Public Services International: Health Services Task Force meeting
14 and 15 February 2011
and
One-day add-on Meeting on Nurse Issues
16 February
[International Labour Organization, Room No. IV, Geneva]
MINUTES and REPORT-BACK

1. Opening Session

• Welcome • Introduction of participants • Overview of meeting and arrangements	*Chair:* Sari Koivuniemi *Presentation:* Odile Frank and Nobuko Mitsui

PSI's Health Services Task Force meeting convened at 10.00 on 14 February for its **Opening session** under the Chair of Sari Koivuniemi. The 29 members and delegates of PSI affiliates introduced themselves, as did the staff from UN specialized agencies (Julia Lear, Myroslava Protsiv and Lee-Nah Hsu of ILO; Susan Wilburn of WHO) and the invited resource persons (Drs. Jane Lethbridge and Jane Pillinger) (see Annex 1).

The meeting was informed that the provisional agenda had been prepared on the basis of a wide canvas for suggestions, and the priorities established by the Executive Board as well as the Programme and Policy Advisory Group since the last HSTF meeting in 2009. The participants had a full meeting before them, with sessions on Quality Public Services; migrant health workers; privatization in the health sector; violence in the health sector; occupational health and safety standards; and precarious health work. Three of the six sessions would involve break-out work, when the participants could express themselves in smaller groups. Changes to the agenda were entertained from the floor.

Although there was no suggestion to replace the **Summary and conclusion** sessions for Day 1 and Day 2, the need for these sessions did not arise in practice, as each topical session was self-concluding. This became evident already on Day 1, so the time allocated to the end-of-day session was re-allocated to the topical sessions, thanks to the gracious agreement of the two chairs, Ayubba Philibus Wabba and Rodrigo López García.

The meeting was informed also that Candice Owley and Ashoka Abeynayaka, both of whom were to chair a session, were regrettably unable to attend the meeting. As, in addition, Helene Davis-Whyte experienced flight delays, the participants was asked to approve some accommodating changes in the agenda, and agreed to them.

In the absence of other proposals, the third and fourth sessions of Day 1 were reversed (**Migrant workers in health and social care** and **Privatization of health services**). Maria Aparecida Godoí volunteered to replace the chair for the session on **Precarious work in health services** on Day 2, and in the absence of another volunteer and given the short notice, Odile Frank proposed to chair the session on **Privatization of health services** which would now take place already in the morning of Day 1.

Session 2: Public Sector Funding and achieving Quality Public Services

In the face of widespread cuts to public services, leaders of private and public sector trade unions, municipal governments and civil society groups gathered in Geneva on 12 to 14 October 2010 at the Council of Global Unions' conference: *Quality Public Services - Action now!* where they committed to work together to promote investment in quality public services as a key solution to the economic crisis and the way to build peaceful, equitable and sustainable societies. PSI recognizes that achieving Quality Public Services (QPS) requires adequate public funding and a fair taxation system. The QPS Conference adopted the *Geneva Charter for Quality Public Services* and outlined a *Plan of Action* to define the joint action of the Global Unions to implement the Charter. Key person: Rolv Hanssen (rolv.hanssen@world-psi.org ; +33 450 40 11 60) is www.qpsactionnow.org	*Chair:* Teresa Marshall *Presentation:* Peter Waldorff, Secretary-General, PSI

The first thematic session of Day 1 was chaired by Teresa Marshall, communications coordinator of PSI. Peter Waldorff, Secretary-General of PSI, gave an introductory overview of the objectives and plan of action of the **Quality Public Services (QPS) campaign**.

Peter Waldorff drew attention to the background against which the campaign was developed – the global crisis that began in the financial sector and hit employment hard. He underlined the distance that needed to be covered to achieve the MDGs and implications for a change in the global balance. He stressed that QPS can be viewed as a necessity to emerge from the crisis. Therefore the CGU campaign consisted of public and private unions together calling for QPS in the interest of building just and sustainable societies. At the same time, public sector workers are under attack and being blamed for the slowness of economic recovery. Their unions have their backs to the wall in many countries. Unions must find ways to fight back and it is important to insist that investment in QPS is essential for our societies to emerge from the crisis marked by greater equality, not more inequality. Significantly, QPS is not only about the delivery of good quality public services, it is about a vision of societies serving the interests of the many and not only of the well-off few. It is also about creating jobs and opportunities for people, while generating a more positive image of trade unions.

The first step of the QPS Campaign will focus on cities. Urbanization is a global phenomenon and in many cases is not happening without difficulties. Cities have sizeable needs that are most often addressed by public services for water and sanitation, housing, distribution of electricity and gas, transportation and road construction, harbours and airports, waste removal, security, education and health care, as well as environmental development (and protection). Importantly, cities need good governance and administrations that are free from corruption.

There are 13 Global Union Federations including the Trade Union Advisory Committee to the OECD and PSI. Along with PSI, ITF, EI, BWI, and UNI are in the forefront of the QPS campaign. The remaining GUFs are also onboard; both people and companies are dependent on a well functioning society that can provide access to conditions that foster prosperity.

Focusing on the cities will be a major exercise and PSI will need strong support from the national affiliates and not least the locals in the cities selected. The meeting participants were invited to present city proposals to Rolv Hanssen, Teresa Marshall or Peter Waldorff.

To pay the price to achieve QPS, the funding of public services must include a fair taxation system for revenues from both individuals and corporations. PSI is supporting the FTT campaign and will continue to contribute to the development of progressive taxation systems.

The QPS award this year will occur on 23 June, the UN's Public Service Day. Participants of the HSTF were invited to solicit nominations for the prize.

Session 3: Privatization of health services

Assessing the cost/benefit ratio and efficiency changes resulting from privatization of health services raises issues of how to measure the costs and benefits and how to assess efficiency of services. Delivery of health care depends not only on the service a patient is given, but also the quality of care the patient receives. Health care delivery is a labour intensive activity whose quality is strongly influenced by the condition of the workforce. An evidence-based analysis by PSIRU focussed on the health sector will seek to examine contentions that 1) when the private sector controls public services, it leads to higher service costs that are paid for by the consumer; and 2) the introduction of competition and profit lead to increased corruption in procurement and delivery. **Objective:** To canvass HSTF participants with regard to the most important and urgent issues regarding privatization that affiliates face. Key person: Jane Lethbridge (j.lethbridge@gre.ac.uk; +44 208 331 7781)	*Chair:* Odile Frank (pp.Candice Owley) *Presentation:* Jane Lethbridge *Group 1 Chair:* Pinda Bowessidjaou Akoua *Rapporteur:* Michele Boisclair *Group 2 Chair:* Jennifer Whiteside *Rapporteur:* Margret Steffen *Group 3 Chair*: Mhlanga Irene Nonhlanhla *Rapporteur:* Karen Higgins

The second thematic session of Day 1 was chaired by Odile Frank, Health Services Officer of PSI, in the absence of Candice Owley. Odile Frank explained that Jane Lethbridge had been asked to carry out a meta-analysis of the impact of privatization on the health sector to enable PSI to design and provide evidence-based materials to affiliates for information and campaigns to defend public health services.

Jane Lethbridge is a Principal Lecturer in the Business School, University of Greenwich. She is based in the Public Services International Research Unit (PSIRU) there since 2001. Her research focuses on the global commercialization of health and social care services and trade union responses to liberalization and privatization. She previously worked as a policy adviser for a national public health agency, ran an NGO, and served as an independent policy consultant.

Jane Lethbridge provided a presentation of her work in progress, which elaborates the impact of the market and of privatization on the health sector. Jane's presentation may be viewed on the PSI website:
www.world-psi.org/TemplateEn.cfm?Section=Meeting_documents&CONTENTID=27160&TEMPLATE=/ContentManagement/ContentDisplay.cfm
The participants were then asked to work in three break-out groups and to consider the following three questions in respect of the health sector:

1. What are the privatization issues of greatest concern to you?
2. What actions can the HSTF develop that have value added over the actions of individual affiliates?
3. What can PSI at HO do to move the agenda to address privatization forward and assist the affiliates?

1. The privatization issues identified by the participants to be of greatest concern were:-

- Social costs of commodification of labour
- Reduction in quality, number of public service jobs, and social protection of the population
- Selectivity/arbitrariness of measures of productivity
- Disengagement of the State from social protection issues
- Fragmentation of professional teams
- Negative consequences for health promotion policy and focus on curative medicine
- Loss of bargaining capacity
- Precariousness and increased poverty of female workers
- Preventive, community, rural and older persons' health become "orphan" topics
- Normative objectives for the public health replaced by atomized specific efficiency targets
- Worsened conditions of work: loss of benefits and acquired rights

The groups recognized the problem as worldwide, due to free market pressures on debt-ridden local, regional and national governments. They expressed concern for the erosion of public services in peripheral health service entities - such as laundry, cleaning and pharmacy – and for the privatization of health insurance. Many developing countries were struggling to maintain and strengthen their public health systems. They were dismayed at the introduction or increase of user charges in developing countries.

2. The actions outlined by the participants that the HSTF could develop with value added over the actions of individual affiliates were to:

- Give support to campaigns and actions to:
    - Lobby governments and parliamentary committees
    - Establish partnerships with civil society
    - Work with the media
- Work to block moves for privatization, establish moratoria, and/or limit privatization to tertiary services
- Develop a positive, normative campaign to ensure universal access and affordable services for the population
- Develop users' awareness of :
    - the service benefits of public institutions and evidence that investing in a public system provides better returns
    - potential for lost quality and endangering the health of patients due to the profit-making motive
    - the downside of disengagement of the State
    - the potential danger for patients of unfair competition
    - the danger of political expediency that is founded on short-term benefits (even so questionable) at the cost of increased longer-term costs that are sustained by succeeding elected officials
- Name and shame multinational companies that benefit from ill-health, and disclose their profits (develop a data base for this purpose)
- Support evidence for investing in prevention and health promotion
- Re-invest in and strengthen the process of social dialogue
- Generally seek understanding of the root causes of the attack on public health services

The participants noted that the negative lessons learned in developed countries – for example in the USA – could be used to support campaigns in developing countries. They concluded that unions worldwide should work to exchange information of this type, to assist developing countries to strengthen their unions in order to improve health systems for the benefit of patients, and to provide the support of solidarity at rapid notice everywhere.

3. What the participants concluded that PSI at HO could do to move forward the agenda to address privatization and assist affiliates was to:-

1. Set up a communication platform with interactive networking to share information and experiences
2. Form and broaden alliances, for example with the Global Union Federations, patient NGOs and others, to enhance union resources
3. Speak more loudly with Bretton Woods institutions
4. Strengthen dialogue with the public through the media

5. Define privatization and elaborate the core arguments against it; make obvious that private services follow the profit motive which leaves behind "orphan" issues such as care of older persons and public health
6. Collect evidence on good and bad privatization experiences; suggest campaigns, provide research, identify good practices and examples to support campaigns
7. Coordinate information on major multinational companies
8. Name and shame bad practices
9. Expose government schemes to privatize
10. Support national strategies
11. Promote the principle that the State is responsible for health services
12. Raise the profile of quality public health systems as part of the QPS charter
13. Promote the normative position that health is aligned with rights and not with privileges

The chair concluded that the participants had together identified three major sets of implications for follow-up:-

1. Implications for the communications strategy at PSI/HO including website development to provide interactive tools to the affiliates of PSI and emphasis on a) alliances, b) the media, and c) the international public system (points 1 to 4).

2. The need to engage in critical review and information gathering on marketization and privatization (points 5 to 9).

3. Adoption and promotion of an unapologetic posture of pro-public sector responsibility for health, including in the QPS campaign (points 10 to 13).

Session 4: Migrant workers in health and social care

PSI's 3-year project (2010-2012) on *International Migration and Health and Social Care Workers* aims to strengthen the capacity of public sector trade unions to address the causes and impact of migration on public services and workers' rights through advocacy and dialogue, research, information drives, capacity building and organizing. Planning meetings have taken place in 3 pilot countries (Kenya, September 2011; South Africa, October 2011 and Ghana, November 2011). The project will carry out participatory research, in conjunction with a desk review and mapping of the health and social care sectors. The results are expected to assist PSI in formulating trade union tools to deal with the new migration challenges in the context of the economic crisis, demographic change and the rise in precarious employment. **Objective:** HSTF participants are invited to learn about the research and affiliates are invited to participate. Key person: Genevieve Gencianos (Genevieve.Gencianos@world-psi.org; +33 450 40 12 14)	*Chair:* Helene Davis-Whyte *Presentation:* Genevieve Gencianos and Jane Pillinger

Helene Davis-Whyte chaired the third and last substantive session of Day 1 and opened with introductory comments on the role of migration for health work in the Caribbean region.

Both Genevieve Gencianos and Jane Pillinger provided a presentation which can be consulted on the PSI website:
www.world-psi.org/TemplateEn.cfm?Section=Meeting_documents&CONTENTID=27160&TEMPLATE=/ContentManagement/ContentDisplay.cfm
The presenters then engaged in a discussion with the floor.

Jane Pillinger is an independent research and policy advisor working on international social policy, gender and migration issues. She is currently carrying out research for PSI on the international migrant workers in health and social care, which involves qualitative and quantitative research in Kenya, Ghana and South Africa, and in countries of destination. Jane advises governments, international organizations, trade unions and NGOs across the world. Jane has published widely on issues concerning global social policy, the feminization of migration, gender equality in the workplace and social policy. She is based in Dublin.

The conclusion of the presentations and discussion was that there was a global commonality of issues and trends on the impact of migration in the health and social care sectors. An important factor was the demographic reality of ageing which will first have a serious impact on industrialized countries, with implications for pensions, health care needs, including health staffing for older persons. It is likely that developed countries will not be able to meet their staffing needs and will have recourse as a result to international recruitment in the short to medium term.

There was an overall positive response from participants of the HSTF meeting and enthusiasm to engage in the participatory research proposed by Genevieve Gencianos and Jane Pillinger. The participants' response underscored the importance of the research in terms of collecting information and evidence, of analysis, and of the development of tools for policy advocacy, organizing and collective bargaining designed to help PSI and its affiliates address migration issues.

It was generally recognized that although the "WHO Global CODE of Practice on the International Recruitment of Health Personnel" of 2010 was a remarkable document, it was not alone sufficient to mitigate the negative impacts of migration. For example, although health professional organizations are mentioned, trade unions are not mentioned in the document. Furthermore, an important factor was the role of private recruitment agencies that Ministries of Health and of Labour did not always have the capacity to regulate.

The public sector trade unions were fully taking up the challenge of using the WHO CODE along with other voluntary codes that are now available – notably the *EPSU- HOSPEEM*

code of conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector that was adopted on 7 April 2008 (http://www.epsu.org/a/3715); and the *Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Nurses to the United States* that was developed in 2008 (www.fairinternationalrecruitment.org/index.php/the_code/) – as policy tools to achieve the application of ethical recruitment principles and to promote the establishment of rights-based migration and employment policies.

The participants of the Health Services Task Force volunteered the participation of affiliates in the *Participatory Research and Mapping of Migration in the Health and Social Care Sectors* in Nigeria, Sierra Leone, Philippines, Finland, Norway, Germany, United Kingdom, Ireland, Canada, USA, Australia, Japan, Costa Rica, Nicaragua, Brazil, Paraguay, and Venezuela. Affiliate representatives also proposed to ensure dissemination and promote responding to PSI's request through their respective regional networks and groupings (West Africa, Central America, the Caribbean region, Corrosur, and the Andean region).

To ensure that the participatory research reflects the needs of regional and sub-regional areas, there will be follow-up by PSI with contacts at national and sub-regional level on the research design and coordination of the research that is appropriate to each region.

The *Participatory Research and Mapping of Migration in the Health and Social Care Sectors* will be linked as it progresses with the implementation of the *WHO Global CODE of Practice on the International Recruitment of Health Personnel* and PSI's own *Ethical Recruitment Campaign.* It is planned to complete the research and to submit the final global report to the 2012 PSI World Congress to be held on 27-30 November in Durban, South Africa.

Session 5: Violence in the workplace

PSI maintains a strong focus on this issue. Together with the ILO, ICN and WHO, PSI had established the *Joint Programme on Workplace Violence in the Health Sector* in 2001, which produced 8 case studies, Framework Guidelines and a complementary Training Manual in 2003-5. Violence in the health sector has since been the subject of two International conferences, and the *Third International Conference on Violence in the Health Sector* will take place in Vancouver, Canada, on 24-26 October, 2012 (Key person for the International Conferences: Nico Oud (www.oudconsultancy.nl; + 31 20 409 0368). Violence includes behaviours along a continuum from psychological violence (verbal abuse: shouting, swearing, insulting, threatening, bullying and harassing) to physical violence (physical abuse: spitting, manual assault; use of objects, weapons, animals) that includes murder. Perpetrators include health service workers, patients, and members of patients' families and the public, and victims include health service workers and patients. Cutbacks to increase savings and efficiency result in increased wait-times and increased workload of health service workers which are stressors for health workers and patients and their families alike. **Objective:** to develop a workplan to address needs for surveillance, and for possible standard setting (guidelines, codes, accreditation/certification, audits).	*Chair:* Judith Kiejda *Presentations*: Yamini Adbe, Vickramaduth Beeson, Ivana Brenková, Sitiveni Tuvou, and Slava Zlatanova *Group 1 Chair:* Maria Aparecida Godói de Faria *Rapporteur:* Samia Letaief Bouslama *Group 2 Chair*: Kim Øst-Jacobsen *Rapporteur:* Sian Davies *Group 3 Chair*: Rosni Bte Aziz *Rapporteur:* Michael Lighty

Judith Kiejda chaired the first session of Day 2 and opened with introductory comments about violence in the health sector in Australia, informing the participants about the recent tragic death of a nurse. Presentations were made by the five PSI affiliate members who attended the *Second International Conference on Violence in the Health Sector: From Awareness to Sustainable Action* held in Amsterdam on 27 to 29 October 2010. The five presentations, from Bulgaria, the Czech Republic, Fiji, Mauritius, and India, can be consulted on the PSI website at:
www.world-psi.org/TemplateEn.cfm?Section=Meeting_documents&CONTENTID=27160&TEMPLATE=/ContentManagement/ContentDisplay.cfm

Yamini Adbe	*Vickramaduth Beeson*	*Ivana Brenková*	*Sitiveni Tuvou*	*Slava Zlatanova*
is a surgeon by profession. She is currently chair of the women's wing of the All India Cantonment Board Employees Federation. She expertise is in career counselling for adolescent students and as an advisor for the All India Human Rights Association in New Delhi	*joined the Ministry of Health and Quality of Life in 1976 and is currently Senior Pharmacy Dispenser at a Specialized Eye Hospital. He has been on the Managing Committee of the Government Services Employees Association since 1992 and is currently Vice President. He is also Assistant Secretary, State and Other Employees Federation; Bureau Member, Confederation of Free Trade Unions; Vice Chairperson, National Coordinating Committee, PSI Mauritius; National Coordinator, QPS Campaign*	*is a graduate of the Agricultural University in operational economics. She worked on collective bargaining and professional training in the private sector before joining the Trade Union of the Health Service and Social Care of the Czech Republic. Her expertise is pay, collective bargaining and social dialogue. Elected vice-president in 2006 and in 2010.*	*holds a diploma in nursing and a certificate in reproductive health. He has been working as a nurse for 10 years, specialized in clinical nursing. He works in a reproductive health clinic that treats HIV/AIDS patients. He is a PSI youth memebr and Vice-president of the Fiji Nursing Association (Suva Branch)*	*Is vice-president of the Public Health Federation arm of the Independent Confederation of Unionized Workers of Bulgaria (CITUB). Her expertise is in collective bargaining and gender equality. Noting that 72 % of public health workers and 78 % of CITUB's membership are women, she is president of the Women's Committee of CITUB as well as secretary of the Women Parliamentarians Society affiliated with CITUB. She actively works with the Bulgarian Nurses' Association.*

The participants were then asked to work in three break-out groups and to consider the following three questions in respect of the health sector:

1. What are the issues in regard to violence that are of greatest concern to you?
2. What actions can the HSTF develop that have value added over the actions of individual affiliates?
3. What can PSI at HO do to move the agenda to address violence forward and assist the affiliates?

1. The issues in regard to violence identified by the participants to be of greatest concern were:-

- The general impression that violence in the workplace is increasing
- The problem of absence of management of violence;
  - violent episodes are often kept quiet
  - there is failure to expose those responsible
  - often no action is taken
  - needing to have workers recognize that violence is *not normal*
  - needing to have trade unions and their members understand that violence is also *not part of their jobs*
  - ensuring that the different levels of violence are recognized; bullying and verbal abuse are as violent as outright physical acts
  - needing to ensure that violence is seen as a problem proper to the workplace and not as an "imported" problem
  - addressing the problem that it is the victim who is labelled or blamed
- The need to identify the root causes of the risk of violence in working conditions:-
  - Lack of staff and consequent increased frequency of working alone
  - Lack of facilities (as well as staff) and consequent increased patient waiting times
  - Shift work and consequent loss of team solidarity
  - Racism in stressful conditions
- The lack of research on violence and contextual conditions such as privatization
  - demands on specialized services; mental health; residential care; care of older persons
- The need to underscore the consequences of violence if it is not addressed and managed in terms of:-
  - health risks
  - absenteeism
- The need to apply potential means to address violence in the workplace which include:-
  - national policies on violence in the workplace
  - work reorganization
  - using social dialogue
  - training for disclosure and management of violent episodes

2. The actions outlined by the participants that the HSTF could develop with value added over the actions of individual affiliates were:-

- Addressing underlying issues such as:-
  - staffing
  - waiting times
- Setting up training programmes that stress individual responsibility for:-
  - union members
  - the public, including public awareness campaigns
  - management
- Drawing up a model of policy of zero tolerance of violence and codes of conduct for health workers in regard to unacceptable actions, expected behaviours, grievance procedures and penalties
- Ensuring that any complaint for violence is heard and that the complaint must be answered by the defendant party

- Ensuring that management of violent incidents includes debriefing, incident review councils and post-event evaluations
- Establishing guidelines for violence prevention and for safe workplaces that include:-
  - mentoring junior or inexperienced staff
  - basic security procedures
  - locked door policies
  - enabling workers to remove themselves from potential harm
- Sharing and exchanging:
  - case studies
  - knowledge from conferences
  - campaigns
  - good practices
- Helping affiliates bring violence in the workplace to the attention of the community, designing ways in which the solutions in the workplace can act as a catalyst for culture change with respect to violence in the community
- Working with civil society on the definitions of improper workplace behaviours

3. What the participants concluded that PSI at HO could do to move forward the agenda to address violence and assist affiliates was:-

1. Act as a facilitator to assist affiliates to share experiences, case studies, campaigns, and good anti-violence programmes
2. Name and blame countries where violence is sanctioned
3. Assemble research on topics such as:-
   - the root causes of violence
   - the impact of privatization
   - the impact of contracted out services
   - the impact of national and provincial legislations
   - the situations of home care, elder care, and working alone
   - underreporting of violent incidents
4. Consult EPSU work on violence
5. Promote awareness campaigns, education and training for staff, in Ministries of Labour; and for women workers
6. Coordinate campaigns and organize conferences
7. Promote legislation against violence in the workplace

To conclude, the participants of the HSTF together saw the role of PSI as defined by three major follow-up activities:-

1. Utilize the PSI website as an exchange platform for
- transmitting information on research, and
- dissemination by the affiliates of case studies, campaigns, and anti-violence programmes
- posting positive and negative events

2. Assemble research on root causes of violence; the impact of privatization, sub-contracting services, home-based and elder care, and working alone; the role of legislation; and the epidemiology of violence.

3. Promote legislation, training and campaigns against violence; help coordinate campaigns and conferences against violence.

Session 6: Protection and reinforcement of occupational health and safety standards

International normative instruments, including ILO standards; WHO resolutions and guidelines; UN resolutions; and joint guidelines of UN specialized agencies (e.g. WHO, ILO, UNAIDS) offer protection to all workers and to health workers. PSI plays a role in disseminating and promoting the application of these standards and good practices. PSI strives to maintain health workers healthy and is producing a video that promotes 1) universal precautions against blood borne diseases and Hepatitis B vaccination, 2) use of safety engineered injecting devices, especially retractable syringes, and 3) availability and use of post-exposure prophylaxis in case of HIV to protect health workers. PSI also strives to make all health workplaces healthy working places by elimination of workplace hazards and prevention and management of workplace violence (see earlier agenda item). Together, the global union federations can address broader issues of workers' occupational health and safety. **Objective**: to develop a workplan to address needs to protect: a) the health and safety of workers, by working jointly with the global union federations, and b) the health and safety of health workers, by possibly canvassing health workers on hazards and poor practices (eventually establishing checklists and criteria for safe workplace labels, certification, audit and so on) Key person: Odile Frank (odile.frank@psi-world.org; +33 450 40 11 50)	*Chair:* Ivan Angelov Kokalov *Presentation:* Odile Frank Pre-view of a video on the prevention of needle-stick injuries

Ivan Angelov chaired the second session on Day 2 and opened with introductory comments on the longstanding role of occupational health and safety at PSI. Odile Frank made a presentation that can be viewed on the PSI website at:
www.world-psi.org/TemplateEn.cfm?Section=Meeting_documents&CONTENTID=27160&TEMPLATE=/ContentManagement/ContentDisplay.cfm

In addition, a short excerpt from PSI's forthcoming video on the prevention of needle-stick injuries was presented.

In her presentation, Odile Frank underscored the importance and the emphasis given to the occupational health and safety issues of health service workers by PSI, a hallmark of PSI's work. The Quality Health Services Campaign 2008-2012 emphasizes risk reduction for HIV and Hepatitis B, as well as of workplace violence. Products of this campaign include increased attention to violence in the health sector and production of a video to promote the prevention of needle-stick injuries. Other aspects of the Quality Health Services Campaign - health workplace redesign and the involvement of health workers in service delivery reform - would be integrated into new work on occupational health and safety.

It was proposed to add other features to the Health Services portfolio. One feature, linked to risk reduction for HIV could be to promote voluntary HIV counselling and testing of health service workers, and of all public sector workers, not only in countries with an epidemic prevalence of HIV, as in certain regions of Africa, but in global solidarity.

Another feature would be for PSI to collaborate with the other Global Union Federations on workers' health issues other than HIV, for which there was already a Global Unions AIDS Programme. An important step in this direction would be to create a data base regarding international norms and standards regarding occupational health and safety, notably the conventions and recommendations of the ILO and the guidelines and resolutions of the WHO, as well as national laws, regulations and guidelines directed at the promotion of the health of workers in all economic sectors.

It is important to note in this regard that whereas about 7 of the 20 million members of PSI's affiliates work in the health sector, about 13 million members work in areas such as:-

- the production and supply of gas, electricity and water

- waste removal, processing and recycling services
- environmental and social services
- non-teaching educational, cultural and recreational services
- construction and maintenance of roads and buildings

Such economic activities, even if largely in the public sector, overlap with the economic activities of members of other Global Union Federations. This means that fields of work and their occupational health and safety issues are likely to be common to the Global Union Federations, and PSI can link to them.

PSI can play an important role not only in the dissemination and promotion of norms, but also in consultations at source - in its role as constituent of the ILO - in the drafting of new recommendations and conventions, and increasingly when consulted by the WHO on issues of occupational health and safety. Furthermore, PSI can develop and provide tools for technical support, and can assist in strategies to include occupational health and safety clauses in collective bargaining instruments, and in emphasizing the important role of worker health promotion in increasing retention of workers in certain fields (notably health services).

Participants of the HSTF were invited to volunteer to provide input on occupational health and safety issues of concern to the overall membership of workers of PSI and to contribute ideas for health and work themes that could be addressed by the Global Union Federations, such as the supply of clean water; exposure to toxic materials; exposure to injuries and so on.

PSI and the Global Union Federations would be aided in their endeavour by the support of WHO's *Workers' health: global plan of action*, and could work in collaboration with the Departments of SAFEWORK and SECTOR of the ILO. Although roles for both ILO and PSI had already been integrated into certain workplan objectives of WHO's *Workers' health: global plan of action*, an important area where new efforts could be made was in the 5th and final objective *to incorporate workers' health into non-health policies and projects*, which allows the space to promote the insertion of occupational health and safety clauses into collective bargaining agreements.

The proposals were discussed from the floor. Comments addressed the importance of maintaining occupational health and safety standards and countering the tendency in the current economic context to deregulate occupational health and safety. It was stressed that QPS would emphasize in any case the protection of workers in all workplaces and fields of work. It was pointed out that in the European region, the legal basis for occupational health and safety was good and it was high on the agenda as a result, but that in many quarters occupational health and safety standards were perceived in an economic context as "slow-down" factors.

Two specific endorsements of the proposals were:

1. that PSI could work with the other Global Union Federations on the issue of water and sanitation – including waterborne and water-related diseases – which would be a good topic for developing countries; and

2. that the HSTF – backed by Health Services at PSI/HO - could serve as a centre for the defence of occupational health and safety, to combat the erosion of occupational health and safety standards, based on developing a knowledge base regarding "good" workplaces.

Session 7: Precarious work in health services

Precarious work takes different forms according to sector and group affected. Increased use of temporary agency contracts, fixed term contracts and casual contracts as well as sub-contracting, contracting out and privatization make it increasingly difficult to identify the employer or the employment relationship from which workers' rights flow. Withdrawal of secure decent jobs across public services shows the worst impact on women, young workers and migrant workers. Precarious work reduces income and takes away trade union and workers rights; employers do not contribute to pension funds, issues such as occupational safety and health are ignored and workers are held in fear of losing jobs because of injury or work-related health issues. These conditions shrink bargaining units, the ability to organize and trade union density; collective bargaining rights cease to exist whereas discrimination, harassment and violence increase. **Objective:** to maintain occupational health and safety for precarious health workers and to seek ways of unionizing precarious health workers Key person: Chidi King (chidi.king@world-psi.org; +33 450 40 11 70)	*Chair:* Maria Aparecida Godoí de Faria *Presentation:* Chidi King *Group 1 Chair*: Suzuki Takafumi *Rapporteur:* Maryvonne Nicolle *Group 2 Chair*: Helene Davis-Whyte *Rapporteur:* Tarja Honkalampi *Group 3 Chair*: Elizabeth Adams *Rapporteur:* Pauline Worsfold

The last session of the meeting at the end of Day 2 was chaired by Maria Aparecida Godoí in the absence of Ashoka Abeynayaka.

Chidi King is equality and rights officer of PSI, responsible for gender equality, young workers, Lesbian, Gay, Bisexual and Transsexual persons, and human and trade union rights. She joined PSI in 2007 after working as employment rights officer at the United Kingdom's TUC Congress. Her background is in employment law.

Chidi King introduced the session by providing an overview of the issue of precarious work in the health services. She noted the growth in the frequency of precarious work relationships within the health and social care sectors, which accompanies the increases in outsourcing and in privatization. She stressed that the phenomenon has a disproportionate impact on women, young workers and migrant workers.

Precarious work shifts the risks inherent in the employment relationship from the employer to the worker, makes it difficult to identify the employment relationship to which a worker's rights are attached, impedes the ability of unions to organize and conclude collective bargaining agreements, and weakens union density. It is important to bear in mind that respect for the rights of workers and access to decent working conditions are inevitably linked to the standards of service that are maintained, and therefore to the quality of services that are delivered. This is of particular relevance in the delivery of health care.

Significantly, whereas precarious working arrangements have been previously confined in large part to the peripheral "non-core" health services, such as laundry, cleaning, and security, at present such arrangements are being increasingly utilized in core health and care services.

The issue of precarious work cuts across all sectors and the Council of Global Unions consequently has a working group which addresses the issue, of which PSI is a member.

As part of its efforts to work towards limiting precarious work, PSI is launching a survey in March and April 2011 to gather baseline data that can provide evidence of the negative impact of precarious work on the sectors covered by PSI affiliates, and to make it possible in future to document its growth. The data gathered from the survey will be used to develop information tools and strategy, and will be reported to an ACTRAV Symposium on Precarious Work to be held on 4 to 7 October 2011.

PSI is also working with its European regional affiliates grouped under EPSU on the promotion and ratification of the C94 Labour Clauses (Public Contracts) Convention, 1949, which is referred to as the "*public procurement*" Convention. Where services are commissioned, outsourced or subcontracted and engage public funds, application of this Convention would secure wages and working conditions that are no less favourable than those applying to the same type of work in the same geographical area. The Convention is poorly ratified, however; only 61 countries have ratified it, and one country (United Kingdom) ratified it early and subsequently denounced its ratification.

The agenda of the 100th session of the International Labour Conference to take place in June 2011 includes the work of a second year of a standard-setting committee on a Convention and a Recommendation on *Decent work for domestic workers*, which is expected to be adopted. PSI has a particular interest in this standard in view of the increasing number of workers delivering care services in a domestic setting, often with little or no legal or social protection. The definition and scope of the standard should cover these workers where they are not already covered by equivalent or better legal protection. It is likely that qualified health professionals, such as nurses, will be explicitly excluded from the scope of the Convention.

After the presentation, the participants were asked to work in three break-out groups and to consider the following three questions in respect of the health sector:

1. What are the issues in regard to precarious work that are of greatest concern to you?
2. What actions can the HSTF develop that have value added over the actions of individual affiliates?
3. What can PSI at HO do to move the agenda to address precarious work forward and assist the affiliates?

1. The issues in regard to precarious work identified by the participants to be of greatest concern were that:-

- Employers are increasingly shifting to precarious contracts, leading to:-
  - a direct loss of full time positions
  - a proliferation of types of precarious contracts that are provisional, temporary, casual, short-term, part-time and so on
  - a direct loss of basic benefits, notably pensions, health benefits and sick leave
- Employees in a single facility are hired under a range of contracts and there is inequality of treatment, which can lead to loss of team spirit
- Precarious workers hired under individual contracts for home care and/or elderly care are difficult to find, to organize, and to protect
- Precarious workers hired in institutions are difficult to organize and to protect
- Employees working under precarious contracts often bear an excessive work load, cannot complain about it, and cannot rely on teams for relief
- Outsourcing of support services such as the kitchen and cleaning services increases known risks of MRSA (multiple drug resistant *staphylococcus aureus*) and of other nosocomial pathogens, making infection control difficult in this context
- Overall, conditions of precarious employment are not conducive to the maintenance of standards of care and to quality delivery of services. Patients do not come first; in private services, the profit motive comes first, and for precarious workers, continuing to work comes first

2. The actions outlined by the participants that the HSTF could develop with value added over the actions of individual affiliates were to:-

- Review trade union organizing practices in order to develop strategies to include precarious workers through various forms of outreach
- Assemble evidence of contract language and good practices to address precarious work, such as legislation that limits the types, short durations, and applicability of such contracts
- Assemble evidence regarding:
    - motivations for privatization to develop arguments to limit privatization
    - denounce the inherent discrimination in inequality of treatment in the health workplace
- Engage with public authorities (government) to elaborate the arguments against casualization of labour because of its negative effects not just on the working conditions of health workers, but on:-
    - the health system;
    - the quality, the safety and the continuity of care of patients;
    - the capacity for infection control, endangering not only patients but the entire community;
    - the occupational health and safety of health workers which also has repercussions on the health of the community
    - the direct and indirect cost of services to the government and to the public
- Take and declare a position that stresses that trade unions care about the wellbeing and rights of the entire population and not just the wellbeing of their members

3. What the participants concluded that PSI at HO could do to move forward the agenda to address precarious work and assist affiliates was that:-

- The HSTF participants support and respond to the baseline survey on precarious work to establish a basis for PSI to combat precarious work
- The HSTF participants support the continued work on the meta-analysis of the impact of privatization on the health sector, with special reference to precarious work, to provide an evidence base to combat precarious work
- The participants endorsed PSI's continued work to counter precarious work in alliance with the Global Union Federations, recognizing that precarious work is not limited to the health sector
- The participants endorsed PSI's continued efforts in favour of workers' rights
- PSI could work with the ILO to adopt or update a Convention that addresses precarious work
- PSI could make the control of precarious work a clear objective of the QPS Campaign, and assist with national efforts in this regard
- PSI could facilitate information sharing, and collect evidence of practices that should be named and shamed on the basis of case information
- PSI could provide documentation and informational material that stresses that opposition to precarious work is founded on evidence that it is ultimately a practice that endangers the health of populations

To summarize, the HSTF endorsed the current PSI engagement in:

a) a baseline survey of precarious work;
b) a commissioned meta-analysis of the impact of privatization in the health sector;
c) the work of the GUF committee on precarious work; and
d) promotion and advancement of workers' rights.

The HSTF proposed that PSI:-

a) engage in normative work with the ILO;
b) ensure that limiting precarious work is a clear objective of the QPS Campaign; and
c) assemble from and disseminate to affiliates evidence of good and bad practices, and documentation on the consequences of precarious work on patients, the general population as well as on workers themselves.

Special add-on session: Nurse Issues

The necessity of a meeting specific to Nurse Issues
• What is the identity of the group?
• What political statement can the group make that marks this occasion at this particular economic and political juncture?
The viability of a meeting specific to Nurse Issues (longer term issues and sustainability)
• Are the issues for nurses sufficiently different to the issues for other health service workers?
• Can nurse issues be best addressed in a separate stream, or both in a separate stream *as well as a general health service stream*?
• What is the best way to develop a nurse-specific stream:
  • By informal network, essentially electronically?
  • By opportunistic periodic meetings (e.g. Add-on meeting to PSI's HSTF)?
  • By investing in a thematic section of an existing organization (e.g. inside PSI) with appropriate modalities?
	Chair: Judith Kiejda

By agreement, the position of PSI was to facilitate and host the meeting - given the unique opportunity and venue of the HSTF meeting – thereby enabling the interested parties in the nurse unions to organize the meeting and to participate in the discussions. Judith Kiejda chaired this special session and drafted the minutes (*a contribution to the minutes submitted by ICN is so noted below*).

Several attempts have been made over the last decade to set up an international nursing network - most recently in July 2010 in Sydney, Australia, where a number of PSI affiliates were gathered for a New South Wales Nurses' Association (NSWNA) Annual Conference - and it was decided that it should be attempted to establish such a network under the auspices of PSI. Judith Kiejda approached the PSI General Secretary in October 2010 with a request to have an add-on meeting at the 2011 Health Services Taskforce (HSTF) meeting to be held in Geneva. This request was granted under the *proviso* that the meeting should be open to all health affiliates.

A meeting was held on the evening of 15 February, after the last session of the 2011 HSTF meeting, to prepare for the network meeting the following day. At that meeting, it was agreed by those in attendance that there was indeed a need for such a network not only to be a 'think-tank' resource, but also to have a collective voice for nurse-specific issues such as the skills mix in delivery of safe patient care, and to ensure that collective bargaining remains a core right for the profession.

A large group of nursing union affiliates attended the one-day meeting the following day, 16 February, 2011 at ILO Headquarters in Geneva, and it was a productive meeting. The attendees all introduced themselves.

1. Discussion about PSI having a nursing voice

• UNISON (UK) noted that nurses were the largest single occupational group within PSI and the sector was suffering incredibly from the global financial crisis in many areas of the world. The work of the International Council of Nurses (ICN) was highly valued and complementary to PSI's role in collective bargaining. Nurse trade unions needed to be part of a network to ensure support in the face of crises and to share information on good practices. She stressed that nursing occupational issues called for attention, but not for exclusivity. She noted that nurses, who are trained to put others first, are sometimes ill-equipped to take the necessary steps to defend themselves, which, paradoxically, could be to the detriment of those in their care. She cited the example of a UK hospital which had made hundreds of

nurses redundant and in which 340 patients later died. She spoke of the need to use industrial pressure more. She spoke of her view that there was a need for this network and that the nurse trade unions needed to leave the meeting with a sustainable network in place.

- The Fédération interprofessionnelle de la Santé du Québec (Canada) agreed that there was a need to have this network and have a voice, and to work with other trade unions on the basis of the public credibility that nurses and other health workers enjoy.
- National Nurses United (USA) underscored the need to have a voice that can enable nurses to be better connected. Nursing faces major challenges and nurses have a responsibility at home and internationally to be connected and to present a united front on common issues.
- The Fédération Santé-Sociaux (France) cautioned that health workers might lose the sense of unity if discussions were fragmented. She suggested a survey on working conditions and the state of nursing to review the sustainability of this work. She noted that the HSTF had spoken for two days about the troubles of health care workers. In her view, there was a need to consider general health policy, within which there could be some specific work on nurses and their conditions of work.
- The Canadian Union of Public Employees (CUPE/Canada) pointed out that there was much in common between the issues that were discussed in the HSTF and the issues being raised in regard to nurses.
- The New South Wales Nurses' Association (Australia) pointed out that there was no intent to split health workers and that the HSTF was for all. She pointed out that an informal network and meeting were the only proposals on the table. She stressed, however, that a reason for these proposals was that issues of 'rostering' or scheduling, of skill mix, of quotas, and of safe staffing and other issues related to their working conditions were truly specific to nurses.
- The Jamaica Association of Local Government Officers (Jamaica) stated that the Caribbean health sector unions had no problem with a loose network, but nothing more formal. It would be useful as a resource.
- The Danish Nurses Organization (Denmark) agreed with the points raised by UNISON and welcomed the complementary roles of ICN and PSI.
- The Federation of Trade Unions-Health Services (Bulgaria) pointed out that this discussion had taken place before. She welcomed the opportunity at PSI to share this information, as in her view it was good to exchange information and the role of PSI was to collect and share information.

2. Presentation on the International Council of Nurses (ICN) (*minutes submitted by ICN*)
The International Council of Nurses (ICN) was invited to the HSTF as an observer and to the add-on meeting on Nurse Issues as an interested party. Elizabeth Adams, Consultant, Nursing and Health Policy, represented ICN.

Elizabeth gave an overview of the role of ICN, a federation of over 135 national nurses associations (NNAs), representing more than 13 million nurses worldwide. Founded in 1899, ICN is operated by nurses. Leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

ICN has identified and focuses its activities in three key programme areas which ICN considers crucial to the betterment of nursing and health. Examples of the work carried out in these three areas, known as ICN`s Pillars, were provided:

1. **Professional Practice**: Global Nursing Leadership Institute, Leadership for Change programme, International Classification for Nursing Practice
2. **Nursing Regulation**: setting standards, publishing tools, scanning trends, bringing health regulators together, forums (credentialing and regulators)
3. **Socio-economic Welfare**: lobbying for positive practice environments, addressing workplace violence, Leadership in Negotiation, International Centre for Human Resources in Nursing (available at: http://www.ichrn.org), International Centre on Nurse Migration (http://www.intlnursemigration.org), and Workforce Forums.

The ICN Workforce Forum was established twenty years ago and the Asia Workforce Forum since more than a decade. The annual country overview reports, wage survey and nursing profile survey are available on the website: http://www.icn.ch. A variety of publications on various subjects including monographs, fact sheets and position statements are also available.

Working together with partners, ICN is implementing several projects supported by a variety of organizations and sectors. These projects are as follows:

* To extend capacity to deliver initiatives addressing the Millennium Development Goals (e.g. the Girl Child Education Fund; Wellness Centres for Health Care Workers)
* To provide global platforms for ICN to synergize with other organizations to deliver access to specialized knowledge and research on key nursing and health topics (e.g. International Centre for Nursing Human Resources; International Centre on Nurse Migration)
* To support programmatic activity on current critically important global health issues (e.g. Positive Practice Environment; Global Nursing Leadership Institute; TB-MDR TB Project).

3. Discussion of nursing affiliates regarding administration of a nurse network

The conclusions of this discussion were that:-

- PSI would develop a list of contacts
- The PSI website would need to be accessible to nurse unions that were affiliates and non affiliates

4. Ideas for PSI Nurses' network

The thematic areas and areas of work that the participants identified were:-

- Nurse skill mix
- Nurse ratios
- Safe staffing and what constitutes it
- De-skilling
- Collective bargaining
- Care of older persons
- Recruitment and retention – encouraging younger people into healthcare and retaining those already engaged in healthcare
- The economic value of nurses to the quality of care, that is to elaborate on the arguments that appropriate nurse-to-patient ratios are determinants of quality of care
- The impact of hours of work on staffing

- Elaborating the link between the quality of care and access to services

5. Outcomes of the discussion on areas of work

Two key areas of work were identified, and an area for consideration was raised as a result of the discussion:-

1. Skill mix, its role in safe staffing levels and ensuring that patient needs are addressed, scheduling or 'rostering' for safe staffing, and links to staff recruitment and retention
2. Care of older persons, including the suggestion to develop a questionnaire for affiliates and others to gather evidence on the provision of care to older persons, and the recruitment and characteristics of health care workers providing the care
3. Bearing in mind that government systems vary in their recruitment practices, in remuneration levels, and in health and safety norms, one break-out group proposed as an area for consideration the possible establishment of international norms regarding standard hours of work, and ranges in the patient-to-nurse ratio according to professional category. Whereas one means to lower migration would be to pay nurses adequately and this could comprise a normative goal, it was also recognized that working conditions and health and safety norms were not insignificant retention factors.

6. Recommendations

The participants agreed to recommend that:-

- PSI should be thanked for the opportunity to add this meeting to an already existing scheduled meeting in the PSI Health calendar.
- PSI should establish a Listserv for attendees to stay in contact whether as a group or individually
- The attendees should liaise with each other individually or through the newly developed PSI interactive website - due to be up and running on or after 23 June 2011 (UN Public Service Day) – to receive and/or distribute information pertinent to industrial nurse issues and campaigns as they arise
- A follow-up meeting should be organized in conjunction with the HSTF meeting next year.

Annex 1

PSI Health Services Task Force Meeting 2011

From 14/02/2011 to 15/02/2011 in Geneva at the ILO

List of participants

AFRICA - ARAB COUNTRIES

Vickramduth Beesoon	M	Government Services Employees Association	MAURITIUS
Ayuba Philibus Wabba	M	Medical and Health Workers' Union of Nigeria	NIGERIA
Irene Nonhlanhla Mhlanga	F	Swaziland Nurses Association	SWAZILAND
Akuwa Pinda Bowessidjaou	F	Syndicat National du Personnel de la Santé Publique du Togo	TOGO
Samia Letaief Bouslama	F	Fédération Générale de la Santé	TUNISIA

ASIA - PACIFIC

Judith Kiejda	F	New South Wales Nurses' Association	AUSTRALIA
Sitiveni Tuvou	M	Fiji Nursing Association	FIJI
Yamini Adbe	F	All India Cantonment Board Employees Federation	INDIA
Takafumi Suzuki	M	All Japan Prefectural and Municipal Workers Union	JAPAN
Rosni Bte Aziz	F	Malayan Nurses Union	MALAYSIA
*Ashoka Abeynayaka**	*F*	*Public Services United Nurses' Union*	*SRI LANKA*

INTER-AMERICA

Maria Aparecida Godói de Faria	F	Confederação Nacional dos Trabalhadores em Seguridade Social da CUT/ Brasil	BRAZIL
Jennifer Whiteside	F	Canadian Union of Public Employees	CANADA
Michele Boisclair	F	Fédération interprofessionnelle de la Santé du Québec	CANADA
Rodrigo López García	M	Asociación Nacional de Profesionales en Enfermería	COSTA RICA
Helene Davis-Whyte	F	Jamaica Association of Local Government Officers	JAMAICA
Octavio Rojas Caballero	M	Sindicato Nacional Centro Unión de Trabajadores del Seguro Social de Salud	PERU
*Candice Owley**	*F*	*American Federation of Teachers*	*UNITED STATES OF AMERICA*
Karen Higgins	F	National Nurses United	UNITED STATES OF AMERICA
Michael Lighty	M	National Nurses United	UNITED STATES OF AMERICA

EUROPE

Ivan Angelov Kokalov	M	Federation of Trade Unions - Health Services	BULGARIA
Slava Zlatanova	F	Federation of Trade Unions - Health Services	BULGARIA
Ivanka Brenková	F	Trade Union of the Health Service and Social Care of the Czech Republic	CZECH REPUBLIC
Kim Øst-Jacobsen	M	Danish Nurses Organization	DENMARK
Tarja Honkalampi	F	The Union of Health and Social Care Professionals	FINLAND
Sari Koivuniemi	F	The Union of Health and Social Care Professionals	FINLAND
Maryvonne Nicolle	F	Fédération Santé-Sociaux	FRANCE
Margret Steffen		Vereinte Dienstleistungsgewerkschaft	GERMANY
Jane Pillinger	F	Public Services International	IRELAND
Anne Berit Rafoss	F	Norwegian Nurses Organisation	NORWAY
Rolv Hanssen	M	Norwegian Union of Municipal and General Employees	NORWAY
Gail Adams	F	UNISON	UNITED KINGDOM
Sian Davies	M	UNISON	UNITED KINGDOM

GUESTS

Elizabeth Adams	F	International Council of Nurses	SWITZERLAND
Julia Lear	F	International Labour Office	SWITZERLAND
Lee-Nah Hsu	F	International Labour Office	SWITZERLAND
Susan Wilburn	F	World Health Organisation	SWITZERLAND
Jane Lethbridge	F	Public Services International Research Unit	UNITED KINGDOM

PSI

Peter Waldorff	M	Public Services International	PSI
Odile Frank	F	Public Services International	PSI
Geneviève Gencianos	F	Public Services International	PSI
Chidi King	F	Public Services International	PSI
Teresa Marshall	F	Public Services International	PSI
Nobuko Mitsui	F	Public Services International	PSI

*Excused