

# SIXTEENTH COLLEGIUM RAMAZZINI STATEMENT<sup>1</sup>

## THE SAFETY AND HEALTH OF MIGRANT LABOUR: A CALL TO THE INTERNATIONAL COMMUNITY FOR ACTION

*The Collegium Ramazzini, an international academic society that examines critical issues in occupational and environmental medicine, is dedicated to the prevention of disease and the promotion of health. The Collegium derives its name from Bernardino Ramazzini, the father of occupational medicine, a professor of medicine of the Universities of Modena and Padua in the early 1700s. Currently, 180 renowned clinicians and scientists from around the world, each of whom has been elected to membership, comprise the Collegium. It is independent of commercial interests.*

### ABSTRACT

While workers have traveled from their place of residence in search of employment throughout history, labour migration has increased dramatically in the last two decades with the liberalization of global trade. Today, one-third of the world's population depend on remittances from migrant workers for a significant part of their livelihood. A growing part of this migration is within countries, from rural areas to the burgeoning industrial centers. While the international finance institutions have heralded the benefits of migrancy, much less attention has been given to the needs that are created migrancy.

The health and safety needs that arise from migrancy affect the workers, the workers' families and the workers' community. They come in the form of abuse, malnutrition, transmission of infectious diseases and mental disorders. Female migrant workers and the children of migrant workers are especially vulnerable to health effects. Although poorly quantified, these health effects are a major cause of world-wide morbidity and mortality.

The Collegium Ramazzini calls upon the international community to give special attention to this issue, by urging employers, governments and international organizations to provide the safety and health protections that migrant workers and their families should be entitled to. Specifically, we urge the WHO and ILO to launch an international movement focused on reducing the health needs that arise from reliance on migrant labour. The Joint ILO/WHO Committee on Occupational Health should examine this issue in its next session. We also urge the United Nations to adopt a Convention on the Safety and Health of Migrant Labour, in which member nations commit to establishing both domestic and international protections against the abuse of migrant workers and their families.

## INTRODUCTION

Migrant workers leave their places of residence in search of work. Migration for work in one form or another has always existed, but as a result of liberalization of market constraints globally since the early 1990s, the scale of migration has increased dramatically, and this has created significant human needs that are poorly addressed.<sup>2</sup> Remarkably little is understood about the negative effects of migration. Of particular concern to the Collegium Ramazzini, the health and safety risks associated with migration have been for the most part neglected.

There are some migrant workers who are greatly sought after and who benefit greatly from migration (e.g., high tech workers), but in the context of all migration they are barely a statistical blip. Most migrant workers exist at the bottom of the economic scale, and survive just barely ahead of the poverty they have left behind. They work hard, often send money back to support their families and to advance their home communities. According to the World Bank, in 2008 remittances back home from migrant workers employed abroad totaled US\$338 billion and were the second largest source of financial flow to developing countries, with India topping the list at US\$50 Billion.<sup>3</sup> However, the positive aspects of migration come at a fierce price. The negatives associated with migrant labour include a broad range of issues, including loss of political empowerment, legal harassment, and as discussed in this statement, disability and premature mortality, injury and illness.

In 1993 OECD summarized the existing evidence and found that between 1970 and 1990 the aggregate effect of migration on the global economy had been marginal.<sup>4</sup> However, since the 1990s the adverse effects of migration have been given little attention in comparison to the weight given to the positive effects, and it is time for this to change.

## THE MAGNITUDE OF MIGRANT LABOUR

Most official definitions consider migrant workers to be workers who move from one country to another in search of work,<sup>5</sup> but in fact, most migrancy is domestic, from rural to urban areas. No one knows for sure, but we estimate that there are 700-800 million migrant workers in the world, and that as much as one third of the world's population could depend on remittances from migrant workers for a significant part of their livelihood. Until the current financial crisis, migrant labour had been growing by 10-15% per year for the past 15-20 years.<sup>6</sup>

Migrant workers leave in search of opportunity or to escape desperate or oppressive conditions at home, and in many cases are forced into migrant labour by legal force or circumstances such as natural disasters. Almost all migrate to a more economically developed area than the one they came from, although it is a myth that most migration is from poorly developed to highly developed areas. Most migration is from poorly developed areas to areas that are marginally better developed (e.g., Indonesia to Malaysia; Guatemala to Mexico; Nicaragua to Costa Rica). The main patterns of migration are:

- **Domestic migration.** Most likely, 75% (some 500-600 million) of all migrants are domestic migrants who move mainly from rural areas to urban areas. The principal countries where this occurs are:

- China, to the eastern mega-cities (over 200 million)<sup>7</sup>
- India (at least 100 million<sup>8</sup> and perhaps as many as 200 million)
- Brazil, to the eastern megacities (perhaps 30 million)
- South Africa (number not known)
- Pakistan
- **International migration.** The UN estimates the number of international migrants to be around 200 million, or less than 3% of the Global population, but that is almost certainly an under-estimate.<sup>9</sup> The main international routes of migration are:<sup>10</sup>
  - East and South Asia to North America and Europe
  - Commonwealth of Independent States (CIS) to Russia
  - Central and South America to North America
  - Pakistan, India and Bangladesh to the Arabian Peninsula
  - Southeast and East Asia to Singapore, China, Taiwan, Korea and Japan
  - North East Africa to the Arabian Peninsula
  - North Africa to Southern Europe
  - Eastern and Central Europe (including Turkey) to Western Europe
  - Central Africa to southern Africa

Although there are great geographic variations, migrant workers are generally employed in the following industries:

- Menial service work (estimated at 25% of all migrants)
- Industries with temporary employment (such as construction) or seasonal employment (such as agriculture and seafood) (50%)
- Resources extraction (mining, forestry, etc) (5%)
- Low tech industrial work (20%).
- Professional employment (<1%)

## THE SAFETY AND HEALTH NEEDS ASSOCIATED WITH MIGRANT LABOUR

The benefits gained from migrant labour can elevate the families and communities of the workers out of the most abject poverty, but a significant price of migration can be counted in injuries, illnesses and deaths. There are few reliable data on the magnitude of public health needs caused by migration, but they fall into two basic categories:

- **Those that affect the worker.** Migrant workers are easy fodder for exploitation. The workers are removed from their social networks, poorly educated with little understanding of the social structures within which they work, frequently not understanding the language of the area where they work, and often, whether they are domestic or international migrants, they are where they are illegally, and function on the margins of society. The results of this is exposure to a spectrum of serious health risks:
  - Abuse and physical violence
  - Long working hours
  - Unsafe working conditions
  - Desperation, lonesomeness and alienation
  - Substance abuse, including tobacco
  - Prostitution and sexually transmitted diseases (STDs)

- Living in dense-population squalor
- Unsafe drinking water, poor nutrition
- Lack of access to medical care
- ***Those that affect the worker's family and community.*** Most migrant workers leave their families, but some bring their families along. For the families left behind, risks include the loss of able bodied labour often creating a greater burden on children to fill in to plant and harvest crops and care for animals; loss of protection/physical security at home; exposure to STDs and other infectious diseases, etc. For families that travel with workers, the family members are exposed to the same risks as the workers.

These needs can be classified in three public health categories:

- ***Occupational safety and health.*** Migrant workers are reported typically to work in the most dangerous industries, for the most unscrupulous employers, and performing the most hazardous work.<sup>11</sup>
- ***Personal health.*** Migrant workers are at very high risk for substance abuse including smoking, malnutrition, infectious diseases, and mental health/stress problems. They can be a leading vector of infectious diseases between rural and urban areas, including STDs.<sup>12</sup>
- ***Environmental health.*** Reliance on migrant labour is a significant cause of waste, including inefficient work practices, transportation, redundant and substandard housing, dependence on unsafe water and food, pollution of urban areas and exploitation of natural resources in rural areas.<sup>13</sup>

The psycho-social impacts of migrancy are not widely understood but are believed to be significant. The effects of hard manual labour, poverty, lack of proper shelter, poor food and nutrition, upbringing of children, social status, isolation and alienation, discrimination etc. bring about stresses, both physical and mental, on workers and family members alike.

It is also important to note that these risks are not limited to migrant workers in developing countries. In a summary of the existing evidence, a recent study from the US notes, "[Migrant] farm workers experience severe health and social problems because of poverty, poor housing, malnutrition, and difficult working conditions."<sup>14</sup>

### **The Special Needs of Women<sup>15</sup>**

Women and children are a significant part of the migrant labour force in many countries. In some countries, such as India, half of migrants are female.<sup>16</sup> It is not unusual for whole families to travel together and work together.

Women workers have a broad range of special needs, including discrimination in job assignments, lack of any kind of proper protective clothing or equipment, lack of appropriate sanitary conditions, sexual harassment, etc.<sup>17,18</sup> A 2008 medical survey of 564 female construction workers surveyed in Punjab, India found clinical anemia in 54.9%;, 64.7% were unprotected against tetanus; and of those who had given birth only 15% had institutional deliveries and only 18.5% of those who had delivered at home were attended by trained birth

attendants.<sup>19</sup> In most countries, household tasks are exclusively the burden of the women: cooking and feeding the family, fetching water, procuring fuel and food grains, undertaking all household activities, etc. This dual role of wage earner and family responsibility places enormous burdens on women. The hard work, poor living conditions and the demands of childbearing often leave these women in poor health.

There are numerous reports of women being forced into the sex trade by labour brokers, employers and circumstances of life. If the husband cannot find work, prostitution by the wife may be the only fall-back available to the family.

### **The Children of Migrant Workers**

When one parent leaves the household, there appears to be gender-specific differences in the impact it has on the children that remain at home:<sup>20</sup>

- If the migrating worker is male, it places a greater burden on the children to perform more labor at home, but the family's economy is managed better and the migration has no adverse impact on schooling.
- If the migrating worker is the mother, it has little adverse impact on the children in terms of the labour they have to do at home, but the family's economy is not managed as well and the children's' educational attainment suffers.

When migrant workers bring their families with them the whole family ends up living under highly improvised conditions on or close to work sites. Many of the children work and play on the job sites. In India, about 70% of children living on construction sites suffer from malnutrition compared with national average of 21%. In the absence of clean drinking water and flush latrines, cholera and other diseases spread quickly. Children are exposed to fumes and dusts from the worksite and particulates from biomass fuels used for cooking and heating in the dwellings. Consequently, their health risks, including risks for pulmonary diseases, are very high.<sup>21</sup>

### **Undocumented Migrant Workers**

Many migrant workers enter or are brought in to countries without legal approval. These workers are at special risk for abuse, since they have few legal remedies at their disposal. From a public health perspective, however, it is a moral imperative that these workers and their families receive the same protections as all other human beings. When undocumented workers and their families lack access to medical and other health services, or fear of reprisal if they seek medical care, they are in effect denied life-saving services. Many studies have shown that undocumented workers present at medical care with much more severe medical needs than other patients.<sup>22</sup>

## **THE CURRENT INTERNATIONAL FRAMEWORK**

Concern about migrancy is not new, and recently the safety and health needs associated with migration have gained more attention by the international community. The 2010 International Labour Conference convened by the International Labour Organization (ILO) has called for significantly strengthened domestic safety and health systems, particularly in countries that rely extensively on domestic migrant labour.

Nevertheless, the international framework to address these risks remains deeply flawed. The ILO adopted its first convention about migrant labour in 1949. There are organizations that focus on migrant workers from the perspective of economics or human rights, but none focuses on the public health needs that arise from migrant labour. This is surprising given that there can be little doubt that these needs are a significant source of morbidity, disability and premature death.

In 1990 the United Nations adopted the International Convention on the Protection of the Rights of All Migrant Workers and their Families, and it went into effect in 2003, but to date not one receiving nation has ratified this convention.<sup>23</sup> This Convention does not address domestic migration, international migrants who work in domestic (household) employment, or the toxic and other environmental risks faced by workers and their families.<sup>24</sup>

Further, the international organizations that focus on migrant labour are restricted to international migration, and include:

- International Organization on Migration, established in 1951, has been focused on humane and orderly international migration.
- ILO has a fully functioning International Migrant Labour Programme, and has adopted a concept for a labour standard entitled “Decent Labour.” The Programme is primarily concerned with employment abuse.
- The ILO Convention on Occupational Safety and Health does not address migrant labour.
- The Committee on Migrant Workers of the UN High Commissioner for Human Rights is responsible for monitoring implementation of the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.
- The World Bank has established an initiative known as the Migration and Remittances Programme to focus on the contributions of migrant labour on economic development.
- The World Trade Organization has debated labour standards at length, and has concluded that in principle there should be agreement between WTO and ILO, but that this may not be possible.<sup>25</sup> There is also a large divide between developed and developing nations on whether the WTO should be developing labour standards, since many developing nations fear this would undermine ILO labour standards.<sup>26</sup>

The Collegium recognizes the significance that should be attached to the Millennium Development Goals that were established by the UN in 2000,<sup>27</sup> and the reality that there has been significant progress on many of the goals in many developing countries.<sup>28</sup> However, neither the goals, nor the action plan adopted in 2010 to further implement the plan,<sup>29</sup> address the needs of migrant workers or their families directly.

In some cases, regional policy development is beginning to address this issue. The ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers was adopted in 2007, and defines the responsibilities of both sending and receiving nations to protect the rights and dignities of migrant workers and the family members who live with them.<sup>30</sup> While this is an encouraging development, it does not protect migrants who move within a country, and it is too early to tell if it will have a significant impact.

## **A CALL FOR ACTION**

The Collegium calls upon the international community of occupational safety and health (and all other public health) professionals to give special attention to this issue, by urging employers, governments and international organizations to provide the safety and health protections that migrant workers and their families should be entitled to.

The Collegium urges the International Community to give special attention to four broad goals:

- Recognize that migration within countries creates serious safety and health risks to workers and their families and it should be given as much attention as international migration. In doing so, it is important to emphasize that migrant workers are as likely to be women as men, and that female migrant workers are faced with risks that have not been greatly neglected.
- Balance the economic development benefits of migrant labour against adverse the safety and health risks, as well as other types of risks, associated with migrant labour.
- Characterize the safety and health needs that arise from reliance on migrant workers.
- Strengthen domestic and international institutional protections for migrant workers and their families.

The Collegium has adopted two specific recommendations that it urges the International Community to implement without delay:

- The ILO and WHO should launch a programme dedicated to reduce the adverse public health impacts of migrancy, preferably within the context of their Joint Committee on Occupational Health. This programme should include the following specific objectives:
  - Define the magnitude and patterns of migrant labour
  - Define and quantify the safety and health needs that arise from reliance on migrant labour
  - Develop an information campaign about the adverse safety and health risks associated with migrant labour
  - Engage member nations in a global movement focused on reducing the health needs that arise from reliance on migrant labour
  - Develop a data base on migrant labour and the health needs associated with migrant labour that can be used to measure impact of global interventions
  - Encourage domestic and international interventions to address the needs of migrant populations
  - Measure impacts of actions to alleviate the public health needs caused by reliance on migrant labour.

- Member nations should call for and adopt a United Nations Convention on the Safety and Health of Migrant Labour, in which
  - Member nations agree to protect the safety and health of domestic migrant and international immigrant workers, including safety and health at work and regardless of their legal status in the host country; and also, extend such protections to the families of migrant workers their families;
  - All relevant international organizations, including ILO, WHO, FAO, World Bank (and other development banks), International Monetary Fund, and WTO, should jointly give full weight to the adverse safety and health risks of migrant labour when policies that involves migrant labour are considered.

## REFERENCES

- <sup>1</sup> This statement was stimulated by Finkelman J, Santos Burgoa C, Migration and Workers Health: A Continuing Challenge, Collegium Ramazzini, Carpi, Italy, 27 Oct., 2007. Based on presentations during the Annual Scientific Session of the Collegium Ramazzini, Carpi, Italy, 25 Oct., 2009 by: Raul Harari, MD, PhD, Medical Officer, IFA Corporacion para el Medio Ambiente Laboural, Equador; Sheng Wang, MD, MPH, Professor, Peking University, China; Krishna Gopal Rampal, MD, MPH, Professor, Medical Faculty, Universiti Kebangsaan, Malaysia; Knut Ringen, DrPH, MHA, MPH, Senior Science Advisor, The Center for Construction Research and Training, USA.
- <sup>2</sup> Overseas Development Institute. Opportunity and exploitation in urban labour markets: Better economic opportunity does not always mean better work. Briefing Paper No. 44, November 2008. <http://www.odi.org.uk/resources/download/1969.pdf> [accessed 22Sept. 2010]
- <sup>3</sup> World Bank. Outlook for Remittance Flows, 2010-11. <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:21121930~menuPK:3145470~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html> [Accessed Oct. 6, 2010]
- <sup>4</sup> Tapinos G. The Macroeconomic Impact of immigration: Review of the Literature Published since the mid 1970s", in *Trends in International Migration*. Paris: OECD, pp. 157-77, 1993.
- <sup>5</sup> The United Nations definition states: "The term 'migrant worker' refers to a person who is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national." United Nations Resolution 45/158 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990
- <sup>6</sup> Since its peak in 2008, the economic value of international migrancy has declined by 5-10%, as has most likely domestic migrancy as well. See Reference Number 1
- <sup>7</sup> China projects its migrant labour force will increase to 350 mill by 2050. China Daily 28 June 2010. [http://www.chinadaily.com.cn/china/2010-06/28/content\\_10026167.htm](http://www.chinadaily.com.cn/china/2010-06/28/content_10026167.htm) [accessed 10 Oct. 2010]
- <sup>8</sup> Deshingkar P, Khandelwal R, Farrington J. Support for migrant workers: The missing link in India's development. Overseas Development Institute. Natural Resource Perspectives 117, Sept. 2008. <http://www.odi.org.uk/resources/download/2466.pdf> [accessed 10 Oct. 2010].
- <sup>9</sup> United Nations. Message of the Secretary-General on the Occasion of International Migrants Day, 18 December 2009. <http://www.un.org/esa/population/migration> [accessed 15Sept., 2010]
- <sup>10</sup> United Nations. International Migration Report, 2002.
- <sup>11</sup> See e.g., "Poor migrants are often employed in risky jobs – industrial accidents, exposure to hazardous chemicals, long working hours and unhygienic conditions are the norm." In Deshingkar P, Khandelwal R, Farrington J. Support for migrant workers: The missing link in India's development. Overseas Development Institute. Natural Resource Perspectives 117, Sept. 2008. <http://www.odi.org.uk/resources/download/2466.pdf> [accessed 10 Oct. 2010].
- <sup>12</sup> See e.g., Coffee M, Lurie MN, Garnett GP. Modelling the impact of migration on the HIV epidemic in South Africa. *AIDS*. 30;21(3):343-50, 2007; Ford K, Chamrathirong A. Migrant seafarers and HIV risk in Thai communities. *AIDS Educ Prev*. 20(5):454-63, 2008 Lurie MN, Williams BG, Zuma K, Mkaya-Mwamburi D, Garnett G, Sturm AW, Sweat MD, Gittelsohn J, Abdool Karim SS. The impact of migration on HIV-1 transmission in South Africa: a study of migrant and nonmigrant men and their partners. *Sex Transm Dis*. 30(2):149-56, 2003; Rees D, Murray J, Nelson G, Sonnenberg P. Oscillating migration and the epidemics of silicosis, tuberculosis, and HIV infection in South African gold miners. *Am J Ind Med*. Apr;53(4):398-404, 2010; Saggurti N, Schensul SL, Verma RK. Migration, mobility and sexual risk behavior in Mumbai, India: mobile men with non-residential wife show increased risk. *AIDS Behav*. 13(5):921-7. Epub 2009 Apr 25. 2009; Zuma K, Lurie MN, Williams BG, Mkaya-Mwamburi D, Garnett GP, Sturm AW. Risk factors of sexually transmitted infections among migrant and non-migrant sexual partnerships from rural South Africa. *Epidemiol Infect*. 2005 June; 133(3): 421–428.



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<sup>13</sup> Parry L, Perez CA, Day B, Silvana A. Rural–urban migration brings conservation threats and opportunities to Amazonian watersheds. *Conservation Letters* 3: 251-259, 2010. <http://onlinelibrary.wiley.com/doi/10.1111/j.1755-263X.2010.00106.x/pdf> [Accessed 11 Oct. 2010]

<sup>14</sup> See e.g., Rhodes SD, Bischoff WE, Burnell JM et al. HIV and sexually transmitted disease among male Hispanic/Latino migrant framworkers in the Southeast: Findings from a pilot CBPR study. *Am J Ind Med* 53:976-983, 2010.

<sup>15</sup> This section was based on notes prepared by Dr. Angali Nag, Deputy Director, National Institute of Occupational Health, Ahmedabad, India based on comments she made during the International Symposium on Safety and Health in Building and Construction, Maulana Azad Medical College New Delhi, 18 December 2009

<sup>16</sup> Deshingkar P, Khandelwal R, Farrington J. Support for migrant workers: The missing link in India's development. Overseas Development Institute. *Natural Resource Perspectives* 117, Sept. 2008. <http://www.odi.org.uk/resources/download/2466.pdf> [accessed 10 Oct. 2010].

<sup>17</sup> Madhuk, S. Report on the Status of Women Workers in the Construction Industry. National Commission for Women, New Delhi, 2005

<sup>18</sup> Labouring Brick By Brick: A Study of Women Construction Workers. Self Employed Women's Association, Ahmedabad, 2000

<sup>19</sup> Abrol A, Kalia M, Gupta BP, Sekhon AS. Maternal health indicators among migrant women construction workers. *Ind J Com Med* 33: 276-277, 2008

<sup>20</sup> Acosta PA The consequences of female migration in rural El Salvador. World Bank, 2008. <http://sites.google.com/site/acostapablo/> [accessed 11 Oct. 2010]

<sup>21</sup> Semple S, Green DA, McAlpine et al. Exposure to particulate matter on an Indian stone-crushing site. 2007 *Occup Environ Med* 2008 65: 300-305

<sup>22</sup> Dong X, Ringen K, Fujimoto A. Expanding Access to Health Care of Hispanic Construction Workers. In *Expanding Access to Health Care* edited by P V de Water and T Buss. New York: ME Sharpe, 2009

<sup>23</sup> According to the official UN website, as of 7 October 2010 the following nations had ratified the International Convention on the Protection of the Rights of All Migrant Workers and their Families: Albania, Algeria, Argentina, Azerbaijan, Bangladesh, Belize, Benin, Bolivia, Bosnia and Herzegovina, Burkina Faso, Cambodia, Cameroon, Cape Verde, Chile, Colombia, Comoros, Congo, Ecuador, Egypt, El Salvador, Gabon, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Honduras, Indonesia, Jamaica, Kyrgyzstan, Lesotho, Liberia, Libyan Arab Jamahiriya, Mali, Mauritania, Mexico, Montenegro, Morocco, Nicaragua, Niger, Nigeria, Paraguay, Peru, Philippines, Rwanda, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Sri Lanka, Syrian Arab Republic, Tajikistan, Timor-Leste, Togo, Turkey, Uganda, Uruguay. [http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=IV-13&chapter=4&lang=en](http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-13&chapter=4&lang=en) [accessed 9 Oct, 2010]

<sup>24</sup> The ILO 2010 International Labour Conference adopted a proposed Convention on the rights of migrant domestic workers. Domestic workers campaign for recognition and protection. <http://www.irr.org.uk/2010/october/ms000013.html> [accessed 7 Oct 2010]

<sup>25</sup> Stern RM, Terrell K. Labor Standards in the World Trade Organization. [http://search.wto.org/search?q=cache:IJVIW7hetocJ:www.wto.org/english/forums\\_e/ngo\\_e/labor\\_standards\\_e.doc+ilo+labor+standards&access=p&output=xml\\_no\\_dtd&ie=ISO-8859-1&client=english\\_frontend&site=English\\_website&proxystylesheet=english\\_frontend&oe=UTF-8](http://search.wto.org/search?q=cache:IJVIW7hetocJ:www.wto.org/english/forums_e/ngo_e/labor_standards_e.doc+ilo+labor+standards&access=p&output=xml_no_dtd&ie=ISO-8859-1&client=english_frontend&site=English_website&proxystylesheet=english_frontend&oe=UTF-8) [accessed 11 Oct 2010] Eight ILO conventions form the core principles of labour standards:

- Prohibition of forced labour (ILO Convention No. 29 and 105);
- Freedom of association and protection of the rights to organize and to collective bargaining (No. 87 and 98);
- Equal remuneration for men and women for work of equal value (No. 100);
- Nondiscrimination in employment and occupation (No. 111); and
- Minimum age of employment of children and abolition of the worst forms of child labour (No. 138 and 182).

<sup>26</sup> See WTO website: [http://www.wto.org/english/thewto\\_e/whatis\\_e/tif\\_e/bey5\\_e.htm#top](http://www.wto.org/english/thewto_e/whatis_e/tif_e/bey5_e.htm#top) [Accessed 11 Oct 2010]

In fact, it is argued that WTO's legal construct gives greater protection to the environment than to people. As expressed by one WTO observer: "According to WTO rules, 'you can ban the importation of tuna if it harms dolphins, but not because the fishermen who caught the tuna were employed in a manner inconsistent with core ILO labor standards.'" The WTO, Core ILO Labor Standards, & Human Rights. 17 Jan 2009. <http://ratiojuris.blogspot.com/2009/01/wto-core-ilo-labor-standards-human.html> [Accessed 11 Oct 2010]

<sup>27</sup> The Millenium Development Goals are set out in UN Resolution 55/2, 18 September 2000. <http://www.un.org/millennium/declaration/ares552e.pdf>. The goals are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promoting gender equality and empowerment of women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability

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8. Develop a Global partnership for development

<sup>28</sup> Overseas Development Institute. Millenium Development Goals Reporting Card: Measuring Progress Across Countries. September 2010. <http://www.odi.org.uk/resources/download/5027.pdf> [Accessed October 10, 2010]

<sup>29</sup> United Nations General Assembly. Keeping the promise: united to achieve the Millennium Development Goals. 17 September 2010. <http://www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf> [accessed 10 Oct 2010]

<sup>30</sup> <http://www.aseansec.org/19264.htm> [accessed 10 Oct 2010]