

Kolosov I. V.,
Dr Hab. (in Poland), PhD in Law (in Ukraine),
Reviewer of "International Journal of Law and Society",
Science Publishing Group Inc. (New York, USA)

WORLD HEALTH ORGANIZATION'S ACTS IN FIELD OF LABOUR RELATIONS LEGAL ADJUSTMENT

Summary. Article proposed devoted to the contemporary impact and role of World Health Organization on labour relations legal adjustment. The purpose of this study consists in review of public relations, doctrines and regulations that created a system of WHO's Acts; clarification of their patterns, features and dialectical connections; derivation of relations in the field of medicine, which, due to their social significance, need and needed legal regulation, in particular, due to labour law; providing of author's conclusions and outlining perspective directions of further scientific investigation.

Research methodology is based on general scientific methods such as analysis, synthesis, induction, deduction, analogy, and empirical methods. Research materials are publications sources for the period from 2019 to 2023. Search for the publications was carried out in databases of the official statements, contemporary papers, encyclopedically data and so on and so forth.

Particularly, it was concluded that the mainly features of WHO acts that are of regulatory importance for labor relations are their consolidating nature, the negotiation process of adoption, interaction with the ILO, persuading national governments, attracting sponsorship funds for their implementation, wide communication based on maintaining social dialogue and respect for human rights.

Taking into account the area of interest of WHO aforesaid, in addition to the well-known problems, i.e. combating with tuberculosis, HIV, etc., the prospective areas of local and centralized regulatory labour legal regulation are: combating infodemic due to the COVID-19, forming national strategies for maintaining mental health in companies and comprehensively countering suicide on the workplace.

Equally important is the formation of regional and national strategies to combat cervical and breast cancer, which can cause irreparable damage to the female component of the productive forces of mankind in the foreseeable future what should be devoted to further scientific research both in the field of labour and international law and medicine.

Key words: World Health Organization, labour legal relation, COVID-19, national strategies, infodemic, International Labour Organization, mental health.

Introduction. Profound scientific research in field of medical-labour relations causes need of draw attention to their adjustment in global scale and impact of international organizations on way of attainment the Goals of Sustainable Development [1].

Aforesaid approach will entitle us to recognize medical law not solely as an independent branch, but also as a guarantor of social stability, labour protection and industrial relations, a regulator of labour and work's safety, regime and hygiene which gives conducted study an increased relevance and social demand.

At different times, the general issues of the international organizations' impact on labour law and legal relationship development were devoted to the papers of such scientists as Paliuk V.P., Zhykovskii O., Shevchuk S., Oprishko L., Rabinovich P.M., Radanovich N.M., Goliak L.V., Matsko A.S., Tiurina O.V. [2, p. 71], Viennikova V.V. and so on and so forth.

The general issues of the development of medical law, in particular, in the context of labour law were devoted to the works of Moskalenko V.F., Kolosov I.V. [3-6], Yaroshenko O.M., Kostuchenko O.E., Chanisheva G.I., Prylipko S.M., Inshyn M.I., Zhernakov V.V., Stetsenko S.G., Senyuta I.A., Sereda O.H., Yakovlev O.A., etc.

With all acknowledgements to the scientific achievements of the aforesaid scholars, the issues of the contemporary impact and role of World Health Organization on labour relations legal adjustment, especially in respect to circumstances of COVID-19 pandemic, in our viewpoint, were not given sufficient attention.

Materials and Methods. Presented survey has done with assistance of formal and compares methods as special and ontology, deduction, analysis ad synthesis as common, which led to obtain a new data and background for discussion and further investigations from contemporary scientific viewpoint. Thereof, research methodology is based on general scientific methods such as analysis, synthesis, induction, deduction, analogy and empirical methods – observation, comparison and statistical ones.

A qualitative research used content analysis of publications during 2019–2023 to examine the extent to which WHO's policy impacted on medically-labour law norms development. Search for publications was carried out in databases of official statements, contemporary papers, encyclopedically data and so on and so forth. The search was carried out by keywords: 1) World Health Organization; 2) labour legal relation; 3) COVID-19; 4) national strategies; 5) infodemic; 6) International Labour Organization; 7) mental health.

Methodological basis of the survey, undoubtedly, is a dialectical method, the introduction of which provides an opportunity to study the object and subject of research in their gnoseological unity, as well as the nature of medical and labour law co-development and their impact, as cause and effect. Based on the formal-logical and formal-legal methods, it was developed author's viewpoint about the impact and role of World Health Organization on labour relations legal adjustment, their features as well as presented author's conclusions in field showed.

Tasks and Aims. Consequently, the purpose of the presented study is to:

1) review of public relations, doctrines and regulations that created a system of WHO's Acts;

2) clarification of their patterns, features and dialectical connections;

3) derivation of relations in the field of medicine, which, due to their social significance, need and needed legal regulation, in particular, due to labour law;

4) providing of author's conclusions and outlining perspective directions of further scientific investigation.

The object of the study will be medically-social system and medical law sources as Acts of World Health Organization.

Results and Discussion. The World Health Organization is a sovereign wealth fund unique in global health. Its work targets on support the mission and its partners to build a world where all people achieve the highest possible level of social health and well-being. Its vision is to accumulate more private capital and partnerships to advance WHO's mission, with a particular focus on the positive impact on people whose lives depend on WHO's work; and on innovation to maximize the impact of invested resources [7].

The WHO's team consists of more than 8,000 specialists, including the world's leading health experts: doctors, epidemiologists, scientists and managers. Together, they coordinate the ongoing response to health emergencies on a global scale, promoting well-being, disease prevention and increased access to health care. By comparing countries, people and partners with the scientific evidence of evidence-based medicine, they aim to give everyone an equal chance of a safe and healthy life on the planet [8].

WHO, as the leading and coordinating body for international health within the United Nations system, adheres to values such as integrity, professionalism and respect for diversity. In addition, the values of WHO staff reflects the principles of respect for human rights, universality and justice enshrined in the WHO Charter, as well as WHO ethical standards.

These WHO values are driven by a vision of a world in which all peoples achieve the highest possible level of health and its mission to promote health, secure peace and serve vulnerable populations with tangible impact on people at the regional level. WHO is individually and collectively committed to putting these values into practice [9].

In field of labour law WHO from 2019–2023 paid attention for ongoing global and regional problems: a) mental health at the workplace; 2) unveiling of Semmelweis statute; 3) Malaria vaccine pilot launched in Malawi and Malaria respond on urban areas; 4) dracunculiasis overcome in South Sudan; 5) working conditions of sanitation workers in development world; 6) occupational health events on COP25 UN climate conference; 7) preventing suicide at workplace; 8) COVID-19 and its consequences on occupational health; 9) problems of venous thromboembolism and blood clots; 10) Tuberculosis control activities; 11) improving of physical fitness for employees; 12) public and occupational hygiene measures in South Korea; 13) social dialogue maintaining; 14) avoid long working hours as cause of heart disease and stroke; 15) vaccination promotion within employees; 16) radiation medicine's issues in Ukraine; 17) workforce response for infodemic management; 18) sexual exploitation and abuse at the workplace; 19) encouraging cycling instead vehicles on the Brazil cities; 19) influenza burden impact on employees; 20) food safety at the workplace; 21) partnerships strengthen for HIV testing, treatment and care in Ghana [10].

In addition for aforesaid, WHO provided enormous activities in field of cervical and breast cancer testing, treatment and care [11; 12].

If more detail, WHO acknowledged that the COVID-19 pandemic has dealt an irreparable blow to the mental health of the country – damage that we are still trying to systematically assess. Even before the pandemic, the WHO estimated that 1 in 6 working-age patients had some type of mental disorder. Studies conducted by WHO prove that during a pandemic, depression and anxiety increased by more than 25%. At the same time, the global crisis has exposed gaps in the ability of countries and governments to maintain mental health in the workplace. As of 2020, only 35% of countries reported having national programs to promote and prevent occupational mental health. Just as employers are responsible for protecting the physical health of their workers from risks to health and safety at work, they are also responsible for maintaining the psychological climate in the collective; however, this is for the most part not taken into account. Within the Guidelines on mental health in the workplace WHO has produced evidence-based recommendations on effective addressing mental health in the workplace. Together with the International Labour Organization, they prepared a directive to support the implementation of these recommendations at the global and regional levels [13].

WHO has published a new competency system, thus creating a response resource for managing infodemic. After global consultations on the development of the basis for managing the infodemic of COVID-19, the need to build a competency structure for the upcoming workforce of infodemic managers was identified. WHO, in partnership with the United States Centers for Disease Control and Prevention (USA CDC), conducted qualitative research and consultations on the preparation of this document. The competency framework was developed in three main steps between October 2020 and February 2021. First, the overall structure of the framework was defined during the preparatory work. A series of semi-structured interviews with specific participants were then conducted to explore current processes, models and tools and key disciplines to develop competencies. Thirdly, the full picture was presented to experts from medical institutions and academia through discussion groups. The Framework aims to strengthen efforts at the regional level to manage infodemic by identifying a set of competencies that should guide health care providers in empowerment, education and training. Based on the five areas of information preparedness and response, the framework includes four areas in which specific competencies are grouped, namely:

1. Infodemic management – competencies in infodemiology;
2. Preparation and monitoring – competence in using effective tools to listen to the target audience, as well as methods for developing and sharing relevant information;
3. Identification and intervention – competence in the development, implementation and evaluation of measures to improve resistance to incomplete information/misinformation and to enhance the ability of individuals and communities to exercise their right to access quality medical information;
4. Strengthening competence to enhance the capacity of health systems to ensure a healthier population through better management of infodemic in health emergencies and under normal circumstances [14].

The WHO and ILO estimated that in the first global analysis of deaths and injuries resulting from excessive working hours, people died of stroke and 2016,398,000 from heart disease from

working at least 347,000 hours a week in 55. Between 2000 and 2016, the number of deaths from heart disease due to long working hours rose by 42%, and from stroke by 19%. This burden of work-related illness is particularly clear in men (72% of deaths occurred among men), people living in the Western Pacific and Southeast Asian regions, and middle-aged and older workers. The majority of reported deaths were in people aged 60–79 who worked 55 or more hours a week between the ages of 45 and 74. Given that excess working hours are currently estimated to be approximately one-third of the total estimated burden of occupational diseases, it is considered as a factor of greatest risk. This shifts attention towards a relatively new and more psychosocial occupational risk factor for human health. The study concludes that working 55 or more hours a week is associated with an estimated 35% higher risk of stroke and 17% higher risk of death from coronary heart disease compared to 35–40 hours a week. In addition, the number of people working for a long time is increasing and currently accounts for 9% of the total population worldwide. This trend puts even more people at risk of premature disability and early death. A new analysis is ahead, as the COVID-19 pandemic highlights the shortcomings of working time management; pandemic accelerates developments that may fuel the trend towards longer working hours [15].

Servants and employees all around the world are feeling the issues of climate change and must be part of a just transition to a carbon-neutral society. The European Confederation of Trade Unions (ETUC), Friedrich Ebert Stiftung Organization (FES), WHO and other organizations consider the current and future climate impacts and adaptation challenges in the labour market [16].

Millions of sanitation workers in developing countries are forced to work in conditions that threaten their health and life and violate their dignity and human rights, according to a published report. Sanitary workers are a critical public service that is key to the protection of human health. They are often the most marginalized, poor and discriminated against members of society by doing their jobs without any equipment, protection or protection of their legal rights. Poor sanitation conditions cause up to 432,000 deaths each year from diarrhea or are associated with the transmission of other diseases such as: cholera, dysentery, typhus, hepatitis A and polio. Sanitary workers are people who work in jobs such as cleaning toilets, emptying pits and septic tanks, cleaning sewers and manholes, and operating pumping stations and treatment facilities. They play an important role in improving the health and well-being of populations around the world and have the same right to good health. The World Health Organization assists in strengthening national capacity, focusing on ensuring that measures to protect sanitation workers are taken into account in national sanitation policies as well as in risk assessment and management at the local level. WHO will also work with partners to quantify the sanitation workforce and attempt to assess the burden of disease on sanitation workers [17].

The WHO-ILO joint directive contains a summary of evidence of COVID-19 transmission in the workplace as a whole and recommendations for the prevention and mitigation of COVID-19 in the workplace. WHO and health authorities around the world are taking measures to contain the outbreak of COVID-19. However, long-term success cannot be taken for granted. All sectors of our society, including entrepreneurs and employers, have a role to play if we are to stop the spread of the disease. Social stigmatization in the context of health is a negative association between a person

or group of people who have certain characteristics and a specific disease. In an outbreak, this may mean that people are labeled, stereotyped, discriminated against, considered separately and/or experiencing loss of status due to a perceived association with the disease. The current outbreak of COVID-19 has provoked social stigma and discriminatory behaviour against people of a particular ethnic background as well as anyone perceived to have been in contact with the virus [18].

The COVID-19 pandemic has had a significant impact on employers, workers and the public. Businesses and markets around the world have had to adjust normal operations to address health and safety concerns and adapt to changing supply and demand conditions. In some cases, work moves into the digital sphere, but in other industries, workers have to take often onerous health care measures to maintain service. The interdependence of health care and the economy has never been clearer. The main focus of the "World of Work Dialogue" series is on four themes:

1. Collaboration to Achieve Results: Public-Private Cooperation in Health Emergencies
2. Crisis Communication: Information Sharing and Leadership During Health Emergencies
3. Changing the future today: Sustainability at the heart of business, promoting a healthy society, economy and peace;
4. Health guardians: Employers as health advocates/providers/providers [19].

WHO calls for a number of concrete measures in many areas to improve food security. Policymakers should support policy actions to strengthen national food safety systems and ensure their compliance with food safety standards, and participate in multisectoral cooperation at the local, national, regional and global levels. Food industry enterprises must comply with international food standards and engage employees, suppliers and other stakeholders to develop and develop a food safety culture. At the same time, educational institutions and workplaces should promote the safe handling of food and maintain the safety of food. And consumers need to practice handling food safely at home, keeping information and promoting food safety. World Food Safety Day 2022 is celebrated ten days after the adoption of the updated WHO Global Food Safety Strategy, a major milestone in work to promote health, ensure peace safety and protect vulnerable populations [20].

At the twelfth session of the ILO/WHO Joint Committee on Occupational Health in 1995, it was stated that the focus in the field of occupational health was on three objectives:

1. Maintaining and promoting the health and working capacity of workers;
2. Improving working and working conditions to ensure occupational safety and health;

and 3. the development of working organizations and cultures that support health and safety at work and contribute to a positive social climate and smooth operation and thereby can increase the productivity of the enterprise; in this context, the concept of "culture of work" is intended to reflect the core value systems adopted by the enterprise, as reflected in practice in management systems, personnel and participation policies, training policies and enterprise quality management. The timeliness of these initiatives is reflected in resolution A4-0050/99 of the European Parliament of 25 February 1999, in which, *inter alia*,

- considered that labor should be adapted to the abilities and needs of people, not vice versa, and noted that by preventing the emergence

of inequalities between labor needs and the abilities of workers, it is possible to retain workers until retirement age and considered that new technologies should be used to achieve these goals;

- urged the Commission to examine new problem areas not covered by current legislation (stress, burnout, violence and the threat of customer violence, as well as workplace harassment);

- noted that musculoskeletal diseases and psychosocial factors pose the greatest modern threat to the health of workers;

- drew attention to the problems caused by lack of independence in the workplace, monotonous and repetitive work and work with a narrow variety of content (characteristic of women's work in particular), and called for attention to the importance of ergonomics to improve health and safety conditions in the workplace;

- pay attention to the health and safety at work of groups that are now largely outside the scope of legislative protections, such as home-workers and the self-employed;

- and • recommended a safety management principle whereby risk management in the work environment and the development of worker safety and well-being are considered as part of normal workplace activities, and that this should be done in collaboration with management and staff [21, p. 3; 22].

In connection with the World Economic Forum Summit in Africa, the World Health Organization (WHO) and the International Labour Organization (ILO) have begun new efforts to protect the health of millions of workers by publishing guidelines on TB control in the workplace. The guidelines describe cost-effective steps to protect labor productivity in the face of the disease: TB infects 8 million and kills an estimated 2 million people each year – the equivalent of 5,000 deaths a day. More worryingly, three-quarters of TB victims are in the most economically productive age group: 15 to 54. Notwithstanding, effective treatment under the internationally recommended DOTS strategy can prevent preventable deaths and allow sick workers to return to productive work more quickly. The WHO-ILO guidelines on TB control in the workplace are expected to play a key role in strengthening public-private partnerships between the TB community and the business sector, which is of great importance for achieving the goals of global efforts to end TB. The DOTS control strategy consists of 5 elements: (i) the government's commitment to sustainable TB control; (ii) case detection using sputum smear microscopy among symptomatic patients reporting to health services; standardized short-term chemotherapy under appropriate case management conditions, including direct follow-up of treatment; a proper drug supply system; (v) standardized registration and reporting system [23].

In 2021, WHO conducted a survey of influenza disease burden study authors to see if and how these studies were informed about policy development. Our findings suggest that while most authors share their findings with government officials, more work is needed to include disease burden estimates in vaccine policy forums. Reliable estimates of influenza burden are needed by decision-makers to determine appropriate policies for seasonal influenza vaccines. Through the Partnership Contribution under the Pandemic Influenza Preparedness Framework, the WHO Global Influenza Program (GIP) supports the preparation of representative national, regional and global burden of disease estimates and facilitates the transfer of these estimates to national and international expert bodies for further informed decision-making. The WHO tracked the literature of influenza disease burden studies between 2018 and 2020 and the authors interviewed to see how these studies contributed to policy development. WHO identified 40 articles from 29 countries

that reported hospitalization or deaths from influenza. As one way to determine whether and how these assessments were informed of influenza policy development, WHO contacted the authors of these studies and asked them: a) whether their results were communicated to government officials and b) what strategies they felt worked best to get results on the burden of influenza disease into the hands of policymakers [24].

The new global malaria response in urban settings aims to provide guidance for city leaders, health programmers and urban planners as they work to fight and eliminate malaria in a rapidly urbanizing world. For each urban context, the strategic use of data can inform effective, tailored responses and contribute to increased resilience to the threat of malaria and other vector-borne diseases. Within the framework of the New Urban Development Agenda, which is consistent with the Sustainable Development Goals, the Framework provides for strong partnerships and a multi-programme approach. For this reason, WHO is working with UN-Habitat to jointly develop and disseminate this framework. This framework was developed as part of the Memorandum of Understanding signed in 2021 between WHO and UN-Habitat aimed at improving urban health. The WHO recommendations are based on a rigorous trial process and evidence from other sources, which are then published in the WHO, consolidated guidelines. Following the publication of the WHO recommendations, it is expected that they will be adapted by countries to their specific conditions. With the new framework, we try to: (a) take advantage of existing malaria guidelines and explain how they can be adapted for urban settings, and; (b) Emphasize the role that environmental management can play in controlling the built environment so that urban development is aimed at "building up" malaria and other vector-borne diseases. Importantly, the framework highlights the need to integrate responses to both malaria and other vector-borne diseases in urban settings. [25].

WHO today released the results of the first phase of the WHO Global Travel Hazards Study (WRIGHT) project. The findings show that the risk of developing venous thromboembolism (VTE) roughly doubles after a journey of four hours or more. However, the study indicates that even with this increased risk, the absolute risk of developing VTE if it sits and is motionless for more than four hours remains relatively low at around 1 in 6,000. In 2000, media and public attention focused on the risk of thrombosis in long-haul travelers, which followed the death of a young English woman who returned on a long-haul flight from Australia by pulmonary embolism. In the same year, a report by the Select Committee on Science and Technology of the House of Lords of the United Kingdom recommended a study on the risk of DVT. Following expert consultations convened by WHO in March 2001, implementation of the WRIGHT project. Phase I was funded by the Government of the United Kingdom and the European Commission.

The objectives of Phase I was to confirm whether the risk of VTE increased through air travel and to determine the extent of the risk. The research was conducted under the auspices of WHO and was conducted as part of an international collaboration of researchers from Leiden, Amsterdam, Leicester, Newcastle, Aberdeen and Lausanne Universities. Five studies have been conducted:

- a population-based case control study to investigate risk factors for VTE;
- two retrospective cohort studies among employees of international organizations and Dutch commercial pilots to examine the actual risk of VTE associated with air travel;

• and two physiological pathway studies to study the effects of immobility on travel-related VTE and the effects, if any, of low oxygen and low cabin pressure on travel-related VTE [26].

In the WHO series "Vaccines Explained," vaccines are supported by decades of medical research. They work by preparing the body's own immune system to recognize and protect against a particular disease. The amount of vaccination information available may be overwhelming. A number of organizations in the health sector and beyond can play a vital role in sharing accurate information about vaccination and its benefits. Almost everyone can play their part by knowing the basics of vaccination and reliable sources for more detailed information, as well as openly expressing their enthusiasm for vaccination. Organizations and employers can increase trust by openly sharing their vaccination support or personal vaccination experience. This promotes acceptance of vaccination as a social norm in the workplace. Meanwhile, local civil society organizations and community groups can help people get vaccinated organize transportation or offer any other help that can help someone get vaccinated [27].

WHO has published its Response Plan to review the findings of the Independent Commission (IC) on allegations of sexual abuse and exploitation in the workplace (SEA) in the response to the tenth Ebola outbreak in the Democratic Republic of the Congo (DRC). The plan outlines short-term measures that focus on the most urgent recommendations contained in the ICP report, namely, providing support to victims and their families; completion of investigations; taking urgent management measures and conducting a series of internal reviews and audits; and reforming WHO structures and culture. The plan also outlines the measures that WHO will take over the next 15 months to develop and put into practice an approach that focuses on victims and survivors; ensure that WHO personnel and managers are responsible for preventing, detecting and responding to SEA; and begin revising WHO policies, procedures and practices to strengthen guarantees against SEA in its programs and operations. WHO is committed to providing livelihoods for SEA victims and survivors, including more comprehensive medical and psychosocial support; Support trade training and small business resources and providing support to children born as a result of SEA by providing education grants and health care costs. In addition, alleged management misconduct and potential misconduct will continue to be investigated due to the fact that the investigation procedures referred to in the IC report were not initiated. WHO also allocated \$7.6 million initially. US to strengthen its capacity to prevent identify and respond to allegations of sexual abuse in the ten highest-risk countries: Afghanistan, Central African Republic, Democratic Republic of Congo, Ethiopia, Nigeria, Somalia, South Sudan, Sudan, Venezuela and Yemen. [28].

Finally, the WHO Global Breast Cancer Initiative brings together stakeholders from around the world and across sectors of the economy and economy with the common goal of reducing breast cancer cases by 2,5% per year, which over a 20-year period should save 2,5 million women's lives [29].

Conclusions. 1. The spectrum of labour social relations regulated by WHO acts is quite extensive both at the global and regional and national levels. Its range ranges from the consequences of the COVID-19 pandemic and mental health problems to gender-oriented morbidity problems of the working-age population.

2. The mainly features of WHO acts that are of regulatory importance for labor relations are their consolidating nature,

the negotiation process of adoption, interaction with the ILO, persuading national governments, attracting sponsorship funds for their implementation, wide communication based on maintaining social dialogue and respect for human rights.

3. Taking into account the area of interest of WHO aforesaid, in addition to the well-known problems, i.e. combating with tuberculosis, HIV, etc., the prospective areas of local and centralized regulatory labour legal regulation are: combating infodemic due to the COVID-19, forming national strategies for maintaining mental health in companies and comprehensively countering suicide on the workplace.

4. Equally important is the formation of regional and national strategies to combat cervical and breast cancer, which can cause irreparable damage to the female component of the productive forces of mankind in the foreseeable future what should be devoted to further scientific research both in the field of labour and international law and medicine.

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Колосов І. Акти Всесвітньої організації охорони здоров'я та їх значення у правовому регулюванні трудових відносин

Анотація. Запропоновано до ознайомлення науковою спільнотою статтю присвячено сучасному впливу та ролі Всесвітньої організації охорони здоров'я на правове регулювання трудових відносин. Мета цього дослідження полягає в огляді суспільних відносин, доктрин і нормативних актів, які створили систему актів ВООЗ; з'ясування їх закономірностей, особливостей і діалектичних зв'язків; виокремлення відносин у галузі медицини, які в силу своєї соціальної значущості потребують правового регулювання засобами трудового права; надання авторських висновків та окреслення перспективних напрямів подальшого наукового дослідження.

Методологія дослідження базується на загальних наукових методах, таких як аналіз, синтез, індукція, дедукція, аналогія та емпіричні методи. Матеріали дослідження – це публікації за період з 2019 по 2023 роки. Пошук публікацій здійснювався в базах даних офіційних заяв, сучасних статей, енциклопедичних даних тощо. Методологічною основою (базисом) дослідження, поза сумнівом, є діалектичний метод, впровадження якого дає досліднику можливість вивчати об'єкт і предмет дослідження в їх гносеологічній єдності, що, по відношенню до теми дослідження, означає характер спільного розвитку медичного і трудового права та їх вплив, як причину і наслідок.

Зокрема, зроблено висновок, що головним чином особливостями актів ВООЗ, які мають нормативне значення для трудових відносин, є їх консолідуючий характер, переговорний процес ухвалення, взаємодія з МОП, переконання національних урядів, залучення спонсорських коштів для їх реалізації, широка комунікація на основі підтримки соціального діалогу та поваги до прав людини.

Враховуючи сферу інтересів ВООЗ, крім загальновідомих проблем, тобто протидії туберкульозу, ВІЛ тощо, перспективними напрямками місцевого та централізованого нормативно-трудового правового регулювання є: боротьба з інфодемією внаслідок COVID-19, формування національних стратегій підтримки психічного здоров'я в компаніях та всебічна протидія самогубству на робочому місці.

Не менш важливим, з точки зору автора дослідження, є формування регіональних і національних стратегій боротьби з раком шийки матки і молочної залози, які можуть завдати непоправної шкоди жіночій складовій продуктивних сил людства в осяжному майбутньому – те, чому мають бути присвячені подальші наукові дослідження обопільно: як у сфері трудового, так і міжнародного права і медицини.

Ключові слова: Всесвітня Організація Охорони Здоров'я, трудове правовідношення, COVID-19, національні стратегії, інфодемія, Міжнародна Організація Праці, ментальне здоров'я.