

ISSUE PAPER

GAPS IN THE REPUBLIC OF ARMENIA'S  
CURRENT SYSTEM ENSURING HEALTHY  
AND SAFE WORKING CONDITIONS FOR  
PREGNANT AND BREASTFEEDING WOMEN



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GAPS IN THE REPUBLIC OF ARMENIA'S  
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# ACRONYMS AND ABBREVIATIONS

<b>AMD</b>	Armenian dram
<b>CEPA</b>	EU-Armenia Comprehensive and Enhanced Partnership Agreement
<b>CTUA</b>	Confederation of Trade Unions of Armenia
<b>EU</b>	European Union
<b>HRP Strategy</b>	National Strategy for Human Rights Protection in the Republic of Armenia
<b>HRRC</b>	Human Rights Research Center
<b>ILO</b>	International Labour Organization
<b>Inspection Body</b>	Health and Labour Inspection Body
<b>NGO</b>	Non-governmental organization
<b>OSH</b>	Occupational safety and health
<b>RA</b>	Republic of Armenia
<b>RUEA</b>	Republican Union of Employers of Armenia
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women

# EXECUTIVE SUMMARY

The purpose of this paper is to provide a brief overview of the current international and European labour standards on occupational safety and health (OSH), including on safe and healthy working conditions for pregnant and breastfeeding women and for women who have recently given birth, to identify the gaps and inadequacies of the current legal regulations and mechanisms of the Republic of Armenia and to provide a practical package of recommendations to decision makers with the vision of improving the system for ensuring healthy and safe working conditions for pregnant and breastfeeding women and for women who have recently given birth, bringing the national legislation in line with international and European labour standards.

The above-mentioned standards are set out in a number of Conventions of the International Labour Organization (ILO), while the regional standards are governed by EU Directives.

Accordingly, the study was guided by the international and regional European standards enshrined in ILO Conventions Nos. 155, 187 and 183, the EU Framework Directive 89/391/EEC and EU Directive 92/85/EEC.

The scope of legal regulations for ensuring healthy and safe working conditions in the Republic of Armenia is quite extensive—from constitutional norms to by-laws providing safety rules. Despite the fact that the above-mentioned ILO Conventions have not yet been ratified by Armenia, adoption of the National Programme on Occupational Safety and Health is envisaged by the 2020–2022 Action Plan

deriving from the National Strategy for Human Rights Protection in the Republic of Armenia (HRP Strategy), while the integration of European occupational safety standards is an obligation undertaken by the country under the EU-Armenia Comprehensive and Enhanced Partnership Agreement (CEPA).

A number of gaps and issues have been identified as a result of this study conducted by the Human Rights Research Center (HRRC), with the support of UN Women, such as the contradictory legal regulations on safe and healthy working conditions for pregnant and breastfeeding women and the inadequacy of the risk assessment system to evaluate the working conditions of pregnant and breastfeeding women—and the need for systemic changes.

The study was conducted from June to August 2021, and this report presents the national legal framework of the Republic of Armenia as of 1 September 2021. The developments in Armenian legislation after the aforementioned period are not reflected in the paper.

On 16 July 2021, the draft of the paper was presented by the HRRC and discussed with the stakeholders and field experts (see Table 1 for the list of participants). The main theses of the paper were verified by the representatives of the executive state bodies as well as by the representatives of social partners and international organizations working in the field.

Reviews of this issue paper were conducted by UN Women and the ILO in 2022.

The cover features a blue top half and a red bottom half, separated by a horizontal line. A large, semi-transparent white number '1' is centered vertically and horizontally, spanning both color sections. The text 'ILO OCCUPATIONAL SAFETY AND HEALTH STANDARDS' is written in white, uppercase letters across the blue section, with each line underlined.

ILO OCCUPATIONAL  
SAFETY AND HEALTH  
STANDARDS

About 80 per cent of ILO Conventions are somewhat related to occupational health and safety issues and are interrelated with other labour standards and fundamental labour rights.<sup>1</sup> Protection of the right to health and safety at work cannot be comprehensive and effective without the following requirements:

- A system of strong social partnership and collective bargaining
- An effectively functioning labour inspection body
- An effective social security system
- Attention to the specific needs of certain groups of people due to their being at a higher risk (e.g. pregnant and breastfeeding women, persons with disabilities, and persons involved in certain spheres of production, such as mining, etc.)<sup>2</sup>

The key ILO Conventions that define modern international standards for occupational safety and health (OSH) are the following:

- Occupational Safety and Health Convention, 1981 (No. 155)<sup>3</sup>
- Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)<sup>4</sup>
- Occupational Health Services Convention, 1985 (No. 161)<sup>5</sup>

As of September 2021, the Republic of Armenia has not yet ratified any of the above key ILO instruments on OSH.

It is worth mentioning, in this regard, that following the recent adoption by the International Labour Conference, on 10 June 2022, of the resolution on the

inclusion of a safe and healthy working environment in the ILO's framework of fundamental principles and rights at work,<sup>6</sup> ILO Conventions Nos. 155 and 187 became ILO Fundamental Conventions. This landmark decision means that all ILO Member States, including the Republic of Armenia, commit to respect and promote the fundamental right to a safe and healthy working environment, whether or not they have ratified the relevant Conventions.

Within the current paper, we focused on the regulations of the above-mentioned Conventions and the issues that are most relevant for the Republic of Armenia in the context of improvements to the system in order to ensure healthy and safe working conditions for pregnant and breastfeeding women and for women who have recently given birth.

## 1.1 OSH management tools

A number of OSH management tools (the development, adoption and application of which are key to ensuring OSH) are enshrined in Convention No. 187, namely:

- A national OSH policy
- A national OSH system
- A national OSH programme

**Fundamental principles of OSH include assessing occupational risks; combating occupational risks at the source; and developing a national preventative safety and health culture that includes information, consultation and training and presupposes policy coordination.**

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1 B. O. Alli, *Fundamental Principles of Occupational Health and Safety* (Geneva, ILO, 2008). Available at [https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms\\_093550.pdf](https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_093550.pdf).

2 The Republic of Armenia has ratified a number of sectoral Conventions, such as the Safety and Health in Mines Convention, 1995 (No. 176), the Prevention of Major Industrial Accidents Convention, 1993 (No. 174), and the Labour Inspection Convention, 1947 (No. 81).

3 Convention No. 155, available at [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C155)

12100:0::NO::P12100\_ILO\_CODE:C155.

4 Convention No. 187, available at [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C187](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C187).

5 Convention No. 161, available at [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C161](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C161).

6 ILO Resolution on the inclusion of a safe and healthy working environment in the ILO's framework of fundamental principles and rights at work, available at [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_848632.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_848632.pdf).



The adoption, implementation and regular review of a National Policy on Occupational Safety and Health (hereinafter the **National OSH Policy**), in consultation with the most representative organizations of employers and workers, constitutes one of the main obligations of ILO Member States, according to both ILO OSH Fundamental Conventions Nos. 155 and 187.

Although effective legal and technical tools and measures to prevent occupational accidents and diseases are in place in many countries, national efforts of States to tackle OSH problems are often fragmented and therefore have less impact.<sup>7</sup> The effectiveness of such efforts also declines as a result of instability in the labour market as well as the presence of harmful factors and risks. In this regard, ILO Conventions and other international legal standards require the development of policies that will continuously keep OSH issues among the priorities of the State and organizations.

The content of the National OSH Policy and the issues of its implementation at the state level and by the organizations (undertakings) are reflected in ILO Convention No. 155. OSH policy should also indicate the responsibility of public bodies, employers, employees and others in regard to occupational safety and health; and it should be periodically reviewed, with a view to identifying major problems, evolving effective methods for dealing with them and priorities of action, and evaluating results.

In order to implement the OSH policy, each country should, in consultation with the most representative organizations of employers and workers, establish, maintain, develop and periodically review a **national system for occupational safety and health**.

The national OSH system includes all of the infrastructure, mechanisms and allocated human and material resources necessary to implement the principles and objectives set out in the OSH policy, through the implementation of OSH programmes. The main components of a national system for OSH comprise, among others:

- Laws and regulations, collective agreements where appropriate, and any other relevant instruments on occupational safety and health.
- An authority or body, or authorities or bodies, responsible for occupational safety and health, designated in accordance with national law and practice.
- Mechanisms for ensuring compliance with national laws and regulations, including systems of inspection.
- A national tripartite advisory body, or bodies, addressing occupational safety and health issues.
- Information and advisory services on occupational safety and health.

Whenever circumstances so require and national conditions and practice permit, such systems should include a central body for OSH.

According to Convention No. 187, ILO Member States should, in consultation with the most representative organizations of employers and workers, formulate, implement, monitor, evaluate and periodically review **a national programme** on occupational safety and health that includes the objectives to be achieved in a predetermined time frame, the priorities and means of action formulated to improve occupational safety and health, and the means to assess progress. National OSH programmes are strategic programmes for a certain period of time that require a focus on specific OSH issues that need to be addressed at the national level.<sup>8</sup>

## 1.2 Labour inspection

Labour inspection plays the key labour administration role of securing the application of standards, policies, systems and programmes, thereby ensuring that labour (and human) rights are a reality in the workplace.

The main requirements of an effective labour inspection system (which should be observed

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7 Alli, Fundamental Principles.

8 Plans like this were adopted in 2020 in many countries

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around the world to ensure a safe and healthy return to work under COVID-19.

by ratifying Member States) are laid down in the following two ILO Governance (priority) Conventions:

- Labour Inspection Convention, 1947 (No. 81)<sup>9</sup>
- Labour Inspection (Agriculture) Convention, 1969 (No. 129)<sup>10</sup>

While the Republic of Armenia ratified Convention No. 81 on 17 December 2004, it has not yet ratified Convention No. 129.

According to the aforementioned standards, the main functions of labour inspection (which should be placed under the supervision and control of a central authority) include:

- Securing the enforcement of the legal provisions relating to conditions of work and the protection of workers (e.g. provisions relating to hours, wages, safety, health and welfare, the employment of children and young persons, and other connected matters).
- Supplying technical information and advice to employers and workers concerning the most effective means of complying with the legal provisions.
- Bringing to the attention of the competent authority defects or abuses not specifically covered by existing legal provisions.

Moreover, both Conventions establish that:

- The number of labour inspectors shall be sufficient to secure the effective discharge of the duties of the inspectorate, and labour inspectors should be provided with the necessary resources (e.g. access to the premises, equipment, means of transportation, etc.).
- Workplaces shall be inspected as often and as thoroughly as is necessary to ensure the effective application of the relevant legal provisions.
- Persons who violate or neglect to observe legal provisions enforceable by labour inspectors

shall be liable to prompt legal proceedings without previous warning.

- Adequate penalties for violations of the legal provisions enforceable by labour inspectors and for obstructing labour inspectors in the performance of their duties shall be provided for by national laws or regulations and effectively enforced.

Conventions Nos. 81 and 129 each define the powers that labour inspectors should be entrusted with, in order to effectively discharge their duties. These credentials include, among others, the power to:

- Enter freely and without previous notice at any hour of the day or night any workplace liable to inspection.
- Enter by day any premises that they may have reasonable cause to believe to be liable to inspection.
- Interrogate, alone or in the presence of witnesses, the employer or the staff of the undertaking on any matters concerning the application of the legal provisions.
- Enforce the posting of notices required by the legal provisions.
- Decide whether to give a warning and advice or to institute or recommend proceedings.

### 1.3 Workplace risk assessment

Occupational risk management, specifically the issues related to conducting workplace risk assessments, is **central to this paper**.

Occupational risk management is a continuous process that involves the constant monitoring, control and review of the occupational risks, in particular the identification of hazards and the analysis, valuation and assessment of occupational risks, as well as the implementation of the most appropriate preventive and protective measures to eliminate or minimize the risks.

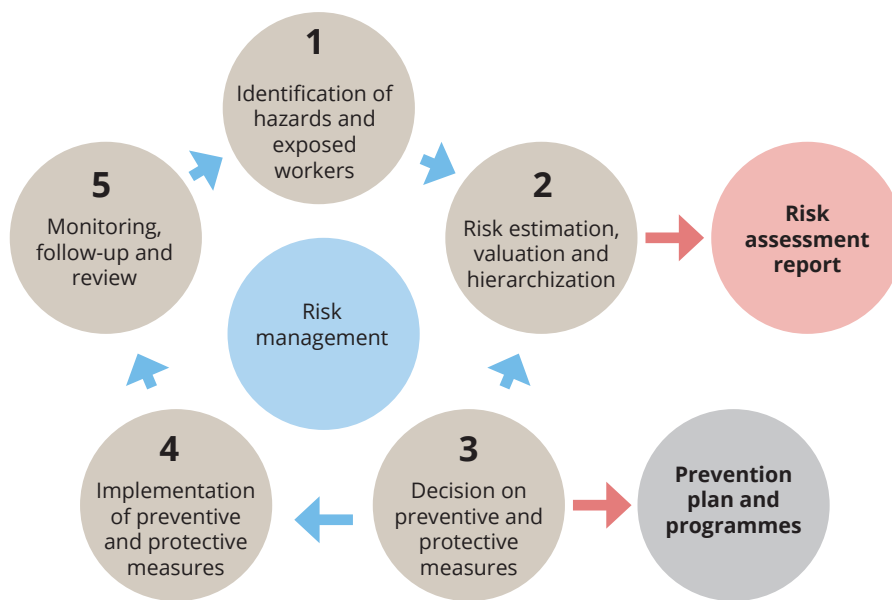
9 Convention No. 81, available at [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C081](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C081).

10 Convention No. 129, available at [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C129](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C129).

It constitutes the pillar of any effective safety and health system aimed at ensuring the safety and health of those at work, including pregnant women, women who have recently given birth or women who are breastfeeding.

In fact, to effectively eliminate or reduce occupational

risks to an acceptable level (i.e. to control occupational risks), one must know them, analyse them and evaluate them (i.e. to assess the risks). Only after we have assessed occupational risks can we control them, through the selection and implementation of the most effective preventive and protective measures.



A risk assessment of the workplace is one of the main tools for improving healthy and safe working conditions. It helps focus on the risks in the workplace that are most critical and are likely to cause real harm. A workplace hazard identification and risk assessment should be carried out before any modification or introduction of new work methods, materials, processes or machinery. Such an assessment should be done in consultation with and involving workers and their representatives, as well as the safety and health committee, where appropriate.<sup>11</sup>

**The assessment and control of occupational risks is an obligation of the employers and stems**

**from their obligation to ensure that, so far as is reasonably practicable, the material components of work under their control (e.g. workplaces, machinery, equipment, processes, and chemical, physical and biological substances and agents) are safe and without risk to health.**<sup>12</sup> The relevance of such assessments, moreover, is evidenced by ILO Member States' obligation, foreseen in Convention No. 187, to promote basic principles such as assessing occupational risks or hazards, combating occupational risks or hazards at the source and developing a preventive OSH culture.

A workplace risk assessment is carried out in five stages:<sup>13</sup>

11 ILO, Guidelines on occupational safety and health management systems, ILO-OHS 2001 (Geneva, ILO, 2001). Available at [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/normativeinstrument/wcms\\_107727.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/normativeinstrument/wcms_107727.pdf).

12 In accordance with Article 16 of Convention No. 155.

13 ILO, A 5 step guide for employers, workers and their representatives on conducting workplace risk assessments (Geneva, ILO, 2014). Available at [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_232886.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_232886.pdf).

1. Identify the hazards.
2. Identify who might be harmed and how.
3. Evaluate the risk, and decide on the necessary safety and health risk control measures.
4. Appoint responsible persons to implement each one of the risk control measures and set deadlines.
5. Record the findings, monitor and review the risk assessment, and update when necessary.

According to the ILO Guidelines on OSH Management Systems,<sup>14</sup> preventive and protective measures should be implemented in the following order of priority:

1. Eliminate the hazard/risk.
2. Control the hazard/risk at the source, through the use of engineering controls or organizational measures.
3. Minimize the hazard/risk through the design of safe work systems, which include administrative control measures.
4. Where residual hazards/risks cannot be controlled by collective measures, ensure that the employer provides appropriate personal protective equipment, including clothing, at no cost and implements measures to ensure its use and maintenance.

**It is important to note the distinction between preventive measures and protective measures:** while the former are measures that are aimed at preventing the damaging situation from occurring, the latter are focused on minimizing its consequences once it has occurred.

Moreover, it is important to distinguish between the concepts of **assessment, audit and inspection**.

Firstly, while assessments and audits are obligations of the employer, inspections are the obligation of the State (i.e. inspection bodies).

**Assessment**, when referring to risk assessment, means the systematic examination of all aspects related to work, in order to identify the hazards and to estimate (both qualitatively and quantitatively) and evaluate the risks to the safety and health of the workers.

**Audit** means an assessment of the compliance of a system of operations and procedures (e.g. quality, production, food safety, safety and health, environment, distribution, human resources, etc.) against the rules, standards and procedures defined for its operation. An audit is carried out by internal or external auditors, usually on behalf of the audited entity.

**Inspection**, on the other hand, is an assessment of the compliance of a system (for example, the OSH system) with the applicable legislation, carried out by the competent public authority, on behalf of the public interest. **The State should, in consultation with social partners, develop and adopt appropriate guidelines that employers and workers should follow while conducting the risk assessment, as foreseen in Article 10 of Convention No. 155.** The State should also support the training of employers, workers and their representatives on OSH subjects (including on occupational risk management) and, if necessary, support small and medium-sized enterprises, including through the labour inspection system, to provide technical advice and information on OSH to employers, workers and their representatives, as well as to control and secure the enforcement of OSH regulations.

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14 ILO, *Guidelines on occupational safety and health management systems*, ILO-OHS 2001.

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ILO STANDARDS FOR  
HEALTHY AND SAFE WORKING  
CONDITIONS FOR PREGNANT  
AND BREASTFEEDING WOMEN

For an effective OSH system, special attention should be paid to the needs of at-risk groups. The gendered division of labour has an impact on women's occupational health and safety issues, which is reflected both in the need to identify and assess reproductive hazards and in the male-centred nature of the OSH system. Traditionally, in sectors with more male involvement, more resources have been invested in the OSH system, ignoring areas where women are more involved.<sup>15</sup>

While many women are able to work with no difficulties until late in pregnancy, maintaining the health of pregnant and breastfeeding women is a key issue in the workplace, since:

- Work can be dangerous.
- During that period, women may be exposed to some of the dangers in the workplace or may be harmed in another way.
- There are different specific health risks in different stages of pregnancy and child development.
- The health needs of pregnant women change throughout the course of pregnancy, before and after childbirth, and during breastfeeding.<sup>16</sup>

International labour standards concerning the safety and health of pregnant and breastfeeding workers and their children are set out in the ILO Maternity Protection Convention, 2000 (No. 183)<sup>17</sup> and its accompanying Maternity Protection Recommendation, 2000 (No. 191).

The Convention emphasizes the need to protect pregnant and breastfeeding women as well as their children from occupational risks. Article 3 of the Convention requires that Member States adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work that has been determined by the competent

authority to be prejudicial to the health of the mother or the child, or where an assessment of occupational risks has established a significant risk to the mother's health or that of her child.

The Maternity Protection Recommendation, 2000 (No. 191), adopted with the Convention, regulates in more detail some provisions of the Convention, including the risk management process and the inherent employer obligations.<sup>18</sup>

Accordingly, it recommends Member States to take measures to ensure that an assessment of any workplace risks related to the safety and health of a pregnant or nursing woman and her child, as well as the results of such an assessment, should be made available to the woman concerned.

In addition, the Recommendation suggests that, in situations where pregnant or breastfeeding women perform work that has been determined by the competent authority to be prejudicial to the health of the mother or the child, or where such a risk assessment has established a significant risk to the mother's health or that of her child, the following measures should be taken:

- Risk elimination
- Adaptation of the working conditions
- Transfer to another post, without loss of pay, when such an adaptation is not feasible
- Paid leave, when such a transfer is not feasible

In particular, such measures should be taken regarding:

- Arduous work involving the manual lifting, carrying, pushing or pulling of loads
- Work involving exposure to biological, chemical or physical agents that represent a reproductive health hazard

15 Maternity Protection Recommendation, 2000 (No. 191), available at [https://www.ilo.org/dyn/normlex/en/f?p=100:0:12100::NO:12100:P12100\\_INSTRUMENT\\_ID:312529](https://www.ilo.org/dyn/normlex/en/f?p=100:0:12100::NO:12100:P12100_INSTRUMENT_ID:312529).

16 J. Paul, *Healthy Beginnings: Guidance on Safe Maternity at Work* (Geneva, ILO, 2004). Available at [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---travail/documents/publication/wcms\\_travail\\_pub\\_66.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_travail_pub_66.pdf).

17 Convention No. 183, available at [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183).

18 Recommendation No. 191, available at [https://www.ilo.org/dyn/normlex/en/f?p=1000:12100::NO:12100:P12100\\_INSTRUMENT\\_ID:312529](https://www.ilo.org/dyn/normlex/en/f?p=1000:12100::NO:12100:P12100_INSTRUMENT_ID:312529).

- Work requiring special equilibrium (e.g. physical balance)
- Work involving physical strain due to prolonged periods of sitting or standing, to extreme temperatures or to vibration

Convention No. 183 has not yet been ratified by the Republic of Armenia; for this reason, in parallel to developing this paper, the research team also worked on a Regulatory Impact Assessment of the Convention. The main inconsistency with the requirements of the Convention, as identified by the Regulatory Impact Assessment, is the gaps in the workplace assessment system for identifying significant risks under Article 3 of the Convention, as a result of which the need for this research arose.

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EU OCCUPATIONAL  
STANDARDS FOR SAFETY  
AND HEALTH AT WORK  
(EU-OSHA)



The European standard for ensuring healthy and safe working conditions is enshrined in EU Directive 89/391/EEC (known as the Framework Directive),<sup>19</sup> and the European standard for ensuring safe and healthy working conditions for pregnant and breastfeeding women is enshrined in EU Directive 92/85/EEC.<sup>20</sup> The guarantees set out in the EU Directives are largely based on ILO standards; the Directives do not contradict the ILO standards and even sometimes contain more detailed regulations.

While the Directives do not have binding force for the Republic of Armenia, under Article 90 of the EU-Armenia Comprehensive and Enhanced Partnership Agreement (**CEPA**),<sup>21</sup> the country has undertaken to bring its national legislation in line with the provisions of the Directives **within five years of the CEPA entering into force** (that is, by 1 March 2026).

Directive 89/391/EEC (hereinafter the Framework Directive) sets out a number of responsibilities for employers, employees and the State to ensure safe and healthy work for all employees. Under the Framework Directive, the employer is required to provide preventive services by appointing one or more skilled workers or by utilizing outsourced services whose job is to prevent and protect against risks in the workplace.

States are free to allow employers of small organizations to carry out these responsibilities themselves. The Framework Directive sets out the employer's obligation to assess risks to safety and health in the workplace, including risks posed to a group of employees.

The Framework Directive sets out the fundamental principles of prevention, which include:

- Risk avoidance
- Evaluation of the risks that cannot be avoided
- Combating of the risk at the source
- Adaptation of the work to the individual, including choosing work methods and reducing working hours to reduce their impact on health
- Adjustments to technical progress
- Replacement of dangerous conditions with non-dangerous or less dangerous ones
- Development of a coherent overall risk prevention policy
- Prioritization of collective protective measures over individual protective measures
- Provision of appropriate instructions to employees

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19 The Framework Directive 89/391/EEC, available at <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A31989L0391>.

20 EU Directive 92/85/EEC, available at <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A31992L0085>.

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21 The agreement entered into force on 1 March 2021. See [https://www.mfa.am/filemanager/eu/CEPA\\_ARM\\_1.pdf](https://www.mfa.am/filemanager/eu/CEPA_ARM_1.pdf).

EU STANDARDS FOR HEALTHY  
AND SAFE WORKING  
CONDITIONS FOR PREGNANT  
AND BREASTFEEDING  
WOMEN

Directive 92/85/EEC (hereinafter the Directive) on the introduction of measures to improve the safety and health of pregnant workers and those who have recently given birth or are breastfeeding is a specific regulation based on the Framework Directive.

The Directive specifies the need to develop guidelines for the assessment of chemical, physical or biological materials and industrial processes considered hazardous to the safety or health of workers; these guidelines should relate to the movements and postures, mental and physical fatigue, and other types of physical and mental stress to which pregnant women, women who have recently given birth or breastfeeding workers are exposed. The purpose of the Directive is to conduct workplace risk assessments based on these hazards. The Directive obliges the EU Commission to develop and use the guidelines, and the Commission has done so.<sup>22</sup>

The Directive also addresses the question of what the assessment should include with respect to pregnant workers, workers who have recently given birth and breastfeeding workers, namely:

- The nature of the risk factor
- The degree of the risk factor
- The duration of the exposure to the risk factor

Individuals should be informed of the results of the assessment and of all health and safety measures carried out in the workplace.

The Directive also indicates the whole risk management cycle, including the steps to be taken after the assessment, namely:

- Reducing the risk by temporarily changing the working conditions and/or changing the working hours of the relevant employee
- Transferring the employee to a different job, if risk reduction is impossible
- Providing the employee with paid leave, if a transfer is impossible

These actions must be taken by the employer from the moment the employer becomes aware of the employee's pregnancy.

A regional example of the transition to modern EU standards can be observed in the case of Georgia, presented in the box below.

## The case of OSH regulations in Georgia

In 2018, Georgia adopted the Law on Occupational Safety,<sup>23</sup> which regulates the organization of harmful, heavy and dangerous work, from preventive measures to staff training and dissemination of information. The law defines the rights, duties and responsibilities of state bodies, employees and employers in the field of OSH. The law also addresses the issues of

organizing and managing OSH issues, stipulating that organizations with more than 20 employees are required to have an OSH specialist on staff; and in the case of more than 100 employees, either two specialists or a department. The specialist must have a relevant certificate for an OSH specialist. The law also requires accident insurance at the expense of the employer.

22 Guidelines on the assessment of the chemical, physical and biological agents and industrial processes considered hazardous for the safety or health of pregnant workers and workers who have recently given birth or are breastfeeding (Council Directive 92/85/EEC), available at <https://deputyprimeminister.gov.mt/en/ohsa/Documents/guid->

[ance-on-ohs/european-commission/European\\_Commission\\_Risk\\_Assessment\\_Guidelines\\_Pregnant\\_Workers.pdf](https://european-commission/European_Commission_Risk_Assessment_Guidelines_Pregnant_Workers.pdf).  
23 Law of Georgia on Occupational Safety, available at <https://matsne.gov.ge/en/document/view/4103880?publication=2>.

In line with the requirements of EU Directive 92/85/EEC, in February 2020, Georgia adopted the regulation<sup>24</sup> approving the list of dangerous and harmful jobs for pregnant, post-partum and breastfeeding women, which is based on risk factors and contains guidance for the employer to make appropriate assessments. The risk assessment methodology is in line with EU Directive 92/85/EEC, and the employer has the obligation to reduce the risk, transfer the employee to a different job if the risk reduction is not possible,

or guarantee a leave of absence. However, the employee is not entitled to compensation during the leave of absence, which is a major shortcoming from the standard stipulated by the Directive.

Although discussions on the need for improvements have been ongoing since the day the regulations were adopted, the adoption of a comprehensive law on the issues of OSH and the start of the process can already be considered as progress.

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24 For the UN Women communication on the adoption of the law, see <https://georgia.unwomen.org/en/news/stories/2020/02/georgia-defines-harmful-and-hazardous-work-for-pregnant-and-post-partum-women-and-nursing-mothers>.

DISADVANTAGES AND MAIN LEGISLATIVE  
GAPS IN THE SYSTEM FOR ENSURING  
HEALTHY AND SAFE WORKING  
CONDITIONS FOR PREGNANT AND  
BREASTFEEDING WORKERS IN ARMENIA  
IN TERMS OF COMPLIANCE WITH  
INTERNATIONAL STANDARDS

The study of the above-mentioned international and regional standards shows that in order to have an effective system for ensuring healthy and safe working conditions for pregnant, post-partum and breastfeeding workers, it is necessary to have both the key components of the OSH system (e.g. OSH policy, OSH coordinating body, clear OSH regulations and sanctions, prevention, effective communication and coordination mechanisms) and the existence of effective institutions for the protection of labour rights (e.g. an inspection system, social partnerships), alongside a state policy aimed at identifying and meeting the needs of at-risk groups.

In this context, after studying the legislative framework of the Republic of Armenia (RA), a number of legislative gaps and systemic issues were identified, which we address below.

## 5.1 Absence of a national OSH policy and national programmes

Although RA legislation contains a number of regulations on healthy and safe working conditions, the Republic of Armenia has not yet adopted a national policy on occupational safety and health. Discussions on the relevant strategy took place in 2016, but the final document has not been adopted.<sup>25</sup> In this process, the Republican Union of Employers of Armenia (RUEA) has played a significant role. During the discussion with stakeholders undertaken by the HRRC on 16 July 2021, the RUEA's representatives stressed the importance of adopting the national policy.

At the policy level, it is noteworthy that the improvement of the national policy to ensure safe and healthy working conditions is envisaged in the 2019–2023 Decent Work Programme,<sup>26</sup> which is the key document guiding the RA-ILO cooperation and

includes all social partners as the parties.

As mentioned above, while the main ILO Conventions in the field of OSH have not been ratified by Armenia, most of the standards enshrined in those Conventions are also stipulated in EU Directives 89/391/EEC and 92/85/EEC, and the requirement to bring RA legislation in compliance with the provisions of the above-mentioned Directives is enshrined in Article 90 of the CEPA.<sup>27</sup> Based on the road map<sup>28</sup> of the agreement, the responsible bodies for this part are the RA Ministry of Labour and Social Affairs, the RA Ministry of Health, the Office for the Coordination of Inspection Bodies, and the Health and Labour Inspection Body.

## 5.2 Absence of OSH preventive services and procedures

Article 82 of the RA Constitution enshrines the right of every employee to healthy, safe and decent working conditions. In addition, Chapter 23 of the RA Labour Code refers to the safety and health of employees. There are a number of regulations in that chapter that guarantee.

- Creating proper, safe and healthy conditions for each employee (Article 243)
- Ensuring normal working conditions, including safe and healthy working conditions (Article 244)
- Providing and furnishing a safe, comfortable and healthy workplace and environment, including the organization of work in accordance with the requirements of the normative legal acts on ensuring the safety and health of employees (Articles 245, 246, 248)
- Ensuring preliminary and regular medical examination of certain groups of employees (Article 249)

25 Ministry of Labour and Social Affairs 2016 publication on the discussion of the draft strategy for occupational safety and health at work. See <https://www.mlsa.am/?p=8389>.

26 RA Decent Work Country Programme 2019–2023, available in English at [https://www.ilo.org/wcmsp5/groups/public/---ed\\_mas/---program/documents/genericdocument/wcms\\_724816.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---program/documents/genericdocument/wcms_724816.pdf).

27 The agreement entered into force on 1 March 2021. Available in English at [https://www.mfa.am/filemanager/eu/CEPA\\_ENG\\_1.pdf](https://www.mfa.am/filemanager/eu/CEPA_ENG_1.pdf); and available in Armenian at [https://www.mfa.am/filemanager/eu/CEPA\\_ARM\\_1.pdf](https://www.mfa.am/filemanager/eu/CEPA_ARM_1.pdf).

28 Road map and action plan, available in Armenian at [https://www.arlis.am/Annexes/6/2021\\_N587hav.pdf](https://www.arlis.am/Annexes/6/2021_N587hav.pdf).

- Ensuring healthy and safe working conditions for breastfeeding women and women caring for a child under 1 year of age (Article 258)
- Documenting occupational diseases and accidents and conducting internal investigations to identify the causes (Article 261)

At the same time, it should be noted that the requirement for the introduction of preventive services, as defined by the EU Framework Directive and ILO standards, is not enshrined in the RA legislation, which means that **most employers (including OSH officers and outsourced services) do not have specific procedures and tools for assessing health and safety risks in the workplace.** In this regard, the gap in the Armenian regulatory framework lies in the obligation of employers with more than 20 employees to ensure the availability of qualified OSH professionals with sufficient skills to carry out workplace risk assessments for pregnant and breastfeeding women and to adopt OSH policies tailored to pregnant and breastfeeding women.

### 5.3 Specific issues with the OSH risk assessment system for pregnant and breastfeeding women

The modern approach to OSH systems, as described above and based on the ILO and EU legal standards, is the risk-oriented approach, which means that a specific factor-based risk assessment of the workplace and further steps to eliminate the identified risks should be made by the employer with the assistance and guidance of the state bodies. The outdated approach, which has been used in most of the post-Soviet countries, is based on lists of harmful or hazardous occupations, prescribed in legal acts by the State, and the methodology of compensation for work in hazardous working conditions ('hazard pay'). This system is not effective, as in the modern world it is not possible to prescribe by law all of the job positions and professions that are harmful

or hazardous. Moreover, it does not encourage employers to improve working conditions. ILO experts have mentioned the importance of transitioning to a new system of OSH management several times by reviewing the legislation of post-Soviet countries.<sup>29</sup> This is especially important for the health and safety of pregnant and breastfeeding women, as the exposure to the factors that make a specific job at a particular workplace hazardous for pregnant or breastfeeding women is temporary and can be effectively controlled. There are different, specific health risks in different stages of pregnancy and child development. Hazardous factors for pregnant women should be specific to avoid situations in which pregnant and breastfeeding women are excluded from the labour market.

Armenian legislation is currently in a period of transition from the outdated approach of occupation-based lists to a modern, factor-based risk assessment system.

The RA Labour Code uses both the terms 'heavy, harmful, especially harmful, especially heavy jobs' (Article 183) and 'harmful working conditions and hazardous factors' (Article 183 and Article 258). Employees who are involved in heavy, harmful, especially harmful or especially heavy jobs are entitled to 'hazard pay'. **RA Government Decision No. 1698-N**,<sup>30</sup> which was adopted on the basis of Article 183 of the RA Labour Code, defines the list of productions, professions, works and positions that, by their nature, are considered heavy or harmful. The list includes such professions and jobs as the operator of a police call centre, the employees of psychiatric and forensic medical institutions, and other occupation-based categories. Article 258 of the Labour Code stipulates a blanket ban on the involvement of pregnant women and women caring for children under 1 year of age in heavy and harmful jobs. This means that pregnant women cannot, for example, work in a forensic medical institution regardless of the fact that the employer is taking steps

29 ILO, "Occupational safety and health in Eastern Europe and Central Asia". Available at <https://www.ilo.org/moscow/areas-of-work/occupational-safety-and-health/lang-en/index.htm>.

30 RA Government Decision No. 1698-N, available at <https://www.arlis.am/DocumentView.aspx?docID=140548>.

to manage the risks; rather, the employee's work should stop from the moment the employer is aware that the employee is pregnant or breastfeeding.

At the same time, Article 258 also obliges the employer to protect the health and safety of pregnant and breastfeeding women by determining the extent and nature of the impact of the risk factors in order to take temporary measures to eliminate the risk of their impact or improve the working conditions, and provide paid leave in the event that such workplace adjustments are not possible within the scope of the standard defined by Convention No. 183. Before undertaking the above-mentioned steps, the employer must carry out a workplace assessment, guided by the list of harmful working conditions and dangerous factors defined by **Government Decision No. 2308-N**,<sup>31</sup> which was adopted on the basis of Article 258 and is a **decision that targets not only pregnant and breastfeeding women but also children under 18 years of age**. It lists the physical, biological, chemical and other factors that occur in certain areas of work, without specifying which factors are specific to pregnant women, which to breastfeeding women and which to children under 18 years of age. It also does not reflect the issue of workplace adjustments that the employer can make to eliminate or reduce the risks if such factors are identified.

**Although Government Decision No. 2308-N names a list of harmful factors, these factors are in fact too general and not specific to pregnant and breastfeeding women and, therefore, are not sufficient for the employer to conduct a risk assessment of the workplace.**

This opinion was also expressed by the Health and Labour Inspection Body (hereinafter the Inspection Body) with the information provided in response to the HRRC inquiry on 18 June 2021. In particular, it

was clarified by the letter that during the inspections, cases were identified in which the employer made a documented workplace assessment; however, most of these employers are those who had already voluntarily introduced international risk management standards and procedures and carried out the appropriate documentation.

Besides Government Decisions Nos. 1698-N and 2308-N, there is one more regulation in the RA legal system referring to the harmfulness and hazards of work, which further complicates the system. **RA Government Decision No. 1089-N**<sup>32</sup> prescribes the list of harmful and dangerous factors in the production environment and work process, the nature of the work performed, and the volume of medical examinations and medical exemptions. The purpose of this list is to identify persons undergoing primary and regular medical examinations for health maintenance, as well as for the prevention of infectious and occupational diseases, and to draft a 'Hygienic Description of the Working Conditions'. The list was for the use of the State Health Inspectorate, which was later reorganized into the Health and Labour Inspection Body. According to this list, pregnancy and breastfeeding are considered general contraindications to involvement in work that is aligned with harmful and hazardous factors. However, the harmful and hazardous factors specifically for pregnant and breastfeeding women are not provided here, and the link with Government Decision No. 2308-N is not clearly indicated.

The above-mentioned three regulations, with their diverse approaches, risk complicating the implementation of the legislation by employers and the exercise of control by the Inspection Body. At the same time, **there are no guidelines for employers on conducting health and safety risk assessments for all employees or, in particular, for pregnant and breastfeeding women.**

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31 RA Government Decision No. 2308-N, available at <https://www.arlis.am/DocumentView.aspx?DocID=21817>.

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32 RA Government Decision No. 1089-N, available at <https://www.arlis.am/DocumentView.aspx?DocID=117803>.



Moreover, there is no guidance for the employers on the use of specific measures to reduce or eliminate risks once they have been identified.

Examples of such guidance may include prohibiting contact with the source of an infection at work in the event of a risk of infectious disease, providing necessary protective measures and reducing the workload in the event of emotionally exhausting work.

**Thus, although the RA legislation enshrines the obligation of the employer to ensure the health and safety of employees, it is inefficient from the perspective of a workplace assessment system.**

The following gaps in legal regulations have been identified demonstrating that **the legislation needs improvements to be in full compliance with international standards:**

- The current regulatory framework in Armenia is not sufficient for the assessment of the occupational risks to pregnant and breastfeeding women in the workplace, since there is no effective factor-based system specifically developed for the workplace risk assessment of pregnant and breastfeeding women.
- The diverse nature of the by-laws makes the enforcement of legislation by employers and the exercise of supervision by an inspection body difficult.
- The existing regulations and guarantees do not apply to all breastfeeding women, only to those taking care of a child up to 1 year old, regardless of breastfeeding status.

## 5.4 Issues with the inspection system

The body responsible for ensuring working conditions and occupational safety is the RA Health and Labour Inspection Body. The powers of the Inspection Body

are enshrined in the RA Law on Inspections and the Charter of the Inspection Body.<sup>33</sup> As a result of the amendments that came into force on 1 July 2021, the Inspection Body has taken over most of the typical functions of labour inspectorates as enshrined in ILO Convention No. 81 and has become the body that oversees both labour and OSH issues.

The Inspection Body is currently experiencing systemic changes and developing new regulations and checklists for making inspections. It has undertaken new powers but does not have enough human and financial resources or legal power to fully implement it.

The scope of the functions of the Inspection Body covers the control, including the implementation, of inspections as well as the implementation of awareness-raising activities, the development of guidelines, the maintenance of statistics and, if necessary, the submission of a petition to the responsible body to revoke the organization's licence. The purpose of inspections is to verify whether the reports submitted by the business entity during the year are true and accurate. Therefore, the business entities to be inspected are selected by the Inspection Body in advance, in accordance with the annual inspection plan based on the risk assessment and within the framework of the checklist approved by the Government of the Republic of Armenia.

Implementing point number 73 of the 2020–2022 Action Plan deriving from the HRP Strategy,<sup>34</sup> in 2019 and 2020, the methodology and criteria<sup>35</sup> for determining the risk-based inspections of the Health and Labour Inspection Body and the risk-based inspection checklist<sup>36</sup> were adopted.

**At the same time, a clear toolkit for the purpose of conducting inspections is not defined by any legal act, which is one of the most important criteria for the effectiveness of inspections.**

33 See the Charter of the Inspection Body at <https://www.hlib.am/charter/>.

34 Information on the implementation of the 73rd action point of the Action Plan, available in Armenian at [http://e-rights.am/?app=AppEvent&page=default&event\\_id=247&event\\_tab=action](http://e-rights.am/?app=AppEvent&page=default&event_id=247&event_tab=action) (accessed 21 August 2022).

35 Government Decision No. 1124-N, available in Armenian at <http://www.irtek.am/views/act.aspx?aid=151770>.

36 Government Decision No. 718-N, available in Armenian at <https://www.arlis.am/DocumentView.aspx?DocID=145652>.

While the checklist contains references to both documentation and visual inspection methods, a mandate for the Inspection Body to use other tools (such as interrogations, alone or in the presence of witnesses, of the staff of the undertaking) is not provided.<sup>37</sup>

While the number of staff of the Inspection Body was increased in 2021, in general, the entity's human resources, compared to its broad mandate, are quite small and are divided according to the administrative-territorial units. For example, in Kapan, where the largest mining companies are located, there are only six inspectors.<sup>38</sup>

The liability measures envisaged by the legislation for violations of legislative requirements on healthy and safe working conditions are quite mild.<sup>39</sup> The administrative penalty for involving pregnant women and women caring for children under 1 year of age in harmful work is AMD 200,000 (US\$500<sup>40</sup>). **The law does not provide for any kind of liability for the failure to carry out assessments of occupational risks and hazards or for the failure to apply temporary measures to avoid such hazards.** As there is no liability prescribed by law, the Inspection Body is not entitled to sanction the employer if there is a failure to comply.

Inspections are conducted through the use of checklists, where compliance with the requirements of the law is evaluated via a points-based system. According to the checklist, during inspections, the involvement of pregnant women in dangerous and harmful activities is assessed on the basis of lists approved by both Government Decisions Nos. 2308-N (factor-based list of harmful and hazardous jobs for pregnant women and women caring for a child under 1 year of age) and 1698-N (occupation-based general list of harmful and hazardous jobs). The presence of the document on the assessment of occupational hazards and risks for pregnant women and women caring for children under 1 year of age in

the checklist of the Inspection Body is assigned only 0.1 points out of about 40.<sup>41</sup> During the stakeholder discussion of 16 July 2021, a representative of the Inspection Body clarified that in the first checklist approved so far, which is relevant to the mining sector, the mild degree of liability is due to the low level of women's involvement in this particular sector. The representative of the Inspection Body further clarified that in new checklists regarding the processing industry and other sectors, the overall score (percentage) of the liability for the violation of the above-mentioned requirement should be higher.

During the stakeholder discussion of 16 July 2021, the stakeholders stressed the importance of collecting and analysing statistical data regarding the discussed issues, which is also one of the functions of the Inspection Body. In this regard, several issues are noteworthy, namely:

- The Inspection Body does not have the relevant toolkit (there are even difficulties in identifying the accurate number of pregnant and breastfeeding women, and the absence of sanctions means that there is no legal basis for implementing control).
- The Inspection Body is currently experiencing systemic changes (new checklists are being developed, but the number of inspections is not representative).
- Specific procedures for collecting and analysing statistical data have not been developed.

Thus, under the conditions of insufficiently severe sanctions and systemic problems with control mechanisms, **the failure of employers to meet the requirements for occupational risk assessments and implementation of further adjustments remains almost without consequences.** In this regard, the need for more effective mechanisms of legislation enforcement as a result of discussions with the social partners is evident.

37 USAID and others, "Working Conditions and Occupational Safety in the Mining Sector of Armenia."

38 See the staffing chart of the Inspection Body at [https://www.hlib.am/confirmation\\_list/](https://www.hlib.am/confirmation_list/).

39 With the exception of grievous harm, which is regulated by the RA Criminal Code.

40 Estimated as of September 2022.

41 See the checklist, available in Armenian at <https://www.arlis.am/DocumentView.aspx?DocID=145652>

## 5.5 Social partnership issues

Social partnership is a system of relationships between employees (their representatives), employers (their representatives) and the Government (on the republican level) that aims to ensure coordination of interests between employers and employees in collective employment relationships.

Republican-level social partnership defines the basis for the regulation of labour relationships in Armenia. Parties to the partnership are the Armenian Government, represented by the Ministry of Labour and Social Affairs (MLSA), the Confederation of Trade Unions of Armenia (CTUA) and the Republican Union of Employers of Armenia (RUEA), who together form the Tripartite Commission.<sup>42</sup> Activities of the Tripartite Commission are also demonstrated in the conclusion of the Republican Collective Agreement.

In the Republican Collective Agreement, signed on 5 October 2020,<sup>43</sup> issues of occupational health and safety are also mentioned. In particular, it envisions drafting the respective proposals for the improvement of the trade unions' role in the process of ensuring

occupational safety and health, as well as for raising economic interests and the level of responsibility of employers, to assist with improving the legislation to enact modern systems for monitoring workplace conditions, and to assist employers in the process of creating occupational safety and health protection commissions, among other initiatives. The RUEA and the CTUA have also undertaken the responsibility to assist employers in drafting occupational safety policies and relevant procedural documents as well as assist in their enactment.

For the protection of employees' rights, trade unions have an important institutional role. Their activities are regulated by the RA Law on Trade Unions and the RA Labour Code. The legislative powers of the trade unions need to be expanded. Trade unions have the right to negotiate, sign collective agreements and send petitions to the RA state bodies for the protection of workers' rights, as well as visit workplaces and submit petitions to the employer on the protection of workers' occupational health and safety. However, unions do not have the authority to challenge employers' decisions.

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42 During the stakeholder discussion of 16 July 2021, representatives of the RUEA expressed their concerns regarding the passive and non-effective work of the Tripartite Commission.

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43 See the text of the agreement, available in Armenian at <https://hamk.am/knqvets-hanrapetakan-nor-kolektiv-paymanagir>.

RECOMMENDATIONS FOR THE  
ENHANCEMENT OF THE EFFECTIVENESS  
OF THE CURRENT SYSTEM FOR  
ENSURING HEALTHY AND SAFE  
WORKING CONDITIONS FOR PREGNANT  
AND BREASTFEEDING WOMEN

The analysis presented in this paper aims to guide a variety of stakeholders, including the Ministry of Labour and Social Affairs, the Inspection Body, the trade unions and employers' unions and civil society organizations, in the context of addressing the existing gaps in Armenia's OSH risk assessment system and, in particular, for the purposes of introducing a factor-based workplace risk assessment specific to pregnant women and breastfeeding mothers and the effective enforcement thereof.

Importantly, the identified issues and possible solutions were discussed on 16 July 2021 with the stakeholders, as listed in Table 1.

This paper presents the following recommendations for the attention of Armenian state bodies, including the RA Parliament and the Government of Armenia, specifically the Ministry of Labour and Social Affairs.

1. **Ratify ILO Conventions Nos. 155, 187, 161 and 183.**
2. **Adopt an OSH policy addressing all issues covered by Convention No. 155.** The policy should be gender sensitive and take into account modern international standards and best practices, including model regulations available in the ILO system.
3. **Review the occupational safety and health legislation.** In particular:
  - Stipulate the obligation of employers with more than 20 employees to ensure the availability of qualified professionals in the field of occupational safety and health with sufficient skills to carry out workplace risk assessments with the clear obligation to conduct a specific assessment for pregnant and breastfeeding women; and envisage the responsibility of the relevant authority to assist and guide employers in the performance of their duties.

- Stipulate the obligation of employers to draft and adopt OSH policies tailored to pregnant and breastfeeding women and to assist employers in fulfilling this obligation.
- Use legal and/or financial tools to ensure the availability of minimum interest rate loans so that employers can make improvements to OSH systems.<sup>44</sup>

4. **Amend Article 258 of the RA Labour Code.** In particular:

- Extend the guarantees for pregnant women and women caring for children under 1 year of age to all breastfeeding women irrespective of the child's age (if necessary, upon submission of a medical certificate on breastfeeding).
- Stipulate a woman's right to return to her former job after the elimination of risks related to pregnancy and breastfeeding.
- Stipulate a woman employee's right to acquaint herself with the results of her employer's risk assessment of the workplace, an opportunity which the employer has the obligation to ensure.

5. **Review the by-laws defining the lists of heavy, harmful and dangerous work,** namely Government Decisions Nos. 1698-N, 2308-N and 1089-N. Replace occupation-based regulations with the factor-based assessment standard, and synchronize them for the workplace risk assessment and medical assessments. Ensure that all regulations include the specific standards for pregnant and breastfeeding women.

6. **Introduce guidelines based on risk factors** in line with the requirements of EU Directive 92/85/EEC that would assist the employer to identify health and safety-related risk factors in the workplace, and update them regularly.

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44 It is also worth noting that the above-mentioned proposals were approved by the representatives of the RUEA during the stakeholder meeting of 16 July 2021. The RUEA representatives expressed their commitment to assist in

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the adoption of the proposals. The proposal on minimum interest loans was presented by a RUEA representative and was incorporated into this package.

7. **Develop, adopt and disseminate plain-language checklists** based on existing legal regulations to help employers assess the health risks to pregnant and breastfeeding women and their children in the workplace.
8. **Amend the RA Law on Inspections, the Charter of the Inspection Body and the RA Code on Administrative Offences.** In particular:
  - Establish the authority of the Inspection Body to hold employers accountable if they have not performed workplace risk assessments for pregnant and breastfeeding women and their children and to decide when to give a warning or advice and when to sanction the employer.
  - Specify the inspection methodology and toolkit utilized by the Inspection Body, including establishing the right of the Inspection Body to use such methods as employee interrogations, employee questionnaires and discussions with employees.
  - Establish the responsibility of the Inspection Body to guide and assist employers in conducting workplace risk assessments, namely the labour and health risk assessment of pregnant and breastfeeding women and their children.
  - Develop policies and a toolkit for the Inspection Body to aid in the collection and analysis of situational statistics on the occupational safety and health of pregnant and breastfeeding women.
  - Increase the human and technical capital of the Inspection Body.
9. **Bring the issue of ensuring the occupational health and safety of pregnant and breastfeeding women and their children into the agenda of discussions on social partnership, and discuss possible ways of developing national mechanisms with social partners.**

**Table 1:**  
List of participants of the stakeholder discussion

	Participant	Organization
1.	Lyubov Gevorgyan	<b>RA Ministry of Labour and Social Affairs</b> Leading Specialist of the Employment Department of the Department of Labour and Employment
2.	Anna Barikyan	<b>Confederation of Trade Unions of Armenia</b> Leading Adviser of the Legal Department
3.	Gagik Makaryan	<b>Republican Union of Employers of Armenia</b> President
4.	Suren Chibuckchyan	<b>Republican Union of Employers of Armenia</b> Member of the Board
5.	Seyran Hovsepyan	<b>Republican Union of Employers of Armenia</b> Chief Adviser for the Implementation of Occupational Safety Systems
6.	Astghik Stepanyan	<b>RA Health and Labour Inspection Body</b>
7.	Tatev Hambardzumyan	<b>RA Health and Labour Inspection Body</b> Senior Specialist of the Labour Legislation Supervision Department
8.	Stepan Shahumyan	<b>RA Health and Labour Inspection Body</b> Senior Specialist of the Labour Legislation Supervision Department
9.	Nune Hovhannisyan	<b>International Labour Organization</b> National Coordinator
10.	Nvard Manasyan	<b>UNICEF-Armenia</b>
11.	Sevan Petrosyan	<b>UNDP-Armenia</b>
12.	Margarita Brsoyan	<b>RA Ombudsman's Office</b> Department for Protection of Civil, Social-Economical and Cultural Rights
13.	Shushanik Khurshudyan	<b>RA Ombudsman's Office</b> Research and Educational Center
14.	Sona Balasanyan	<b>Caucasus Research Resource Center-Armenia</b>
15.	Heghine Manasyan	<b>Caucasus Research Resource Center-Armenia</b>
16.	Lilit Yezeqyan	<b>Caucasus Research Resource Center-Armenia</b>
17.	Nani Bendeliani	<b>UN Women Georgia</b>
18.	Nino Gachechiladze	<b>UN Women Georgia</b>
19.	Nvard Piliposyan	<b>Human Rights Research Center</b>
20.	Anahit Simonyan	<b>Human Rights Research Center</b>

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