenges to the full realization of health , safety and security of workers in Nigeria is the law and our justice system. For instance, the court has ruled that ILO Conventions are International Treaties and as such they are subject to Section 12 of the 1999 Constitution, and that for any treaty or ILO Convention to have force of law in Nigeria, it must first be ratified by the Federal government of Nigeria and secondly must be domesticated or passed into law by the National Assembly. See *Abacha vs. Fawehinmi* ((2000) 6 NWLR (Pt.660)226) and *MHWUN vs. Minister of Labour and Productivity& ors* ((2005)17 NWLR (Pt.953). **This is very serious when one considers that Nigeria has not even ratified a sizeable number of ILO Conventions on Workers Health and Safety, and that the existing legislations on workers health and safety are seriously in need of review.** A lot of legal luminaries have observed that there is clearly a need for laws that will adequately address the problems arising from the concern for the health, safety and welfare of citizens in general and those who work in factories or are engaged in industrial activities in particular. Participants at the Workshop on “Workers’ safety and compensation in Nigerian Industry” organized by the House of Representatives’ Committee on Labour, Productivity and Employment, in collaboration with Friedrich Ebert Stiftung (FES) in Makurdi, Benue State from May 30 -31 2006 in their communiqué stressed the need for an amendment to the current Workmen Compensation and Factory Acts which they considered as inadequate, outdated, and faulty in several respects.

4.2 LABOUR MARKET SITUATION:

The labour market situation in Nigeria is such that there are too many people chasing too few jobs. The level of unemployment and poverty in Nigeria today is unprecedented . It is so serious that Nigerians are seriously worried by the huge and unprecedented job losses occasioned by (a)The Global economic meltdown (b)The relocation of companies from Rivers State because of the Niger Delta security crises (c)The relocation of companies from Nigeria to neighbouring countries because of the hydra headed power sector problems , the prevalent multiple taxation , security challenges, corruption, terrible conditions of basic infrastructure , the unacceptable high cost of doing business in Nigeria worsened by the clear manifestation of the so-called voracity effect(i.e. the absence of strong institutions and the prevalence of multiple powerful groups and strong men struggling for their share of the so-called national cake at the expense of the much needed Nigerias economic development) and Dutch disease (i.e. the obvious relationship between the increase in exploitation of natural resources and a decline in the manufacturing sector) (d) Reforms in the banking , petroleum, public sectors etc worsened by the irrational and inhuman responses to these reforms by some employers of labour. **One of the implications for Health, Safety and Security at Work is that the average worker is afraid to ask for his right to decent work and to a safe and healthy working environment. When they summon courage to do so, they are met with harsh response such as termination and unprocedural redundancies by the employers and a long wait to obtain justice. The truth is that even when the law is on your side, it could take some 10 years for government officials and the courts to undo an employer's illegal punishment of a worker who exercises a safety and health right. This is more pathetic for non-unionised workers, casual workers and contract staff.**

4.3 GLOBAL ECONOMIC CRISES:

That there is a global economic crisis of a very huge and worrisome dimension is no longer news. It is also not in dispute that the crises had adversely affected the already battered Nigerian economy leading to the melting away of the capital markets and the increase in interest rates as Government borrowing to augment the shortfall in revenue is crowding out private borrowing. Companies and institutions are daily reviewing their strategy to surmount the crises. Downsizing, right sizing, redundancies and all kinds of restructuring are the order of the day. Overwork, work related stress and social disintegration due to the absence of work-life-balance are emerging risks that need to be urgently addressed. **Labour Unions and Government should work closely with the employers to ensure that safety, security and health measures policies are not compromised and that there is adequate mechanism in place to prevent workplace accidents, diseases and fatalities.**

4.4 THE INSECURITY IN THE NIGER DELTA:

The insecurity in the Niger Delta has led to the death, injury and maiming of many workers and their family members. A lot of workers and indeed other residents of the Niger Delta have been killed and/or kidnapped and this obviously adds a very dangerous and new dimension to the safety and health of workers. Traumatized workers and their family members are worried about who could be next. The urgency of resolving the insecurity in the Niger delta cannot be over emphasised. The failure of the post amnesty programme has dimmed the hope of a full return of

peace. The relocation of companies from the Niger Delta and Rivers State has also increased the temptation for idle and unemployed youths to indulge in crimes and other anti-social behaviour. **The Federal and States governments should as a matter of urgency review the post amnesty programme with a view to addressing the key issues of development of the Niger Delta, rehabilitation and reintegration of the ex-militants and the fulfilment of the promises made during the amnesty programme. These are necessary for confidence and peace building which is an important aspect of the peace process. Companies that relocated from the Niger Delta and Rivers State should be encouraged to return as they have an important role in sustaining and improving on the return of peace in the Niger Delta.**

4.5 NON-UNIONISED WORKERS, CASUALISATION AND CONTRACT STAFF:

Non-unionised workers as experience has shown are the greatest victims of unsafe and unhealthy work places. Empirical evidence confirms that the respect for workers' health, safety and dignity are very much likely to be violated for non-unionised workers, casual workers and contract staff of all categories. This is quite understandable and that is why the constitution, extant labour laws, African Charter on Human and People Rights (Ratification and Enforcement Act) 1990 as well as ILO conventions 87 and 98 seek to guarantee the right of workers to join a trade union for their protection. However according to Dr. Ovunda Okene in his paper titled 'Curbing State Interference in Workers' Freedom of Association in Nigeria', "Freedom of association extends to the personal dignity and safety of workers; they must be free to associate and organize without fear or molestation. This is a significant aspect of trade union rights. However, it is not uncommon to hear of violence, injuries, loss of life, cruelty, torture and other forms of ill treatment, forced exile, and disappearances of workers all over the world. Many workers who try to form trade unions are spied on, harassed, pressured, threatened, suspended, fired, deported, or otherwise victimized in reprisal for exercising their right to freedom of association. The state must ensure that the lives of workers and especially their leadership are protected from both the state itself and others." A current example is the termination of the employment of the PENGASSAN branch Chairman and key officers by the Management of Pressure Control Systems Limited (A GE company) for spearheading the unionization of the workers.. Dr. Ovunda Okene also recalls and sadly too, "that In Nigeria, workers' right to personal dignity and safety is very precarious. Violence against trade unionists is endemic, including murder, disappearance, intimidation, torture, harassment, and detention." He recounted the experience of Comrade Adams Oshiomhole, Chief Milton Dabibi and Chief Frank Kokori. You would recall that Comrade Chief Milton Dabibi, the then general secretary of the Petroleum and Natural Gas Senior Staff Association (PENGASSAN), Chief Frank Kokori, then general secretary of National Union of Petroleum and Natural Gas Workers (NUPENG) and many other union leaders were detained between 1994 and 1996, for more than two years without charge or trial. When they fell into poor health, access to medical care was denied them.

The above notwithstanding and even the repressive actions of companies like Pressure Control Systems Limited etc, Trade Unions must however continue to display courage and solidarity in the protection of the rights and welfare of their members and in the mobilisation of Nigerians against unpopular government policies. If people like Chief Milton Dabibi and Frank Kokori did not stand up to the challenge of their time, the current democratic dispensation may have eluded us. Trade unions must also intensify their efforts at unionizing the workers and protecting their rights if they must continue to remain relevant. No amount of fear, evil and oppression can kill the will and determination of the people in their pursuit for social justice and a fair society; except if the people themselves are not determined and united in such struggle. History is replete with examples. Moreover it is unlawful for an employment contract to require or to restrain an employee from joining a Trade Union. In the same fashion, employees' contracts cannot be extinguished by reason of the employee joining a Trade Union. In conclusion, therefore, all workers, whether they are

permanent staff, agency or contract staff of any category, have the right to join a trade union and bargain collectively. This is a constitutional right as well as a right under the ILO Convention and the trade unions must help them exercise their right.

4.6 SUPERVISION CAPACITY OF THE FEDERAL GOVERNMENT AGENCIES:

There are doubts in some quarters as to whether the Federal Government has sufficient qualified personnel for the inspection of our factories for the purpose of ensuring that the provisions of the law are effectively and adequately observed by factory operators including those engaged in the oil and gas business. A very close examination of the number of officers working in the Federal Ministry of Labour and Productivity in say Port Harcourt vis-à-vis the level of industrial activities in Rivers State tend to support this line of thinking. In addition any critical review of court rulings in this area will reveal that almost all the cases are English Cases and that there have been very few Prosecutions under our law. As a Union leader, I still believe that a lot need to be done to increase the capacity of the Ministry and other relevant government agencies to discharge this very important duty as empirical evidence has shown that quite a lot of these accidents and work related diseases are preventable.

4.7 IGNORANCE AND LACK OF AWARENESS OF THE RIGHTS BY THE WORKERS TO A SAFE, HEALTHY AND SECURED WORKPLACE AND OF THE EMERGING THREATS AND NEW PATTERNS OF PREVENTION:

All workers, whether they are permanent staff, agency or contractors, need to be aware of issues that affect their health and safety at work. They also should be aware of the new risks and threats to health, safety and security at work including the new patterns of prevention and mitigating actions. Also, although the unions have fought and achieved certain basic legal and contractual health and safety rights for workers, it is obvious that a sizeable number of workers do not even know these rights. Efforts such as this should be encouraged so as to let workers know these rights. I also encourage the various trade unions and their labour centres to champion the crusade for the education of their members as regards their rights to a safe and healthy workplace. Remember even the Bible in Hosea 4:6 says "my people are destroyed for lack of knowledge".

4.8 ELECTORAL REFORMS AND CREDIBLE ELECTIONS:

You may begin to wonder how Electoral reforms and credible elections can contribute to the promotion of a safe, secured and healthy workplace. The truth is that a government which is truly elected and representative of the people will embark on people oriented projects , review the laws that affect workers including those relating to health and safety , put in place policies that will tackle poverty and unemployment, ensure the safety of its workforce and indeed the country's workforce and ensure that in line with Section 17 (3) (b and c) of the 1999 Constitution of the Federal Republic of Nigeria the conditions of work are just and humane, ... and that the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused. There is therefore a direct link between electoral reforms, credible election and the welfare of the workers and indeed the citizens of our country. The Rivers State Council of Trade Union Congress (TUC) therefore restates the position of the National Executive Council meeting of TUC held on February 19th 2010 and the TUC National Triennial Delegates Conference of March

18th and 19th that for Nigeria to move forward there is no better alternative to electoral reform and credible elections.

5. CONCLUSION AND RECOMMENDATIONS

The International Labour Organization (ILO) estimates that 270 million work accidents occur annually while 160 million are estimated to suffer from work-related illnesses. About 2.2 million die worldwide due to such accidents – a death toll averaging some 6,000 workers a day. I would like to think that this figure does not include former employees whose health are now adversely affected by the work they did and by the conditions of the place they worked. This figure is sadly expected to grow in view of the current global financial crises, other emerging risks and the changing pattern of works. This therefore underscores the importance and urgency of addressing the issues and concerns as well as recommendations that will be reached at the end of this seminar. It also calls for the continuous review of the patterns of prevention and involvement of the workers through social dialogue. **This as we have aforementioned is because if nothing drastic is done to protect workers and ensure that employers and government put in place appropriate mechanisms aimed at the prevention of these accidents, illnesses and fatalities; the statistics will increase by geometric progression.**

To this end, therefore, the following suggestions, in addition to others that may have been made elsewhere in this paper, should be given adequate attention:

- a) There should be a culture of sharing information about emerging health, safety and security risks and new patterns of preventions at enterprise, national and international levels.
- b) The ILO adopted Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001) should be considered in the implementation of Health and Safety programmes.
- c) Carryout regular health promotion programmes at enterprise, national and international level which are designed to encourage and help build healthy behaviour, especially in relation to alcohol and drug abuse, tobacco, stress and mental health, nutrition, physical exercise, etc.
- d) Employers and governments should build and maintain a preventative safety and health culture with a view creating and increasing general awareness, knowledge and understanding of hazards and risks and how they may be prevented or controlled, as well as enabling an exchange of experience and good practice on health, safety and security.
- e) Accident prevention programmes, including the use of protective equipment, safety education, machine guarding, a work permit system, effective supervision at work sites and the enforcement of factory laws and regulations should be pursued vigorously.
- f) The Federal government should ratify the ILO Conventions on Health and safety that they have yet to ratify, while the National Assembly should pass the ratified ILO conventions into laws. To this end we would request the Federal Ministry of labour and Productivity to assist us appeal to the National Assembly to further expedite action on the Bill for an Act to Make Comprehensive Provisions for Occupational Safety and Health in Workplaces and for Matters Connected Therewith. We would also like to use the opportunity presented by this forum to thank the National Assembly for the progress made so far on the bill and appeal to them to further expedite action in passing the bill into law in the interest of the Nigerian workers who look unto them for protection against the flipside of capitalism.

g) Trade Unions should educate their members on their right to decent work including safe and healthy workplace. They should ensure that these rights are captured in the collective bargaining agreements and employee handbook in all the companies under their jurisdiction. They should also ensure that all legal

provisions on the protection of the health and safety of workers are duly observed and respected and that there are adequate arrangements to reasonably cater for the health of employees affected by redundancy and retirement .This arrangement should include full and comprehensive medical examination to

confirm the extent to which their health has been impacted by their work and the medical arrangement to mitigate the identified risks. They should also ensure that all workers have a comprehensive medical cover either via Company nominated clinics or utilising the National Health Insurance Scheme. Although preference could be given to the use of competent company retainer clinics.

h) The Federal Government should ensure that it gives the Federal Ministry of Labour and Productivity, the Department of Petroleum Resources and other relevant government agencies all that they require to carry out effective inspection of all factories and worksites as well as adequate enforcement of the existing labour laws.

i) State Governments should leverage on the fact that the health, safety and welfare of persons employed to work in factories etc is in the concurrent list of the Constitution and hence they should engage their state houses of assembly to enact laws that will ensure the protection and advancement of the right of workers

to safe and health workplace. As at today, it appears it is only the Federal Government that has enacted a Factories Act. The States Government especially those of the Niger Delta States have not done anything in this direction.

j) Companies and governments should recognize stress as a workplace issue and provide assistance to individuals to identify and treat the root cause of the problem

k) All workers, whether they are permanent staff, agency or contractors should be made aware of their right to join a trade union and bargain collectively. This is the first and basic step for the protection of their rights as workers.

l) Employers should give young workers only work that is appropriate to their skills and with adequate Health and safety training, supervision and safety measures.

m) Trade unions and Federal Ministry of Labour and Productivity should ensure that all workers, whether they are permanent staff, agency or contractors should be covered by Workmen's Compensation Insurance and Life insurance from a reputable Insurance Companies in line with the law. They should also ensure that

Workers have effective and working medical and health cover either via competent retainer clinics or at least via the National Health Insurance Scheme.

n) The penalties for breaches of the provisions of the Labour Laws by employers should be reviewed in line with the current economic realities. The current regime of penalties is insufficient and even ridiculous, thereby encouraging the deliberate default on the part of the employers.

o) Establish a national system for the assessment and classification of chemicals and other materials and ensure adequate flow of information from manufacturers and importers to workplace users through labelling and material safety datasheets(MSDS)/ chemical safety datasheets(CSDS). Such information should include hazards and safety precautions (including control and emergency measures), as well as legal requirements. Workers need to be adequately

informed and trained with regard to potential hazards, and appropriate engineering controls in place to limit exposure

p) Let me state that workers, employers and Government have a shared responsibility for safety and health at work, and we must work vigorously to achieve a safe and healthy workplace.

Finally let me leave you with this statement from the ILO on Right to decent work.

“Work can only be decent if it is safe and healthy. Work that is well paid But unsafe is not decent. Work practiced freely but which exposes workers to health hazards is not decent. A fair employment contract for a work that impairs one’s well-being is not decent work. Decent Work must be safe work.”

Thank you for your attention.

Comrade Hyginus Chika Onuegbu FCA

Appendix 1

ILO List of occupational diseases₁ (revised 2010)

1. Occupational diseases caused by exposure to agents arising from work activities

1.1. Diseases caused by chemical agents

- 1.1.1. Diseases caused by beryllium or its compounds
- 1.1.2. Diseases caused by cadmium or its compounds
- 1.1.3. Diseases caused by phosphorus or its compounds
- 1.1.4. Diseases caused by chromium or its compounds
- 1.1.5. Diseases caused by manganese or its compounds
- 1.1.6. Diseases caused by arsenic or its compounds
- 1.1.7. Diseases caused by mercury or its compounds
- 1.1.8. Diseases caused by lead or its compounds
- 1.1.9. Diseases caused by fluorine or its compounds
- 1.1.10. Diseases caused by carbon disulfide
- 1.1.11. Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
- 1.1.12. Diseases caused by benzene or its homologues
- 1.1.13. Diseases caused by nitro- and amino-derivatives of benzene or its homologues
- 1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
- 1.1.15. Diseases caused by alcohols, glycols or ketones
- 1.1.16. Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
- 1.1.17. Diseases caused by acrylonitrile
- 1.1.18. Diseases caused by oxides of nitrogen
- 1.1.19. Diseases caused by vanadium or its compounds
- 1.1.20. Diseases caused by antimony or its compounds
- 1.1.21. Diseases caused by hexane
- 1.1.22. Diseases caused by mineral acids
- 1.1.23. Diseases caused by pharmaceutical agents
- 1.1.24. Diseases caused by nickel or its compounds

1 In the application of this list the degree and type of exposure and the work or occupation involving a particular risk of exposure should be taken into account when appropriate.

- 1.1.25. Diseases caused by thallium or its compounds
- 1.1.26. Diseases caused by osmium or its compounds
- 1.1.27. Diseases caused by selenium or its compounds
- 1.1.28. Diseases caused by copper or its compounds
- 1.1.29. Diseases caused by platinum or its compounds
- 1.1.30. Diseases caused by tin or its compounds
- 1.1.31. Diseases caused by zinc or its compounds
- 1.1.32. Diseases caused by phosgene
- 1.1.33. Diseases caused by corneal irritants like benzoquinone
- 1.1.34. Diseases caused by ammonia
- 1.1.35. Diseases caused by isocyanates
- 1.1.36. Diseases caused by pesticides
- 1.1.37. Diseases caused by sulphur oxides
- 1.1.38. Diseases caused by organic solvents
- 1.1.39. Diseases caused by latex or latex-containing products
- 1.1.40. Diseases caused by chlorine
- 1.1.41. Diseases caused by other chemical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these chemical agents arising from work activities and the disease(s) contracted by the worker

1.2. Diseases caused by physical agents

- 1.2.1. Hearing impairment caused by noise
- 1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
- 1.2.3. Diseases caused by compressed or decompressed air
- 1.2.4. Diseases caused by ionizing radiations
- 1.2.5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
- 1.2.6. Diseases caused by exposure to extreme temperatures
- 1.2.7. Diseases caused by other physical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these physical agents arising from work activities and the disease(s) contracted by the worker

1.3. Biological agents and infectious or parasitic diseases

- 1.3.1. Brucellosis
- 1.3.2. Hepatitis viruses
- 1.3.3. Human immunodeficiency virus (HIV)
- 1.3.4. Tetanus
- 1.3.5. Tuberculosis
- 1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
- 1.3.7. Anthrax
- 1.3.8. Leptospirosis
- 1.3.9. Diseases caused by other biological agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the worker

2. Occupational diseases by target organ systems

2.1. Respiratory diseases

- 2.1.1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)
- 2.1.2. Silicotuberculosis
- 2.1.3. Pneumoconioses caused by non-fibrogenic mineral dust

- 2.1.4. Siderosis
- 2.1.5. Bronchopulmonary diseases caused by hard-metal dust
- 2.1.6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugar cane (bagassosis)
- 2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities
- 2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities
- 2.1.10. Diseases of the lung caused by aluminium
- 2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the worker

2.2. Skin diseases

- 2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergyprovoking agents arising from work activities not included in other items
- 2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
- 2.2.3. Vitiligo caused by other recognized agents arising from work activities not included in other items
- 2.2.4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

2.3. Musculoskeletal disorders

- 2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.3. Olecranon bursitis due to prolonged pressure of the elbow region
- 2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position
- 2.3.5. Epicondylitis due to repetitive forceful work
- 2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
- 2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
- 2.3.8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

2.4. Mental and behavioural disorders

- 2.4.1. Post-traumatic stress disorder
- 2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker

3. Occupational cancer

3.1. Cancer caused by the following agents

- 3.1.1. Asbestos

- 3.1.2. Benzidine and its salts
- 3.1.3. Bis-chloromethyl ether (BCME)
- 3.1.4. Chromium VI compounds
- 3.1.5. Coal tars, coal tar pitches or soots
- 3.1.6. Beta-naphthylamine
- 3.1.7. Vinyl chloride
- 3.1.8. Benzene
- 3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
- 3.1.10. Ionizing radiations
- 3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
- 3.1.12. Coke oven emissions
- 3.1.13. Nickel compounds
- 3.1.14. Wood dust
- 3.1.15. Arsenic and its compounds
- 3.1.16. Beryllium and its compounds
- 3.1.17. Cadmium and its compounds
- 3.1.18. Erionite
- 3.1.19. Ethylene oxide
- 3.1.20. Hepatitis B virus (HBV) and hepatitis C virus (HCV)
- 3.1.21. Cancers caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these agents arising from work activities and the cancer(s) contracted by the worker

4. Other diseases

4.1. Miners' nystagmus

4.2. Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure arising from work activities and the disease(s) contracted by the worker

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