

I am responding as a current consultant to the International Labour Organization, and as the former Senior Technical Specialist on Hazardous Child Labour of its programme on child labour (IPEC). My responses to the questions are included below under each summarized question.

*(1) Are you aware of any mechanisms to monitor children's exposure to hazardous substances nationally or internationally?*

The ILO has included preparatory studies on toxic substances to which child workers are exposed on an occasional basis (prior to policy actions or project implementation). One set of studies which is particularly apt is those which were conducted on Smokey Mtn, a garbage dump in Manila where approximately 1,200 children were working, and many more exposed through their residence at the site. (published in the International Labour Review [http://www.ilo.org/public/libdoc/ilo/P/09602/09602\(1992-131-6\)629-646.pdf](http://www.ilo.org/public/libdoc/ilo/P/09602/09602(1992-131-6)629-646.pdf)); the clinical studies on hazardous exposures are available but no longer accessible on the ILO website. See attachments. These initial studies were repeated, but no regular monitoring was undertaken. However, they were instrumental in stimulating significant policy actions in the Philippines (ratification of the CRC; ILO C.182, and a national plan of action), but were also used outside the country (as recently as last month) to sensitize policy-makers and public to the plight of children growing up in poverty.

*(2) Please provide your views on practices by Governments to assess the risks of childhood exposure to hazardous substances, and/or deficiencies in current practices.*

Some glaring deficiencies in Government practice in almost all countries are:

(a) the lack of surveillance or monitoring of conditions in informal workplaces and agriculture -- due to lack of staff or appropriate policy such that inspectors concentrate on formal urban establishments,

(b) the lack of awareness that child and youth workers have the highest injury rates, particular susceptibilities to hazardous substances, a longer period of exposure to these substances, and psychological/ behavioural characteristics that make them especially vulnerable, and

(c) the lack of attention to the fact that youth above minimum age for work, but under 18 are still physically and legally children and thus eligible for special protection.

Laws, policies, and governmental procedures (e.g. labour inspection mandates) are deficient with regard to these three factors, resulting in an estimated 106.4 million children, age 5-17, experiencing a work-related injury in a one year period. (see

[http://www.ilo.org/ipec/Informationresources/WCMS\\_IPEC\\_PUB\\_25299/lang--en/index.htm](http://www.ilo.org/ipec/Informationresources/WCMS_IPEC_PUB_25299/lang--en/index.htm))

In short, the adolescent working child is almost invariably overlooked by labour inspectorates and occupational health systems which are focused on the adult workers, and by medical systems and professionals which tend to concentrate on children in the 0-5 age group. Because of the kinds of work they do: e.g. cleaning up workplaces (solvent exposure), agricultural prep (pesticide exposure), gathering materials (arsenic, lead exposure), brick/stone/slate work (silica exposure), mining (mercury exposure) apprentices and child workers may be exposed to MORE hazardous substances than any other group. Because they are overlooked, their health problems are not diagnosed nor treated.

Measures which have been demonstrated to have an impact on these problems combine these four elements:

#1. awareness-raising for employers, adult workers, younger workers, and parents about children's rights to a safe environment. Risk assessments by workers and/or community members have been particularly helpful.

#2. Frequent monitoring of workplaces (usually by para-inspectors working under the aegis of the labour or health dept)

#3. Schools, (accessible, clean, regular) with strict truancy rules

#4. Child-protective policies, laws, ordinances that encompass the informal sector and agriculture.

Other measures are important too, but these are essential.

- (3) *Please provide information regarding specific measures either nationally or internationally to prevent childhood exposure to hazardous substances, including consumer products, environmental emissions, occupational settings and other sources.*

Creating the willingness of parents and policy-makers to take action is often more difficult than finding a measure that 'logically' would reduce children's exposures. We found that conducting a brief clinical and environmental study focused on known local hazards (rather than a general health exam) was successful in gaining the attention of those who were key to making changes. Pakistan (Punjab province) instituted a major policy revision and a \$20,000 budget allocation as a result of such an initiative.

Creating the willingness of children to take action on their behalf is important too. In India, a measure that was cheap, simple and easy to multiply, and showed good results was this: a community organizer, union member, nurse, etc. drew together a small group of at risk children, e.g. those in a slum, in a stone-cutting area, in a brass factory and asked them to make a list of the hazards in the environment that THEY felt or observed and what could happen as a result. The children then chose the 3 that were of most concern to them and told a story about a child hurt or made sick. They then proposed what they thought could be done about each of these to reduce the danger. Depending on level of literacy, they drew or wrote up a little "fact sheet" for sharing with others.

- (4) *Please describe any positive efforts undertaken to remove causation as an obstacle for children who are, or may have been exposed to, toxic chemicals during development, but do not exhibit adverse health impacts such as cancer, developmental impacts, or other non-communicable diseases until much later in life.*

Since time and budgets are always too short, we found that health problems with a long latency period could be illustrated through small studies focused on specific locally-relevant health risks (e.g. silicosis in brick manufacturing) which sampled several age cohorts: children with 2 years' exposure, adolescents with 5 yrs, youth with 10 yrs, and young adults. Again, with the aim not of proving causation because this is known but of demonstrating it to promote action.

It is important to recognize that work has a compounding effect on the negative health impacts due to poverty. This is documented in a set of new, unpublished ILO studies on health impacts and associated causal factors for children working in the brick manufacturing industry

(estimated 3 million children in 23 countries worldwide and growing). See summary:  
[http://www.ilo.org/ipecc/Informationresources/WCMS\\_IPEC\\_PUB\\_25300/lang--en/index.htm](http://www.ilo.org/ipecc/Informationresources/WCMS_IPEC_PUB_25300/lang--en/index.htm)

- (5) *Please describe any specific judicial and non-judicial processes to hold perpetrators accountable for hazardous substance-related claims of adverse impacts on health and other rights of the child. Please provide the most relevant court cases on childhood exposure to hazardous substances and judicial attempts to ensure an effective and timely remedy, including both domestic and transnational cases as relevant.*

Sadly, none.

- (6) *Please outline what steps could be taken by Governments and businesses to further assess, monitor, prevent and mitigate children's exposure to hazardous substances.*

The ILO has found that a national interministerial committee – either using an existing one (eg. Child Protection Committee) or forming one specific to the purpose -- was useful for engaging the various parties relevant to such a complex issue that crosses several jurisdictions. Convened by the committee, ministries of health, labour, planning, education, and sectoral ministries (agriculture, mining, etc) have a chance to review the issue, direct further study or analysis, and recommend both policy and practical actions, and activate their staff at local levels.

A second approach is what we call the “hazardous list”. Almost all countries have ratified ILO Convention No. 182 on the worst forms of child labour, and by this, they are required to draw up a list of “hazardous work” from which children (persons under 18) must be barred. The process takes from several months to several years in the case of controversy and as such provides an important forum for drawing attention to hazardous exposures of children. Once enacted, the list provides the basis for laws as well as signaling areas for downstream action.

A third approach, relevant to businesses is formulation of a code of practice that extends into the supply chain and specifies a mechanism for monitoring compliance with this code. This has been used in many industries where child or young workers are found, starting with soccer balls in Pakistan to tobacco farming in Malawi.

- (7) *Please provide any additional information you believe would be useful to understand efforts made and challenges confronting Government and businesses in their efforts to protect the rights of the child from hazardous substances.*

You may wish to contact Mr. Azfar Khan, Director of Research and Policy, Fundamental Principles Branch, ILO ([Khan@ILO.org](mailto:Khan@ILO.org)) or myself for some of the specific studies on hazards which the ILO has undertaken. ([suzanegunn2@gmail.com](mailto:suzanegunn2@gmail.com))