Day 1 – 12 July 2018

Welcome and introduction
Menaha Kandasamy of the Red Flag Women’s Movement instructed the participants to introduce themselves and the organisation that they represent. Afterwards, the participants had to say something that they like or know about Sri Lanka. Sri Lankan participants were asked to choose another country and tell something that they know or like about such country.

After the round of introduction, Menaha observed that most participants said positive things about Sri Lanka. While she agreed that the participants’ opinions about Sri Lanka are correct, she also pointed out some ironies. Some of the participants observed that Sri Lanka is clean, but Menaha noted that Sri Lanka also has a history of ethnic cleansing. Many noticed the kindness and hospitality of Sri Lankans, but Menaha also pointed out that there is also racism in the country. Also, while some observed Sri Lanka’s green landscape, Menaha shared that how such green landscape and vegetation were destroyed by the war.

Menaha then gave a brief background of the general situation in Sri Lanka. She mentioned that Sri Lanka has free education and free health services, but these services are headed towards privatisation. The
quality of education is declining, causing worry to the citizens. Most doctors in government hospitals are doing private practice and patients have to buy medicines out of pocket.

While Sri Lanka is world-renowned for its high-quality Ceylon tea, the tea pickers are highly exploited and working under the conditions of bonded labour. Generally, their health and safety are not considered as a right, or even as an important issue.

Many of Sri Lanka’s present problems stem from more than 30 years of civil war. Unfortunately, most young people in Sri Lanka do not realise how recent the war was and how the current social problems are related to the war.

Menaha narrated the history of the Ceylon Workers’ Red Flag Union (RFU). The RFU was formed in the 1940s and was started by the Communist Party. It represents workers from different sectors, including garments, tea plantation, rubber plantation, and domestic work. Domestic workers formed their own union eventually, but RFU continues to support them.

Members of the union wanted to change the structure of union from top-down to bottom-up. Since 2004, RFU became independent from the Community Party. Although the union needs party support, Menaha said that there is still no ‘real left’ workers’ party, so for the time being, RFU is working independently. She also mentioned that more and more women become members of the union, but the members wondered why the increased women’s membership did not translate to increased women’s leadership. Because of this, one of the reforms that they made was to ensure gender balance in the union’s leadership. Specifically, they adopted a rule that if the President is male, then the Secretary should be female (and vice versa). This resulted to the development of more women leaders. It also resulted in a more diverse representation that also includes young workers. Menaha argues that while the number of women leaders is important, it is not as important as the quality of representation that it produces.

Menaha also pointed out that RFU works within the rights-based and sustainability framework with long-term effects on the workers as the main goal. For instance, the lack of toilets in tea plantations is linked to the issues of health and safety as well as to the workers’ dignity. Tea plantation workers organised themselves to demand for toilets in the workplace and the struggle is ongoing.

National situation on occupational safety and health

Omana introduced the session about the national situation on OSH in the countries represented in the meeting. The country reports were expected to include updates from all countries since the last year’s conference.

Bangladesh

Repon Chowdhury

Bangladesh Occupational Safety, Health, and Environment Foundation (OSHE)

Repon Chowdhury of OSHE presented the updates on the OSH situation in Bangladesh. In terms of the general labour context, there are more men (39.5 million) than women (7.2 million) in Bangladesh’s active labour force. Of the total employed population of 54.1 million, 47.3 million are in the informal sector, and the remaining minority are in the formal sector. The underemployment rate in Bangladesh is 20%.

In terms of national OSH legislation, the Bangladesh has ratified only the ILO Convention 81 on Labour Inspection. There are OSH provisions in the Bangladesh Labour Act of 2006 (Amended 2013) and the government also developed a National OSH Policy. Some new initiatives on OSH in Bangladesh include
the formation of the National OSH Council, development of the National OSH Profile and National Action Plan (draft), amendment of the Bangladesh Labour Act, development of the Employment Injury Insurance Scheme (initially targeting the ready-made garments [RMG] workers only) and strengthening of the Labour Inspection Department (in terms of manpower, capacity, and coverage).

Repon showed a table summarising the statistics on work-related accidents and deaths from 2012 to June 2018. There were 6,017 work-related deaths and 4,488 work-related injuries recorded during such period. However, Repon noted that the system for reporting work accidents is so poor, thus very few accidents are reported at all.

There have been many workplace-related tragedies in the past, but the Rana Plaza collapse was the first to receive international attention. Since it was the tragedy of the greatest magnitude and that gained much attention, subsequent efforts on OSH were all focused on the RMG sector. Most of the positive changes in OSH policies do not apply to other sectors.

There are ongoing national campaigns on OSH, including the following:

- Advocacy and lobbying for the ratification of ILO Convention155 and for the amendment of various key provision of the Labour Act;
- Monitoring of workplace accidents, dissemination of study/survey findings, and provision of OSH information and services to workers;
- Proactive engagement in national-level discussions on the development of the OSH profile and national action programme, together with other tripartite partners;
- Awareness raising and capacity building of workers and unions in key sectors, such as ship breaking, RMG, construction, leather, waste picking, home-based work and tea plantations; and
- Supporting occupational accident victims to uphold their voice, demands and compensation rights.

According to Repon, the government is not responsive to these campaigns, so greater pressure is needed. Some key challenges related to OSH are the fear of the workers at the workplace (which prevent them from effectively building their bargaining power to demand for their rights), narrow focus of initiatives on the RMG sector, and weak labour inspection system and poor compliance of employers.

**Discussion**

Jagdish Patel asked where the data statistics on workplace accidents are obtained. Repon responded that they were from news articles (secondary data) because the official government data show only five to six cases. He recognises that the data is not complete because the media typically reports only on fatal incidents; the non-fatal workplace accidents are not reported. He also added that if the incident is not reported to the police, then the media do not report it.

Khalid Mahmood observed that the number of fatalities in 2016 and 2017 is high and asked what sectors these incidents occurred. Repon said that such incidents are mostly in the construction sector where most of the workers are under informal working arrangements. Construction workers usually suffer from electrocution. The shipbreaking industry also has high incidence of work-related accidents.

**Nepal**

**Smritee Lama**

**General Federation of Nepalese Trade Unions (GEFONT)**

Smritee Lama of GEFONT argued that the current OSH situation in Nepal is similar to other countries. It is found that 20,000 working people being injured and 200 deaths every year because of occupational
accidents within the formal sector industrial workforce of 400,000. The construction and transport sectors are mostly affected. Despite this, OSH issues are still not a hot agenda in the Nepali world of work. However, GEFONT has been raising awareness on OSH issues since 1994 by focusing on social dialogue to create safe and healthy working environment. Starting 2004, GEFONT jointly works with the National Trade Union Confederation.

The 3rd National Congress of GEFONT emphasised on the following OSH issues:

- Partnership with employers and government for training programs on OSH;
- Research for problem identification;
- Awareness program for safe and clean workplace and healthy life;
- Partnership with employers for sound workplace management;
- Pressurising the government for waste and sewage management;
- Collaborating with international agencies like ILO for OSH work; and
- Cooperation with stakeholders on the issue of OSH and environment.

In 2001, the government formed the Occupational Safety and Health Association, an organisation in a tripartite structure. It organised a 15-day training of trainers on OSH.

On 22 December 2014, the Nepal government banned the import and use of asbestos. Also, it issued the OSH Directive for the Brick Industry 2018, which addresses the issues of drinking water and safety equipment, and the OSH Standard for Noise and Light, which set the permissible exposure limit of noise in the workplace. The new labour law of Nepal also deals with the following industries: manufacturing; agricultural, forest, and fishing; electricity, gas, drinking water, health-related and sanitation; transportation, godam (store), and communications; finance, insurance, real estate, and trade and commercial business; hotel and restaurant; construction; public service; and mining and quarrying.

A policy on the formation of safety and health committees was introduced. Specifically, it states that every enterprise with 20 or more workers shall form a safety and health committee, comprising of representatives of workers and management. The responsibilities of the committee are:

- To manage OSH matters in the workplace and enforcement effectively;
- To review the arrangement of OSH periodically;
- To inform the employer and labour office about the shortcomings or deterioration of quality in the arrangement if it is noticed; and
- To review the OSH policy of the establishment.

Moreover, based on the new legislation, the trade unions and the employers should draft an OSH policy and prepare a model OSH policy for every sector, including: manufacturing, cement, pharmaceutical, chemical, iron and steel, clothing and jute, carpet, forest and wood, agricultural, hatchery, construction, transportation, fishing, teaching services, mining and quarrying, hospital and health institutions, hotel and restaurant business, and finance, trade, and commercial business.

**Discussion**

Thavaraj asked about the issues and problems faced by the quarry workers in Nepal and how they negotiate with their employers. Smritee said that in stone quarries, women and children inhale dust and hurt their hands. The quarry workers are considered part of the formal sector, although middlemen deal directly with the employers. The negotiation happens at the plant level committee, but then it is the middlemen who are engaged in the negotiation.

Since Smritee’s presentation mentioned about GEFONT’s experiences in partnering with the government, Shantani wanted to know the challenges in engaging in such partnership. She also asked whether the
OSH committees have representatives from both the workers and the management. Smritee responded that the government should be responsible for all workers’ issues, so it is important to engage with them. She shared about a worker’s accident and how, in response, GEFONT put pressure on the government to provide compensation to the victim. The government quickly gave the compensation. If the workers and their organisation are strong, then the government must listen. Smritee added that OSH is not a sensitive issue for the government and the employers. In fact, OSH committees are supported by the management.

Nepal
Ram Charitra Sah
Center for Public Health and Environmental Development (CEPHED)

Ram Charitra Sah presented on chemical-related OSH, an area that is not typically explored.

He shared that Asia Monitor Resource Centre (AMRC) supported a project on OSH in brick, cement, and stone crushing industries in Nepal. CEPHED a study about the common issues faced by workers in stone crushing and sand mining industries and they found the following problems: air pollution, noise pollution, heat and stress, poor water sanitation, limited rest time and place, cuts and wounds, long working hours, low wages, and child labour.

After the study, in October 2017, CEPHED organised a training for stone crushing workers on legal institutions. This year, the Center is planning to conduct the same training for brick and cement industry workers.

CEPHED also did a study on mercury usage in the fields of dentistry and healthcare services. They learned that not only dental patients, but also nurses and doctors are exposed to mercury fillings. After bio-monitoring, they found that 100% of the subjects have mercury in their body. They organised campaigns targeting the government, health secretary, and dental doctors. The government was responsive to this issue and banned the import and use of mercury. Since then, many hospitals and clinics in Nepal have gone mercury-free. To promote non-usage of mercury, CEPHED provided training and certification (i.e., with stickers and labels) to dental care practitioners who practice mercury-free dentistry.

Along with the Biological Research Institute and the International PoPs Elimination Network, CEPHED also conducted a mercury monitoring study among women of childbearing age in Lalitpur District of Kathmandu Valley. As majority of the people in Nepal are Buddhists, metal-plating on Buddha statues is one of the industries in which families work. Workers mix gold and mercury to coat the sculptures and this expose them directly to mercury. This is confirmed when they found high incidence of mercury exposure among sculptors after bio-monitoring. The sculptors also suffer from toxicity and neural issues.

Currently, CEPHED is developing a profile on mercury to inform the policymakers about the situation. They target to finish the profile by the end of 2018 and the government agreed to consider their findings.

Moreover, Ram presented the issue of chemicals in cosmetics. In particular, CEPHED found that many cosmetic products, such as lipsticks and skin whitening cream, have high lead content. Although women are more likely to use cosmetic products, it was found that men are also contaminated by skin cream. Ram also noted that foetuses are also affected by chemical exposure as the chemicals pass the placenta barrier.
CEPHED raised the issue of chemicals in cosmetics to the government, but the government was not receptive. This is probably because most of the government officials are men. However, women leaders are willing to take up this issue and work for the development of standards in the cosmetic industry.

Ram also shared that CEPHED hosted a screening of the documentary, “Stories from the Clean Room”, during the World Environment Day 2018 to raise awareness on OSH issues.

At the end of the presentation, Ram showed some video clips of the process of gold-plating of Buddha statues. In the video clips, sculptors were holding mercury with their bare hands and are exposed to mercury for a long period of time.

**Discussion**

Dr. Huma Tabbasum asked how prevalent the usage of mercury in Nepal is. She also shared that in Pakistan, there are chemicals, including mercury, found in Play Dough and many other products. Ram said that currently, CEPHED is conducting a mercury for the government. So far, they have found a huge number of mercury-containing products, including cosmetics, children’s toys, lighting (metal plating), thermometers, batteries, and more than 50 products used in health sector. In proportion to the population, Ram said that a huge amount of mercury is used in the country.

HeXiao Bo asked if there have been cases of mercury poisoning in Nepal. If so, he wanted to know the kinds of treatments available and the compensation that the government provides. Ram responded that, they found 28 ppm of mercury and one can observe the effects in the workers. However, there is no system of case filing and compensation in the government for mercury poisoning. Once the mercury profile is finished, Ram said that they are expecting the government will do something about it. He also mentioned that there are no trade unions in the sectors in which mercury is used. So, CEPHED is trying to initiate the formation of a trade union in affected sectors.

Dr. Ashish Mittal inquired whether mercury settles in the environment when it evaporates. Ram said that mercury is released to the environment and settles there. If it gets in contact with an organism, it transforms into an organic form that is highly toxic. Thus, Ram argued that workers in the statue making industry, along with their families, are definitely contaminated.

**India**

**Jagdish Patel**

**Occupational and Environmental Health Network of India (OEHNI)**

Jagdish Patel presented the OSH situation in India.

According to Jagdish, the Ministry of Health and Family Welfare has a scheme called ‘National Programme for Control and Treatment of Occupational Diseases’ to address 17 million occupational non-fatal injuries (17% of the world) and 45,000 fatal injuries (45% of the total deaths due to occupational injuries in the world) that occur each year. The following research projects are in the pipeline:

- Prevention, control and treatment of silicosis and silico-tuberculosis in agate industry;
- Occupational health problems of tobacco harvesters and their prevention; and
- Hazardous process and chemicals, database generation, documentation, and information dissemination.

Recently, the Parliamentary Committee on Family Welfare and Health visited Jodhpur where OEHNI member MLPC visited them. On short notice, the OEHNI Secretariat was invited to draft memorandum to be presented to the Committee. It was presented by Sri Rana Sengupta to the Committee.
In Rajasthan, around 10,000 workers have been paid relief either under Construction Workers Welfare board or REHA Board. In December 2017, the National Human Rights Commission (NHRC) gave short-term and long-term recommendations regarding our complaints filed since 2010 for the agate workers. It has recommended to pay Rs400,000 to the victims’ families. In April, NHRC team visited Gujarat to have public hearing where they assured OEHNI that the government of Gujarat will be soon paying the amount. The deputy director general of the Directorate General Factory Advice Service and Labour Institutes (DGFASLI), Dr S K Haldar, explained about a recent survey of 83 workers exposed to silica dust at manual and mechanised units and found that found 14.4% of whom had silicosis. There is an ongoing at the Supreme Court on appeal for compensation for victims.

More than 12,000 cases of silicosis were detected in Rajasthan and more than Rs 1,500,00,000 were provided as relief to silicosis victims. MLPC is demanding to set up a Welfare Board for mine workers and have organised protests.

The State of Haryana has come up with a good policy for silicosis victims. It offers monthly payments in addition to relief of Rs500,000.

Meanwhile, the Government of India has come up with a proposal to merge the labour laws (i.e., Wage Code, Social Security Code, OSH Code, and Industrial Relations Code) for simplification. The Wage Code has already gone to the Parliament. For the OSH Code, the time period to send suggestions is over. Several consultations have taken place and it is believed that the trade unions outrightly rejected the Code because no positive changes were proposed.

The State Governments are also bringing in new policies for inspection. Factory inspectors cannot go for inspection on their own. No area is fixed for them. In the morning, they receive a message from the head officer and the employer is also informed at the same time. Maharashtra Government has policy to send inspectors under different laws together. On the other hand, under the Employees’ State Insurance Corporation, the inspectors cannot visit a factory for inspection unless ordered by the headquarters or an NGO made a representation before the headquarters.

On Maharashtra’s state policy on OSH, officials said that the draft policy includes fixing the responsibility on safety auditors and owners of factories and establishments for accidents, appointing one safety officer for 250 workers, instead of the current provision of one for 1,000 workers. It also includes training workers through Industrial Training Institutes, providing safety kits to workers, and rewarding factories and establishments complying with safety norms, among others. The Labour Department had decided to come up with the safety and health policy for workers in the wake of the death of 26 people in two fire incidents in Mumbai in December. The policy is aimed at fixing the responsibility for the safety of employees on factories and establishments, said an official. Currently, there are 36,933 factories in the state, besides approximately 35,000 units of shops and establishments that employ such workers. However, these policies are more geared towards promoting the ease of doing business (i.e., synchronised joint inspection policy to include all departments – pollution control, labour, OSH, provident fund, employees’ social insurance, etc.).

Jagdish also shared the findings of People’s Training and Research Centre’s (PTRC) study on textile workers in Surat. Surat is an important hub for power loom, dyeing-printing, Jari, and embroidery. It has huge textile market employing 0.4 million workers. In Surat alone, the textile industry employs around 1.5 million workers. PTRC’s study revealed the following findings:

- 74% of the respondents said they work in 12-hour shifts.
- 80% of the respondents, including female, said they are forced to work overtime.
- In 12% of the units, they employ child labour. 26% of the units employ adolescent workers.
- 82% of the respondents said they do not get pay slips.
- 94% of the respondents said they do not get minimum wages.
- 72% of the respondents do not get a bonus.
- 78% of the respondents do not get a weekly off, 56% are required to work on their weekly off, 100% do not get paid wages for the weekly off.
- 8% of the respondents reported that they suffer from some occupational disease.
- 10% of the respondents know a colleague who suffers from such diseases.
- There are no unions in any of the establishments.
- The Employees’ State Insurance law is applicable to 37 units only. Out of which, only 4 units (10%) comply with the law.

Around 2,000 workers of a unit of Shahi Exports at Maddur in Mandya District walked out of the factory to protest against the management on 23 June 2018 to demand minimum wages. The protest also exposed the level of harassment that the women working in the factory face.

The study conducted by the Garment Labour Union revealed the following:
- 14% of the women garment workers in Bengaluru have been raped or were forced to commit a sexual act.
- 75% of the women garment workers report that there is no functioning complaints procedure in their factory for investigating and penalising cases of sexual harassment or violence.
- 80% of the women garment workers report that their health and safety is at risk because of the working conditions.
- 43% of the women garment workers were not given maternity leave.
- 65% do not believe that women garment workers can access justice because they are too poor.

Another case study that Jagdish shared was regarding the reduced use of solvent in a tyre factory. Everything seemed as usual when workers at MRF, Thiruvottiyur, began their shift on June 15. But the workers in the department where tyres are shaped began running out of a solvent used to ease the bending of the rubber. At first, they did not realise the issue but noticed that it was getting harder to bend the rubber to its required shape and that their arms were beginning to hurt. The containers of the solvent supplied to them were the same ones they got every day. Yet, all the workers in the shift found themselves facing a shortage of the solvent. Soon, they realised the company had reduced their quota of the solvent by crumpling the bottom of the container. Even as the company demanded production targets be met, they had reduced a critical raw material that helped ease the process.

Jagdish also shared the OSH conditions of working children. Children employed in carpet weaving in Jaipur City showed evidence of acute respiratory problems compared to other non-working children living in the same community. Children employed in leather factories were constantly exposed to chemicals of glue and solvents in the industry. Sore throat, dizziness, methemoglobinemia, and anaemia are other common effects of ingestion or inhalation of chlorate dust in factories. Inhalation of sulphur dust causes respiratory infections, asthma, eye infections, and other chronic lung diseases. Studies have shown that 73% of the lock factory workers in Aligarh suffer from respiratory tract problems, and among the tannery workers in Kanpur industrial slums, occupational morbidity was recorded at 28 per cent. An elevated level of nicotine was observed in the urine samples of tobacco workers and was causing several health problems.

In a recent study on truck drivers. It was found that truck drivers have a high rate of occupation-related injury and experience one of the highest rates of on-job fatality. According to a report, more than 50% of truckers face driving-related health issues, yet for 63% of the truck drivers, health does not feature amongst their top three priorities in life.
Unusually long working hours, long periods away from home and family, difficult road and driving conditions, all emerged as issues impacting their health and well-being. In fact, 50% of truck drivers have trips where duration is over 12 hours and 46% drive continuously for over six hours with no break. This brings to light the stressful lifestyle of long distance commercial drivers. Maintaining mental and physical fitness is of utmost importance in the trucking industry. And yet 62% drivers have not undergone a medical check-up in the past one year.

The ergonomic risk factors faced by truck drivers as a result of awkward and fixed postures, repetitive twisting of back and neck, and working and sleeping in tight spaces result in chronic back, neck and joint pain. This negligence of health among truck drivers is exacerbated by unfavourable environment and cultural factors in the road transport industry, like poor driving infrastructure, badly maintained vehicles, lack of hygienic food and places to take rest, low wages, unplanned driving schedules and long absence from home.

Jagdish also reported the recent accidents that happened in some parts of India. One is the NTPC fire resulting from the explosion in Cochin Shipyard in February 2018. Five died because of this incident.

On sewer deaths, Jagdish mentioned that the Minister said that of the 323 deaths reported across the country since 1993, 144 (44.58%) were from Tamil Nadu, 59 from Karnataka (18.26%), and 52 from Uttar Pradesh (16.09%). These workers died while working in sewers and septic tanks. In 2016, the data from the Tamil Nadu government shows that 11 deaths were recorded. However, members of the NGO, Safai Karamchari Andolan, said that this is not the real picture. According to their survey, there were 1,340 deaths in the past 10 years across the country, and in Tamil Nadu, 294 (21.94%) deaths were reported in the same period.

Jagdish added that in February 2018, seven workers were killed in a manual scavenging incident in Andhra.

Lastly, Jagdish talked about the OSH conditions of the salt pan workers. India is the world's third biggest producer of salt after China and the US. Seventy percent of the salt production of India comes from Gujarat. In Little Rann of Kutch, a barren brown desert and local centre of inland salt production, an estimated 200,000 people work barefoot in extreme hardship, exposed to a relentless sun and serious occupational dangers.

**Discussion**

Sreedhar Ramamurthy talked about the ease of doing business in India. In this connection, he said that factory inspectors are not supposed to inspect factories and environmental regulations are not followed. Foreign investors are also favoured over workers; they are assured by the government that they can obtain necessary permits easily. The laws and their implementation are actually determined by the investors.

Menaha added that the situation is the same in Sri Lanka. The formal sector is becoming informal, making the workers' conditions more precarious. This change means that it is becoming more and more important to come together for a common action.

Dr Ashish shared that there are four asbestos mines in Rajasthan. He examined 400 patients and all of them are suffering from asbestos-related diseases (ARDs). Sixty-four are suffering from ARDs and 27 from asbestosis. These cases have to be referred to the board for final certification. The process is so complicated but the government is trying to streamline it.
Dr Huma Tabbasum talked about the OSH status of Pakistan. She said that there have been some national legislation improvements, but they only cover the formal sector. For instance, the OSH Act is only for the formal sector; informal sectors, such as agriculture and construction, are not covered.

Among the new legislation improvements are 1) the passage of the new OSH Act in January 2018, which contains new rules on silicosis; 2) the development of the National Occupational Health and Safety Council; 3) the adoption of the OSH Act of Sindh; 4) the New Factories Act and the Prohibition of Child Labour Act in three provinces; 5) the adoption of new silicosis rules after filing a case at the Supreme Court; and 6) the labour inspection of factories (a GIZ-funded project). As for the labour inspection, Dr Huma noted that the labour inspectors are not knowledgeable of the labour laws and are not well-trained.

Another development is that all mega construction projects have established an ESH Department, which hires and deploys in the construction sites engineering graduates with NEBOSH IGC and experience in construction safety. Also, an accident inventory is being maintained in-house by the Labour Department, but it is not open to the public at any website. Pakistan also has the Social Protection Authority, which provides relief to disabled workers, and food regulatory authorities in two provinces.

A database in Punjab is available, but it only maps child labour. The mere existence of a database does not address the child labour problem.

For the inspection of factories and work sites for silicosis, the SAWAC is functioning. Also, training and OEH specialised testing on site are also being done in textile, pharmaceutical, cement, tobacco, food, and oil and gas industries regularly.

In Pakistan, there is no medical inspectorate. The relevant social security hospitals are utilised for this issue. There is also no inventory or registry system for occupational injuries, illnesses, and diseases. While compensation is given to workers who suffered from accident in the factory or workplace, there has been no compensation given to any victim of occupational diseases yet.

Since 2015, occupational and environmental health is being taught at the university level. A small module is also being taught to students of public health, environmental science, engineering, coal technology, human resource management, and medicine.

Dr Huma then showed some data on the incidence of injuries among employees in major sectors of Pakistan. The agriculture and construction sectors have the highest number of cases of occupational injuries.

Dr Huma also shared the different activities they conducted related to OSH, including organising several OSH trainings for workers from different sectors and providing workers with first aid and safety kits. One company organised a media campaign, but this did not reach the workers; the campaign was only intended to warn the employers. Dr Huma also said that there are also workshops and conferences organised using money from the donors, but she thinks that no substantive results come out of them.

Dr Huma said that OSH is not just about the provision of personal protective equipment and compensation in case of injury or accident. It starts with purchasing and installation of units, which are controlled by the engineering. It is also about safe drinking water, welfare facilities, and periodic medical exposure monitoring, among others, until post-retirement. Dr Huma argued that trade unions should stop bargaining economic benefits at the cost of the health and life of workers. She observed that trade unions
do not consider OSH as a basic issue and that they only care about bonuses. She said that workers cannot enjoy the economic benefits without good health. She added that without a sound foundation for health and safety, the rest is pointless.

Dr Huma also argued that non-standard work arrangements and precarious employment should also be considered as social determinants of health. She said that there is a need to change the viewpoint that OSH is only about occupational hazards; instead, psycho-social hazards should also be considered. According to Dr Huma, when the mental health of workers is poor, then they have higher risk to injury and illness. Regarding medical inspections, Dr Huma said that as it is important to have records, there should be inventory of forms, so that patients can list their work history. She added that when a worker comes to work, they should be given information on work-related hazards and on what to do in cases of injuries, accidents, or emergencies. Some cases of death could have been avoided if workers were educated.

In conclusion, Dr Huma said that to take preventive measures is the main crux of the matter. Any injury, illness, occupational diseases, or accidents can be prevented with the help of legislation that covers all types of workers and its effective enforcement.

Sri Lanka
Jeyachtira Silambaram and Menaha Kandasamy
Red Flag Women’s Movement

Menaha Kandasamy gave a brief overview of the OSH situation in Sri Lanka. She introduced that their presentation will not include statistics but will rather focus on the issues faced by the workers and what the trade unions do to change their situation. According to Menaha, Sri Lanka as a capitalist state. Because of this, the new laws passed and the systems introduced will always be in favour of the capitalists.

The draft of the law on OSH is currently in discussion, but not in Parliament yet. The people are not aware about this and the process as information sharing is not happening. If the people are not aware, then it means that the information did not come from them. Changes in policies in Sri Lanka come from outside pressure.

Menaha also noted that the formal sector in Sri Lanka is becoming informal while the informal sector is increasing. More and more workers are being affected by informalisation; thus, more and more workers become unprotected. Even if we bring in new laws, the problems will remain because informalisation is happening. Trade unions also find it difficult to organise workers (especially those in the informal sector) and to bargain collectively. They get weaker and weaker.

Ideally, the role of the trade unions is to fight for workers’ rights and change the system in favour of the workers. However, at present, trade unions in Sri Lanka are mostly siding with the state and the government. If they participate in party politics and in the Parliament, they cannot make relevant changes that would benefit the workers because the state has its own agenda and they follow the state’s agenda.

Menaha mentioned that informalisation also happens in tea plantations. The plantations are covered by the Factory Ordinance, but it is important to note that most tea plantation workers are working outside of factories. Hence, OSH standards that apply to factories are usually not applicable in plantations.

In RFWM, the trade unions took up OSH issues and made some steps to change the workers’ situations in tea plantations.
On this note, Jeyachitra Silambaram took over the presentation and discussed the different initiatives that the RFU is doing to change the working conditions in tea plantations. She said that work in plantations is regulated by the Factory Ordinance, which primarily talks about compensation and is silent on other workers' rights.

Even though Sri Lanka has many trade unions and political parties, it does not have an OSH Act for the plantation sector. RFU started to deliberate about OSH issues since 2015 after participating in AMRC’s regional meeting. The first thing they did was to conduct a mini research on OSH issues. The study was an eye opener for RFU as the findings show that most women workers are affected by a lot of issues related to OSH. After the research, they organised a medical camp for the participants of the study, which also served as a cross-checking of the study. The doctor in the medical camp validated the same issues found in the research. Those who were diagnosed with occupational health problems were referred to the hospitals.

Jeyachitra said that they did not expect that many workers will come to the medical camp, but surprisingly, many workers came. The workers expected that the union will do more about OSH issues. So, to take the issues further, RFU did a common research and many recommendations came out of it. One of the recommendations was to include OSH in the union's constitution and this is the first thing that RFU did.

In the annual general meeting, the union members agreed and approved that the central committee should have a separate OSH committee. It was also agreed upon that a man and a woman will be in charge of the committee.

The trade union started the process in the estate committees. The estate committee is a two-person committee, represented by a man and a woman. RFU brought together the members of the estate committees to a workshop where they discussed issues related to working in the field and monitoring OSH conditions. At the workshop, the findings of the aforesaid research were also presented.

At the union level, the workers have achieved something. After negotiating with the management, the estate committees in plantations in Maskeliya, Hatton, Kandy, and other places were able to successfully bargain for eating places and toilets. As a trade unionist, Jeyachitra said that she is guilty that it took them so long to demand for things such as toilets.

Jeyachitra said that these simple demands are basic rights. There are other basic rights and if we are able to target small things, then the change will come. This should also be done at the national level. The government claims that it is concerned about the development of the tea plantation workers; however, the workers' situation remains the same. According to Jeyachitra, there have to be laws on OSH at the national level and there has to be a lobby committee that will work on this.

**Discussion**

Jagdish shared that the conditions in India are not different from that in Sri Lanka. The non-availability of toilets is also an issue. Jagdish said that they should also try to demand for the same in coffee plantations in India.

Ruthiradeepan elaborated on the situations of plantation workers and trade unions in Sri Lanka. He mentioned that plantation workers are living in dire conditions. Yet, because nearly 80% of the trade unions are affiliated with political parties, the situation of the plantations is not being addressed seriously. He noted however that independent unions are doing a good job in dealing with workers' issues.
Dr Huma suggested to RFU to also get support from the academe of expert when doing a research. She said that in research, sampling is very important. If not done properly, the sampling might be faulty. If one wants to get a research published, the sampling must be good.

Menaha responded that the research that they do is not an economic/academic research, but a participatory research. After the research, they want to raise the awareness of the workers on certain issues, especially on OSH issues, which is new to the sector.

Menaha also shared that it was a long struggle to include two representatives in the central committee while ensuring gender balance. But the formation of the committees helped in establishing a system of reporting the problems in plantations. When they identified OSH problems, they would write to the management to raise their concerns and demand for solutions. She also mentioned that in the garment sector, there are also committees doing the same. However, such system is only limited to RFU-affiliated unions.

Factory inspectorates in South Asia

Sanjiv Pandita facilitated this session and started the discussion by posing the question, “In the present context, why is it important to talk about factory inspectorates?” He argued that if we recognise that OSH is a problem, then we also have to recognise that there is an institutional failure that allows the people to die and get sick. Nation-states develop their constitutions, which usually state that every citizen has rights, including the right to health and right to life. However, in South Asia, these rights are not protected. The institutions that are supposed to protect these rights are either problematic or non-existent. For instance, factory inspectorates are supposed to ensure right to life and right to health. However, they may not be corrupt, but they are designed to fail. In some cases, factories are even allowed to do self-monitoring or voluntary monitoring.

Sanjiv maintained that we need institutions of democracies that are accountable to the people of their areas. He said that we need bottom-up approach in providing safe workplaces; however, sometimes, we depend on consumer-based campaigns to address workplace OSH problems.

He noted that the function of democratic institutions is to ensure a life of dignity for all. But these institutions are failing. They are bureaucratic, undemocratic, unaccountable, and non-transparent. Sanjiv asked, “What are the alternatives to these institutions? How should reform them?” He also highlighted that there has to be workers’ participation in these institutions and workers should be proactive on the issue of factory inspection.

After Sanjiv’s introduction, Taherul Islam, ANROEV Coordinator, made a presentation on the factory inspectorate in Bangladesh to set the tone of the subsequent discussion on the issue.

Inspection of factories in Bangladesh
Taherul Islam

In his presentation, Taherul outlined the background, the gradual development, and the ground reality on factory inspectorate in Bangladesh.

Historically, factory inspections conducted in Bangladesh by either the government or retailers have been kept confidential. Such inspections, whether based on labour law or retailers’ codes of conduct, appear to have done little to prevent violations of labour rights, including harassment and firing of unionists, or reduce workplace accidents, factory fires, and structure collapses.
In this regard, Taherul shared the case of Rana Plaza and the inspection of factories in Bangladesh. More than 1,100 workers died after they were persuaded, and in some cases, forced by their employers to return to Rana Plaza a day after they evacuated the building because large cracks appeared in the building’s walls. As a result of the tragedy, the Bangladesh government and the Western retailers started to engage in inspecting more than 3,500 garment factories for structural integrity and fire and electrical safety. They took three different initiatives — the National Tripartite Plan of Action for Fire and Structural Integrity (NTPA), the Bangladesh Accord on Fire and Building Safety (ACCORD), and the Alliance for Bangladesh Worker Safety (ALLIANCE).

Under the NTTPA, the government was responsible for inspecting about 1,500 factories supported by the International Labour Organisation (ILO), the Bangladesh University of Engineering and Technology (BUET) staff and funded by the European Union. Many of such factories do sub-contracting work. On the other hand, the ACCORD, which was formed by 175 mainly European retailers, was responsible for inspecting 1,545 factories. Meanwhile, the ALLIANCE, composed of 26 North American retailers who work together as members of the Alliance for Bangladesh Worker Safety, was responsible for inspecting about 680 factories.

Taherul also mentioned that in addition to the aforementioned initiatives, Bangladesh also has the Department of Inspection for Factories and Establishments (DIFE), the government’s core institution for inspection. It is responsible for the inspection of factories, industries and commercial establishments, tea gardens, railways, internal water transport, and road transport under the Bangladesh labour law, along with other existing regulations. After the Rana Plaza disaster, the institution got a new momentum through an accelerated process; it was upgraded from Directorate to Department. It also increased its manpower by increasing the number of inspectors from 51 in 2013 to 315 in June 2018. It also set up a new office, supported by the ILO. The ILO also provided some technical support to DIFE.

Among the ground reality and challenges in factory inspection that Taherul identified are the following:

- The ACCORD and the Alliance completed inspecting their factories, published their reports, and continues the remediation works.
- Under the NTTPA, the government did not complete inspecting factories and has no full-fledged report published yet.
- The government and BGMEA are not interested in the ACCORD and the Alliance anymore and want them to leave Bangladesh as soon as possible.
- The ACCORD extended its tenure for the next six months, but the Alliance did not extend.
- The government set up Remediation Coordination Cell (RCC) supported by the ILO to sustain these gains and to continue with the remediation tasks, but its structure is so complicated and bureaucratic. There have not been any visible initiatives by the RCC yet. Coordination is the most crucial issue for the RCC.
- In the inspection, the main focus was given on structural, fire, and electrical safety, but occupational diseases issue is not yet in the priority list.
- The inspection is completely focused on garments factories, particularly export oriented factories but other sectors are left behind.

**Discussion**

Sanjiv emphasised that prior to the Rana Plaza tragedy, inspection in Bangladesh is almost absent. There are only 15 inspectors for a huge working population. However, after Rana Plaza, there were competing initiatives. Most of them were led by brands and international organisations. Yet, to whom are they accountable?
Khalid said that institutions were built as a result of the struggle of the labour movement. For the revival of the factory inspection, there should also be a workers' struggle. There is a need for workers' movements to come together. Khalid posed several questions. In the present situation, how can we work with other partners? It is important to know what is happening inside the factories because often, workers are afraid. How can we get rid of fear of the system in this situation for the betterment of the workers? Keeping in mind that the state should be accountable to workers, how can workers use other mechanisms as well? Khalid said that both sides should be looked at when we are discussing this issue.

Sreedhar mentioned that the changes in the factories are happening very fast and with complexity because of technology. He said that about the inspection issue, it is important to get more common people involved. As an inspector of inspectors with respect to a silicosis case, Sreedhar observed that even government officials who want to do their job are being prevented from doing so. In summary, he recommended to involve more common people, involve more brands, and have an inspector of inspectors.

Sanjiv was concerned about institutional takeover of the inspectorate the judiciary. He questioned that while we fight for an effective institution, how do we prevent such institution from falling into the hands of the capitalists? How can the integrity of the institution be protected?

Jagdish said that in most cases, the workers are not satisfied with labour inspection because the labour inspectors are not accountable to working class. We need to find new ways to make the labour inspection work. Jagdish shared that in India, the latest law was the Construction Workers’ Act, which gives trade unions and workers power to prosecute employers who violate the act. This kind of power was not granted under the Factory Act and other laws.

Jagdish also mentioned that increasingly, even the government does not trust the inspectors as they are known to take bribes. There is a need to amend the laws to empower the workers themselves. In other countries such as Norway and Sweden, the workers can go to the court and file a case against the employers for their non-compliance to labour standards. If they win the case, they get a portion of the fine.

Given that the inspectorates tackle only the minority of the workers, Sanjiv said that conceptually, it should cover all the workers. To do this, we need to reframe the discourse.

Rana Sengupta from Rajasthan shared that in India, the inspection systems for factories and for mines are separate. Because the state leases the lands and resources to the mines, he argued that the state should be accountable and pay compensation to people who get sick. There were 10,000 victims of silicosis from the mines and while they received relief, they did not get any compensation.

Smritee said that in Nepal, GEFONT thinks that there should be an OSH committee with representatives from trade unions. Nepal has an OSH department under the Ministry of Labour. The OSH committee will be responsible when the inspector comes. It will be composed of five representatives for trade union and five representatives from the employer. There will be checks and balance.

In response, Sanjiv remarked that in South Asia, most countries have laws on inspection. However, when the management is part of the committee, it is problematic. Sanjiv mentioned about a survey of 250 committees in India and based on that survey, it was found that when the management is part of the committee, the workers cannot talk about the real situation. He argued that the management should be informed about the decision, but the management should not be part of the committee because they can control the decision-making. There should be a workers-led factory inspectorate and the workers should have the right to prosecute.
Menaha shared that in their experience, when the committee is composed of the workers and management, the dynamics change. She gave the example of what they did when nearly 200 workers fainted. The workers took up the issue and did their inspection of the factory. They found that because of the lack of ventilation, the workers fainted. The findings were supported by photos. However, the institutions favoured the investors. It was clear that the inspectors took the side of the factory. When the committee leader complained and published the issue to the media, she was terminated. RFU will file a case against the state in response to this because the state did not do its job.

Smritee maintained that the current system in Nepal works. The management is present in the committee only to listen; they do not make any decision.

On the other hand, Sanjiv stated that in most cases, such system does not work. He argued that having a management representative in the committee is a structural issue. In 2001, in China, there is an initiative to do the same. The workers elected members to the safety committee who then report to the management. Over a period of time, the management took over and the committee became a safety department. Sanjiv thinks that one way to build a workers-led inspection is to not put management as part of the committee.

Methsiri DeSilva who was a part of the Sri Lankan delegates said that labour inspectorates have a very important role to play. In South Asia, the first thing to do is to make the OSH laws right and to establish a good governance system. In Sri Lanka, the starting salary of a labour inspector is LKR25,000, which is so small. The labour inspectors should also be trained well. He compared the situation in Australia and said that during labour inspection, the first person to ask is the workers’ representative. He also mentioned that there is an organisation called International Association of Labour Inspectors. There are also professional meetings among doctors and hygienists and missing in their meetings are representatives from trade unions and inspectors.

Dr Huma shared that she has worked with 45 HSE engineers and said that the commitment of the top management is important. However, she also maintained that the workers should be involved in OSH issues, especially in hazard and risk assessment. In her experience in working with some companies, the workers were involved and required to verify and sign the hazard and risk assessment that covered all locations. Non-standard work arrangement also exists in such company. Workers should be able to identify the hazards so that they can be hired again. Dr Huma argued that all kinds of certification require the commitment of the management and the involvement of the workers.

Pradeeapan Ravi brought up the role of brands and multi-stakeholder initiatives. He said that multi-stakeholder initiatives have their weaknesses and limitations, but he recognised that there are improvements as well, such as in sexual harassment and child care issues in India. Some multi-stakeholder initiatives are brand-driven, some are NGO-driven. For industries that are global in nature, Pradeeapan said that brands have a role to play.

Khalid reiterated that the basic issues are how to make the institutions accountable and how to get the common people and the people living outside the factory involved. If the institutions have political will, they will work. But how can trade unions and civil society influence these institutions? For majority of workers who are unorganised, Khalid said that we have to raise awareness on why it is important to have a safe workplace. He pointed out that if there are unions with collective bargaining agreements (CBA), then OSH should be part of the CBA.

Sanjiv said that the major issues cannot be solved now. However, we need to recognise the problems. In other places, reforms are happening. What will be our tactical actions? In the short term, Sanjiv said that brands can be involved.
Menaha said that there is a need to strengthen the workers to make them aware. The trade unions, NGOs, and civil society can work together, to transform the workers’ status from informal to formal. Workers should be organised to inspect and monitor.

Jagdish said that multinational companies have their own inspection system, but it also fails. He mentioned that in Gujarat, the workers meet with the inspectors to build a relationship with them.

Sreedhar recommended that we should draw the principles on how the inspectorate should function. For starters, the inspectorate should be democratic and transparent. At the highest level, it should have political commitment. Inspection reports should be open to the public and there should be mechanisms to guarantee this.

Repon agreed that labour inspection is necessary. He said that labour inspection is not only national but also international. How can we have a labour inspection system that is accountable to both national and international? He said that we want a democratic and stronger labour inspection system that is accountable.

As to availability of information, Khalid said that even trade unions do not have the information. How can we extract information? He said that perhaps, experts can formulate simple formats on getting information and draw comparisons in the region.

Jagdish echoed Khalid’s suggestion by pointing out that there could be a document on factory inspection in South Asia.

Sanjiv said that an action research on inspection can be done and we can build on this further. Menaha reminded that we should come out of traditional thinking if we want to reform the inspection system.

**Rana Plaza and Tazreen in the spotlight**

**Jarina Begum, Tazreen Victims rights Network Representative**

**Md.Ohedul Islam, Rana Plaza Victims Rights Network Representative**

Victims of the Rana Plaza collapse and the Tazreen fire shared their experiences to the participants.

Ohedul Islam, a victim of the Rana Plaza collapse, used to work in the 6th floor of Rana Plaza as a quality operator. Before the tragedy happened, they were already informed that the building was cracked and that it has to be evacuated. However, the management forced them to work. Around 10am on 24 April 2013, they started their generator and the building shook and collapsed.

People started crying, shouting, and screaming. Ohedul shared that he rescued about seven workers. At the 6th floor, there was a pregnant woman who gave birth in the middle of the tragic incident. The woman died after giving birth.

Ohedul also found a lady who got stuck in the debris. Using a cutting machine, he cut the lady. He found another lady in the same situation. He also cut her leg to rescue her. The lady was hospitalised for several days. She lived but lost her leg.

While rescuing other workers, Ohedul suffered from a cut on his leg. Because of this, he cannot sit, stand, and work for a long time. After some recovery period, he started working again. But when the machine starts, he panics. He tried to work in the transport sector as collector of fare, but he did not last long in the job because he cannot stand for a long time. After the Rana Plaza tragedy, he got some treatment, but he needs long-term treatment.
When he learned about the Rana Plaza Victims’ Rights Network, he joined. Now, he is taking responsibility in the network. The network conducts meetings to discuss and understand their conditions. He said that victims did not get benefits from the funds. He appealed to the participants to support them in getting employment opportunities and long-term medical treatment.

Jarina Begum, a victim of the Tazreen Fire, also shared her experience. She said that when the fire happened, she saw 12 dead people in her own eyes. During the accident, she was working on the 4th floor. She went down to the 3rd floor, but it was already covered with thick smoke. She and other workers cannot go down to the 2nd floor. So, from the 3rd floor, they just jumped.

Jarina said that when she jumped, she basically lost all her senses. Her sister found her and some boys took her to the hospital. After five days in the hospital, she woke up, but cannot move her body.

Five years after the accident, Jarina is still having health problems, but she cannot get medical treatment. The doctor advised her to undergo physiotherapy for a long time. However, Jarina cannot afford a long-term therapy.

After the accident, they formed the victims’ network. She is currently the secretary of the network. She attended trainings and represented the network in international meetings. From these activities, she learned a lot and shared her learnings to other workers.

Jarina thanked AMRC, RFU, and OSHE for inviting her to the meeting and letting her share her experience. She said that she wants to learn English to be able to communicate well in these kinds of meetings.

Menaha commented that the participants should be the ones who should learn Jarina’s language to understand her. She pointed out that the main message of the victims’ sharing is mobilisation. How do the victims start to mobilise? They needed facilitation and AMRC was behind them. The victims’ experiences send a positive message about organising industrial and occupational victims.

Day 2 – 13 July 2018

Organising occupational/industrial accident victims
Arifa As Alam
Bangladesh Occupational Safety, Health, and Environment Foundation

Arifa As Alam presented the data from OSHE’s annual monitoring of accidents. The highest incidence was in 2013, the year when the Rana Plaza tragedy happened. Arifa identified Tazreen Fashions Fire in 2012 and the Rana Plaza tragedy in 2013 as two industrial homicides in Bangladesh. In Tazreen fire, at least 112 people were killed, injured many others, and left more than 80 children without one or both parents. The main reasons for accident were the door lock (lack of fire exits) and forced labour. On the other hand, the Rana Plaza collapse killed more than 1,100 workers, injured hundreds more, and left a substantial number of children without one or both parents. The key reasons for the incident were the neglect of safety warning and forced labour.

After the Tazreen fire incident, the new unit of OSHE named Occupational Accidents Victims Support Unit (OAVSU) was established to deal with these workplace accidents victims and to directly provide the victims with special support and services towards rehabilitation in the society. The OAVSU and the occupational accident victims’ movement contributed to the following:

- Organising workplace accident victims with special support and services to rehabilitate them in society by campaigning, advocacy, and enhancing tripartite dialogue and policy consultation;
Formation of Rana Plaza and Tazreen Fashions Accidents Victims’ Rights Network
Development of databases on accident victims and on victims’ children
Promoting victims’ voice and demands at the regional and the international levels, in collaboration with ANROEV and AMRC
Compensation settlement process for the Rana Plaza and Tazreen fire victims by sharing database, providing support on verification of victims’ information, etc.

Some field level actions of the OAVSU and the victims’ rights networks include:
- Organised a national conference of Workplace Accident Victims on December 14, 2013 where detailed databases were handed over to representatives of the government and relevant labour institutions (GO - NGOs)
- Organised the Tampaco Foils Accident Victims’ Rights Network
- Organised discussion meetings with the victims and human chain in front of Rana Plaza holding posters, banners, and placards with their different demands and slogans and placed flowers wrath at the Rana Plaza monument (on the occasion of commemorating anniversary of Rana Plaza industrial homicide)
- Organised various rights based educative programme
- Provided counselling on rehabilitation, mental stress, legal and aid support
- Supported the victims to continue their medical treatment
- Organised the victims under the cooperative association approach
- Prepared a list of victims who demand for skills development trainings for alternative employment

Arifa said that some of the lessons learned from their experience include the following:
- The occupational accidents survivors and victims’ families have a platform for raising their voices, positions, and demands at national, regional, and international levels.
- Victims were united and placed unified and constant demands in the process of compensation and rehabilitation settlement.
- The victims’ network emerged as a group to settle their demands by collective actions and engagement with concerned authorities.
- Occupational accidents victims’ movements in Bangladesh got a new momentum and good linkages with international occupational accident victims’ rights movements.

However, there are also some limitations:
- The activities for victims have been running mostly through OSHE’s internal limited resources.
- Due to financial limitations, OSHE is unable to expand the support and services as required by the occupational accidents survivors.
- There is a lack of CSR support and human resources for this initiative.

Other challenges include:
- Looking for national, regional, and international sponsors to continue the “MAKING NEW HOPE” education support programme
- Lack of concern about the survivors’ long-term treatment after getting short-term immediate care
- Lack of knowledge about rights at work
- Low literacy rate of the workers
- High expectation in getting immediate benefits
- Lack of leadership skills
- Frequent mobility, unemployment, and extreme poverty
- Misguided by local elites, employers, leaders and vested interest group

As way forward, OSHE commits to do the following:
- Organise proper rehabilitation and long-term medical treatment support
- Conduct study on the status of realistic usage of awarded compensation
- Build up a national social protection or security scheme i.e. EII/employment Injury Insurance for the working sector
- Continuously strengthen the support for the victims’ rights network members in organising and leadership skills building
- Provide proper rehabilitation and create alternative employment opportunities for the victims

**Discussion**

Taherul highlighted the main points of Arifa’s presentation: the organising of the victims, the challenge of rehabilitation, and the need for alternative employment for victims.

Menaha posed the question of how long we are going to take risking workers’ lives for work. She recognised the need to support the victims’ safe life of dignity, and on the other side, the victims should not continue to increase. She said that there is a need to bring a proper system in Bangladesh. The civil society cannot do these; these are the government’s duties.

Sreedhar asked if any criminal action has been taken against the factory owners and whether there was an official assigned to this process. Arifa said that the owner of Rana Plaza is in jail for forced labour and violation of the factory inspection law. On the other hand, the owner of Tazreen was jailed, but because he owns many factories and workers did not get paid, the managers convinced workers to get him released. The workers blocked the road and protested for the release of the owner. The judgment is pending, and the owner is out of jail on conditional bail. The court case is ongoing but the lawyers managed to postpone his sentence. Arifa elaborated that the workers in the factories owned by the owner of Tazreen are unorganised, so there was no trade union to support the workers. The local administrator got involved and took advantage of the lack of union to get the owner out of jail.

He Xiaobo asked about the national-level statistics concerning those affected by occupational accidents, and if Chinese investments are causing problems in Bangladesh. Arifa responded that there is an accident profile, but Bangladesh has no concrete data. She claimed that transnational companies are a bit better than national owners because of outside pressure, so the Chinese companies are actually better in terms of compliance.

Taherul added that there are three types of companies in Bangladesh: the A compliance; the B sub-compliance; and C totally sub-contracted. The Chinese companies are doing C mainly, so the workers and factories are not covered by the government or other institutions. There are some companies that are compliant; some are not. The buyers and the ILO are okay with providing victims’ compensation, but there is still no system for rehabilitation of victims who need long-term medical care.

Thavaraj said that in Sri Lanka, they heard about the incident in Rana Plaza. He wanted to know how the relevant authorities at the national level were pressured to do something about the incident. Arifa responded that there are only seven labour courts for a huge workforce, so the workers have to wait for five to seven years to get a court decision on a certain case filed. The workers cannot wait that long. Also, if they file a case, they get fired from the job. These factors discourage the workers from filing a case.

Sreedhar asked about the minimum wage in sub-contracted jobs. Arifa replied that the minimum wage is BDT5,300, which is equivalent to USD50 to USD 60. Workers usually get USD50 to USD60 per month in compliance factories; but most factories are non-compliance, so they do not pay the minimum wage. Taherul said that because of the three classifications of factories in Bangladesh, there is essentially no minimum wage because most are not required to comply. He said that only 40% of the export-oriented factories pay the minimum wage of BDT5,300.
Menaha talked about the informal sector and posed the question of how to make the informal workers formal or how to bring changes in the informal sector. She said that there is a gap between the power of the trade unions and the power of the government. How can we sustain the momentum after the tragedy and take it further?

Arifa responded that the trade unions are taking actions and the labour law is a good law, but the management does not follow the law. The trade union struggle is still ongoing.

Pradeepan asked what happened after the Bangladesh ACCORD and whether the victims perceived any changes since then. Jarina said that she feels safer now but she is not sure how long it would last.

Ailing asked how many organisations exist in Bangladesh. Arifa said that there are four victims’ networks – two for garments, one for boiler workers, and one for shipbreaking workers. There are also many trade unions that are taking actions, but OSHE is the only organisation that is focused on OSH issues. Repon added that they helped in organising victims. But he emphasised to the victims that they themselves should develop their organisation and move forward on their own. OSHE facilitated some self-sustainability initiatives for the victims’ networks, so that they will not depend solely on outside support. One way in which they did it was by building workers’ cooperatives. OSHE also advocated to the government to provide victims with long-term healthcare support.

Khalid said that organising workers is difficult and organising victims is more difficult. He recognised that OSHE did a critical job in organising, supporting, and building the capacity of the victims. He also said that this work also requires capacity building of victims. Usually, the victims’ immediate concern is getting relief and will stop at working towards getting long-term rehabilitation. Khalid thought that building sustainable organisations is very important in achieving long-term aims.

In conclusion, Khalid said that the rehabilitation of the victims is the state’s responsibility; the victims cannot do this by themselves. However, the victims need the capacity and knowledge about how government processes go. Building their capacity and leadership to take up this issue requires a sustainable organisation as well as the support of other NGOs and similar organisations.

**ILO Convention 155**

**Omana George**

**Asia Monitor Resource Centre**

Omana George presented the salient points of the ILO Convention 155 or the Occupational Safety and Health Convention. She said that this topic was chosen to be included in the discussion because none of the countries in South Asia have ratified the convention, and that its ratification can be a common agenda sub-regionally.

Omana provided a background on the OSH situation generally. While the ILO Constitution sets forth the principle that workers should be protected from sickness, disease and injury arising from their employment, the reality is different. According to ILO estimates, 2.34 million people die every year due to occupational fatalities; 2.02 million of which result from work-related diseases, which is equivalent to 5,500 deaths every day. These work-related deaths brought huge suffering for workers and their families. They also caused economic burden that further pushes them into poverty. Many of these tragedies could have been prevented through the implementation of sound preventive measures, information and training, adequate inspection, and the commitment of governments, employers to OSH.
The ILO standards on OSH provide fundamental principles and essential tools for governments, employers, and workers to establish practices and to guarantee safety and health at work. The following three conventions define the fundamental principles of occupational safety and health:

- Convention No. 155 – OSH Convention
- Convention No. 161 – Occupational Health Services Convention

The ILO Convention 155 came into effect in 1983 and has been ratified by 60 countries. In Asia, only China and Vietnam have ratified this Convention. The Convention covers all branches of economic activity in which workers are employed including public service, all types of workers including public sector, direct or indirect employment, includes the physical and mental elements affecting health which are directly related to safety and hygiene at work. For the national policy, each member country will in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The aim of the policy shall be to prevent accidents and injury to health occurring in the course of work, by minimising the causes of hazards inherent in the working environment.

With respect to the national policy, it should taken into account the need for workplaces, adaptation of workplace and machinery for workers, training of those in the workplace, communication at all levels to ensure safety, protection of workers and representatives to ensure they are protected from disciplinary actions as a result of taking actions conforming to the national policy. There is a need to review the working environment periodically, identify problem areas and actions taken to address it, and evaluate the results. The member-countries will enact laws and regulations to ensure the national policy is in effect and then will have inspections to ensure adequate enforcement of the laws and regulations concerning OSH and the working environment. There will be adequate penalties for violations of the law and regulations.

Under the ILO Convention 155, competent authorities will ensure the:

- establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, with others directly concerned and the production of annual statistics on occupational accidents and diseases;
- the holding of inquiries, where cases of occupational accidents, occupational diseases or any other injuries to health which arise in the course of or in connection with work appear to reflect serious situations; and
- annual publication of information on measures taken in pursuance of the policy referred to in Article 4 of the Convention and on occupational accidents, occupational diseases and other injuries to health.

Other important provisions include the following:

- Article 12 – Guidelines for use of machinery- to ensure that they are safe, used correctly and will not harm workers, adequate training is required for workers to use machinery
- Article 13 – Worker right to refuse unsafe work - A worker who has removed himself from a work situation which he has reasonable justification to believe presents an imminent and serious danger to his life or health shall be protected from undue consequences. There should be education and training at all levels to ensure occupational safety and health of workers.
- Article 16 – Employers must ensure that machinery, chemical, and physical equipment are safe, that all adequate measures of protection have been taken, and that workers have been given PPE. They should have measures in place to deal with emergencies and accidents, including adequate first-aid arrangements.
- Article 21 – Occupational safety and health measures shall not involve any expenditure for the workers.
Ratification comes into effect 12 months after the member country has informed the Director General of
the ILO of the intention to ratify the convention. A member country can denounce the ratified Convention
after the expiration of ten years from the date on which the Convention first comes into force.

There is also the Protocol of 2002 to the Occupational Safety and Health Convention, 1981. It talks
mainly about the recording of occupational accidents, occupational diseases and, as appropriate,
dangerous occurrences, commuting accidents and suspected cases of occupational diseases; and the
notification of occupational accidents, occupational diseases and, as appropriate, dangerous
occurrences, commuting accidents and suspected cases of occupational diseases.

At the end of the presentation, Taherul said that South Asian countries have not ratified this Convention
and developing a campaign strategy for its ratification can be jointly done by ANROEV.

Discussion

Sreedhar asked if there is any specific reason why most countries have not ratified the Convention. He
thought that if we will work towards its ratification, we must know the reasons for non-ratification.

Jagdish responded that in countries like India, 92-93% of the workers are in the unorganized sector and
are not covered by the labour laws. If the ILO Convention 155 is ratified, then the resulting law should
broaden the coverage of inspection to include the informal sector. This will be a huge burden to the state
as it needs to make investment on its enforcement. Jagdish shared that in their meeting with the Ministry
of Labour, the ministry claims that they are keen to ratify the Convention but insists to amend the existing
laws first.

Repon added that the workers should have the right to refuse dangerous work, right to have education
and training, and right to many other things that threaten the employers. If we can push some
governments to ratify the Convention, then there is a possibility that other countries will follow suit.

Jagdish said that in India, they already have a national policy related to this. He also shared how the ILO
Convention 155 came about in 1981. It was the US that brought up the OSH issue when it adopted the
OSH Act that covers workers in all economic sectors. The UK then followed and enacted its own OSH
Law. After these actions by the two countries, the OSH issue was brought to the ILO for discus-
sion. There were examples where the OSH laws cover all economic sectors. There is a need to ensure
collective efforts in working in this campaign and to identify which kinds of programmes and strategies are
necessary to reach more trade unions and government officials.

Omana and Taherul instructed the participants to divide into groups according to their countries. The
participants should discuss what their campaign strategies for the ratification of the ILO Convention 155
country-wise are. Khalid added that the basic concerns should be to identify which responsibilities fall on
the states and the campaigns to move forward in a particular industry. He also suggested to look into how
other countries ratified the Convention and how they changed their national laws. He said that we can
learn from their process and use the lessons to strengthen our campaign.

Group presentations on developing national campaign strategy
for the ratification of ILO Convention 155

Sri Lanka
RFU did a mapping of the laws and Sri Lanka’s ratification of ILO Conventions, but when they went to the
Labour Ministry, they were told to not deal with the ILO Conventions. So, it developed a strategy, which
starts with drafting a list of workers’ needs and sending it to the Parliament. The Sri Lanka group will also designate a lobby group to identify the Parliament members and appoint civil society organisations to observe in the first readings.

Sreedhar suggested that it would be beneficial to look at other countries who have ratified it and use the information to support the campaign.

**China**

Xiaobo did not explain how the process towards ratification happened but described what happened after China ratified the ILO Convention 155.

China passed the Labour Contract Law in 2008, which was attacked by the industries because they think that it was too favourable to the workers. In 2008, it also enacted the Labour Dispute Arbitration Law that sets a standard on how to settle disputes between workers and employers. In 2011, the Social Insurance Law was adopted. It covers workers from different sectors. It was in the same year that there was an improvement on OSH law to give more protection to workers. Before this OSH improvement, there was no party responsible if occupational-related diseases were identified. Now, the employers are responsible.

Another law was also passed about hazardous chemical safety management. In 2015, the government published an inventory on hazardous chemicals, which listed 2,888 chemicals used in China.

The participants from China believe that these developments were a result of the ratification of the ILO Convention 155. However, Xiaobo noted that the people applaud the laws, but the workers’ situation has not improved.

Menaha asked about the implementation of the labour arbitration law. Xiaobo responded that there were slight improvements, but there is still a lot of opposition from employers who are also delegates of the Peoples’ Congress.

**Nepal**

Nepal has some advances on the OSH issue. The new labour law in 2017 already covers most of the components of the ILO Convention 155.

By 28 April 2019, the Nepal group targets to accomplish the following:

- Organising a workshop with the ILO, Labour Department, and other Ministries
- Organising a workshop to sensitise workers, trade unions, and other stakeholders
- Creating an advocacy strategy
- Developing awareness and promotional materials

The campaign will be launch on 28 April 2019, as part of the celebration of the World Health and Safety Day.

Menaha asked if there are still OSH issues in Nepal, considering that the laws are very good. The Nepal group responded that implementation is always challenging. While most laws are good, there will be insufficient human resources (including inspectors), funds, and logistical support for the implementation.

**Pakistan**

In Pakistan, labour is a provincial issue. Some provinces have already adopted OSH laws while some provinces are still in the process of initiating such laws.
The Pakistan group will start a network that will organise the campaign. It envisions that trade unions will lead the campaign while the NGOs will take up the supporting role. Unfortunately, the situation in Pakistan is not favourable to NGOs and INGOs because the government is trying to restrict their access to some areas and departments. If the NGOs take the lead in the campaign, it might slow down the process.

India
The first step will be analysing the cost and benefit of ratifying ILO Convention 155. The next step will be conducting a secondary research to find out the impacts and process of enforcement in countries that have ratified. Then, the following actions will be taken:

- Producing campaign materials, posters, and animation – the content would be about why India should ratify the Convention (i.e., impact on society, reputation of the country, etc)
- Organising consultations with NGOs and trade unions
- Political lobbying at the state and central government levels
- Demanding for the inclusion the issue in the party manifesto for the elections
- Reaching out with the NHRC and ILO for collaborative national consultation (to include central ministry officers, various networks, alliances of people’s movements)
- Publishing media articles

Menaha asked if the India group would still consider pushing for the ratification of ILO Convention 155 if the secondary research shows that the problem is implementation. Jagdish said that the data from the US show positive effects. It still is a learning outcome to identify the gaps and understand why the gaps exist, so that we do not repeat the same mistakes. He suggested that AMRC should do a research on this, because the findings can help in strategizing for pushing for ratification.

Bangladesh
In Bangladesh, the ILO Convention 155 has not been ratified because of lack of campaigning and lack of awareness on the convention. Thus, the main objective of the Bangladesh group is to raise awareness. In this regard, they will do the following:

- Development of campaign materials
- Formation of a campaign group with mass base
- National alliance building
- Engagement with the media, including social media
- Distribution of campaign materials
- Conducting education-related interventions.

Compensation for occupational diseases and accidents:
Challenges and overcoming them
Jagdish Patel
People’s Training and Research Centre

Jagdish Patel’s presentation provided several case studies on getting compensation.

Case study 1: An accident victim was given good medical treatment and was not fired from employment. The accident not reported by employer to compensation authority and no compensation paid to the worker. The worker had permanent disability. He was content that his employment was protected, and management spent good amount on treatment. He did not claim compensation.
After 13 years, he heard that company is being sold to other business group and he feared that the new management shall not respect the old management’s decision and that he will lose his job. He contacted PTRC and PTRC requested him to bring some evidence that it happened in course of employment. He did not return.

Case study 2: A textile worker working in carding room approached PTRC with his complaint. He worked in a very dusty department. He was exposed to cotton dust for 13 years. He was diagnosed to be suffering from Byssinosis. The employer filled up the ESIC declaration form for him to claim disablement benefit. But the concerned ESIC officer decided that the claimant does not fulfil the required contributory conditions. Hence, the case is not sent to the Medical Board. PTRC lost contact with the worker.

Case study 3: Vasudev Sharma was working as a contract labour. The contractor was working for an electricity plant in Ahmadabad. The worker’s duty included reading electric meters of the clients. When he was returning from duty on 22 March 2004, he met with a road accident injuring his right leg. He was an insured person covered by ESI Act. His employer was playing with the attendance records so as to pay less amount of insurance contribution. The worker knew about this and he had consent. Since the worker did not fill the contributory conditions, he was deprived of various benefits under law like sickness benefit, disablement benefit, etc. Now he is out of employment, disabled and without any compensation. He had no money for litigation.

Case study 4: Ramuda Bhikhla is a 35-year old tribal person. He worked for 12 months in a stone crushing unit but had no employment records. He is suffering from silicosis but does not have official diagnosis. He is bedridden now and has no source of income; he has 7 children. How can he claim compensation without necessary documents, diagnosis, money and energy to run around? There is no electricity connection in his house. He died soon after Jagdish visited him.

Case study 5: Seeta did not know she is an insured person under ESI Act until PTRC informed her. She is a confirmed case of silicosis diagnosed by NIOH. She applied for compensation. Without giving reasons, the claim was rejected and then she filed a claim at the ESI Court in 2008. The court decided in her favour, but the corporation filed an appeal at the High Court, where the hearing is currently going on.

Case study 6: Even if workers are suffering from silicosis, are covered by the ESI Act, have all the evidence, and have to go to the ESI Court, the court is situated far away in Baroda, which is more than 4 hour journey by road. In nearby vicinity, there is no court. The sick and penniless workers cannot go up to Baroda to file claims and follow up. For migrant workers, it is very difficult to file claim under the Workmen Compensation Act, if they are not settled in that place.

Case study 7: PTRC knows of a set of workers suffering from chromium toxicity and having nasal septum perforations. The Medical Board decided 0% disability. The workers challenged the decision of the Board at the Medical Appeal Tribunal (MAT) in year 2001. In 2011, MAT decided to send all of them again to Medical Board and the Board decided disability of some 5-10%. The amount was paid from 2011. Three workers have died meanwhile.

Jagdish also discussed how disability is assessed. For compensation, one should have a permanent disability. The extent of the disability has to be assessed. When the Medical Board or the Court decides that the extent of disability to be small, i.e., 10%, all the time and energy exhausted to get the claim was deemed to be not worthwhile. Most workers do not trust the laws and the system; hence, they do not want to make a claim. Most have no money to challenge the decisions of the board or the court order.
Jagdish pointed out that the principle of compensation is usually based on the loss in earning capacity. However, the loss in earning capacity is not directly related to the disability assessed by the medical expert. The loss in earning capacity with regard to one’s occupation and occupational needs has to be seen and the loss in earning capacity in the labour market has to be considered.

To summarise, Jagdish made the following points:

- For large numbers of workers, there is no law for compensation.
- The list of occupational diseases is not complete, and it needs review and amendment.
- The sufferers do not know their rights.
- The ESI and other government medical officers do not make diagnosis.
- The Social Security organisation has millions of rupees collected from workers and employers as premium, but it is anti-people. The implementation of the Act is very poor.
- The victims do not have adequate financial support to file claims.
- The legal machinery is weak. There are lots of delays in processing claims and hearings.
- There are few social organisations that help the victims.

**Discussion**

To jumpstart the discussion on compensation, Khalid said that the laws on compensation are not entirely different in South Asia. There are some differences. For instance, in India, the workers can still avail compensation even if they are not registered. In Pakistan, unregistered workers are not entitled to compensation at all. In this regard, Khalid asked the following questions to guide the discussion.

- What are the different laws on compensation? What are the hurdles to getting compensation?
- Are there any life-threatening diseases that are not covered under compensable diseases?
- What is the situation in South Asian countries regarding registered and unregistered workers?
- What are other mechanisms to get compensation (i.e., through the NHRC in India)?

The following summarises the discussion based on the above questions:

- Nepal has a compensation system but has no list of compensable diseases.
- In India, musculoskeletal diseases and diseases caused by polyacrylates are not listed.
- In China, compensable occupational diseases include chemical poisoning. The social security pays for the compensation and treatment. Unrecognised occupational diseases will receive treatment subsidies, but the employer is responsible for that.
- In Bangladesh, there are 33 compensable occupational diseases. But the labour law does not state the specific mechanisms to compensate such diseases. For fire accident, there is also a law. But the rate of compensation is too low. Under the law, there is also a mandatory pre-employment check-up, but it is not enforced. Taherul commented that the current framework is that compensation should be given to those who died or became disabled.
- In Australia, the list of compensable diseases is also poor. It is outdated and lists only about 20 diseases or so.
- Sri Lanka has a compensation system for injuries, but not for diseases. Also, the compensation system covers only the registered workers. For the registered workers, the process is also difficult. Sometimes, the process will depend on the trade union. However, there are cases when the trade union lacks awareness on the system and evidence to support claiming of compensation. The compensation system is so corrupted that some workers depend on brokers to get compensation for them. The trade unions do not perform its duty to make the workers aware. Menaha said that Sri Lanka has informal and formal sectors. The informal sector workers are not covered even though they may face injuries related to work (e.g., being bitten by a snake). Menaha argued that the compensation system in Sri Lanka is a well-planned system to avoid compensation.
In Pakistan, trade unions and workers file a case for registered workers in case of accidents. In the social security hospital treats the affected workers, then they can get compensation. There is a list of compensable diseases, but there have been no case of compensated occupational diseases, except for silicosis only because of court intervention. As to the latter point, Khalid shared about a silicosis case in a village in Pakistan two years ago. The workers in the village started dying. One student became very active on this issue and on demanding compensation for the workers. When the student started his own law firm, the Supreme Court noticed the issue. Prior to this, there was no legal mechanism for getting compensation. But because the Supreme Court noticed, the law was developed.

Drawing from the discussion, Khalid said that a possible campaign may be about adopting the ILO list of occupational diseases. A comparison can be made between the ILO list and the list of occupational diseases and injuries in South Asian countries. Khalid said that in the future, there should be no confusion on what should be covered or not.

Jagdish said that the workers do not raise the issue of compensation as long as their job is protected. For instance, when they worked with power plant workers who suffer from deafness, PTCR informed them that they can get compensation for deafness. However, the workers do not want to get compensation because they do not want to risk losing their jobs. Jagdish said that there should be provisions on protecting jobs.

Sreedhar remarked that a reason why workers are not coming forward is because the doctors are appointed by the industry. There is a need for a separate entity that is independent, and this could be under the health department. If the workers are unwell, then the health system should take care of them. The labour department does not have the capacity. The OSH system should be independent from the industry.

Menaha said that on the labour department’s side, the issue is the budget. We should think about increasing the budget to be used for the purpose of ensuring workers’ health and safety.

Jeyachitra commented that regarding coverage, the issue is not only about informalisation. There are also other changes happening. For instance, the rubber plantations are being converted into oil palm plantations, which employs the contract system. In the long-term basis, new diseases may come up from the new sector.

Sreedhar emphasised that the root of the problem is the economic model that allows shifting of work and large-scale changes. Responding to this does not require the role of the trade unions only. It requires political and economic thinking. Asia has opened up while China has a future plan for everyone’s lives. For system change to happen, we must build alliances and not lose sight of the macro things.

Arifa said that in Bangladesh 87% of the workers are in the informal sector and are unregistered. If they suffer from injury or accident, they are kept in the hospital and then forgotten. If the diseases or accident resulted in death, the family members are not aware of the compensation system. On the other hand, the workers find it difficult to provide proof of employment because when accidents happen, the middle management would take their documents and identification cards.

Jagdish summarised the situation in South Asian countries with regard to compensation. Khalid said that some countries like Bangladesh, Sri Lanka, and Nepal have to work on their laws first. This aspect can be a campaign issue to work on before moving forward. Also, he said that there needs to be more information and experience sharing on the issue.
Getting compensation in China
Su Ming-guo

Su Ming-guo is an NGO worker who assists workers in their labour problems, including getting compensation. He is also a victim of silicosis and has an experience in advocating for laws promoting OSH.

Su Ming-guo shared the different experiences of victims in China and how they worked to get compensation. In an electric engine factory in Guangdong having three plants and employing 10,000 workers, they found 7-8 workers suffering from leukaemia. The whole place was being uncovered when they visited the hospital. They found a worker and confirmed that they worked with lots of chemicals in the factory. He was diagnosed with leukaemia.

The victim did not know that the diseases is related to his work. The NGO assisted him with the diagnosis and documentation. They went to Guangdong Occupational Hospital but the hospital did not approve that the victim’s leukaemia was an occupational disease. As the victim had been working for only one year and four months, there is not enough evidence that it was an occupational disease.

Su Ming-guo, through his NGO, encouraged the worker to get a verification from a higher-level clinic. However, they failed again because they had to prove the causality between the solvent and the duration of employment and other factors. This was very difficult to prove.

Despite this, they did not give up. They tried to go through the process again in Guangdong Provincial Institute and got the victim’s leukaemia approved as an occupational disease in 2017.

Su Ming-guo said that it is a difficult and time-consuming process to prove that the disease is work-related. For instance, substantial evidence must be given to prove that the workplace is contaminated. Also, the occupational disease must be in the list of compensable diseases to be able to get compensation. Su Ming-guo advised that if a disease cannot be proven as occupational on the first attempt, the victim should go through the second tier of the diagnosis. If it still fails, go to another level. In the example that he gave, they reached the Guangdong Provincial Institute to get an approval.

Su Ming-guo said that the system in China is more comprehensive and relatively better. However, there are cases that patients still have to pay huge costs for treatment.

Way forward

In this session, the participants were expected to formulate national and sub-regional campaign strategies. If necessary, they can also identify training needs.

The participants were divided into small groups according to their countries to discuss their strategies. The result of the country group discussions are shown in the table below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Pakistan</td>
<td>Finalisation of Pakistan National Asbestos Profile</td>
</tr>
<tr>
<td></td>
<td>- To be finalised in consultation with active stakeholders by the end of 2018</td>
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<tr>
<td>Formation of Pak-BAN</td>
<td>Capacity building of Pak-BAN members</td>
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<tr>
<td>- Stakeholders mapping – identification of stakeholders</td>
<td>- Training at national level by inviting some international activists</td>
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<tr>
<td>- Consultation workshop for formation of Pak-BAN – early next year</td>
<td></td>
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<tr>
<td>- Involvement of key stakeholders; organisations, trade unions, doctors, academia</td>
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<tr>
<td>- Formation of ToRs of Pak-BAN</td>
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<tr>
<td>- Open letter on Chrysotile to be shared with participants to raise awareness</td>
<td></td>
</tr>
<tr>
<td>- Open letter to be handed over to government at time of formation of Pak-BAN – use of media</td>
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</table>

¹ Jagdish commented that it is difficult to move forward without a list of compensable occupational diseases. He suggested the Nepal group to put more effort into that.
- All AIIMS/state civil hospitals should have medical board to diagnose and assess disability of ODs. Board members should be trained.
- Open OPD for ODs in state civil hospitals.
- Penal provisions in Mines Act and EC act should be revised. Doctors should be penalised for not notifying ODs.
- Orientation of new activists on OHS in July
- OEHNI member meeting in September
- Seminar with ESI doctors for ODs
- Campaign for C155 based on the earlier discussion
- Work on asbestos to continue with IBAN as decided in asbestos strategy meeting
- Meeting of groups working with past asbestos mine workers in S. Rajasthan in July

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<thead>
<tr>
<th>Bangladesh</th>
<th>National level</th>
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<tbody>
<tr>
<td></td>
<td>Campaign on the ratification of ILO Convention 155</td>
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<td></td>
<td>Campaign on ILO Convention 121</td>
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<td></td>
<td>Submission of National Asbestos Profile to the government</td>
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<td>Media advocacy on the ILO Conventions</td>
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<tr>
<th>Working sector level</th>
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<tbody>
<tr>
<td>Creating database on accidents and monitoring</td>
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<tr>
<td>Training and diagnosis on lung diseases and ODs</td>
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<tr>
<td>Develop pool of doctors</td>
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<tr>
<td>Awareness raising and sensitisation of workers</td>
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<tr>
<td>Capacity building of trade unions</td>
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<tr>
<td>Campaigning for medical treatment and rehabilitation of OD victims</td>
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<tr>
<th>Sri Lanka</th>
<th>NTUF and RFU are going to:</th>
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<tr>
<td></td>
<td>Map the laws, review the system, and identify the gaps</td>
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<td></td>
<td>Organise consultation workshops to discuss the issue with other unions and to develop solidarity</td>
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<td></td>
<td>Organise workshops among worker leaders on OSH, gather suggestions, and create supporting materials (this process is expected to increase the involvement and awareness of the workers)</td>
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<td>Organise a training or trainers on OSH to increase the awareness of the workers and to form a core group of workers working on the OSH issue</td>
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<td>Plan mass campaigns in social media, print media, and others to pressurise the government</td>
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Taherul summarised the results of the group discussion. For the sub-regional level, he pointed out that the action points in the earlier discussions on factory inspection and compensation will be reviewed to identify which ones can be done collectively sub-regionally.

To end the meeting, the video of the song “We Will Not Leave Our Village” was shown.

ANNEX

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<thead>
<tr>
<th>South Asia OSH Strategy Meeting, Negambo Sri Lanka</th>
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**Local Delegates**

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<thead>
<tr>
<th></th>
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<th>Organization</th>
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<tr>
<td>25</td>
<td>Menaha Kandasamy</td>
<td>Red Flag Union</td>
</tr>
<tr>
<td>26</td>
<td>S. Jeyachithra</td>
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<td>27</td>
<td>S. Thavaraj</td>
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<td>28</td>
<td>K. Shanthini</td>
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<td>29</td>
<td>Ruthiradeepan Velaiyudham</td>
<td>NTUF - SL</td>
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<tr>
<td>30</td>
<td>Bhiyravi</td>
<td>NTUF - SL</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position</td>
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<tr>
<td>31</td>
<td>Methsiri DeSilva</td>
<td>NTUF - SL</td>
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<tr>
<td>32</td>
<td>W. Thanuja Nayanadarshini</td>
<td>NTUF - SL</td>
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<tr>
<td>33</td>
<td>Dr. Wajira Palipane</td>
<td>Department of Labour</td>
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**Translators**

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<thead>
<tr>
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<th>Position</th>
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<tr>
<td>34</td>
<td>Chan Wai Fong</td>
<td>Translator</td>
</tr>
<tr>
<td>35</td>
<td>Interpreter Tamil</td>
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