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IMPACT OF THE INTERNATIONAL LABOUR ORGANIZATION ACTS ON PUBLIC RELATIONS IN FIELD OF MEDICINE

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1. There are currently no existing guidelines that specifically address the issue of priority access for health workers to services for the prevention, treatment and care of Human immunodeficiency virus (HIV) and Tuberculosis (TB), which, thereof, required such one as relevant.

2. The efficiency of production, labor productivity and efficiency of workers as development factors of domestic economy largely depend on the organization of labor protection in the sectors and in every considered enterprise. The ensuring safe and healthy working conditions in the production environment directly affects the health of workers and their ability to work, and it in its turn, affects the final results of the enterprise. However, in recent times, the labor protection is increasingly out of attention of employers [9, p. 524].

3. Based on the evidence that health workers are at increased risk, as well as the evidence that there is serious need to ensure that health workers are not lost to the health workforce as a result of HIV and TB, some countries have indeed introduced national policies aimed to provide health workers with services that prevent occupational exposures to blood-borne and airborne diseases, and some have begun to introduce programmes to ensure not only prevention but priority access to diagnosis, treatment and care [1].

4. One example is the Employee Health and Wellness Strategic Framework for the Public Service (South Africa, 2008), which was developed in response to the WHO Global Plan of Action on Workers Health 2008-2017 and the ILO Decent Work Agenda in Africa 2007-2015 [2]. The document aims to integrate the quality of working life, well-being, and health and safety in order to build and maintain a healthy workforce for increased productivity and enhanced service delivery.

5. The Swaziland Comprehensive Wellness Centre Model established in 2006 by the Swaziland Nursing Association to address the issue of HIV among health workers is noteworthy. This programme, as described by Galvin and De Vries (2008), offers health and wellness services exclusively to health workers and their immediate families and highlights the fact that services for health workers must be comprehensive and accessible [5].

6. As discussed, secondary and tertiary prevention of bloodborne and airborne diseases generally (e.g. hepatitis B and influenza.), the inclusion of HIV and TB prevention, treatment, care and support, should not provide a particular financial burden. As such the development of national policies to ensure priority access of health workers to services for the prevention, treatment and care of HIV and TB should be well-supported. Findings from Corbett's 5-Country Study also support this statement namely that health facilities that observed better practices (the so-called «best practice» sites) reported lower death rates and more staff on ART than randomly selected sites. The study found that 95% of health workers welcomed annual testing for TB with a similar high proportion for HIV, and strongly supported doing so at their own facilities but often only when combined with priority access to ART for health workers [6, p. 317-323].

7. It is noteworthy that the ILO Code of Practice on HIV and the World of Work applies to workers and their families and the code states that: 'in light of the nature of the epidemic employee assistance programmes may need to be established or extended appropriately to include a range of services for workers as members of families, and to support their family members. This should be done in consultation with workers and their representatives, and can be done in collaboration with government and other relevant stakeholders in accordance with resources and needs' [3].

8. As noted by the ILO Convention [4, p. 115-120], the designation of inclusion criteria should be established at the regional or local level, in consultation with workers and their representatives, and in collaboration with government and other relevant stakeholders in accordance with resources and needs. Thus, there is strong evidence that health workers are at additional risk due to their occupation. There is strong evidence that there is a world crisis in health human resources and that many healthcare workers are lost to the workforce as a result of HIV and TB.

9. There is also evidence that providing priority HIV and TB prevention, treatment and care for health workers can be readily accomplished without prohibitive cost, if provided within staff health services within healthcare facilities, assuming issues addressed in other statements (e.g. preventing discrimination and addressing stigma) are incorporated into national policy, and that the programmes are adequately supported by all stakeholders [7, p. 875].

10. Several countries have indeed introduced or strengthened national policies to ensure priority access for health workers to services for the prevention, diagnosis, treatment and care of HIV and TB. There are some national policies that are indeed exemplary, and finally some interventions

providing priority access to health workers have been conducted, and the results were positive [8, p. 1990].

11. Aforesaid attests that for Ukraine, in circumstances of humanitarian disaster and war conflict, is relevant to establish and acknowledgement or extended appropriately to include a range of services for workers as members of families, and to support their family members on way of professional and dangerous diseases affect overcome.

12. This action, thereof, would expand a number of labour law participants in respect to ILO requirements and became a new subject of investigations in field of labour law.

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APPLICATION OF MEDIATION IN LABOR CONFLICTS

ЗАСТОСУВАННЯ МЕДІАЦІЇ В ТРУДОВИХ КОНФЛІКТАХ

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Конфлікти є невід'ємною частиною людського буття. І головне завдання полягає не в запобіганні їх виникненню, а в усвідомленому бажанні їх врегулювання найбільш ефективними способами, які допоможуть сторонам досягти найбажаніших результатів і порозуміння.

Говорячи про трудові конфлікти, можна з впевненістю стверджувати, що вони є дуже різноманітними за своїм змістом та їхні сторони можуть бути різними. Це може бути конфлікт між директором підприємства або керівником структурного підрозділу та трудовим колективом щодо робочого часу або обсягу навантаження; конфлікт між керівництвом школи та профспілковою організацією щодо умов праці та/або розміру премій; конфлікт між працівниками щодо виконання певних видів робіт тощо. При цьому способи вираження конфлікту можуть бути також різними: образи, відмова від спільної роботи, залякування, гнів. Його причини можуть варіюватися від особистісних сутичок та непорозуміння у спілкуванні до організації праці.

Варто зважати на той факт, що трудовий конфлікт є досить небезпечним соціальним явищем, оскільки в результаті його загострення це може негативно позначитися не лише на його сторонах, а й на інших членах трудового колективу. Крім того, негативні наслідки трудового конфлікту можуть включати збій в роботі, зниження продуктивності, невиконання проектів, звільнення. Емоційні треси можуть бути як причиною, так і наслідком трудового конфлікту.