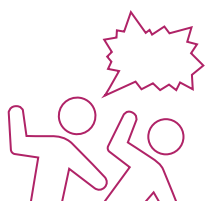




3

Working conditions of key workers

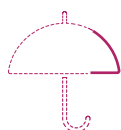
Main findings



During the pandemic, the incidence of verbal abuse and threats increased sharply for all key workers, especially in health, retail and security.



Key wage employees earn, on average, 26 per cent less than other employees. Only two thirds of the gap can be explained by differences in education and experience.



Less than half of the key workers in low- and middle-income countries are covered by social protection.



Unionization rates in several key sectors are significantly lower than average in both developed and developing countries.

Key workers were vital to our lives long before the pandemic. But it took lockdowns across the world to make apparent our reliance on the essential services they provide. The pandemic also brought to the fore the discrepancy between the value of the work performed by key workers for society and their working conditions – in other words, their undervaluation. The undervaluation of key work has implications beyond the individual worker. When difficult working conditions and low pay are systemic, labour shortages, high turnover and, ultimately, an inadequate provision of key services result. Thus, the resilience of key workers in the face of future pandemics or other crises is dependent on investments made in essential services, including investments in improving the working conditions of those who perform critical work.

With this in mind, this chapter analyses the working conditions of key workers with a view to identifying possible deficits to be remedied. It focuses on seven principal working conditions that frame job quality: safety and health, the right to freedom of association and collective bargaining, contractual arrangements, working hours, wages, social protection and training. As will be shown in the analysis, these seven dimensions support each other, such that deficiencies in one dimension typically result in deficiencies in other dimensions. The seven dimensions represent the main enabling rights and working conditions that include both monetary and non-pecuniary aspects of decent work.

This chapter presents each of the seven dimensions, explaining its relevance for job quality and its significance during the COVID-19 pandemic. It provides global data on the degree of protection for key and non-key workers, analysing key workers as a whole. It thus lays the groundwork for the more in-depth discussion of the working conditions of specific occupational groups in Chapter 4. Because of the important distinctions across countries at different levels of economic development, the analysis is disaggregated by country income levels. Since wage employment and self-employment are often associated with substantially different outcomes in terms of working conditions, the results are also disaggregated by status of employment whenever relevant and possible.

Self-employed workers are not covered by labour laws associated with the employment relationship, such as minimum wages or limits on working hours. In many cases, especially in developing countries, they have informal status, typically defined as not registered or not contributing to the social security system. Yet as the analysis will show, having employee status does not resolve deficiencies in working conditions. Unfortunately, many key employees have deficits in their working conditions, sometimes because of the nature of their work, but more often because of gaps or lack of application of existing labour and social protections.

3.1. Occupational safety and health

We are exposed [to risks] – in addition to the incandescent sun of Ica, we have contact with chemical products ... many of the workers have arthritis, vitiligo and fleshy eyesight ... we do not have risk insurance, life insurance.

Day labourer, agro-export firm, Ica, Peru

Section 2.1 on morbidity and illness from COVID-19 showed (for the limited number of countries for which data are available) that key workers were more likely to die from COVID-19 than non-key workers. But it also revealed that, while health workers had the greatest exposure to the virus, their morbidity rate was lower than that of other key workers, especially those in transport. This puzzling result is partly explained by the greater adherence to health and safety measures in the health sector, which, in turn, reflects the design and coverage of OSH systems as well as compliance at different workplaces.

The elevated risk of key workers becoming infected with COVID-19 has made apparent the importance of OSH, understood as “the prevention of work-related injuries and diseases as well as the protection and promotion of the health of workers through the improvement of working conditions and environment”.¹ As mentioned in Chapter 1, in June 2022 the International Labour Conference amended the ILO Declaration on Fundamental Principles and Rights at Work (1998) to include the Occupational Safety and Health Convention, 1981 (No. 155), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), making a safe and healthy working environment a fundamental right that all ILO Member States, regardless of the status of ratification of such Conventions, are henceforth obliged to uphold.

There have been significant advances in workplace safety and health across the world. Since the beginning of this century, rates of fatal injury have substantially fallen in European Union countries, Australia, China, Japan and the United States, among others (although, in recent years, progress appears to have slowed). Nonetheless, worldwide, eliminating hazards at the workplace continues to be a pressing challenge. Prior to the pandemic, 1.9 million people died annually of work-related injuries and diseases, based on the calculation of workers’ exposure to 19 occupational risk factors.² Among these, non-communicable diseases, particularly respiratory and cardiovascular, were responsible for 81 per cent of deaths, with occupational injuries causing the rest.³ Recurrent exposure to working hours greater than 55 hours per week is associated with 40 per cent of overall deaths.⁴ In addition, over 313 million workers are involved in non-fatal occupational accidents per year, causing serious injuries and absences from work, and there are an additional 160 million annual cases of non-fatal work-related diseases.⁵ Deficiencies in OSH have negative consequences for workers and enterprises, decreasing productivity and placing a heavy burden on social security and healthcare systems, as well as families. It is estimated that the societal costs of work-related illnesses and injuries amounts to 3.9 per cent of global GDP.⁶ On top of these sobering figures, workplace safety and health challenges continue to mount due to the introduction of novel materials and chemicals in production, along with increased psychosocial hazards and changes in work organization that leave many workers without, or with insufficient, safety and health protection.

Key workers are particularly at risk, given their greater likelihood of working in hazardous occupations and high-risk working environments, and of being in contractual arrangements (specifically informal, subcontracted and temporary employment) associated with less safety and health training, inadequate oversight and a higher incidence of workplace injuries.⁷ While some countries have updated their OSH systems to better reflect and manage the contemporary world of work, other countries continue with “command and control” OSH systems that are suitable for addressing a narrow subset of risks in specific high-risk industries (such as mining or aviation) but are grossly inadequate for the wide-ranging health and safety challenges of today’s workplaces (see box 3.1). Long-standing lacunae in OSH coverage, insufficient enforcement and low levels of compliance plague many workplaces across the world, especially micro, small and informal enterprises.

Box 3.1. The evolution of safety and health regulation

Modern OSH regulation began to emerge in the early nineteenth century, with the advent of industrialization. Early statutes, such as the Factory Acts of the United Kingdom, combined specific prohibitions or mandates together with a penalty system enforced by inspectors. The first statutes addressed working hours and child labour, with other safety measures being progressively introduced.

Factory Acts and similar statutes in other sectors, such as docks and mines, were adopted throughout the world in the nineteenth and twentieth centuries through colonization. The statutes targeted specific issues in specific industries, but they failed to instil a comprehensive, collaborative, proactive approach to work safety. Rather, managers, workers and their representatives were enjoined to passively implement directives emanating from the State.

Box 3.1. (cont'd)

A profusion of these increasingly intricate “command and control” laws have left a lasting legacy in many jurisdictions, with several maintaining this type of regulation well into the twenty-first century. Nevertheless, from the 1970s, a new approach to work safety and health emerged which imposed extensive obligations on workplace actors to take responsibility themselves for deciding how to eliminate or reduce risks. This new approach is commonly dated to the reforms introduced in the United Kingdom following a major review led by Lord Robens.¹

The “Robens model” involved imposing general duties on employers to maintain a safe and healthy workplace. This was complemented by extensive co-regulation requirements so that employees, and sometimes other parties, had a role in establishing, monitoring and enforcing workplace standards and processes. While specific government-imposed rules remained (for example, on matters such as ventilation or asbestos), these were generally located in subsidiary instruments so that they could be rapidly updated without requiring statutory amendment. This also meant that the primary law was not congested with detailed rules. Instead, its purpose was to set out the fundamental structure and obligations of the system. This division between general duties and detailed rules has meant that work safety and health laws can be comprehensive and comprehensible – extending basic principles to all industries and workplaces rather than separating out factories, mines, docks and so on. Furthermore, with the Robens models, sectors which were previously unregulated – often feminized and emergent industries – were subject to OSH principles.

Robens model systems have spread around the world and the Robens approach to OSH underpins the ILO’s fundamental safety and health Conventions. However, shifts in labour market structures have increasingly exposed its limitations. It was conceived in response to a form of industrial organization prevalent in developed countries in the mid- to late twentieth century: large vertically integrated manufacturing undertakings with a predominantly male, full-time, regular, local and unionized workforce. It has worked relatively well for such undertakings, where work arrangements are structured around direct and often stable employment relationships between parties, to which clear legal obligations can be attached and on which clear legal rights can be conferred.

The Robens model is under greater pressure now, as societies are confronted with home-based, platform-based and contractually fragmented working arrangements (“fissured workplaces”²), in which work is often performed by migrant and non-unionized women and men, sometimes on contracts that are temporary, multi-party or informal. In the context of these work arrangements, assigning rights and responsibilities is far more challenging. Although the original Robens report recommended the wide application of OSH legislation, including to self-employed workers,³ legislation based on the Robens model has tended to use the standard employment relationship as the central touchstone for statutory duties, leaving the position of own-account workers, as well as agency, platform and casual workers, less clear.⁴ Further, its tendency to focus on industrial workplaces leaves work performed in public spaces, online or in homes less protected. Again, questions of representation which are comparatively straightforward in unionized undertakings become problematic where workers cannot readily associate, whether because their work is dispersed or because they lack the association rights accorded to employees.

¹ Simpson, 1973.

² Weil, 2014.

³ Simpson, 1973, 173–177.

⁴ Although see decisions such as: *United Kingdom House of Lords, Regina v. Associated Octel Ltd*, 14 November 1996.

In the OSH literature, sectoral differences with respect to physical, biological and psychosocial hazards are well known. In agriculture, known risks include machinery- and equipment-related accidents on industrial farms as well as the occurrence of lung disease, noise-induced hearing loss, skin disease and cancers related to pesticide use or prolonged sun exposure. Mining has safety and health risks that are unique to the sector, such as geological instability, blasting, thermal environments, ionizing radiation and respiratory health problems, such as black lung. In healthcare, workers are routinely exposed to infectious material.⁸ Healthcare workers also suffer from musculoskeletal disorders due to awkward postures used especially in the handling of patients. As a result, nurses commonly experience back injuries and shoulder strain.⁹ For road transport drivers, traffic accidents are the primary cause of death and disability. Transportation workers also spend long hours in cramped spaces and are subject to constant noise and vibration. These are just some of the most prominent occupational hazards and diseases across key workers and sectors. Table 3.1 provides a more detailed list for agriculture, to give an indication of the wide-ranging hazards and diseases that key agricultural workers may encounter.

► **Table 3.1. Examples of hazards and possible health outcomes in agriculture**

Key service	Examples of hazards	Examples of health outcomes
Agriculture	<p>Agrochemical hazards: pesticides, fungicides, herbicides, insecticides, larvicides, miticides, molluscicides, nematocides, ovicides, piscicides, rodenticides, attractants, chemosterilants, defoliant, desiccants, disinfectants, growth regulators, fertilizers, pheromones, feed attractants and repellents, dusts¹</p> <p>Biological hazards: bacteria, fungi, mites and viruses transmitted from animals, parasites and ticks; microorganisms and mites in organic dusts, bites, stings, venom, and antimicrobial-resistant pathogens²</p> <p>Physical hazards: machinery and work equipment, noise, vibration, fire, ambient air temperature, humidity, wind, dust storms, precipitation and solar radiation²</p> <p>Ergonomic hazards: repetitive lifting and carrying of heavy loads, stooped work, repetitive hand work, (intensive) tasking rates³</p>	<p>Vector-borne diseases and parasitic infections such as chikungunya, dengue, malaria, yellow fever, Zika virus, Lyme disease,¹ West Nile virus, Rift Valley fever, encephalitis, Rocky Mountain spotted fever, tularaemia, Q fever, trypanosoma, leishmaniasis, Chagas disease³</p> <p>Allergic diseases such as farmer's lung and bird breeder's lung, bronchial asthma, allergic alveolitis, allergic rhinitis and allergic conjunctivitis and dermatitis³</p> <p>Musculoskeletal disorders and injuries such as cumulative trauma disorders, neck and upper extremity impairment, lower back impairment, muscle cramps and/or musculoskeletal injury, disorders in the blood vessels, nerves, muscles, and bones and joints of the upper limbs, diseases of the peripheral nerves, prostatitis, and both acute and chronic back injury, osteoarthritis³</p> <p>Cancers such as leukaemia, non-Hodgkin's lymphoma and multiple myeloma, skin cancer³</p> <p>Others such as organic dust toxic syndrome,⁴ green tobacco sickness, monkey fever²</p>

¹ WHO, 2020d. ² ILO, 2022e. ³ ILO, 2011. ⁴ Żukiewicz-Sobczak et al., 2013.

► **Table 3.2. Exposure to posture-related risks and heavy loads, Europe, 2015 and 2021 (percentage)**

Uncomfortable position	2015		2021	
	Key	Other	Key	Other
Never	45.8	58.9	38.4	58.5
Sometimes	35.7	27.7	27.1	21.2
Always	18.5	13.4	34.5	20.3

Heavy load	2015		2021	
	Key	Other	Key	Other
Never	55.3	75.4	48.4	73.3
Sometimes	35.9	18.3	20.3	13.3
Always	11.8	6.3	31.3	13.4

Source: Analysis based on the European Working Conditions Survey (2015 and 2021). See Appendix for more details.

Table 3.2 gives data for Europe on the share of workers whose main job involves tiring or painful positions and carrying or moving heavy loads. While many workers are subject to physical strain in their jobs, 54.2 per cent of key workers sometimes or always experience uncomfortable positions compared with 41.1 per cent of non-key workers. During the pandemic, the share of key workers experiencing physical strain in their jobs increased to 61.6 per cent while the overall ratio remained the same (41 per cent) for other workers. Similarly, nearly 45 per cent of key workers reported sometimes or always carrying or moving heavy loads, which is nearly double the 24.6 per cent reported by non-key workers. Once again, for key workers the situation worsened during the pandemic, with 51.6 per cent stating that they were carrying or moving heavy loads, compared with 44.7 per cent in 2015. For other workers, there has only been a slight increase to 26.7 per cent from 24.6 per cent.

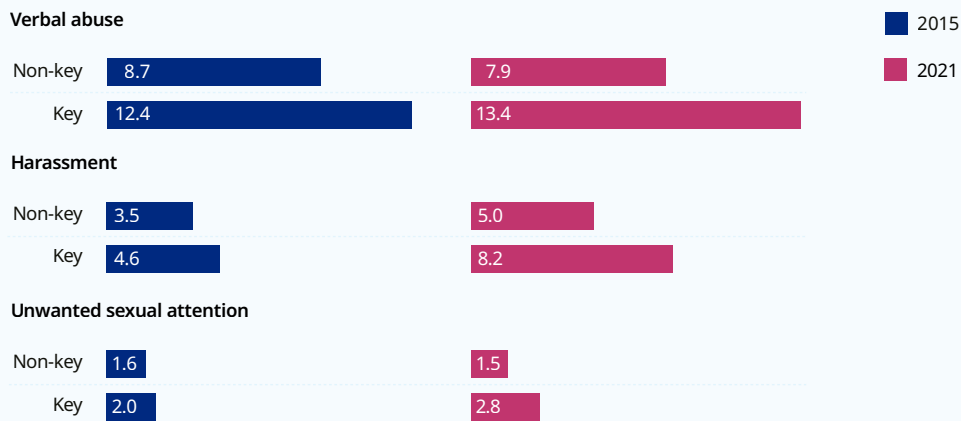
... *“violence and harassment” in the world of work refers to a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment ...*

Violence and Harassment Convention, 2019 (No. 190)

In addition to the physical and biological hazards that key workers experience, psychosocial risks are more common among key workers. Psychosocial risks occur when job demands outweigh resources available to workers, as discussed in Chapter 2. These risks arise from poor work design, organization and management, as well as a poor social context of work, and may result in negative psychological, physical and social outcomes, such as work-related stress, burnout or depression.¹⁰ Psychological forms of violence, such as harassment, including sexual harassment, bullying and mobbing, are severe forms of psychosocial risks at the workplace.¹¹

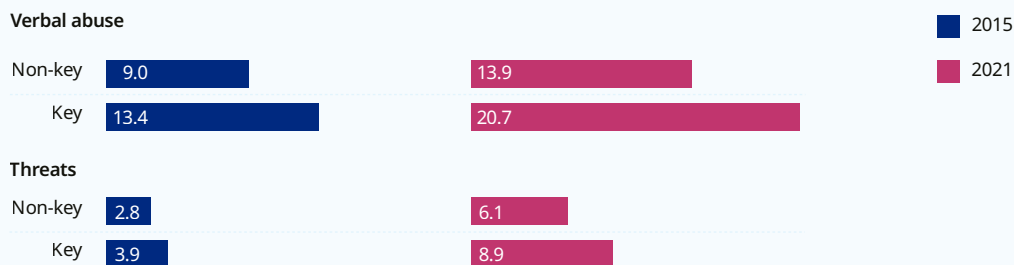
Figure 3.1 gives European data from 2015 and 2021 on the share of key and non-key workers who experienced violence and harassment at work during the month preceding the survey. Violence and harassment at work can be from colleagues or managers, but also from customers, patients or other individuals with whom the person engages in the course of their work. Among key workers, nearly 12.4 per cent stated that they were subject to verbal abuse while performing their jobs, compared with 8.7 per cent of non-key workers. Disaggregating by occupational group reveals starker differences:

▶ **Figure 3.1. Percentage of key and non-key workers reporting verbal abuse, harassment or unwanted sexual attention during the past month, Europe, 2015 and 2021**



Source: Analysis based on the European Working Conditions Survey (2015 and 2021). See Appendix for more details.

▶ **Figure 3.2. Percentage of key workers who experienced verbal abuse and threats during the preceding month, United States, 2015 and 2021**

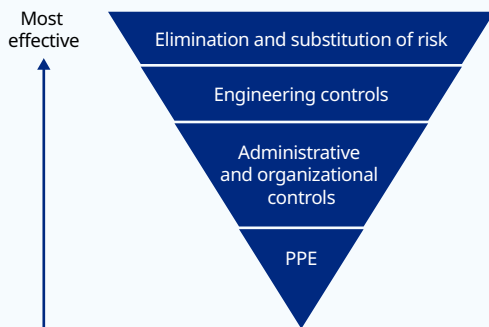


Source: Analysis based on the American Working Conditions Survey, 2015, and follow-up questions on American Life Panel, 2021. See Appendix for more details.

in security, 27.1 per cent were subject to verbal abuse in 2015, whereas in health the share was 19.1 per cent. More worrisome is that, during the pandemic, the overall incidence in Europe of verbal abuse, harassment and unwanted sexual attention at the workplace increased for key workers; for non-key workers, there was little change.

Data from the United States on verbal abuse and threats show a similar pattern of higher incidence among key workers than others prior to the pandemic and sharp increases during the pandemic. In 2015, 13.4 per cent of key workers reported being subject to verbal abuse at work in the month preceding the survey compared with 9 per cent of non-key workers (see figure 3.2). During the pandemic, one out of every five key workers reported being subject to verbal abuse at work. As in Europe, certain occupations report higher levels of verbal abuse, such as healthcare and security. However, the uptick during the pandemic was most pronounced for sales and related workers, with 26.5 per cent reporting verbal abuse in the month preceding the 2021 survey compared with 14.6 per cent in 2015. Even more disturbing is the pronounced increase in threats towards sales and related workers, which jumped to an astonishing 11.7 per cent in 2021, from 1.6 per cent in 2015.

► **Figure 3.3. Hierarchy of controls in occupational risk management**



Source: ILO, 2021b.

Addressing workplace injury and disease

How do modern OSH systems reduce these physical and psychosocial harms? The concept of risk assessment and management is central. Under Convention No. 155, “employers” are to “ensure, so far as is reasonably practicable” that a range of matters “under their control” are “safe and without risk to health”.¹² An undertaking should set out in writing an OSH policy and allocate responsibility, accountability and authority for the development, implementation and performance of the OSH management system and the achievement of the relevant OSH objectives.¹³ An OSH programme should be established and preventive measures should

be taken to eliminate, or if that is not possible, to minimize hazards. In evaluating the available measures to control risks, the concept of *hierarchy of controls* is frequently employed;¹⁴ it involves prioritizing preventive and protective controls by order of effectiveness.

Figure 3.3 illustrates the hierarchy of controls, beginning with the most effective control – *eliminating or substituting the hazard*. With COVID-19, it was not possible to completely eliminate the virus but, for those occupations that could be performed remotely, exposure could be reduced by working from home. The second most effective measure is to implement *engineering controls*, which reduce exposure to hazards; these can be the most cost-effective solutions. For COVID-19, engineering controls have included improving ventilation, installing high-efficiency air filters or physical barriers, or using drive-through windows for customer service. The third level is *administrative and organizational controls*, which involve changes in work policy or procedures to reduce or minimize exposure to a hazard. For COVID-19, these have included ensuring physical distancing by introducing extra shifts or having workers present on alternate days, promoting good hygiene practices directed at both workers and the workplace (for example, instituting routine cleaning and disinfecting), implementing infection control practices (for example, policies on health surveillance, workplace monitoring, screening processes and response measures for sick or potentially infected workers). The final measure is personal protective equipment (PPE). While PPE is generally considered a measure of last resort, it has nonetheless been necessary during the COVID-19 pandemic for preventing certain types of exposure, especially for frontline occupations. PPE, however, cannot be used as a substitute for other OSH measures.¹⁵ In many instances, including during the COVID-19 pandemic, the different measures have been used in combination.

In conducting risk assessments pursuant to these duties, undertakings are not left to their own devices. As mentioned above, in a well-functioning OSH system, the general duties are complemented by detailed delegated rules – such as regulations and guidance materials issued by agencies authorized under general OSH statutes. These rules are frequently industry- or activity-specific. Thus, an undertaking needs to consider not only the general duty but specific regulations on noise, lead or silica, for example, if they are relevant to its activities. During the COVID-19 pandemic, delegated rules provided a potential means of directing undertakings to systematically address the threat of COVID-19 and, since rules are easier to update than statutes, they were able to evolve as knowledge about combating the spread of the virus deepened. Unfortunately, many jurisdictions developed ad hoc temporary measures to deal with COVID-19 and have not as yet developed robust and stable delegated rules or guidance on matters such as airborne diseases.

Together with more detailed rules and guidance, the primary duty to provide a safe and healthy working environment as far as is reasonably practicable is complemented by the obligation to *cooperate*. This means working together with other businesses which influence the workplace, as well as collaborating

Incomplete scope of responsibility is at the core of the challenge facing contemporary OSH systems

with workers and their representatives.¹⁶ In many workplaces, there is not just one undertaking with overall control. On a major construction site, for example, there are often many subcontractors carrying out work; a pattern that is found increasingly in a myriad of industries. Article 17 of Convention No. 155 stipulates that: “whenever two or more undertakings engage in activities simultaneously at one workplace, they shall collaborate in applying the requirements of this Convention”.¹⁷ Article 19 of the Convention requires there to be arrangements within undertakings to ensure that workers and their representatives participate in the fulfilment of OSH obligations at the workplace; this includes arrangements for sharing information, for providing appropriate training and for workplace consultation.

In principle, these cooperation obligations should ensure that all undertakings and workers engaged at a workplace are actively involved in making the working environment safe and healthy. Unfortunately, many systems continue to construe these cooperation obligations narrowly. They continue to limit the scope to “employers” and “employees”, and to exclude certain categories of workers who may be present in the workplace (for example, temporary agency workers and self-employed workers). This issue of incomplete scope of responsibility is at the core of the challenge facing contemporary OSH systems, with the COVID-19 pandemic accentuating these shortcomings.

For instance, in Brazil, OSH law is generally tied to the employment relationship, as are social security payments. Moreover, the law stipulates that regular and casual workers must be accorded equal rights¹⁸ and that agency workers are covered.¹⁹ Non-employees, such as self-employed workers, must provide their own safety equipment and take out their own accident insurance.²⁰ Around 40 per cent of the workforce is informal, and works outside the protection of OSH and social security systems.²¹

In the United States, some employees are not covered by OSH law at all, namely state and local employees in those states without their own OSH law, of which there are more than 20.²² Many key workers are engaged by states or local governments, and these workers have no OSH protection unless they are covered by a collective bargaining agreement. Furthermore, self-employed workers, students and volunteers are not covered at all, and the position of temporary agency workers is uncertain.²³ Small farms are explicitly excluded from OSH inspection programmes, and inspection authority over small undertakings is limited.

Another source of concern is the dissonance between the technical scope of the law and its coverage in practice. Informality means precisely that such workers are outside the effective scope of the law. For example, in Rwanda, the scope of the OSH chapter in the country's labour law is broad, covering self-employed workers, interns and apprentices.²⁴ Yet three quarters of the workforce is informal and not included in OSH statistics;²⁵ particularly vulnerable informal workers include those who are mostly migrant, illiterate and seasonal. Data from Rwanda also show that observation of OSH law varies from sector to sector, from high compliance in the service sector (76 per cent) to low compliance in construction (42 per cent).²⁶ This industry variation (often combined with regional variation within countries) is common across jurisdictions.²⁷

Many key workers are thus outside the scope of OSH protections. Drivers, cleaners and protective service workers are often engaged through complex subcontracting chains that diminish the legal responsibilities of end users. Personal care and street workers are often self-employed and located outside industrial workplaces. Even for those key workers engaged in traditional industrial jobs, modes of organization and representation were disrupted by lockdowns and other restrictions on access to workplaces. In addition, many workers, especially those on insecure contracts, are not comfortable denouncing safety violations out of fear of reprisal. This is especially true for migrant workers without legal status, or who are charged high fees by recruitment agencies.²⁸

A further limitation in the way many OSH systems have worked in practice – again exposed by the COVID-19 pandemic – has been a tendency to focus on physical infrastructure rather than psychosocial risks and mental health, even though mental health is covered in Convention No. 155,²⁹ as well

as Convention No. 190 (which deals with violence and harassment at work). While the focus on physical harm is historically understandable since mines, construction sites and manufacturing installations presented obvious dangers to physical well-being, increases in mental stress at work and mounting incidences of workplace violence and harassment, especially in the public-facing healthcare, security and retail sectors, are a pressing concern. Indeed, a review of national legislation in 132 countries over 2018–19 found that two thirds of them did not include psychosocial risk assessment and prevention in their national OSH legislation. Moreover, in many countries, workplace violence was prohibited only if it involved an offence to moral or religious customs.³⁰

The emphasis on physical infrastructure has also tended to overshadow responses to occupational diseases, although these have still received greater attention than psychosocial risks. Whereas harm from dangerous machinery, for example, can be immediate and dramatic, occupational diseases often develop gradually, and a causal link between a disease and a workplace may be harder to establish, as the history of asbestos regulation demonstrates.³¹ Nonetheless, ILO instruments have long recognized many kinds of occupational diseases³² and the obligation of nation States to address them.³³ The ILO's List of Occupational Diseases Recommendation, 2002 (No. 194), which was last updated in 2010, provides a basis for a systematic classification of potential hazards to health, including biological agents and infectious diseases. COVID-19 is obviously a potential express addition to this list. However, most Member States have not yet recognized it as an occupational disease other than on a case-by-case basis or limited to health professionals.³⁴ Besides, as mentioned above, many systems have not yet developed appropriate standards on airborne diseases.

3.2. Freedom of association and collective bargaining

In the past, when there was no union, people were fired and hired at will. Today, thanks to unions, at least we have employment stability. In the past, [if the subcontractor changed] you were done. There was nowhere to go, legally, to plead or make complaints. But now, the times have changed ... you can still work here even if the subcontractor changes.

Hospital cleaner, Republic of Korea

Unionization and collective bargaining were an important resource for workers during the pandemic. As demonstrated in Chapter 2, workers who were union members had formal channels to present their concerns to management and to negotiate solutions to improve the safety of their work environment as well as other issues of concern. Freedom of association and collective bargaining are enabling rights. Through collective bargaining, trade unions and one or more employers (or an employers' organization) can voice their respective demands, share information and conclude a collective bargaining agreement that regulates working conditions and terms of employment. As such, freedom of association and collective bargaining are critical for establishing working conditions, which influence overall job quality.

Freedom of association – the right of workers to join a union and of employers to join an organization – and collective bargaining – voluntary negotiation between trade unions and one or more employers (or their organization) – are fundamental principles and rights at work. As such, all Member States, by virtue of their membership in the ILO, must respect, promote and universally fulfil these principles, irrespective



of whether they have ratified the Conventions concerned. Collective bargaining, by creating a framework for ongoing collective labour relations, enables parties to tailor rules to particular circumstances and adapt those rules when the circumstances change.³⁵ Moreover, the existence and implementation of a collective agreement also improves compliance with labour regulation, making unionization an important support for regulatory compliance.³⁶

Across the world, approximately one in every six employees is a trade union member and, among the employed population (which includes own-account workers), one in nine workers has joined a union. This represents roughly 250 million workers in the public and private sectors. The unionization of own-account workers, while critical for addressing their collective concerns, remains low at just 2.2 per cent.³⁷ Unionization rates vary tremendously across countries, reflecting the industrial relations system in place as well as the country's industrial composition. Unionization rates range from below 5 per cent in Colombia, Pakistan, Peru, Thailand and the Bolivarian Republic of Venezuela to more than 60 per cent in Cuba, Denmark and Sweden, reaching 92 per cent in Iceland.

According to ILO data, over a third of employees in 98 countries have their pay and working conditions regulated by one or more collective agreements (weighted average).³⁸ There is, however, considerable variation in the collective bargaining coverage rate across countries, ranging from over 75 per cent in many European countries and Uruguay, to below 25 per cent in around half of the countries for which data are available. This variation is due to the design of the industrial relations system, particularly whether bargaining is limited to the enterprise level or multi-employer bargaining covers sectors and occupations; whether workers are included in the scope of collective agreements, irrespective of whether they belong to signatory trade union or are employed in non-signatory firms (administrative extension mechanism); and whether public servants have the right to collective bargaining (prohibited in 17 countries). In countries where bargaining is limited to the enterprise level, an average of 15.8 per cent of employees are covered by collective agreements; where it takes place in multi-employer settings, the average coverage rate of employees is 71.7 per cent.³⁹

As a form of regulation, collective bargaining influences multiple dimensions of working conditions, including wages, job security and contractual arrangements, working hours and leave policies, access to training, social protection, safety and health, as well as other issues of concern to the bargaining parties. Although unionization and collective bargaining are typically analysed in relation to their effect on earnings (a topic covered in Chapter 5), an often-overlooked but critical bargaining issue is safety and health at the workplace, which was a major concern for key workers during the pandemic.⁴⁰ Data on collective negotiation and compliance at the workplace demonstrate the importance of collective bargaining as a tool for responding to the challenges of the COVID-19 pandemic. An ILO analysis of collective bargaining agreements negotiated during the pandemic in the healthcare, social care, education, food retail and transport sectors found that most included commitments to ensuring the adequate provision of PPE and protocols for its correct use, other protective measures such as barriers and cashless transactions, paid time off and additional compensation (see box 3.2).⁴¹ Moreover, bipartite OSH committees played a critical role in designing, instituting and monitoring compliance with COVID-19 protocols. In some instances, collective agreements expanded the mandate of existing OSH committees within pre-existing OSH management systems. In others, bargaining parties set up dedicated crisis committees to oversee the implementation of safety and health measures related to COVID-19.

Box 3.2. Collective bargaining for key workers during the pandemic

Collective bargaining agreements proved a useful tool for addressing concerns of key workers during the COVID-19 pandemic, with agreements clustering around five key areas: the protection of health and safety, paid leave entitlements, social protection, work organization, and additional compensation.¹

Protection of health and safety. Collective agreements for key workers focused on reducing workers' exposure to the virus by ensuring their health and safety and, in the event of infection, supporting workers through their recovery with medical care and paid leave. In various sectors, access to protective equipment, negotiated via collective agreement, helped reduce workers' exposure to the virus. For example, in the healthcare sector in the Republic of Korea, a collective agreement ensured that PPE would be stockpiled and allocated to healthcare workers. Similar agreements regulating workers' access to PPE were also in place in Austria, Chile, Colombia, Costa Rica, Italy, Kenya, Spain and the United States. In other sectors, such as retail and transport, collective agreements resulted in the installation of physical barriers separating workers from customers. In Norway, collective agreements helped reduce the exposure of public transport workers through the introduction of cash-free payments and the closure of front doors on public vehicles. Similarly, in Chile and Norway, physical barriers were installed at cash registers to minimize retail workers' contact with customers. Various countries introduced new protective safeguards in the meat packing industry as well. The Irish meat industry association and trade unions agreed to a safety protocol for workers.

Paid leave entitlements. Paid time off, either preventive or in case of exposure or infection, was also the subject of some collective agreements for key workers during the pandemic. In Czechia and Finland, paid time off was allocated for workers to get vaccinated. In other cases, it was related to virus detection. For example, in Italy, the collective agreement ensured access to frequent COVID-19 testing for those regularly exposed to the virus. In Argentina and Sri Lanka, collective agreements permitted extraordinary sick leave measures for healthcare workers in case of infection, ensuring their access to medical care without a reduction in wages. Additional sick leave entitlements were also accorded to key workers in parts of the retail sector in Australia and the United States, and to care workers in Ireland and Scotland. In case of exposure to COVID-19 (but not necessarily infection) in the United Kingdom, some employers paid for workers' periods of self-isolation, while other employers extended statutory sick pay provisions to employees who would not have been eligible prior to the pandemic. Similar agreements were introduced in Austria and Chile. Full payment of wages during periods of quarantine was also enacted via collective agreement for some healthcare workers in Australia, Norway, the Republic of Korea and the United States.

Social protection. In addition to recognizing COVID-19 as an occupational disease, collective agreements in several countries introduced non-pay-related entitlements and protections for workers in the healthcare sector. Free hospital care for workers who contracted COVID-19 was introduced in the Philippines and Sri Lanka. Free shuttle transport was also introduced for healthcare workers in the Philippines. In 2020, nurses were included in national health and injury insurance in Kenya. Clauses on psychosocial support, such as mental health treatment and support, were introduced in the healthcare sector in Finland, Italy and the Republic of Korea.

Work organization. Changes in work organization, introduced via collective agreement in several countries, aimed to protect vulnerable workers and respond quickly to evolving circumstances. In the retail sector in Austria, for example, a sectoral agreement ensured that at-risk workers, such as pregnant women, could be reassigned tasks that did not require contact with customers; alternatively, they could be exempted from work on full pay. Similarly, in

Box 3.2. (cont'd)

Colombia, at the height of the pandemic, a collective agreement among 320 banana plantations ensured that workers especially vulnerable to infection, such as those over the age of 65, and those with high-risk pregnancies or pre-existing medical conditions, did not have to work and were given paid leave.² In the health sector in Ireland and Norway, collective agreements permitted a reduction in overtime working restrictions, as well as a loosening of regulations governing worker redeployment and rescheduling, with a view to ensuring the resilience of health services. These measures were enacted temporarily with the intention of ending them once the pandemic eased.³

Additional compensation. In many countries additional one-off, bonus or hazard payments were enacted for key workers via collective agreements in the healthcare, transport, food, retail and elder care sectors; Coles⁴ in Australia, Kaufland⁵ in Romania and ShopRite⁶ in South Africa are three companies that did so. In some cases, collective agreements raised the pay of key workers over several periods. For example, collective agreements in Germany⁷ and Sweden⁸ ensured pay rises for two years and bonuses for nurses. Following a national strike by healthcare workers in Kenya in December 2020, several county-level collective agreements ensured the workers' right to back-pay of wages, the provision of PPE and defrayal of medical costs for those who contracted COVID-19.⁹ In other countries, particularly in sectors financed by public funds, such as healthcare or security, deteriorating public finances precluded additional compensation for key workers. For instance, pre-negotiated wage increases were deferred for public sector workers in Croatia.¹⁰

¹ The examples given, unless otherwise indicated, are reported in ILO, 2022g.

² ILO, 2020b.

³ Seip, 2020; ILO, 2022g.

⁴ Ranosa, 2020.

⁵ Marica, 2020.

⁶ Times Live, 2020.

⁷ European Public Service Union, 2021.

⁸ European Public Service Union, 2021.

⁹ Rubery et al., 2021.

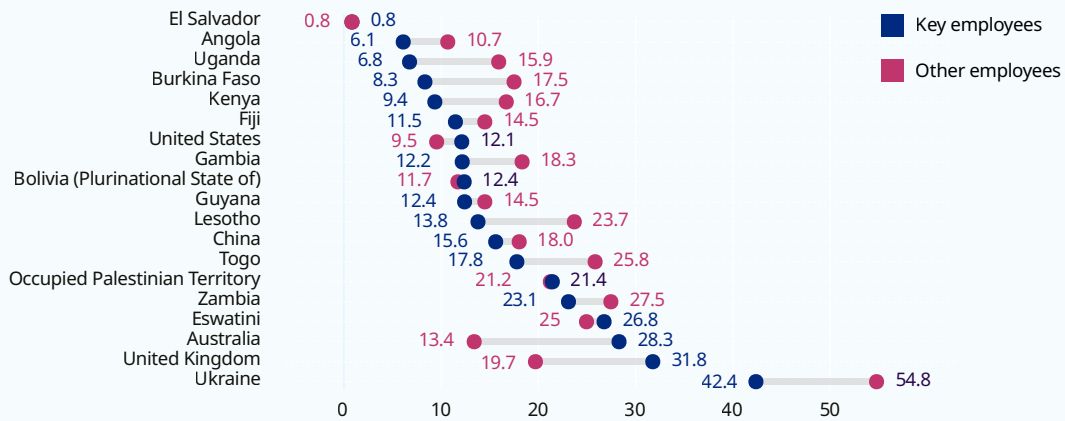
¹⁰ ILO, 2022g.

Source: ILO, 2022g.

Yet despite these positive outcomes, many workers – including many key workers – are neither members of a trade union nor covered by a collective bargaining agreement. Figure 3.4 provides data on union membership for key and non-key employees in 19 countries and territories. Figure 3.5 focuses on unionization rates across the same countries by key occupational group. Combined, the figures reveal one key finding: unionization rates vary widely between key and non-key employees both across and within countries. Across countries, unionization rates span from almost zero per cent in El Salvador for key and non-key employees, to about 42 and 55 per cent, respectively, in Ukraine.

Within countries, large differences in unionization rates between key and non-key employees emerge. While unionization rates among non-key employees are higher than among key employees in most countries, in 5 of the 19 countries and territories (Plurinational State of Bolivia, Eswatini, Occupied Palestinian Territory, United Kingdom, United States) the unionization rate of key workers is higher. This is partly driven by the higher rates of unionization in the public sector, and among those working in healthcare and security (including police officers). In the United Kingdom, for instance, 47 per cent of employees in healthcare are members of a trade union, while for the other seven occupational categories it is lower than 25 per cent. Similarly, in the United States, key security employees, especially police officers and firefighters, are comparatively more unionized (37 per cent) than the rest of key wage workers (11 per cent).

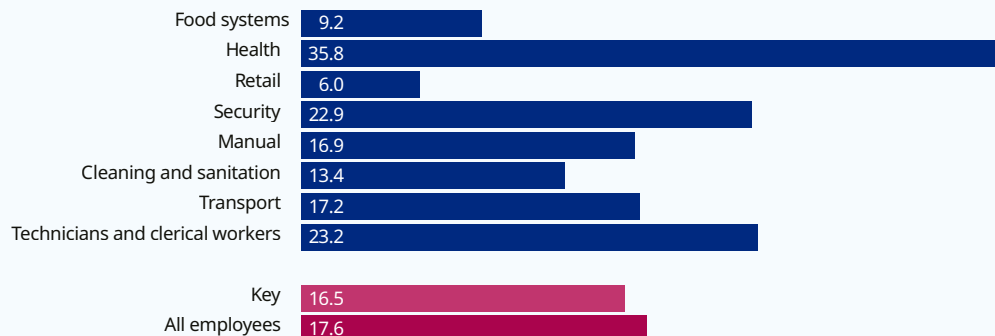
► **Figure 3.4. Share of key and other employees belonging to a union (percentage)**



Note: Calculations are based on labour force surveys that permit the identification of key workers and trade union membership. In most of these countries and territories, collective bargaining is at the enterprise level; in a few (Kenya, Togo, Uganda), it is mixed with some sectoral bargaining along with enterprise-level bargaining.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

► **Figure 3.5. Union membership among key employees by occupational group (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

Figure 3.5 further illustrates the stark differences in unionization rates between key occupations. Unionization among health employees is 35.8 per cent, followed by roughly 23 per cent for technicians and clerical workers, and security personnel. In contrast, unionization rates in the cleaning and sanitation, food systems and retail sectors are lower than average. Barely 6 per cent of key employees in retail and 9 per cent in food systems belong to a trade union, significantly below the average of 17 per cent for all employees.

The low unionization rates in the food systems and retail sectors are not surprising given the many impediments that exist to organization for these workers. Certain countries continue to exclude agricultural workers from general labour legislation, which thus excludes them from the right to associate.⁴² In addition to the high degree of self-employment, many employees in agriculture are employed informally, often on casual contracts, making unionization difficult to carry out in practice: this is a result both of the fact that the labour force is itinerant and also because the lack of employment

security makes workers fearful of potential retaliation for unionization.⁴³ For international migrants employed as farm workers through temporary migration schemes, the problem is exacerbated as their temporary residence in the host country is tied to their employment contract.⁴⁴

Unlike farm workers, there are no legal prohibitions on the unionization and collective bargaining of retail workers, though there are constraints, especially in countries that are limited to enterprise-level collective bargaining. While in high-income countries there has been a consolidation of retail stores with the growth of chains, including big-box stores, under enterprise-level bargaining, in some countries, each branch needs to run a separate union campaign and election, and, if successful, the results of the collective bargaining agreement may only apply to that one branch. Given the high degree of turnover in retail and the extensive use of part-time and temporary contracts, it is difficult for retail workers to have the meaningful interactions with their co-workers or union representatives needed to succeed in an organizing drive.⁴⁵ These constraints manifest in the unionization rate of key retail workers, which stood at a mere 3.8 per cent for in the United States in 2019. In lower-income countries, much retail work is informal and in micro or small enterprises, making unionization difficult. Some countries⁴⁶ have also set a minimum threshold for the share of unionized employees needed in order to be recognized as an exclusive bargaining agent.

Evidence on collective bargaining during the pandemic suggests that recourse to collective negotiation often depended on the extent to which a country, industry or company relied on it prior to COVID-19. When leveraged, collective bargaining could successfully respond to and improve conditions of work and employment for key workers during the pandemic.

3.3. Contractual arrangement

I am just a contract medical officer. The fact that we are still on contract, that we could just be without a job once this pandemic is over, it is not a very positive thing to have on your mind when you step in to work and see this horrific scene before you every day.

Medical officer, Malaysia

Whether an individual's contractual arrangement is part-time, temporary or multi-party (private employment agency or labour broker) can have important consequences for the wage and non-wage benefits that a person receives, and thus the degree of labour protection that they enjoy. Key workers are more likely to be employed on part-time, temporary or multi-party contractual arrangements, regardless of whether they work for the private or the public sector. Migrant workers, in particular, often work on temporary contracts, especially when recruited through temporary labour migration schemes that are, by definition, temporary. In principle, there does not need to be a difference in labour protections between workers in these non-standard or diverse contractual arrangements and those who are employed on standard contracts, especially if the regulation mandates equal treatment. In practice, however, non-standard contractual arrangements are associated with wage penalties, weaker social protection coverage, lower unionization rates, less access to training, greater risks to safety and health, as well as employment insecurity.⁴⁷ In addition, studies have found a relationship between non-standard employment and poorer health outcomes,⁴⁸ including elevated risk of infection from COVID-19.⁴⁹

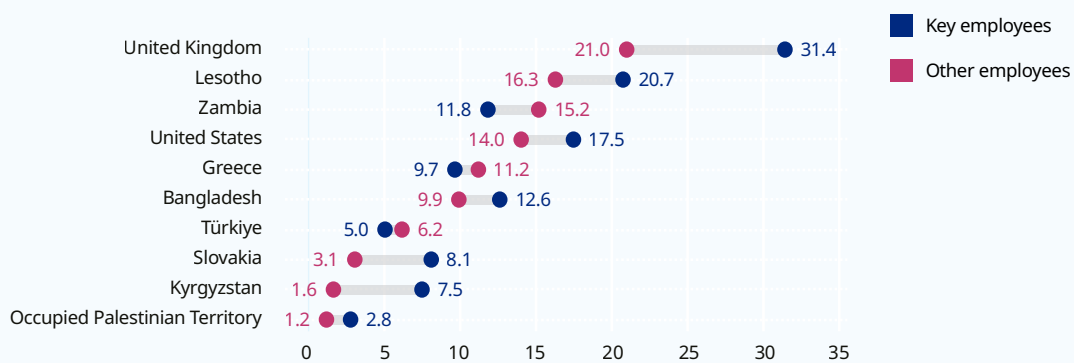
Part-time employment

Part-time employment can be useful for reconciling work and personal life, thereby facilitating the attachment of people who would otherwise not work at all to the labour market. Given that most care duties are undertaken by women, part-time employment, in this respect, reduces gender inequalities.⁵⁰ During the COVID-19 pandemic, the burden of care responsibilities became heavier as a result of the closing of schools and day care centres, thereby increasing for many the number of hours devoted to family responsibilities. However, in some cases part-time employment does not provide health-care, sick leave, and other rights and benefits. Thus, the advantages of part-time work are not realized unless there is equal treatment for both part-time and full-time workers (see section 4.2).⁵¹

Figure 3.6 shows the share of key part-time employees for countries and territories that have data on self-reported part-time status (rather than reported working hours, which is sometimes used as a proxy). In all countries and territories, except Greece, Türkiye and Zambia, part-time employment is more prevalent among key employees than non-key employees. In Kyrgyzstan, almost 8 per cent of key employees have part-time jobs whereas fewer than 2 per cent of non-key employees are part-timers. In countries such as Lesotho and the United Kingdom, where part-time work is more common, key employees are over-represented in such work. One out of every three key wage workers is a part-timer in the United Kingdom and, in Zambia, one out of every five is. As with part-time work in general, there is a greater representation among women than men. While on average nearly 12 per cent of women work part-time in key sectors and occupations, this share reaches 34 per cent in the United Kingdom and more than 19 per cent in the United States. Given the over-representation of women in part-time employment, the legal framework has important implications for gender equality. In the absence of equal treatment, it meant that during the COVID-19 pandemic, key part-time employees, who happen to be mostly women, were not only affected by greater care responsibilities but became more vulnerable in the absence of protections such as paid sick leave.

For employers in various sectors, such as food systems, retail, and cleaning and sanitation, there are several reasons for offering part-time employment. In retail, just-in-time inventory management systems and long opening hours encourage employers to hire part-time workers to cover different shifts and reduce excess labour in times of low demand.⁵² Additionally, for some repetitive tasks that are common in retail and cleaning, part-time workers have been shown to have higher productivity rates.⁵³ Lastly, depending on the regulatory system, employers might be able to find loopholes to evade legal or collective bargaining standards for compensation, fringe benefits and social insurance through the use of part-time employment.⁵⁴

► **Figure 3.6. Part-time employment among key and other employees (percentage)**



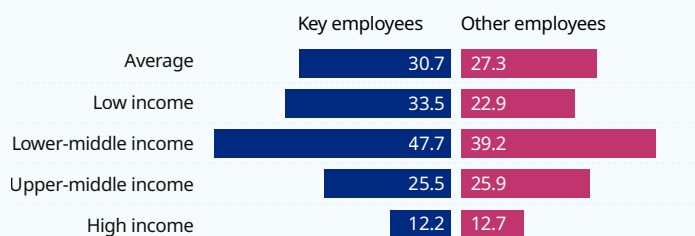
Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

Temporary employment

Like part-time employment, the potential for temporary employment to be a source of insecurity and labour market disadvantage depends on the legal framework. Temporary employment, whereby workers are engaged only for a specific period of time, includes fixed-term, project- or task-based contracts, as well as seasonal or casual work, including day labour.⁵⁵ While many countries offer equal treatment between different forms of employment, in countries without equal treatment temporary workers are more likely to be devoid of social benefits and earnings that could shield them against the risks of COVID-19, including paid sick leave.

While temporary employment has become common both in developing and developed countries,⁵⁶ there are still major differences across and within regions. In the Dominican Republic and the United Kingdom, the share of temporary contracts is low (2.3 per cent and 5.4 per cent, respectively) while it reaches 77 per cent in Pakistan and 87 per cent in Nepal. For the countries with available data, overall, temporary contracts among key employees are widespread, with one in every three employees in key economic activities having a non-permanent contract (see figure 3.7). The proportion of temporary employment is highest for key employees in lower-middle-income countries, reaching nearly 48 per cent, though temporary contracts are also prevalent among non-key employees in these countries. In upper-middle-income and high-income countries, key and non-key employees have similar rates of temporary contracts. By occupational category, key employees in healthcare have the lowest incidence of temporary contracts at 16 per cent, whereas key employees in food systems have the highest incidence at 46 per cent, which is to be expected given the seasonal nature of the work. Many high-income countries rely on migrant labour to perform agricultural work, often employing workers through temporary labour migration programmes (see box 3.3).

► **Figure 3.7. Temporary employment among key and other employees (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

Box 3.3. Temporary labour migration: contractual relationships and challenges to protection

Temporary labour migration (TLM) schemes aim to attract a particular migrant population for a determined period of time and, in some cases, for certain sectors (for example, agriculture) to perform work. Classic examples include the Canadian Seasonal Agriculture Worker Programme, the New Zealand Recognized Seasonal Employer scheme and the Pacific Australia Labour Mobility scheme. Policy and academic debates lack a common definition of “temporary labour migration” and legal practices create a multiplicity of statuses, often temporary, which determine not only the right to enter a territory, but also the nature of the employment arrangement. What is certain, however, is that, while TLM schemes continue to be used and even extended, the labour force needs of particular sectors are permanent, as the COVID-19 pandemic revealed.

Box 3.3. (cont'd)

International migrant workers are subject to two spheres of regulation, with important consequences for labour protection. The first sphere refers to admission policies through (im)migration regulation that conditions the duration of stay and shapes the employment contract and the terms and conditions of work.¹ The second sphere is labour law in the host country, which determines labour protections in general and in a given sector. Gaps in protection for migrant workers emerge as a result of a dissonance between these two spheres, especially as many countries restrict coverage of migrant workers by labour laws.

When migration and residency statuses are considered in discussions on “temporary contractual relationships”, a variety of forms of status coexist. Migrant workers can be long-standing migrants under temporary contracts (with residency permits sometimes valid in wider mobility areas, such as in the EU) or temporary migrant workers subject to temporary schemes. These distinctions are not superficial, as the pandemic showed how various contractual relationships conditioned access to social protection and other support from governments to mitigate the financial hardships imposed by the pandemic.

¹ The literature distinguishes between “migration control”, which regulates entry and duration of stay, and “migration policy”, which is also concerned with the integration of migrants into host societies.

Source: ILO, 2022f.

Multi-party employment arrangements

When workers are not directly employed by the organization to which they provide their services, their contractual arrangement is considered multi-party or triangular. The two prominent forms of multi-party arrangements are temporary agency work and subcontracted work. In temporary agency work, workers are hired by an entity – the temporary work or employment agency – and then hired out or assigned to perform their work at (and under the supervision of) a user firm, typically on a temporary contract. Subcontracted, or outsourced, work differs from temporary agency work in that subcontractors do not merely hire out workers, but rather execute work that provides goods or a service, and are thus responsible for the supervision of the work. While the legal frameworks of some jurisdictions delineate clearly between the two types, in other jurisdictions the differences may be blurred.⁵⁷

Cleaning and security are commonly outsourced, and other key occupations are routinely staffed with agency workers, especially in warehousing, but also increasingly in healthcare. While highly skilled agency workers, such as health professionals, can command a premium for their services when employed through an agency, existing studies⁵⁸ indicate that agency and subcontracted workers in other occupations have more limited career prospects, fewer benefits⁵⁹ and suffer wage penalties.⁶⁰ Also, by not being employed by the user firm, they are less able to make their voices heard in the workplace and are not covered by the collective bargaining agreements of the user firm.

Working on a multi-party, and often temporary, contract during the pandemic posed particular challenges. The country case studies revealed specific concerns with respect to entitlements to paid leave and social protection in case of illness, but also to a reduced ability to voice concerns with management in the user firm. For example, outsourced security guards in the Philippines reported that they did not have job security, minimum income security or entitlement to paid leave, and were thus concerned about the consequences of close interaction with the public when performing temperature checks.⁶¹ Similarly, temporary delivery workers in both the public and private sectors in the Republic of Korea reported being excluded from receiving occupational accident insurance.⁶² In India, nurses employed through agencies did not feel that they could be as vocal with their demands as nurses employed with permanent and bilateral employment arrangements.⁶³

3.4. Hours

Our normal compulsory working hours is 40 hours a week, but generally we work 56 hours or so.

Nurse, Türkiye

Working hours are closely related to job quality, as too few, too many and erratic hours each generate different problems. Individuals who work fewer hours than they would like are exposed to the risk of not earning enough, especially in occupations where hourly wages are low. At the other end of the spectrum, hours that are too long have a deleterious impact on workers' safety and health, and their ability to reconcile work and personal life. In countries across the world, working excessive hours is associated with an increased probability of suffering from heart disease and stroke, through stress, and the biological and behavioural responses to such stress.⁶⁴ Finally, irregular and unpredictable working hours – specifically when these are not decided jointly by workers and employers – lead to significant work–life conflicts and cause earnings insecurity. This, too, has repercussions for safety and health, by causing psychological stress and affecting sleep quality and overall well-being among other effects.⁶⁵ Irregular and unpredictable working times can also reduce interactions between workers and unions, which makes it harder to organize and collectively represent workers' interests.

While the exact definition of standard working hours varies from country to country, typically fewer than 20 hours is accepted as short⁶⁶ and more than 48 hours is considered excessive.⁶⁷ Beginning in the 1950s, average working hours decreased across many industrialized countries,⁶⁸ but this trend was reversed by the 2000s. A global study covering 194 countries found that exposure to long working hours – in this case, defined as working 55 hours per week or more – increased by nearly 10 per cent between 2000 and 2016, to reach a level of 8.9 per cent.⁶⁹ At the same time, a significant share of the global workforce is underemployed, working fewer hours than they would like. Meanwhile, working time arrangements such as on-call work, telework and zero-hour contracts have become more common, especially with the growth of the platform economy, adding to the irregularity of schedules.⁷⁰

The COVID-19 pandemic had a marked impact on global working hours. Lockdowns meant that many workers, even when they kept their employment, had to reduce their working hours and faced economic hardship, especially in contexts with limited social protection.⁷¹ In contrast, for many key workers the workload and associated working hours increased. This is especially true of healthcare workers, who had to respond to increased pressures on the healthcare system, as well as warehouse workers, who were confronted with a sharp increase in demand in e-commerce (see section 4.5).

In line with this situation, a recurring theme in many of the interviews detailed in Chapter 2 is the description by key workers of long working hours, both in general and during the pandemic. This was associated with limited time for their family and friends, leisure activities and sometimes even breaks to eat meals during the working day. In some cases, respondents reported feelings of severe exhaustion. Key workers who spoke about long working hours were employed in a wide range of countries and occupations. They include cashiers in Argentina, farmworkers in Canada, security guards in India, nurses in Kenya, taxi drivers in Malaysia, paediatricians in Peru, cleaners in the Republic of Korea and small business owners in Türkiye.

Unpredictable working hours were another theme that several respondents highlighted. A nurse from Kenya, for example, recalled how in the context of understaffing in her hospital the nurses “work full-time up to Sunday ... during the day ... for almost 11 hours and at night [they] are always woken up to attend to patients. ... [They] work all [the] time as long as the patients are there”. Work schedules are especially unpredictable for key (and other) workers with zero-hours working arrangements, whereby the hours of work are not formally determined in a work contract. In the United Kingdom,

 *I come here at 5 a.m. and set up the stall. I am here till about 10 p.m.*

Street vendor, India

more than half of all home-based personal care workers have zero-hours contracts; a practice that is associated with significant underfunding in this sector.⁷² Unpredictable working hours thus add to other labour market insecurities that many healthcare workers face (see section 4.2).⁷³ Retail, as discussed in section 4.3, is another sector with widespread irregular schedules.

Cross-country quantitative evidence on short and excessive weekly working hours shows that key workers are slightly more likely than non-key workers to be affected by either of the two phenomena (figure 3.8). Globally, 10.6 per cent of key workers work fewer than 20 hours per week, compared with 8.0 per cent of non-key workers. This difference is largest in lower-middle-income countries, where 12.2 per cent of all key workers work short hours. This share is around 4 percentage points lower for non-key workers. In general, the share of individuals working fewer than 20 hours per week increases as countries' income levels decrease.⁷⁴ This suggests that these workers and their families have comparatively low monthly incomes. This issue disproportionately concerns key workers, as they also tend to earn lower hourly wages, and thus might not have decent living standards.

At the other extreme is the problem of long working weeks. Across countries, 25.3 per cent of key workers and 23.3 per cent of non-key workers have working weeks of more than 48 hours. Again, this share tends to increase as a country's income level declines, suggesting that many workers make up for low-productivity employment – and hence low hourly wages – by increasing the number of hours they work. Looking at the gap between key workers and non-key workers, it is negligible in high-income countries. In middle-income countries, on the other hand, key workers work excessive hours more often than non-key workers, while the opposite is true in low-income countries. Finally, key workers in some occupations are particularly affected by long working hours. Globally, 33.7 per cent of key workers in retail work more than 48 hours per week, and for key workers in security and transport these shares are even higher at 35.4 per cent and 41.9 per cent, respectively.

That many key workers work more than 48 hours per week cumulates with the other insecurities presented in this chapter. As argued before, working long hours is necessary for some workers to partly offset low wages. For example, in Côte d'Ivoire, the hourly wage for key wage employees is 31 per cent lower than the wage of non-key employees. Key wage employees work on average two hours more per week, which leads to a smaller gap in monthly wages, at 24 per cent. In the Dominican

► **Figure 3.8. Share of short and long working hours, key versus non-key workers, by country income group (percentage)**

	Key workers <20h	Non-key workers <20h	Key workers >48h	Non-key workers >48h
Average	10.6	8.0	25.3	23.3
Low income	15.8	13.9	32.0	35.5
Lower-middle income	12.2	8.0	31.8	29.2
Upper-middle income	8.4	6.1	24.3	18.8
High income	8.0	6.9	13	13.3

Note: Short working hours are defined as less than 20 hours per week, while working more than 48 hours per week is considered excessive.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

Republic, key wage employees work nearly three hours more than other employees and earn monthly and hourly wages that are 20 and 25 per cent lower, respectively, than those received by non-key employees.

Besides low hourly wages, another factor that shapes key workers' working hours is whether they are employees or self-employed. On average, key wage employees work 44.8 hours per week, which is around six hours more than the average working time of self-employed workers. This gap is particularly large in low-income countries, where the average weekly working time is 49.6 hours for key employees and 39.9 hours for self-employed key workers.⁷⁵ Indeed, key employees are likely to work excessive hours (46.2 per cent) and comparatively less likely to work short hours (8.9 per cent). The same shares are 29.9 per cent (excessive hours) and 16.6 per cent (short hours) for key self-employed workers in low-income countries (see figure 3.9). This partly reflects differences in the occupational distribution between employees and self-employed workers. In low-income countries, self-employed workers are over-represented among food systems workers. This occupation has comparatively low average working hours and a high proportion of key workers with short working hours (16.3 per cent in low-income countries), reflecting issues of labour underutilization.⁷⁶

In contrast, in high-income countries key employees and self-employed workers work on average the same number of hours per week. The lower limits stipulated in working time regulations in developed countries frame these trends. National laws tend to limit weekly working hours for employees in many high-income countries, while this is less often the case for employees in lower- and middle-income countries, partly because of higher legal thresholds, but also because of a lack of compliance with the legal limits.⁷⁷ Self-employed workers, in contrast, are not subject to working time regulations. As a result, they are more likely to work more than 48 hours per week in high-income countries (28.7 per cent compared with 10.0 per cent for employees), and to work less than 20 hours (16.1 per cent compared with 6.2 per cent for employees; see figure 3.9).

▶ **Figure 3.9. Share of self-employed key workers versus key employees with short and long working hours, by country income group (percentage)**

	Self-employed key workers <20h	Key employees <20h	Self-employed key workers >48h	Key employees >48h
Average	16.6	5.5	29.1	27.5
Low income	16.6	8.8	29.9	46.2
Lower-middle income	16.0	5.8	30.0	36.4
Upper-middle income	17.8	3.2	28.0	22.4
High income	16.1	6.2	28.7	10.0

Note: Short working hours are defined as less than 20 hours per week, while working more than 48 hours per week is considered excessive. Note that this figure is not directly comparable with figure 3.7, which uses country-level weights and then presents unweighted averages across countries.

Source: Analysis based on ILO Microdata Repository and ILO Harmonized Microdata (ILOSTAT), 2019 or latest year. See Appendix for more details.

3.5. Wages

Earnings constitute one of the main components of working conditions and determine in important ways the living standards of workers and their families. Whereas key workers play a decisive role in keeping necessary services functioning in periods of crisis, the previous sections have made explicit that their work is often undervalued. The lower value attributed to key work is also likely to be reflected in the earnings received. The following thus provides information on the wages earned by key employees.

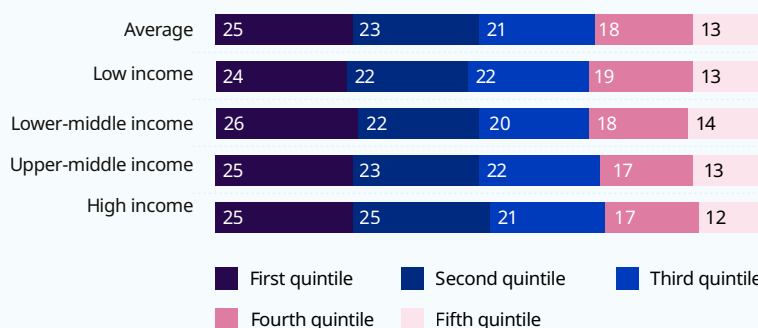
The focus on paid employment (that is, employees) is guided by data considerations, as labour force and household surveys typically do not collect information on income from self-employment, or the information is not reliable (box 3.4 nonetheless highlights income trends for key self-employed workers, based on three countries with suitable data). Of the 90 national surveys used for the analysis of key workers, only half permitted an analysis of the wages of key employees. Yet these surveys cover all regions and country income groups (see Appendix for further details of the methodology used). The estimates presented are based on gross hourly earnings to eliminate variation due to differences in working time.

Existing empirical analyses reveal that paid employees working in activities deemed key during the COVID-19 pandemic often received lower wages than other workers. Available studies, however, often focus on a subset of occupations, generally in high-income countries.⁷⁸ By contrast, this analysis considers the impact of the COVID-19 crisis on key workers' wages across the globe, with a range of levels of development. In addition, it uses the comprehensive definition of key occupations defined in the report, rather than a narrow subset of specific occupations.

Most key paid employees are located at the bottom of the wage distribution. Globally, 48 per cent of key employees were in the first two quintiles of the wage distribution, meaning that their hourly wages were less than the wages earned by 60 per cent of all employees (figure 3.10). Across country income groups, the pattern is similar and ranges between 46 and 50 per cent.

The concentration of key employees at the bottom of the wage distribution puts them at risk of low pay, a relative measure defined by the ILO as pay that is less than two thirds of the hourly median wage.⁷⁹ On average, across countries, 29 per cent of key employees are low-paid, compared to 20 per cent of other employees (figure 3.11). Though key employees are more likely to be low-paid than other employees at

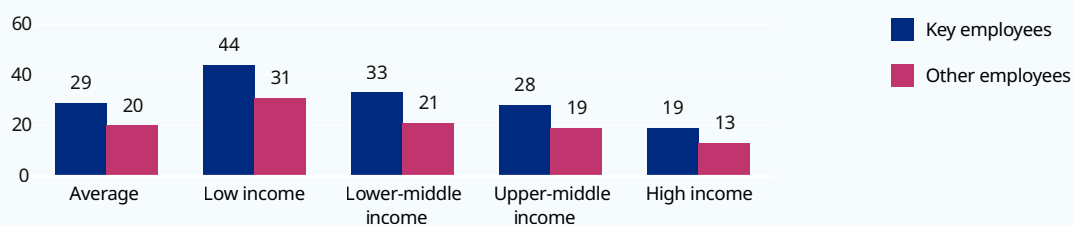
► **Figure 3.10. Share of key paid employees in each quintile of the distribution of hourly wages (percentage)**



Note: For each country, the quintiles of the distribution of hourly wages are estimated for the whole population of paid employees (key and other employees).

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

► **Figure 3.11. Share of low-paid workers among key and other wage employees, by country income group (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

all levels of development, low-paid employees represent a smaller share of key paid employees in high-income countries, compared to low- and middle-income countries (19 versus 32 per cent on average).

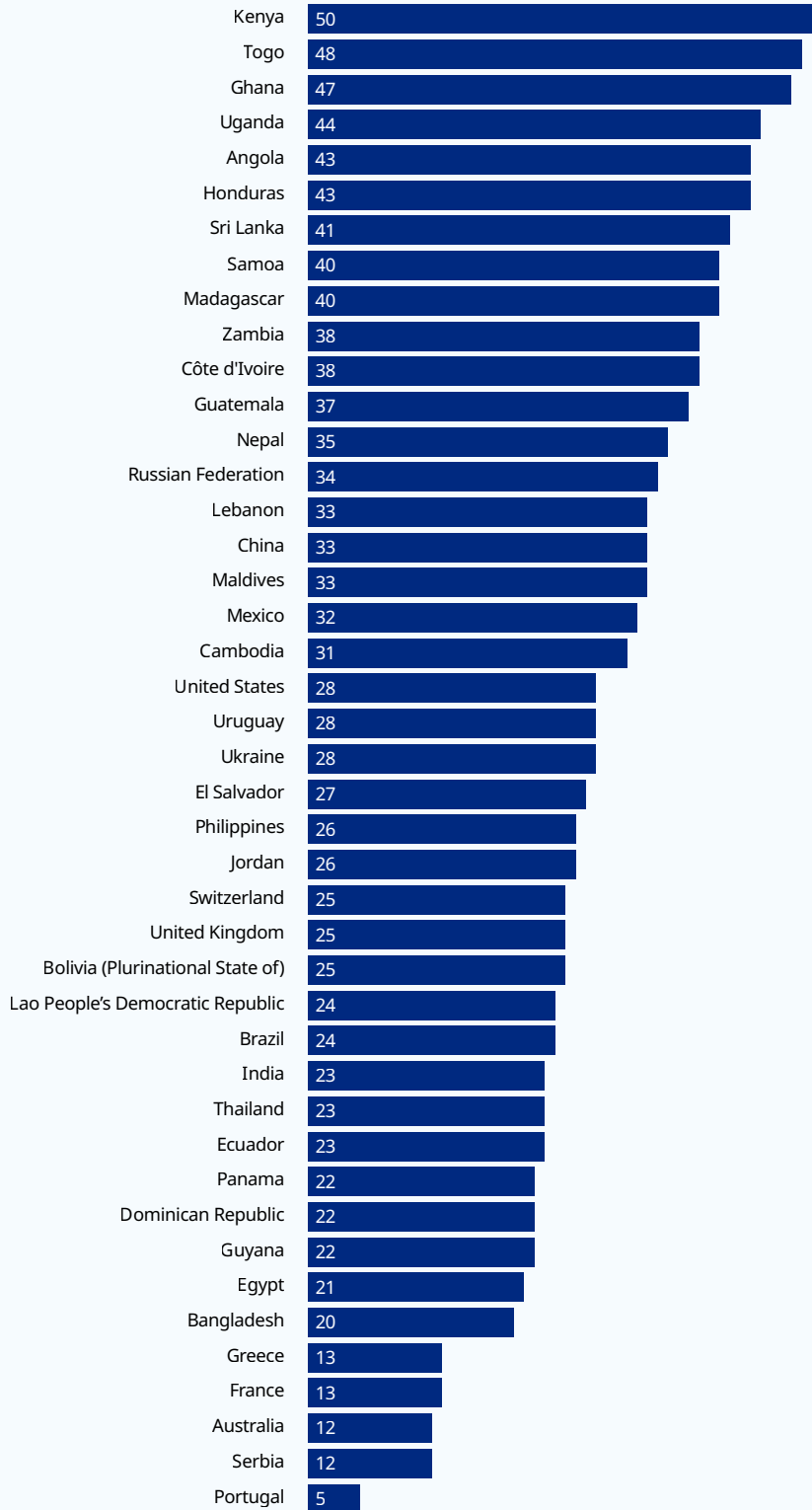
The proportion of key employees in receipt of low pay varies greatly across countries. Among those in the sample, the proportion ranges from 5 per cent in Portugal to 50 per cent in Kenya (figure 3.12). Countries such as Ukraine, the United States and Uruguay are in the median position (28 per cent). Cross-country differences reflect, in part, differences in labour market and wage-setting institutions. High levels of enforcement and compliance with policies, such as minimum wages, can help protect the remuneration of employees at the bottom of the wage distribution. A recent review of minimum wage systems across the world highlighted the range of practices used to design minimum wages, the varying degrees of effective enforcement and the uneven coverage of categories of employees.^{80,81} Along with minimum wage systems, other dimensions of wage determination, such as the prominence of collective bargaining, also play an important role.

As highlighted in earlier sections, key workers have specific characteristics that may be critical in the determination of their income from employment. Factors that may affect earnings include educational attainment, job experience and working hours. Within the population of wage employees, key employees have significantly lower educational levels. Half of key employees have yet to attain the equivalent of a high school level, compared to only about one third of other employees (figure 3.13(a)). A slightly larger share of key employees work longer hours than other employees, with 58 per cent working more than 40 hours a week, compared to 52 per cent of other employees (figure 3.13(c)). This contrasts with the findings observed for the overall population of key workers and suggests a disproportionate concentration of key employees in occupations with long working hours.⁸² Finally, key employees and other employees have similar age distributions (figure 3.13(b)).

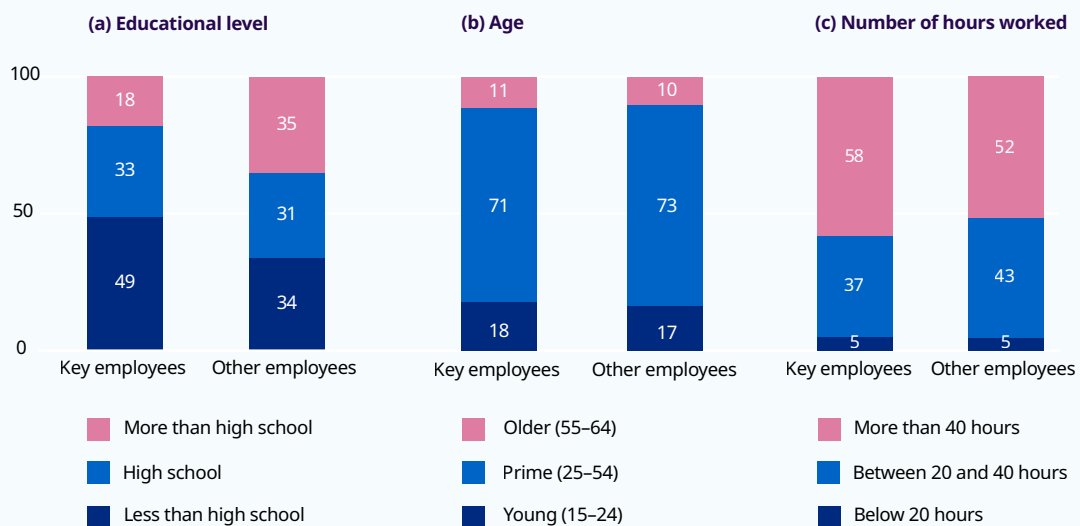
Given that education and experience affect wages, estimating the extent of the pay gap attributable to these dimensions is necessary to identify the policies required to tackle the lower pay of key wage employees. Using educational attainment, age and working hours to measure education and experience,⁸³ an econometric decomposition of the gap is estimated for each country using a Blinder-Oaxaca methodology. This technique decomposes the wage gap into a component attributable to differences in education and experience between key and other employees, and a component due to other factors (see section 4 of the Appendix).

Across countries, key wage employees earn, on average, 26 per cent less than other employees, of which about two thirds (17 percentage points) is explained by differences in observable characteristics between the two groups, while the remaining third is unexplained (figure 3.14). However, beyond this overall picture, important differences are visible between countries. For instance, in Cambodia the gap in pay between key and other employees is relatively small (10 per cent) and does not seem to be explained by differences in human capital between the two categories of workers. In Madagascar, on the other

► **Figure 3.12. Share of low-paid workers among key employees (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

▶ **Figure 3.13. Distribution of key and other employees according to:**

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

hand, the gap in pay is almost five times larger (48 per cent) than in Cambodia, and almost entirely reflects the observable gap in education and experience (44 percentage points).

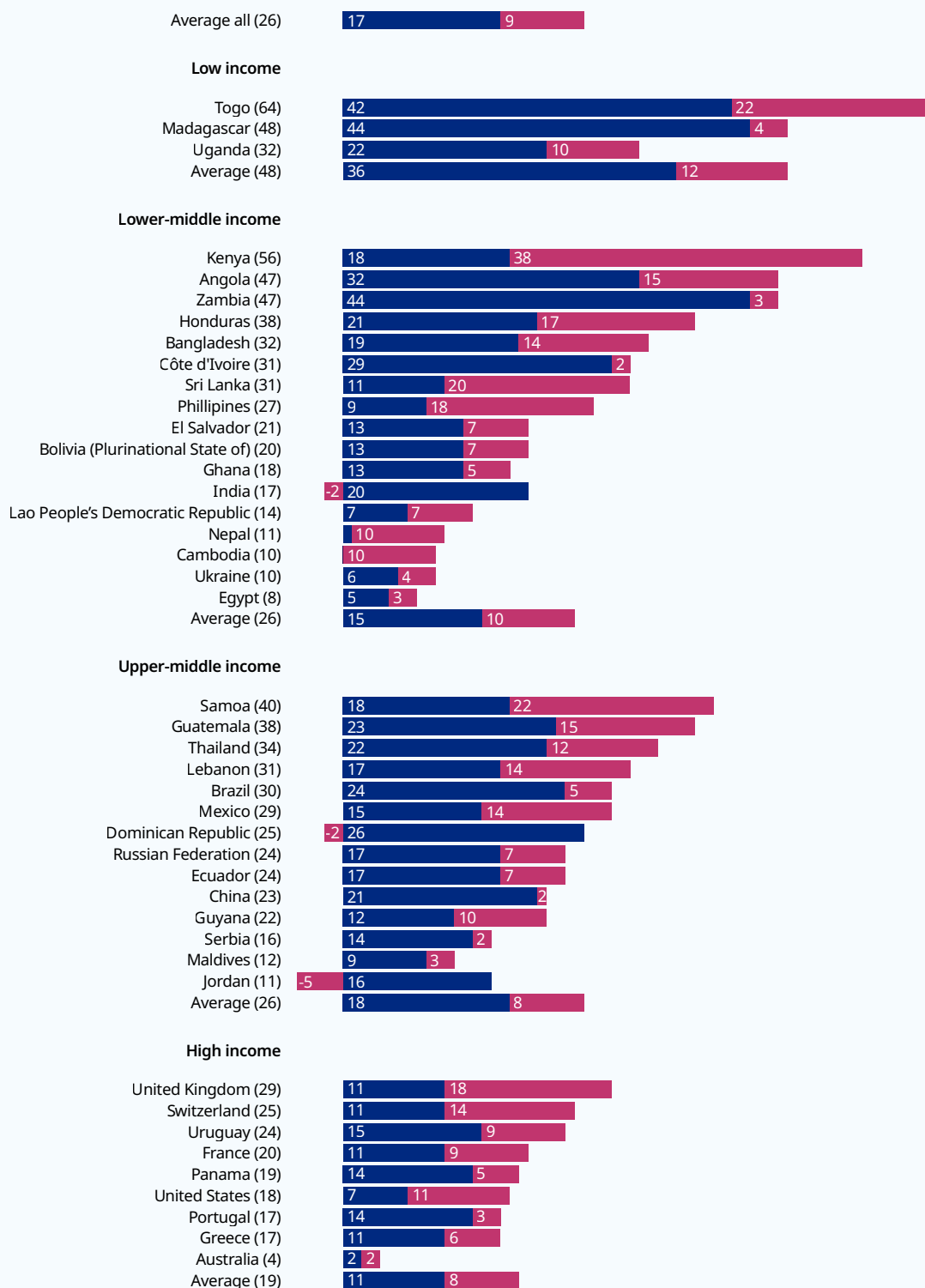
A pattern nonetheless emerges across countries' levels of development. The "explained" pay gap appears to be lower on average in high-income countries (11 per cent) than in middle- and low-income countries. It is comparable in upper-middle-income and lower-middle-income countries (18 and 15 per cent, respectively) and increases to 36 per cent across the three low-income countries included in the sample.

These findings are consistent with existing empirical evidence which highlights the fact that the pay-offs to education are greatest in developing countries.⁸⁴ In this context, key employees' lower educational levels lead to much lower wages, particularly in middle- and low-income countries. By contrast, the unexplained pay gap is on average relatively stable across country income groups (between 8 and 12 per cent on average), suggesting that lower remuneration is partly due to factors which are not linked to employees' education and experience. In three countries (Dominican Republic, India and Jordan) the unexplained gap is negative, meaning that factors other than the human capital actually *reduce* (rather than increase) the wage gap between key and other employees. In absolute terms, however, the unexplained gap is quite small in these three countries (2 percentage points in India and the Dominican Republic, and 5 percentage points in Jordan).

The extent of the unexplained gap in pay between key and other employees hence appears to reflect various factors that are only partially related to countries' levels of development. For instance, the institutional framework for wage determination, such as the negotiation of wages and working conditions through collective bargaining processes, may substantially shape the wages of key and other employees. Strengthening wage-setting institutions, along with other labour institutions, therefore has the ability to improve the relative conditions of key employees (for more on this topic, see Chapter 5).

Among key employees, pay inequalities may also concern various sub-groups of workers. Specifically, in many countries, key female employees earn less than their male counterparts, as evidenced by the gender wage gap (figure 3.15). Across all countries, key female employees earn, on average, about 4 per cent less than male key employees. However, the gender wage gap for key employees ranges from 8 per cent in high-income countries to -1 per cent in upper-middle-income countries. Closer analysis

► **Figure 3.14. Average pay gaps between key and other employees, by country, decomposed (percentage)**

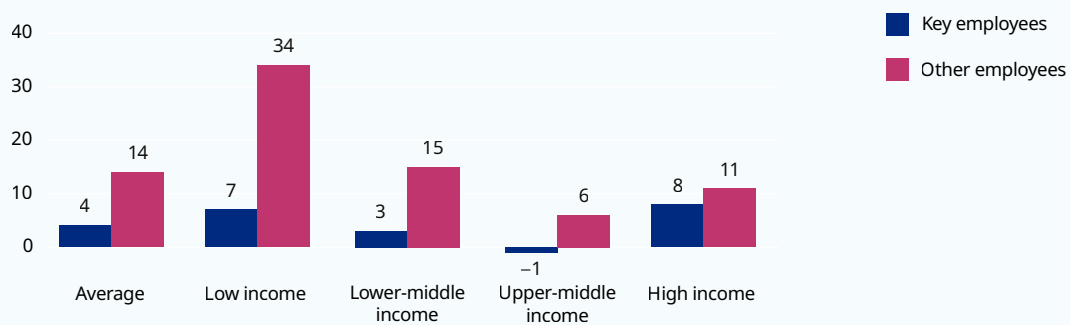


■ Gap explained by human capital determinants ■ Unexplained pay gap

Note: For each country, the unexplained and explained components of the average gap are estimated using the Blinder-Oaxaca decomposition methodology presented in the Appendix.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

▶ **Figure 3.15. Gender pay gap among key and other employees, in proportion to males' average wage (percentage)**



Note: The gender pay gap corresponds to the gap between the average wage of female employees and the average wage of male employees, expressed as a percentage of the average male wage.

Source: Analysis based on ILO Harmonized Microdata (ILOSTAT). See Appendix for more details.

at the country level reveals that the gender pay gap is negative in half of developing countries, meaning that key female employees, on average, earn more than key male employees in those countries.

A negative gender wage gap could indicate that women disproportionately work in occupations that are more highly remunerated. Previous research highlighted the fact that “selective” female labour market participation, especially in low- and middle-income countries, could explain the small or negative gender pay gap observed among employees in some countries.⁸⁵ In line with this, in 17 countries where the gender pay gap is negative (see also section 1.2), key female employees tend to be better educated than key male employees. For instance, while 65 per cent of key male employees have an educational attainment below the high school level, 49 per cent of women have an education level corresponding to high school. In comparison, the educational attainment of other employees is more homogeneous; 52 per cent of men and 57 per cent of women have at least a high school level.

The estimates presented above analyse the earnings of key workers prior to the COVID-19 crisis and do not consider the wage policies for key employees enacted during the pandemic. At the onset of the pandemic, as the working environment and conditions of key employees evolved, specific wage policies were implemented to reflect increases in work intensity and higher health risks. In particular, bonuses were often awarded, especially in large, formal and unionized organizations, including public organizations such as hospitals.

Health workers interviewed in Ghana, India, Kenya, Peru, the Philippines and Türkiye reported receiving such payments. Eligibility for a bonus often varied by type of work, such as whether an employee worked directly with COVID-19 patients, or whether they had a standard or temporary employment contract. In Ghana, for example, a casually employed orderly at a public hospital mentioned that he did not receive the financial bonus, while his co-workers with regular contracts did.⁸⁶ As a result, workers performing the same work were not always equally entitled to bonus compensation. While the complementary payments were appreciated by those who received them, in many instances, it led to further consternation; the attribution of additional pay was not transparent and many felt that it was insufficient and short-lived.

Distinctions were also sometimes made among health workers. In Peru, for example, there was a special bonus for workers in recognition of their efforts during the pandemic, which ranged from approximately US\$250 to US\$750.⁸⁷ Some interviewees noted that, after a few months, the bonus was restricted to physicians working with COVID-19 cases, even though it was difficult to differentiate between those who did and those who did not. One interviewee commented that he had been given the bonus, but had retroactively been deemed ineligible since he worked in paediatrics; the bonus was deducted from his salary.

Beyond jobs in the health sector, several countries or local governments implemented pay premium arrangements that targeted a broader range of occupations held by key workers. This was the case in several states in Canada (for example, Ontario and Quebec) and the United States (for example, Louisiana, Pennsylvania and Vermont), as well as in France and Argentina. In Ontario, eligible employees included social service workers, and those working in care or in correctional facilities.⁸⁸ In Pennsylvania, eligible industries included food manufacturing, food retail facilities, and transit and ground passenger transportation. In Vermont, the list included work in grocery stores, trash collection and waste management.⁸⁹ In Argentina, a premium was provided to security forces, while in France an extraordinary bonus aimed at supporting employees' purchasing power and implemented in 2019 was modified to enable employers to adjust it in accordance with the working conditions of employees during the COVID-19 pandemic.⁹⁰

In countries that adopted wage premium payments, these were usually provided as a one-off payment to employees and, in most cases, subsidized by the government. For example, some US states managed to leverage federal funding to fund the bonus payments, such as those passed through the Coronavirus Aid, Relief and Economic Security Act. In Ontario, temporary pandemic pay was provided to eligible workers through transfers by the state to employers. In France, the extraordinary bonus supporting employees' purchasing power was exempt from income tax and social contributions.

Some of these measures were described as "hazard pay" premiums, accounting for the increased risk key workers faced during the COVID-19 pandemic. From an OSH management perspective, international standards require employers to eliminate workplace hazards or control them when elimination is not possible.⁹¹ Thus a financial allowance or hazard pay cannot exempt an employer from their obligations or compensate workers for their failure to comply with legislation. Hazard pay can, nevertheless, be given as an extra benefit, additional to the OSH measures and overtime legislation required under national laws. In this respect, hazard pay policies introduced during the pandemic served as a tool to compensate for some of the prevailing undervaluation experienced by key workers.

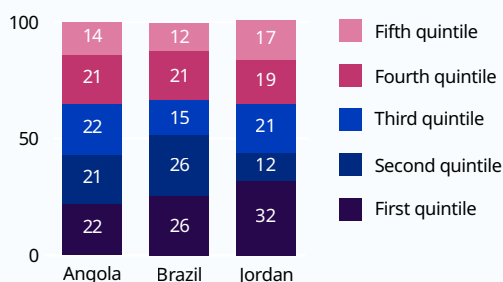
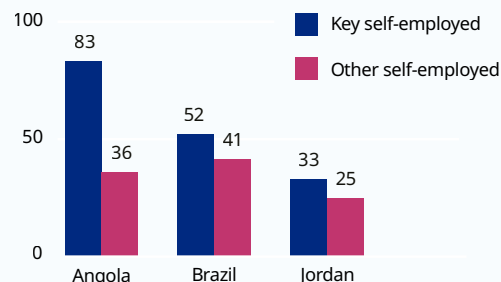
Nevertheless, in some countries the earnings of key workers during the pandemic were impeded by economic circumstances. For instance, an analysis of the evolution of minimum wage levels in the course of 2020 suggests that the pandemic led some countries to postpone potential adjustments that year.⁹² Countries such as the Plurinational State of Bolivia, Mozambique and Myanmar, which were supposed to adjust their minimum wages in the second quarter, opted for a delay or a freeze. Since key employees are over-represented in low-paid jobs, they were likely to be among the categories of workers that were most affected by these postponements.

Box 3.4. Monthly labour incomes of self-employed key workers in Angola, Brazil and Jordan

In Angola, Brazil and Jordan, the high-quality of the survey data on the income of self-employed workers permits a comparison of the income of self-employed key workers relative to other self-employed workers. Though the findings presented in this box may not be directly applicable to other countries, they are illustrative of trends in some middle-income countries.

Self-employed workers account for a relatively large share of key workers. In Angola, Brazil and Jordan, 91, 45 and 46 per cent of key workers, respectively, are self-employed. The earnings of self-employed key workers also tend to be at the bottom of the distribution of income from self-employment. For instance, 43 and 44 per cent of self-employed key workers earned less than the second quintile in Angola and Jordan, while in Brazil the share was 51 per cent. In comparison, relatively few self-employed key workers are represented at the upper end of the distribution. In Angola, Brazil and Jordan, only 14, 12 and 17 per cent of self-employed key workers, respectively, earned income in the top 20 per cent of the distribution of the income from self-employment (see figure B3.4.1).

Box 3.4. (cont'd)

▶ **Figure B3.4.1. Share of key self-employed workers in each quintile of the distribution of income from employment (percentage)**▶ **Figure B3.4.2. Share of self-employed workers earning a monthly income from employment below or at the minimum wage level (percentage)**

Note: For each country, the quintiles of the distribution of monthly income from employment are estimated for the whole population of self-employed (that is, key and other self-employed workers).

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

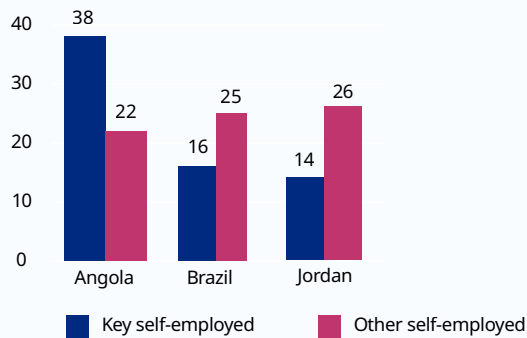
Though self-employed workers are not subject to legislation that only covers employees, it is nevertheless useful to compare income from self-employment to the minimum wage level. When adequately set in line with international standards, a minimum wage reflects the balance between various parameters, such as the needs of the workers and their families as well as economic factors.¹ It provides an informative benchmark for income from employment. In addition, minimum wages provide a reference point (often referred to as the “lighthouse effect”) that guides self-employed workers in the determination of the price to be paid for their products or services.²

Since self-employed key workers are disproportionately represented at the bottom of the distribution, the share earning the minimum wage level or less is also quite high across the three countries. One third of key self-employed workers in Jordan and half in Brazil earn monthly incomes that are equal to or less than the minimum wage. In Angola, just one in five key self-employed workers earn more than the minimum wage. In contrast, the proportion of other self-employed workers earning the minimum wage level or below varies between 25 and 41 per cent in the three countries. In Angola, the relatively high share of self-employed key workers paid at or below the minimum wage level reflects the low incomes of food systems workers, an occupational category representing 71 per cent of self-employed key workers (versus only 29 and 8 per cent in Brazil and Jordan) (see figure B3.4.2).

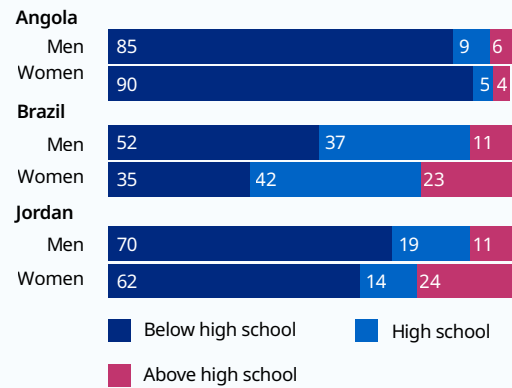
Like female wage employees, female self-employed workers earn less than their male counterparts. Among self-employed key workers, women in Brazil and Jordan earn 16 and 14 per cent less than men, respectively (see figure B3.4.3). In Angola, the gap is more than twice as large, reaching 38 per cent; this is partly explained by women’s lower educational attainment. For instance, 90 per cent of female key self-employed workers attained less than a high school level of education, compared to 85 per cent of male key self-employed workers (see figure B3.4.4). By contrast, in Brazil and Jordan, female self-employed key workers are more highly educated than male self-employed key workers; 52 and 70 per cent of men have less than a high school level of education in Brazil and Jordan, respectively, versus 35 and 62 per cent for women. These gender imbalances are also reflected in the occupations held by workers. For example, unlike in

Box 3.4. (cont'd)

► **Figure B3.4.3. Gender labour income gap among self-employed key and other workers, as a proportion of men's average monthly income from employment (percentage)**

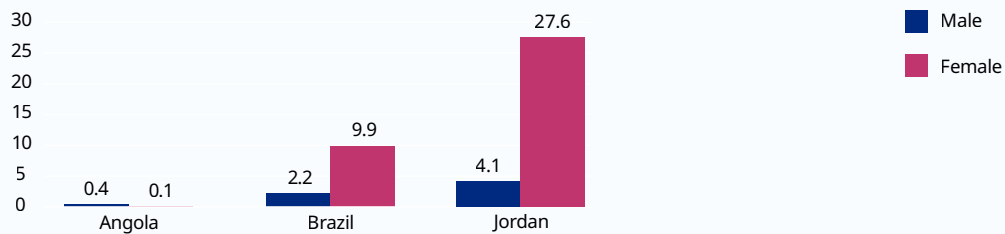


► **Figure B3.4.4. Distribution of self-employed key workers according to their educational level (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

► **Figure B3.4.5. Share of health workers among key self-employed, by sex (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

Angola, key female self-employed workers in Brazil and Jordan are over-represented in health jobs, where workers usually fare better than the average self-employed job in terms of pay (see figure B3.4.5).³ By contrast, for other self-employed workers, the gender pay gap is relatively similar across the three countries, ranging between 22 and 26 per cent (see figure B3.4.3).

¹ According to the ILO's Minimum Wage Fixing Convention, 1970 (No. 131), the elements to be taken into consideration in determining the level of minimum wages shall, so far as possible and appropriate in relation to national practice and conditions, include: (a) the needs of workers and their families, taking into account the general level of wages in the country, the cost of living, social security benefits, and the relative living standards of other social groups; and (b) economic factors, including the requirements of economic development, levels of productivity and the desirability of attaining and maintaining a high level of employment.

² Souza and Baltar, 1979; Neri and Gonzaga, 2001.

³ In Angola, Brazil and Jordan, respectively 44, 89 and 90 per cent of key self-employed health workers are paid above the minimum wage level.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

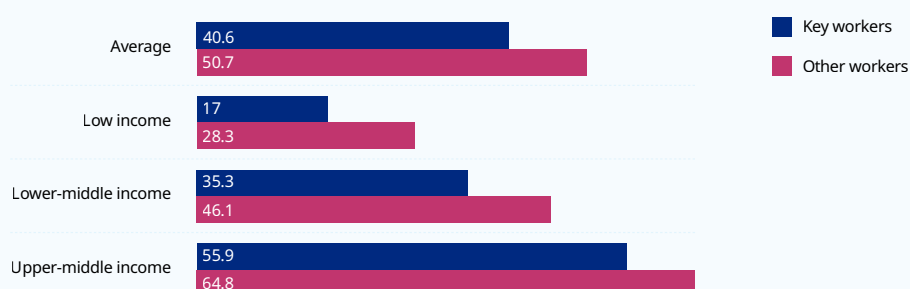
3.6. Social protection

Social protection includes policies and programmes that aim to mitigate and prevent poverty by providing access to healthcare and income security throughout people's lives in cases of unemployment, work injury, disability, maternity, illness, old age and loss of a breadwinner. In addition, it includes social assistance such as child and family benefits, and other forms of income support.⁹³ For workers who lost their job or were furloughed due to the COVID-19 pandemic, income support measures were a critical means of sustaining livelihoods.⁹⁴ For key workers – but also society at large – paid leave and related benefits in case of sickness or parental duties, and access to healthcare were critical.⁹⁵ Health agencies across the globe recommended that people stay at home if they were sick, displayed symptoms or had been in contact with infected persons, but such a policy was only realistic if workers could afford isolation. Workers in low-paid and insecure employment were less likely to take sick leave because of concerns over lost wages or fear of dismissal.⁹⁶ As a result, workers without adequate social protection and access to paid sick leave and sickness benefits, especially informal workers, were often obliged to continue working despite being ill in order to provide necessities for themselves and their households.⁹⁷

In addition to the employment and income stability that paid sick leave and sickness benefits ensure, individual workers, enterprises and societies also benefit if unwell workers remain at home. These benefits prevent co-workers and customers or patients from becoming infected with contagious disease and minimize productivity losses. Studies have shown that productivity losses due to attending work while sick can be as much as three times higher than productivity losses associated with sickness-related absenteeism.⁹⁸ In Japan, it is estimated that presenteeism makes up nearly 64 per cent of all indirect healthcare costs.⁹⁹ During the pandemic, paid sick leave and sickness benefits had another function: allowing workers to self-isolate, thereby lowering the spread of the virus and contributing to a faster recovery.¹⁰⁰ These benefits can also reduce the pressure on unemployment benefits and other job-retention schemes by maintaining jobs for workers who need to be temporarily absent from work.¹⁰¹ For example, states lacking statutory paid sick leave policies in the United States recorded higher job losses during the first months of the pandemic in 2020.¹⁰² Hence, social security systems are crucial for stabilizing labour markets and supporting economic recovery. Yet nearly 53 per cent of the global population, or 4.1 billion people, are not covered by any type of social protection, including contributory and non-contributory programmes; fewer than two thirds of the population is covered by a social health protection scheme.¹⁰³

The deficiencies are worse for key workers. In this report, social security coverage is proxied by eligibility and access to two types of entitlements: pensions and paid sick leave. As shown in figure 3.16, on average in 54 low- and middle-income countries only 41 per cent of key workers have some

▶ **Figure 3.16. Share of key and other workers with social protection, low- and middle-income countries (percentage)**



Note: Social protection is proxied by two types of entitlement: eligibility and access to either pensions or paid sick leave. Data on social protection are not available in the labour force surveys of most high-income countries.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

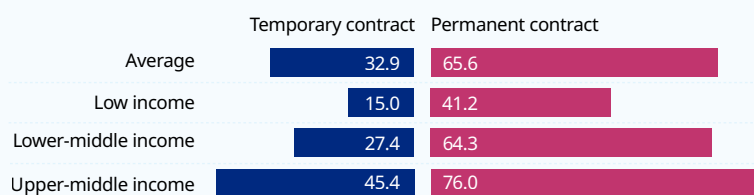
form of social protection, 10 percentage points lower than the ratio of non-key workers. Coverage is associated with level of development such that, in low-income countries, only 17 per cent of key workers and 28 per cent of workers undertaking non-key jobs benefit from social protection. In upper-middle-income countries, the share of key and other workers entitled to at least one type of social benefit increases to 56 per cent and 65 per cent, respectively, but the gap between the two groups remains significant. Unfortunately, in most of the labour force and equivalent surveys conducted in most high-income countries, questions on social security entitlements are not posed, making comparison impossible. However, for the countries where data are available,¹⁰⁴ while a much higher portion of key (73 per cent) and other workers (78 per cent) have social protection there is nonetheless a gap between the two groups.

In the few countries where micro-level data are available on paid sick leave, key workers have lower coverage than other workers. For example, in Serbia, nearly 82 per cent of non-key workers have paid sick leave compared with 67.3 per cent of key workers. Similarly, in Bangladesh, the proportion of key workers who are eligible for paid sick days is 4.3 per cent compared with 28 per cent for non-key workers. While 177 countries around the world offer legislative guarantees of paid leave for personal illness, there are major differences in coverage with respect to self-employed and part-time workers.¹⁰⁵ In 58 per cent of these countries, self-employed workers do not receive any type of sickness benefit, whereas in 65 per cent this is the case for part-time employment.¹⁰⁶ In future health crises, supporting workers with paid sick leave and sickness benefits will be fundamental to mitigating the spread of infection and maintaining productivity.

Deficiencies in social protection occur if there are exemptions in coverage or if strict eligibility criteria preclude certain workers, such as those on temporary contracts, from becoming eligible. As mentioned, many social security benefits such as pensions, paid leave and unemployment insurance, are organized as contributory schemes. Key workers in temporary and part-time employment may have insufficient contributions to become eligible or, if they are eligible, their benefit levels are often insufficient. This can arise when the duration of a contract is too short, the working hours too few or when career interruptions are frequent. For example, in Colombia, Peru, Switzerland and the United Kingdom, the share of persons in temporary employment who contribute to a social insurance scheme is lower than that of people with permanent contracts.¹⁰⁷ Similarly, in Bulgaria, Hungary and Slovakia, where pensions are largely determined by contributions, people in temporary, part-time and self-employment are more likely to have lower retirement incomes.¹⁰⁸

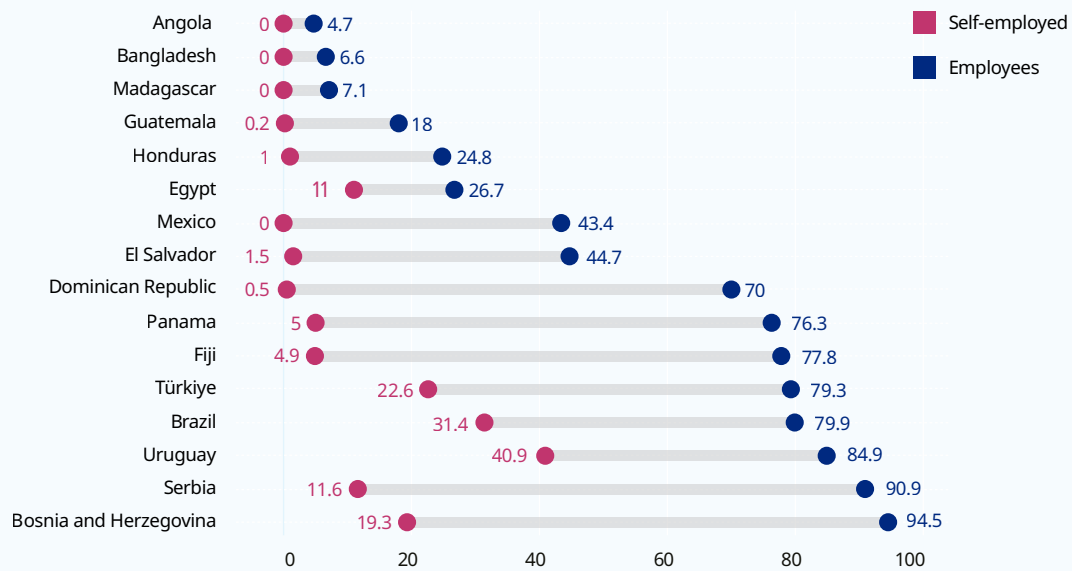
Figure 3.17 presents the share of key employees who are eligible for social benefits by contractual status. At every level of economic development, temporary key employees have lower social protection coverage relative to their permanent, key employee counterparts. For example, while 76 per cent of key employees in standard employment have social protection coverage in upper-middle-income countries, only 45 per cent of key employees with temporary contracts are entitled to pensions or paid sick leave. Similarly large gaps occur in low-income countries, where 15 per cent of key employees with temporary contracts have social protection coverage, compared with 41 per cent in permanent positions.

► **Figure 3.17. Share of key employees with permanent and temporary contracts covered by social protection, low- and middle-income countries (percentage)**



Note: Social protection is proxied by two types of entitlement: eligibility and access to either pensions or paid sick leave. Data on social protection are not available in the labour force surveys for most high-income countries.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

► **Figure 3.18. Share of key employees and self-employed key workers with social protection (percentage)**

Note: Social protection is proxied by two types of entitlement: eligibility and access to either pensions or paid sick leave. Data on social protection are not available in the labour force surveys of most high-income countries.

Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year. See Appendix for more details.

Figure 3.18 shows the rate of social protection coverage among key employees and self-employed workers across selected countries. In every country, social security coverage is more limited for self-employed workers. On average, for the 16 countries, nearly 39 per cent of key employees have social security coverage compared with less than 10 per cent of key self-employed workers. In some countries, such as Angola and Mexico, self-employed workers are excluded from the social security system. In other countries, even if they are technically not excluded, there are nonetheless major gaps between social security protection for employees versus self-employed workers. For example, in Serbia, more than 90 per cent of employees are entitled to pension, sickness, paid leave or parental leave benefits, whereas this is true for only 12 per cent of self-employed workers. Similarly, in Türkiye, almost 80 per cent of key employees are registered with social security, but among key self-employed workers registration amounts to less than 23 per cent.

Another factor influencing social protection of key workers is the institutional sector of employment, as key workers in the public sector often enjoy other benefits, such as more generous pensions, regular work schedules, paid sick and parental leave, and stronger protection against dismissal. Research on pension and health benefits in the United States finds that there are clear advantages to public over private sector employment.¹⁰⁹ In Ghana and Türkiye, public sector employees were able to receive their salaries even when their working time was reduced due to lockdowns and COVID-19-induced regulations.¹¹⁰ Moreover, these workers benefit from more regular hours, job security and access to social protection, which not only increases their material well-being but also raises motivation and morale. Nevertheless, with the rise of outsourcing in the public sector, typically only those who are employed directly by the government, statutory bodies and local authorities receive full compensation packages. In India, for example, nurses at public hospitals employed through contractors do not receive the same wages and paid leave entitlements.¹¹¹ Hence, not only sector of employment but also contractual arrangements determine the working conditions of key workers.

The problems associated with the lack of social protection afforded to workers in temporary, part-time or self-employment were exacerbated during the COVID-19 pandemic. In Czechia, Estonia, Latvia, Portugal and

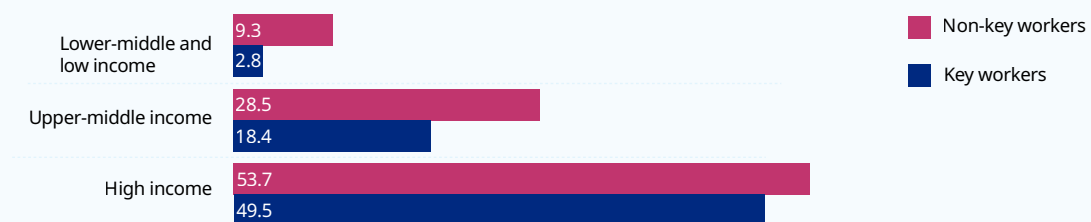
Slovakia, workers in temporary, part-time or self-employment were 40 to 50 per cent less likely to receive any income assistance during unemployment or childcare-related leave than workers in standard employment.¹¹² Sickness benefit entitlements are generally shorter for temporary workers since they depend on the end date of the contract, whereas part-time employees may be excluded because they do not meet minimum earnings thresholds.¹¹³ In the United States, where paid sick leave is not federally mandated, many employers limit employer-provided paid sick leave to their full-time employees. As a result, full-time workers in the United States have nearly twice the sick pay coverage that part-time workers have.¹¹⁴ Not surprisingly, one in five workers in the United States reported going to work ill since the start of the pandemic, due to a lack of sick leave, fear of losing their jobs or fear of employer anger.¹¹⁵

3.7. Training

Training enables individuals to do their work more effectively, to adapt to change and to prepare for the future. For enterprises, training can improve employee retention as well as improve productivity. During times of crisis, training can help workers to better adapt to new realities. The COVID-19 pandemic, however, disrupted training delivery with only 20 per cent of training providers reporting, in a 2020 survey conducted by the ILO, UNESCO and the World Bank, that they had modified their offers to respond to the needs induced by the pandemic. Still, these providers were able to adapt their training to raise awareness of the health risks stemming from the pandemic and how to properly employ occupational safety and health measures.¹¹⁶ Training such as this was especially important for key workers, as they were most exposed to the work-related hazards emanating from the COVID-19 pandemic. Indeed, the evidence presented in section 2.1 showed that individuals working in the health sector – where safety and health knowledge related to the risks of infection was higher – tended to experience smaller adverse health effects than individuals employed in sectors where safety and health protocols and awareness were lacking initially, such as transportation. Section 2.2 also highlighted how training for retail workers on how best handle angry customers would have been helpful for improving the day-to-day work experience of key workers.¹¹⁷

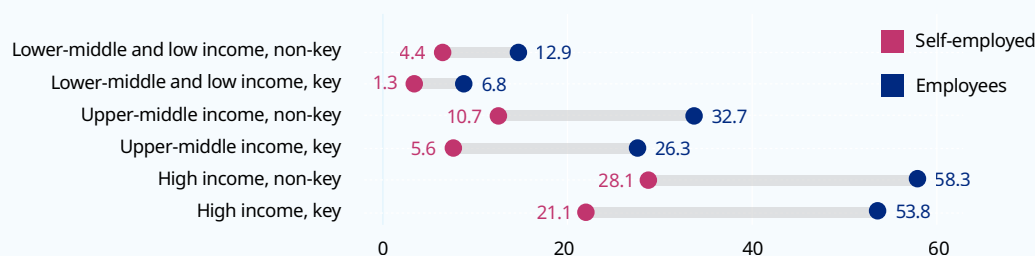
But how many employed individuals have access to training? Evidence from the European Working Conditions Survey shows that the share in high-income countries is comparatively high. Looking at pre-pandemic data, 53.7 per cent of non-key workers and 49.5 per cent of key workers had participated in some training in the previous 12 months while at work (figure 3.19). Key workers are disadvantaged compared to non-key workers, but the gap is not substantial. This, however, changes for countries with lower income levels. In selected upper-middle-income countries, only 18.4 per cent of key workers had participated in training, which is 10 percentage points lower than the share of non-key workers. In selected

► **Figure 3.19. Share of employed workers who received some training in the past 12 months, key workers versus non-key workers by country income group (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year, and European Working Conditions Survey, 2015. See Appendix for more details.

▶ **Figure 3.20. Share of employed workers who received some training in the past 12 months, key workers versus non-key workers by employment status and country income group (percentage)**



Source: Analysis based on ILO Microdata Repository (ILOSTAT), 2019 or latest year, and the European Working Conditions Survey (2015). See Appendix for more details.

lower-middle-income and low-income countries, a mere 2.8 per cent of key workers had participated in training, compared to 9.3 per cent of non-key workers. This raises doubts as to whether training schemes are sufficiently robust to achieve the required changes in awareness and behaviours during crises, especially among key workers.

Type of employment is another dimension that shapes workers' access to training. Self-employed workers are significantly less likely to have access to training than employees (figure 3.20). Self-employed key workers have the lowest training rates, ranging from 21.1 per cent in high-income countries to 5.6 per cent in upper-middle-income countries and only 1.3 per cent in lower-middle-income and low-income countries. With self-employment being the dominant form of employment among key workers in poorer countries (except for those employed in health and security; see section 1.1), these extremely low training rates are reason for concern. In part, the low rates are associated with decent work deficits in the agricultural sector, in particular training on OSH. However, the exclusion of food systems workers improves only slightly the low training rates for self-employed workers in low- and middle-income countries.¹¹⁸ Therefore, the training deficits are a labour market feature that extends beyond agriculture.

In addition, having a temporary employment contract tends to negatively affect workers' access to training.¹¹⁹ In some countries, temporary employment is prevalent and there is a clear dividing line between workers with temporary and permanent contracts. This is the case in the Andean countries. In Ecuador, for example, 43.6 per cent of salaried employees had temporary contracts in 2015 and these employees were, when abstracting from observable characteristics, 8.7 percentage points less likely to have access to training than other employees.¹²⁰ A study from Chile, a country which has an intermediate level of temporary employment, also found that temporary employment is negatively associated with access to training.¹²¹

Another example is Spain, where a large majority of young workers currently hold temporary contracts,¹²² again with negative consequences for their access to training.¹²³ After accounting for personal characteristics, Spanish workers with a temporary contract are an estimated 6.5 percentage points less likely to attend training than others. In contrast, temporary workers and workers with permanent contracts have similar access to training in labour markets that are less segmented and that have a smaller gap in employment protection legislation between temporary and permanent employees (for example, Sweden and the United Kingdom). In the case of Ireland and the Netherlands, the training gap was even reversed in favour of temporary workers.¹²⁴

Among the possible training options available, work-based training plays a key role. Learning and training in firms is well suited to enabling workers and firms to adapt to changed realities, including the OSH implications that arise during a pandemic. In comparison, learning and training that takes place entirely outside firms may be less flexible and thus less able to account for such changes in working requirements. Additionally, in-firm learning and training reaches individuals of all ages. This includes individuals at later stages of their working lives, who are less likely to leave their jobs for a certain period to receive training.¹²⁵

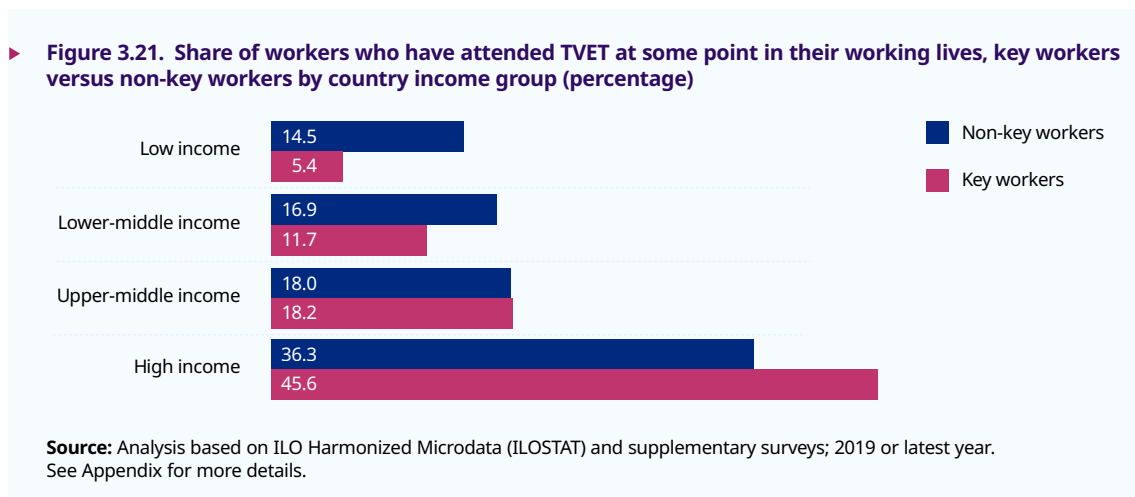
A specific, formalized type of work-based training is technical and vocational education and training (TVET). At the lower end of the wage distribution, where key workers are disproportionately located, technical and vocational skills are important. Investments in enhancing these skills improve the labour market prospects of workers, but also the productivity of the firms employing them. TVET encompasses different forms of school-based and work-based learning, and combines occupation-specific and general knowledge. It is most relevant for young people who have not yet entered the labour market, but TVET can also be a means for older workers who retrain or upskill to improve their situations in their current jobs or to find better jobs.¹²⁶

During crises, TVET programmes can help respond to fundamental shifts in skills demand, although this requires longer planning horizons than other forms of work-based learning that can be implemented in an ad hoc fashion to respond to immediate needs. During the COVID-19 pandemic, some TVET programmes were adapted to upskill workers providing essential services and to reskill others to meet labour shortages in essential sectors. TVET can also be useful during the COVID-19 socio-economic recovery to meet lasting changes in labour demand, such as the increased emphasis on digital skills.¹²⁷

Despite the relevance of TVET during crises, key workers' access to TVET differs across the world. In countries with higher income levels, TVET is more prevalent in general. More key workers (45.6 per cent) than non-key workers (36.3 per cent) have attended TVET at some point in their working lives in France, Switzerland and the United Kingdom, the three high-income countries included in the analysis used to produce figure 3.21. In these countries, many of the jobs performed by key workers formally require TVET. Bus drivers in Switzerland, for example, attend up to 12 months of theoretical and practical training, while nurses complete a three-year apprenticeship that includes school-based learning and workplace training.¹²⁸ However, this does not mean that non-key workers have lower formal qualification levels on average, since many of them obtain university degrees.

Among countries with lower income levels, fewer key workers have attended TVET at some point in their working lives and the gap with non-key workers in fact reverses. In selected upper-middle-income countries, an equal share of key workers and non-key workers have attended TVET (around 18.0 per cent). In lower-middle-income countries, the same is true for 16.9 per cent of non-key workers, compared with only 11.7 per cent of key workers. This discrepancy becomes more pronounced in low-income countries, where only 5.4 per cent of key workers have attended TVET, while 14.5 per cent of non-key workers have done so.

Therefore, many key workers merely learn on the job, with limited possibilities to enhance their skills and working conditions. An example of a specific occupation which received increased attention during the COVID-19 pandemic is that of mortuary attendants. A study in Ghana revealed that mortuary attendants are trained on the job. For a duration ranging from three months to two years, they learn from their



more senior colleagues. The lack of a more structured, rigorous apprenticeship training exposes these workers to OSH hazards, especially when they are in contact with infectious diseases or chemical products. Structured training would also be beneficial for improving the quality of the services delivered by mortuary attendants and their working conditions. Those working conditions currently entail a high incidence of casual employment and low wages that do not suffice to meet workers' basic needs despite them working long hours and performing hazardous and demanding tasks.¹²⁹

Notes

- 1 ILO, n.d.(e).
- 2 WHO and ILO, 2021.
- 3 WHO and ILO, 2021.
- 4 WHO and ILO, 2021.
- 5 ILO, 2015d.
- 6 European Agency for Safety and Health Work, n.d.(a).
- 7 ILO, 2015e.
- 8 Eurofound and ILO, 2019.
- 9 European Agency for Safety and Health Work, 2008.
- 10 Forastieri, 2016.
- 11 Chappel and Di Martino, 2006.
- 12 Occupational Safety and Health Convention, 1981 (No. 155), Art. 16(1) and (2).
- 13 ILO, 2001.
- 14 See ILO, 2022d; CDC, 2022.
- 15 ILO, 2021b.
- 16 C.155, Art. 20.
- 17 See also the Occupational Safety and Health Recommendation, 1981 (No. 164), Para. 11.
- 18 Brazil, Federal Constitution, art. 7 item XXXIV. This is despite the fact that there are specific laws on rural work, domestic work and temporary work.
- 19 Brazil, Law No. 6019 of 3 January 1974, art. 4-C.
- 20 Loschi, 2020.
- 21 Feliciano and de Quintana Figueiredo Pasqualetto, 2019.
- 22 See United States Department of Labor, n.d.(b).
- 23 United States Congress, Public Law 91-596 (OSH Act) of 29 December 1970 as amended through 1 January 2004, Section 3, Definitions, 29 U.S.C. para. 652. See also United States Department of Labor, n.d.(a).
- 24 See Rwanda, Labour Law, art. 2. See also Rwanda, Ministerial Order N°02 of 17 May 2012, art. 2. There is a separate law covering certain public servants.
- 25 National Institute of Statistics of Rwanda, 2018; Rwanda, Ministry of Public Service and Labour, 2019. "Informal sector employee" is defined in art. 3(22) to mean "an employee working for an enterprise or an individual for an employment that is not registered in the register of companies or with a public authority".
- 26 Rwanda Labour Inspectors Compliance Audit Report 2015–2018.
- 27 See, for example, Australia, Productivity Commission, 2010.
- 28 Sargeant and Tucker, 2009.
- 29 C.155, Art. 3(e).
- 30 Chirico et al., 2019.
- 31 McCulloch and Tweedale, 2008.
- 32 See the Employment Injury Benefits Convention, 1964 (No. 121).
- 33 C.155, Art. 11(c) (d) and (f).
- 34 For a detailed list of countries, see ILO, 2021p.
- 35 ILO, 2022g.
- 36 Lupo and Verma, 2020.
- 37 Based on data for 142 countries. ILO, 2022g.
- 38 ILO, 2022g.
- 39 ILO, 2022g.
- 40 ILO, 2002.
- 41 ILO, 2022g.
- 42 ILO, 2015f.
- 43 ILO, 2016c.
- 44 Vosko, 2018.
- 45 Franco, 2019.
- 46 Belize, Dominican Republic, Ecuador, El Salvador, Lesotho, Romania, Trinidad and Tobago, and Türkiye set the threshold at 50 per cent of employees.
- 47 ILO, 2016c.
- 48 Mariko Inoue et al., 2011.
- 49 McNamara, McKee and Stuckler, 2021.
- 50 Blázquez Cuesta and Moral Carcedo, 2014.
- 51 ILO, 2016c.
- 52 Jany-Catrice and Lehndorff, 2005.
- 53 Künn-Nelen, De Grip and Fouarge, 2013.
- 54 Carré et al., 2013.
- 55 ILO, 2016c.
- 56 Duman, 2019; Emmons Allison et al., 2018.
- 57 ILO, 2016c.
- 58 For a review of the literature, see ILO, 2016c.
- 59 For example, in 2017, only 12.8 per cent of agency workers in the United States had employer-provided health insurance compared, with 53.4 per cent among employees with "traditional arrangements". See United States Bureau of Labor Statistics, n.d.(a).
- 60 Cassim and Casale, 2018.
- 61 Unpublished background study prepared for the ILO.
- 62 Unpublished background study prepared for the ILO.
- 63 Dev and Rahul, 2022.
- 64 Pega et al., 2021.
- 65 Schneider and Harknett, 2019; ILO, 2016c.
- 66 The limit of 20 hours pertains to part-time employment with short working hours; see Messenger and Wallot, 2015. This is different from statistical definitions of part-time work as such, where the limit is often set at 35 hours, see ILO, 2016d.
- 67 ILO, 2018g.
- 68 Lee, McCann and Messenger, 2007.
- 69 Pega et al., 2021.
- 70 Messenger, 2018.
- 71 ILO, 2021h.
- 72 Adams and Prassl, 2018.
- 73 See also Burri, Heeger-Hertter and Rossetti, 2018.
- 74 Short hours disproportionately affect women, and reflect the greater number of hours that they devote to unpaid care responsibilities. Short working hours are often a result of involuntary underemployment. See Messenger, 2018.
- 75 Analysis based on ILO Microdata Repository (ILOSTAT). See Appendix for more details.
- 76 See also Breza, Kaur and Shamdasani, 2021.

- 77 Messenger, 2018.
- 78 Amossé et al., 2021; Folbre, Gautham and Smith, 2021.
- 79 ILO, 2012.
- 80 ILO, 2020i.
- 81 This mapping carried out in the ILO does not cover Arab States for which insufficient data are available to generate reliable estimates.
- 82 For example, wage employees are under-represented among food systems workers. Only 38 per cent of food systems workers work more than 40 hours a week, whereas for the other seven occupational categories of key workers (health, retail, security, manual, cleaning and sanitation, transport, and technicians and other support workers), similar estimates range from 39 per cent (health and cleaning and sanitation workers) to 61 per cent (transport workers).
- 83 Job experience is not always available across the surveys used for this analysis and is proxied here by the age of the respondents. More working hours and time spent at work can, in theory, have a positive impact on productivity through increased experience and on-the-job training. On the other hand, fatigue due to longer working hours could also have a negative impact on workers' outputs per hour worked (see, for instance, Collewet and Sauermann, 2017).
- 84 Psacharopoulos and Patrinos, 2018.
- 85 ILO, 2019c.
- 86 Darkwah, 2022.
- 87 Manky et al., 2022.
- 88 Government of Ontario, n.d.
- 89 Vermont Agency of Human Services and Department of Financial Regulation, n.d.
- 90 France, Ministère des Solidarités et de la Santé, 2020.
- 91 See, in particular, C.155, Part IV.
- 92 ILO, 2020i.
- 93 ILO, 2021t.
- 94 ILO, 2021t.
- 95 ILO, 2020n.
- 96 ILO, 2010; ILO, 2020m.
- 97 ILO, 2021t.
- 98 Sandner and Scheil-Adlung, 2010.
- 99 Nagata et al., 2018.
- 100 ILO, 2010; OECD, 2020b.
- 101 OECD, 2020b.
- 102 Chen et al., 2020.
- 103 ILO, 2021t.
- 104 These countries are Brunei, Cook Islands, Panama, Seychelles and Uruguay.
- 105 Heymann et al., 2020.
- 106 Heymann et al., 2020.
- 107 ILO, 2021t.
- 108 Matsaganis et al., 2016.
- 109 Biggs and Richwine, 2011.
- 110 Darkwah, 2022; Unpublished background study prepared for the ILO.
- 111 Singh, forthcoming.
- 112 OECD, 2019a.
- 113 OECD, 2020b.
- 114 United States Bureau of Labor Statistics, n.d.(b).
- 115 JUST Capital, n.d.
- 116 ILO, World Bank, and UNESCO, 2021.
- 117 Mayer et al., 2022.
- 118 Without food systems workers, the same training rates for self-employed key workers are 1.7 per cent in low- and lower-middle-income countries and 8.8 per cent in upper-middle-income countries (authors' calculations based on ILO Microdata Repository (ILOSTAT) and the European Working Conditions Survey (2015)).
- 119 ILO, 2016c.
- 120 Jaramillo, Almonacid and de la Flor, 2019; Maurizio, 2019.
- 121 Carpio et al., 2011.
- 122 Verd, Barranco and Bolibar, 2019; García-Pérez, Marinescu and Vall Castello, 2019.
- 123 Albert, García-Serrano and Hernanz, 2005; Cabrales, Dolado and Mora, 2017.
- 124 Cabrales, Dolado and Mora, 2017.
- 125 ILO, 2017b; Kis and Windisch, 2018.
- 126 ILO, 2021a.
- 127 Enfield, 2021; Escudero and Liepmann, 2020; Hoftjitzer et al., 2020; ILO, World Bank and UNESCO, 2021.
- 128 Berufsberatung.ch, n.d.
- 129 Dartey et al., 2021.

- 199 Eichhorst et al., 2015.
- 200 ILO, 2022c.
- 201 ILO, 2022c.
- 202 ILO, 2017b.
- 203 Marock, 2017; ILO, 2021a.
- 204 National Government of South Africa, n.d.
- 205 Transport Education Training Authority, 2021.
- 206 ILO, 2018h.
- 207 Cambridge University Press, n.d.(a); Cambridge University Press, n.d.(b).
- 208 See, for example, Dickens, ed., 2012; Gunningham and Johnstone, 1999; Weil, 2008.
- 209 ILO, 2006.
- 210 C.155, Art. 9 (1).
- 211 C.155, Art. 9(2).
- 212 C.155, Art. 10; R.164, Para. 4(d).
- 213 C.155, Art. 14.
- 214 Speiler, forthcoming.
- 215 Cooney et al., forthcoming.
- 216 See ILO, n.d.(g).
- 217 Pires, 2008; C.175, Art. 5; Etienne, 2015; Tombs and Whyte, 2013.
- 218 ILO, 2022f.
- 219 See, for example, Blackett and Koné-Silué, 2019.
- 220 Speiler, forthcoming.
- 221 ILO, 2022f.
- 222 Australia, Work Health and Safety Act (No. 137), Parts 9 and 10. See Brazil, [Regulatory Norm NR3 – Embargo and Prohibition](#) of 19 January 2011; China, Law of the PRC on Work Safety, arts 65 and 70; China, Law of the PRC on Prevention and Control of Occupational Diseases, arts 63, 64 and 77. In China, the powers of inspectors and the penalties were strengthened in 2021. Japan, Law No. 57, Chapter X.
- 223 United States Department of Labor, [OSH Act](#) of 29 December 1970, Section 13(a), 29 USC § 662(a). In the United States, when there is no specific standard, OSHA inspectors may seek enforcement under the employer's general duty, which appears to give the agency broad enforcement powers. However, in fact, proving this type of violation is onerous because judicial decisions now require that the agency provide expert evidence regarding risks and abatement.
- 224 ILO, 2006.
- 225 ILO, 2008b.
- 226 ILO, 2021f.