Executive Summary

On 10-12 December 2012, the World Health Organization (WHO) and the International Commission on Occupational Health (ICOH) jointly organized the Second International Consultation on Healthy Workplaces hosted by the Italian Workers’ Compensation Authority (INAIL) at its Offices in Rome, Italy. The consultation was attended by 40 experts from various disciplines related to workers’ health and business practices from government and private sector entities.

In line with the objectives set by the WHO Global Plan of Action on Workers’ health, 2008-2017, in 2010 WHO developed a framework and model for healthy workplaces with the aim of enabling enterprises and organizations to develop and implement comprehensive healthy workplace programmes to protect and promote the health of their workers. The implementation of this framework stimulated various initiatives in many countries and worksites across regions. The first International Consultation on Healthy Workplaces was organized by WHO in 2011 in the WHO Regional Office for South-East Asia, New Delhi, India.

The purpose of the Second Consultation in Rome was:

1. To review good practices examples of healthy workplaces programmes geared towards the prevention and control of non-communicable diseases and for promotion of mental health;
2. To learn about good practices in the implementation of the comprehensive WHO healthy workplace framework in businesses and government agencies
3. To identify opportunities for the contribution of healthy workplaces programmes to sustainable development;
4. To discuss policy options for governments and national health agencies to stimulate the development of healthy workplaces initiatives;
5. To strengthen awareness-raising and advocacy for healthy workplaces.

The meeting included a pre-conference Workshop on Enterprise-Community Involvement (Annex 1). The consultation included 16 presentations, an interactive poster discussion, as well as ample opportunities for debate and sharing knowledge and experiences.
Key conclusions, in short, are as follows:

1. During the implementation of the Healthy Workplace model, special attention must be paid to existing social systems and enterprise-external conditions. Many countries miss the necessary infrastructures and resources for workers' health and are negatively influenced by processes of globalization and have low economic development. The many challenges to be faced must be turned into opportunities for positive change.

2. Special support and specific programmes have to address workers operating in the informal sector considering the large size of this sector, particularly, but not exclusively, in developing countries.

3. Awareness-raising of the benefits of the Healthy Workplaces model comprehensive approach to improving workers' health will require more exchange between experts from different countries to complement experiences that address the comprehensive framework, and support by large enterprises for capacity building in SMEs.

4. Key criteria of the healthy workplace model include ethics and values, leadership engagement and worker involvement at any step of the process to develop healthy workplace initiatives successfully. Particularly considering the current economic crises, there is a strong call to WHO to spread this shared set of ethics and values to promote change and improvement.

5. The healthy workplace model can be adapted to a single context, or to a specific culture as demonstrated by the “Happy Workplaces” experience in Thailand. Needs and barriers of each specific workplace must be evaluated separately and addressed one by one. The model lends itself to adaptation and needs of the individual country, sector, or enterprise.

6. There is a high degree of support for the model and a strongly expressed need for WHO to develop or propose practical tools and good practices for the development of healthy workplace programmes based on the WHO model, as well as clear guidance on how to implement, monitor and improve these.
Opening

Dr Sergio Iavicoli, Director, INAIL Research Area – Department of Occupational Medicine, WHO Collaborating Centre for Occupational Health, ICOH Secretary General, formally opened the meeting by extending a warm welcome to all participants. On behalf of the INAIL Director General, he stressed the great pleasure for the Italian Workers’ Compensation Authority to host the Consultation and to be an active part of the WHO healthy workplace initiative.

Prof Jorma Rantanen, ICOH Past President, expressed his gratitude to INAIL and WHO for organizing the Consultation and stressed ICOH support to the event as a useful occasion to discuss the very important concept of healthy workplaces and how to promote it in the contemporary world of work.

Dr Evelyn Kortum, Technical Officer, Intervention for Healthy Environments, Department of Public Health and Environment, WHO Headquarters, warmly welcomed all the participants on behalf of WHO and thanked all for the support to the healthy workplace initiative. She stressed the importance of this Second Consultation to build up on the first one held in New Delhi with the experts’ knowledge and good practices to see how to develop the initiative further and how to provide practical tools to enterprises and policy makers to protect and promote the health of workers.

Discussions focused on current challenges in the world of work to include the concept of sustainability; business ethics, risk management, the current economic crisis, and how and why to safeguard workers’ health. Sustainability was recognized as requiring an increased need for visibility and debate now and in future, with special reference to the concept of enterprise community involvement as responsible business practices are termed in the WHO model. The ethical component and values and the respective legal frameworks are an integral part of this debate. In terms of risk management it was argued that it has to move from the idea of sporadically ‘just managing health risks’ to become a process enshrined in business strategies. In addition, the current economic situation is strongly modifying the world of work, due to the increase in unemployment, lowering of wages and an increased exchangeability of people within and among workplaces.

There is general agreement on the concepts of both sustainability and risk management which are an integral part of the healthy workplace model, but there is a need to clearer demonstrate what they entail for economies and companies and how they can be part of healthy workplace programmes in practice. Sustainability has always been high on the agenda with respect to environmental and societal responsibility. For example, the EU Commission policy objectives take into consideration sustainability and social innovation, considering responsible business practices as a core element for long-term sustainability. To this purpose, it must be considered that even though responsible business practices are interpreted differently by different types of companies, there is a need to move from basic responsible business practices to practical examples of how companies can concretely implement such practices into their policies and their daily business practice. The term risk management has its roots in operational risk management which is a concept that was born in the financial industry and is based on the idea that the way one operates on a day-by-day basis represents the risks of the company. It includes three basic concepts: “systems”, “people” and “processes”. Overall assessing workers’ health, the aspect “people” has been neglected in many parts of the world and represents the brittle part of risk management. The challenge is bring people back into the centre of attention in relation to risks and their management.
The economic crisis has been recognized as one risk related to employment and job security. In situations where job security is the major issue, all four avenues of influence of the model follow very low standards. This is due to the fact that people are worried about keeping their job and they “try to hide” the problem not to put at risk their employment, thus giving very few indications on risks in any of the four avenues of influence. Though it is not possible to address all the problems linked to the economic crisis through the model, the value provided by the ethics and values component of the model may represent a good starting point to improve the situation for companies.

Discussions clarified that the model is applicable to all the workers, including those employed in SMEs and in the informal sector. Naturally, interventions in large enterprises and in the formal sector can be more easily put in place, but they can represent a starting point for interventions in SMEs and the informal sector.

The question if ethics and a set of values can be provided for all groups in the working population resulted in that this model should be able to stimulate at least some common understanding. There is a strong need to move away from the business-predominant concept of return on investment and financial issues. Companies need to understand that the health of workers is the wealth of their businesses.

Major issues presented in the 5 keys to healthy workplaces were discussed as follows on the second day:

**Management engagement.** It is primordial to get high-level management on board. Good practices highlighted how helpful it was to have the support of a motivated chief executive from the beginning of a healthy workplace programme. This requires talking to top management about the benefits for the business of such programmes while employing their language, i.e., the business case. Understanding the potential impacts on the bottom line for businesses coupled with effective employee involvement is the basis to starting an effective improvement process. It needs to be clearly outlined how managers themselves can support improvements in the working environment and where the best practice principles come in (i.e., the 5 keys to healthy workplaces). Therefore, it is important to present to managers what they can do coupled with the benefits of the interventions and an explanation about their role in the process.

**Worker’s engagement.** Listening to what employees have to say is the first step to achieve their effective engagement. In practice, involvement is often considered as providing a message box where people can contribute their ideas or requests. Often these are ignored. Instead, employees need to ensure that managers respond to their concerns. Even if it is important to understand the business needs and to translate these in terms of return on investment, it is important to make employees part of the project through their effective engagement and ownership of the process. One question is how to include contract (temporary) workers in the activities related to the model. The main barrier may be the willingness of employers and the community to invest money in contract workers and their health, because there is an important turnover. A good example might be what happened when “environment” became an issue, around 20 years ago. Many interventions were developed at the school level with children. They learnt the lessons and brought it back to their parents and families, spreading the new ways of behaviour to protect the environment. Similar strategies could be developed conveying the message that keeping all workers healthy, also those in temporary employment, could be an advantage for individuals and their families and the community in which they live.

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1 The term ‘worker’ and ‘employee’ are interchangeable in the report
Monitoring of psychosocial risks management. Some data on workers’ health to inform the monitoring system adopted to measure the progress of psychosocial risks management is recorded such as weight, BMI and cholesterol. Also symptoms such as headaches and musculoskeletal diseases are recorded. However, this is insufficient to address psychosocial risk management. In addition, in most of the cases surveys on risk perception are combined with data on sick leave, work-related illness and turnover, mainly to provide a measure on return on investment. There was consensus on the enhanced need to move towards the integration of actions aiming at the protection of health with actions for promoting psychosocial wellbeing.

Behavioural change and ownership. It takes about five years for people to accept a new lifestyle and a new way of thinking. However, some more years are needed to make them feel ownership of these new behaviours. One reported case explained that it took for than five years for managers to use psychosocial vocabulary and concepts as they would be their own. This underlines that the process of behavioural change and subsequent ownership is not ad hoc and that continuous learning needs to become part of the organizational culture and strategy to be successful.

Tools and their applicability. Further to the importance of the model and its strengths, it was highlighted that there is a need for simple tools to help companies at different levels in the implementation activities and to identify the relevant stakeholders. Available tools are not always easily adaptable to different settings. Differences in needs or in resources and in availability, as well as in the skills of the involved staff, have to be taken into account. In some cases it may be useful to have a tailor made tool designed to respond to the specific needs of the local context instead of having a wide set of standardized tools. There is now a need to identify suitable tools that follow WHO criteria (5 keys) and to provide them with ease of access.

Dissemination of good practices. The spill over effects of good practices and how they influenced other companies were considered positive. Participants highlighted the key role of information exchange and dissemination. One case study included organizing quarterly events with employers from across the country. On these occasions, invitees can visit the site, have the opportunity to talk to the people involved in the project and see what results have been achieved. Often employers attending these events are willing to reproduce what they personally experienced. Participation in conferences and a direct continuous exchange of experiences with other companies operating in the same sector are also considered very important. One key issue for success of communication strategies is the capacity to provide clear and comprehensible results. Currently, the availability of tools to provide information is basic and participants found it important to develop specific communication tools focused on different targets to support the take up of existing good practices.

Educational sector: It was underlined how important it is to consider places such as universities not only as educational structures but also as workplaces. Therefore, the introduction of health and safety committees in universities has been considered as very important and it has been suggested that they should include students. In addition, educational schemes for occupational health vary from country to country and may be based on specific university training in occupational health, safety and hygiene or on a general academic background that allows to practice as occupational hygienist. Thus it was deemed important to follow additional training courses provided by different organizations that can release international certifications. This represents a way to introduce an international level to what might be expected from a professional, in addition to the traditional and national requirements.

During the interactive posters session on the third day, issues discussed related to the mining sector and the challenges in implementing health programmes for the miners; an effective programme for the bank sector in New Zealand; a health approach from India; a comprehensive
programme in the health sector; experiences of mobbing in Italy; an approaches to risk assessment in the agricultural sector and the use of pesticides.

Main issues concerned the following:

**Rules and legislation on harassment and violence at work.** For the case of Italy there is no national legislation on this specific topic, notwithstanding the European Framework agreement on harassment and violence at work. Legislative protection of workers against harassment and violence are under the Civil Code outlining general responsibilities of the employer with respect to the protection of workers’ health. Another example explained that in 2010 the Ontario occupational health and safety legislation was amended for employers to be responsible for their workers’ health and safety to include harassment and discrimination also involving third parties.

**Feasibility of the entire model in specific regions (like India) or in specific sectors (like mining).** There was general agreement on the need to tackle all of these issues in developing countries. Depending on the development of a company or a region, there might be different factors of importance. For example, 85% of NCDs are found mostly in developing countries and heart disease or diabetes are strongly linked to work factors. However, even large enterprises that would have the means and money do not primarily invest in workers’. Therefore, there is a need to look at workers' personal health and also provide them with ownership for their health while providing the opportunities to do so by the employer. It is imperative at the same time that companies take their responsibility and regulate working hours and provide flexibility at work. This is where ECI (enterprise-community involvement) joins the other avenues of the model. The example of the mining work evoked a shared feeling among participants that mining companies have the duty to improve basic health and safety provisions. This is a challenge to apply to an example presented from the informal mining where individual workers try to make a living by scrapping minerals from abandoned mines for survival under very dangerous conditions to fight poverty. Reaching the informal workers remains a current challenge.

**Lack of resources in developing countries.** In the European scenario we found a number of large organizations that can provide support to regions and businesses. One way would be to create groups of people engaged in adopting and adapting existing practices to specific needs. For example Malaysia already has specific laws on occupational health and safety, but there is a strong need for support on implementation and enforcement. The nature of the systemic model for healthy workplaces is such that it can promote change through finding a sustainable way to implement all of its avenues. Ethics is an intrinsic part of the social market and underestimating its importance not only for the consumers but also for enterprises may be a mistake. Obviously values, legislation, economic incentives, ROI calculations are part of this concept. There is the need to analyze what the social determinants are and to bring forth the concepts of values, rewards and sustainability in an integrated way. Finally, it has also been highlighted that to improve the health conditions of the working population and of the communities where these people work needs to follow an integrated approach that puts together ethic, values and economic aspects to reach standards that are acceptable for the international market. In the field of CSR indexes and tools (such as the Dow Jones Sustainability Index or the FTSE4Good Index) already exist and have metrics for how companies treat their people and, obviously health and safety is part of that. The concept that re-emerged from the CSR literature which is “doing well by doing good”: doing financially well by doing socially good.

**The role of consumers and the influence of the market.** Consumers have a real power in terms of making occupational health and safety changes and improvements in the work environment. Examples are in the production of stone washed denim which causes silicosis.
Many famous fashion brands that were selling those products, and who decided to act as responsible businesses, decided not to promote those any longer with a pledge of respecting preventing disease through the use of adequate protective devices for workers and other methods.

Key Conclusions

1. During the implementation of the Healthy Workplace model, special attention must be paid to the social systems and enterprise-external conditions. There are many countries where social systems must change first in order to affect long-term changes on occupational health and safety issues and to implement the model effectively due to missing infrastructures and resources for workers' health, processes of globalization and the economic development status of a country. The many challenges faced must be turned into opportunities for change.

2. Special support and specific programmes have to address workers operating in the informal sector considering the large size of this sector, particularly, but not exclusively, in developing countries. Specific guidance on the development, monitoring and implementation of healthy workplace programmes is required. Many simple tools already exist and can be promoted through this work while following the WHO criteria for healthy workplaces (5 keys).

3. There is need for awareness-raising of the benefits of the Healthy Workplaces model comprehensive approach to improving workers' health, including the risk assessment and management model to reduce the health impact of hazardous, unsafe and unhealthy working conditions. More exchange between experts and support for capacity building from different countries are required to complement experiences that address the comprehensive framework.

4. Key criteria of the healthy workplace model are represented by the central role attributed to ethics and values, and by the importance recognized by both the leadership engagement and the worker involvement at any step of the process to develop healthy workplace initiatives successfully. Particularly considering the current economic crises, there is a strong call to WHO to spread this shared set of ethics and values to promote positive change and improvement in the world of work.

5. The healthy workplace model is a flexible and comprehensive approach to workers’ health and can be adapted to a single context, or to specific culture as demonstrates the “Happy Workplaces” experience in Thailand among others. Needs and barriers of each specific workplace must be evaluated separately and addressed one by one. Therefore, the model lends itself to adaptation and can address the needs of the individual country, sector, or enterprise.

6. There is a high degree of support for the model and its utility and effectiveness in addressing workers' health. There is also a strongly expressed need for WHO to develop or propose practical tools and good practices for the development of healthy workplace programmes based on the WHO model, as well as clear guidance on how to implement, monitor and improve these. Simplicity has to be fostered. All, large companies, SMEs or micro enterprises need simple messages, and clear steps to be followed in the process. The 5-keys proved to be a useful summary of the WHO healthy workplace criteria.
Next Steps

Large visibility was given to the “5 Keys to Healthy Workplaces: No Business Wealth without Workers’ Health” WHO document which has been developed in the English version so far and is available at http://www.who.int/occupational_health/healthy_workplaces/en/index.html. All the participants agreed to have the document translated in different languages and published on the WHO website. The participants agreed to carry out the translation process (see Annex 5).

The Consultation opened the way for opportunities to implementing the healthy workplace framework further through:

- Awareness raising
- OHS in early education, University education
- Reputation, market leadership (the ethical, legal and right thing to do)
- Training
- Success stories
- Simple good practices and tools
- Resilience – survive in economic crisis - (corporate, team, individual levels)
- Ownership through workers involvement
- Clear distribution of responsibilities
- Bottom up and top down approach combination
- Cultural adaptations
- Identify all stakeholders (ECI)
- Provide the business case (NCDs, accidents) – leadership buy in - sustainability
- Evaluate interventions
- Speak the business language & understand business needs
- Reach different sectors, sizes of companies
- Promotion through WHO and ILO

WHO will move forward with the implementation of the healthy workplace model and with the development of practical tools and good practices. Suggestions and advice provided by the participants in this Second Consultation will be taken into consideration for future action. Any readers of this report who would like to be involved and/or remain aware of activities in this area are invited to join the WHO healthy workplace network.
Annexes

Annex 1: Special Workshop on Enterprise-Community Involvement
Annex 2: Agenda
Annex 3: List of Participants
Annex 4: 5 Keys to Healthy Workplace: No Business Wealth without Workers' Health
Annex 5: Translation of the “5 Keys to Healthy Workplace” into other languages
Annex 6: Keynotes and presentation summary
Annex 1

Workshop on Enterprise-Community Involvement

Monday, 10 December 2012

09:00 – 13:00

Chair: Aditya Jain, Nottingham University Business School

Dr Evelyn Kortum, Technical Officer, Intervention for Healthy Environments, Department of Public Health and Environment WHO Headquarters, extended a warm welcome to all the participants. She introduced the Workshop aimed at focusing on the role of responsible business practices in promoting workers’ health. She gave a quick overview on the healthy workplaces initiative focusing on enterprise community involvement aspect of the model also called Corporate Social Responsibility (CSR). She remarked the global policies implemented by WHO, ILO in favour of workers’ health and stressed that one of the main changes that occurred from WHO Global Strategy on Occupational Health for All (1996) to the WHA Global Plan of Action (2008-2017) is the relevance given to a more public health approach to promote workers’ health. She reviewed the WHO healthy workplace model and its four avenues of influence. She focused on the Enterprise Community Involvement area and emphasized that companies should look at the root causes of poor health and identify, record and assess them. Companies should provide affordable Primary Health Care (PHC) to workers and family members, develop company guidelines to avoid occupational risks, accommodate workers with disabilities, going beyond regulatory requirements.

Dr Aditya Jain, Lecturer in Human Resources Management, Nottingham University Business School, WHO Collaborating Centre for Occupational Health, chaired the Workshop. He opened by doing a presentation on how the literature looks like in relation to Occupational Health and Safety and Corporate Social Responsibility. He gave a background overview of the changes in the contemporary world of work, their impact on OHS and of the OHS policies currently set up. He stressed the relevance of WHO healthy workplaces framework holistic approach addressing all of the needs of the OHS discipline. He focused on the Enterprise Community Involvement area and on the potential of Responsible Business Practices. He illustrated various definitions of the Corporate Social Responsibility (CSR) and reported some global initiatives for CSR (UN Global Compact, Global Reporting Initiative, Dow Jones Sustainability Group Index). He focused on the internal dimension of CSR policies which covers socially responsible practices concerning workers, relating to their safety and health, investing in human capital, managing change and financial control. He illustrated the six themes considered to be relevant to health and safety from a CSR perspective (Human rights, organizational development and culture, diversity and non-discrimination, industrial relations, OHS system, employment conditions). He stressed how a CSR approach to OHS can produce real benefits not only from workers’ health but also from business and societal perspectives in term of cost reductions and added values.

Mr Nicholas Andreou, Research Assistant in Occupational Health Psychology, faculty of Medicine & Health Sciences, University of Nottingham, WHO Collaborating Centre for Occupational Health, reported a research conducted on CSR reports from 100 organizations selected from the 500 highest valued companies in 2010 (FT 500) classified by WHO regions and sector using the NACE classification system. The research aimed at investigating whether enterprises conceptualised occupational safety and health (OSH), particularly psychosocial risk management, as material to CSR. Findings suggested a broad understanding that CSR encompasses OHS. However, differences were apparent at the subtheme level, and across regions with developed regions showing a higher level of engagement. He concluded that there
is a need of considering working conditions holistically. The performance was generally positive in terms of reporting but there is still work to be done regarding certain issues (e.g. psychosocial issues), and regions. A responsibility agenda and the promotion of guidance can be useful to promote reporting standards.

Ms Nathalie Renaudin, Public Affairs Director, Edenred, brought a testimony about an initiative on CSR policy in a company. The FOOD project (Fighting Obesity through Offer and Demand) was created as a Public Private Partnership wishing to address the rising concern of obesity in Europe. The EU Platform for Action on Diet, Physical Activity and Health provided the policy framework for the project with DG SANCO securing the funding through their Executive Agency for Health and Consumers (EAHC). The two main objectives of the project were to improve the nutritional quality of the offer by working with restaurants owners, cooks and waiters and to sensitisise workers in order to help them to improve their food habits (act on the demand). To meet these objectives, the FOOD project has created essential channels of communication between the companies and the restaurants following 5 complementary sets of actions (inventory of the existing programmes, comparative study of the results and recommendations of the partners, pilots in restaurants and in companies, evaluation of the pilots and identification of “best tools and actions”, adaptation of tools and actions based on the evaluation, and dissemination of best practices in Europe and beyond). She illustrated all the tools used in the communication campaign (guides, posters, leaflets, social media, website, I Phone application, emailing, newsletters, window stickers, e-learning DVD, videos) and the common findings from the surveys which highlighted the strong interest in the initiative and the need for simple information, practical tools easy to be understood and put into practice.

Discussion/Focus groups

Participants were divided into two groups to discuss the following questions:

Group 1

1. How can Enterprise Community Involvement (ECI) or Corporate Social Responsibility (CSR) drive the promotion of workers’ health?

2. To what extent can ECI/CSR drive the promotion of workers’ health in the absence of legislation?

3. Priorities for future action

Group 2

1. How can ECI/CSR and OHS issues be mainstreamed into business strategy?

2. What support do enterprises need to promote health through responsible business practices?

3. Priorities for future action

Report from focus group and the way forward

Rapporteurs of the two focus groups reported back on their discussion to the plenary:

Group 1

1. How can Enterprise Community Involvement (ECI) or Corporate Social Responsibility (CSR) drive the promotion of workers’ health?
• Integration of Workers’ health in a company’s CSR policy/vision. Integration of CSR indicators – performance indicators

• To create awareness that CSR should also be internal dimension

• Engage with NGOs not only working on external issues, but also internal worker issues (e.g. wellness)

• Large companies can provide support (informational and financial) to smaller companies in the supply chain to promote good practice – to promote higher standards

• Tools, support by government, policy and regulations to ensure that companies (big and small) invest in CSR

• Having up to date health and safety legislation

• Identification and implementation of low cost initiatives.

• Need for educating future managers, linking with stakeholders

2. To what extent can ECI/CSR drive the promotion of workers’ health in the absence of legislation?

• There is potential but
  – Depends on the size of company, it is important to engage with SMEs
  – Depends on involvement of line managers

• It is important to highlight the business case

• Lobbying to improve legislation

• Enterprises setting and conforming to higher standards

• Enterprises working with employees and their families

• Calculating return on investment – not just in relation to financial returns but also include social and ethical performance

• Integrating the ethical and business case – ethics should be core

Group 2

1. How can CSR and OHS issues be mainstreamed into business

• Return on investment (business case) – corporate image, talent attraction/retention, productivity, insurance premiums

• Stronger legislation/regulation – because consumer drivers are inadequate (consumers prioritise money)
  – More legislation will not work

• Standards/accreditation/recognition
• Younger consumers care more about ethical issues – targeting them
• Award schemes – BITC (membership) – Chair normally from a large organisation
  – CSR Europe – promoting companies with good practices
• Training of professionals – no emphasis on OHS issues in education
  – Engage educators – not enough currently
  – In Canada it is embedded in training for engineers (also psychosocial issues)/ there are also challenges to this (Malaysia)
  – Hold university’s accountable for professions that have graduated
• Target CEOs
  – Ex CEOs (Minerva) passing on regrets about business practices
  – Public reporting (put them in the spotlight)
  – Consultants
  – Come with easy steps and easily digestible information

2. **What support do enterprises need to promote health through responsible business practices**
• SMEs don’t have the infrastructure to relate to things like awards/incentives/standards
• Raising awareness of CSR especially SMEs
• Legislative framework and enforcement as incentives for CSR
• Mentoring – business partnerships
• Government/public health support – private sector not aware of all resources available
• Knowledge (education) and capacity
  – Evidence for impact on the bottom line (not only academic research)
  – Research on ROI is normally weakest
  – Need for simple quick tools
  – Toolbox to calculate ROI for SMEs

3. **Who are the key stakeholders/priorities for future action**
• Stakeholders
  – Media
  – Workers
Priorities for future action

Based on the discussion, participants identified the following priorities for future action:

- Need for educating future managers, linking with stakeholders
- Developing training for CSR and OSH practitioners
- Training for employers
- More research – highlight the link between OSH, CSR and sustainability
- Campaigns, awareness raising, lobbying
- Translating the existing research to make it more applied
- Targeting SMEs – translating knowledge/tools/standards etc. for SMEs
- Raise public awareness
- Involve the youth (future) – education in schools
- Mentoring (business partnerships) coming through now
Annex 2

PROVISIONAL PROGRAMME
International Consultation on Healthy Workplaces
A WHO/ICOH joint activity

Venue: INAIL Offices, Piazzale Giulio Pastore, 6
Rome, Italy

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<th>Workshop on Enterprise-Community Involvement</th>
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<td>Monday, 10 December 2012</td>
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**Chair: Aditya Jain**

**Time**

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<tr>
<td>09:00- 09:30</td>
<td>Registration</td>
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<td>Healthy Workplaces Framework focusing on the Enterprise Community Involvement</td>
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<td>OHS and CSR (including discussion)</td>
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<th>10:45 - 11:30</th>
<th>Nicholas Andreou (Faculty of Medicine &amp; Health Sciences, University of Nottingham, UK)</th>
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<td>The role of responsible business practices in improving OHS - evidence from the field.</td>
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<td>Nolwenn Bertrand (Edenred, Belgium)</td>
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<td>Balanced nutrition at work: the European programme FOOD (Fighting Obesity through Offer and Demand)</td>
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<th>Focus groups (to discuss how CSR links to OHS, key OHS issues, identify stakeholders, benefits including business case, role of legislation, role of business in society)</th>
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<td>12:30 - 13:00</td>
<td>Presentations, summing up and end</td>
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**International Consultation on Healthy Workplaces**

**Monday, 10 December 2012**

**14:00 – 17:45**

**Chair: Sergio Iavicoli**

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<td>“Health as a determinant of work ability and sustainable employment”</td>
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<td>Jorma Rantanen</td>
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<td>15:00 – 15:30</td>
<td>Review of the HWP initiative; benefits of a comprehensive approach to workplace health protection and health promotion; launching the 5 keys of healthy</td>
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<td>Recent trends in the psychosocial working environment</td>
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<td>Recent trends in the personal health resources</td>
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<td>17:00 – 17:20</td>
<td>Recent trends in the enterprise community involvement (CSR)</td>
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<tr>
<td>17:20 – 17:40</td>
<td>Questions and discussion</td>
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<tr>
<td>17:40 – 17:45</td>
<td>Introduction of the next day</td>
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<tr>
<td>20:00</td>
<td>Dinner</td>
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<tr>
<td>Time</td>
<td>Session Details</td>
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<tr>
<td>11:00 – 11:30</td>
<td>Health promotion programs - pilot project of return on investment</td>
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<td>11:30 – 12:30</td>
<td>Questions and discussion</td>
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<td>Lunch: 12:30 hour</td>
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<tr>
<td>13:30 – 14:00</td>
<td>Healthy workplace programme in a university setting</td>
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<tr>
<td>14:00 – 14:30</td>
<td>Work gesture analysis and ergonomic intervention on check-out counters, post-office workstations and milking parlours</td>
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<tr>
<td>14:30 – 15:00</td>
<td>Connecting the European Agency Campaign on Healthy Workplaces and the WHO Healthy Workplaces Initiative</td>
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<td>COFFEE/TEA BREAK 30’</td>
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<tr>
<td>15:30 – 16:00</td>
<td>International Occupational Hygiene training scheme</td>
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<tr>
<td>16:00 – 16:20</td>
<td>The Social Partners’ contribution to Healthy Workplaces Programmes</td>
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<td>16:20 – 16:40</td>
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<tr>
<td>16:40 – 17:15</td>
<td>Questions and discussion</td>
</tr>
<tr>
<td>17:15 – 17:30</td>
<td>Summary and instructions for the next day</td>
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</table>
| Evening Social event          | Visit to Galleria Borghese Museum  
|                               | Cocktail  
|                               | Bus service provided |

### International Consultation on Healthy Workplaces

**Wednesday, 12 December 2012**

**9:00 – 12:00**

**Chair: Volker Schulte**

<table>
<thead>
<tr>
<th>Time</th>
<th>Interactive poster discussion on preventing Non-Communicable and Communicable Diseases in the workplace through the 5 keys</th>
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| 9:00 – 10:30  | Mei Lopez Trueba, UK: 'Workplace health in uncertain environments  
|               | Eta Lilic, New Zealand: Impact of Wellness Programme to Employee Health  
|               | Manohar Gemawat, India: Be-Well Champion  
|               | Manivelan Rajamanickam, India: Behaviour Based Safety (BBS) Performance. Increases productivity, enhances workers' morale, work and workplace ethics.  
|               | Isik Zeytinoglu, Canada: Associations between flexible employment, support at work and worker and employer outcomes  
|               | Ute Papkalla, Germany: Design of a pilot study to use an Industrial Quality Certification as a hotbed for Occupational Health improvement  
|               | Fernando Cecchini, Italy: How mobbing changes one's life: non-transitory nature of mobbing  
|               | Federico M. Rubino, Italy: Pesticide risk assessment of SMEs agricultural workers |

**COFFEE/TEA BREAK 30’**

**Chair: Francesco Cicogna**

| 11:00 – 12:00 | Commitments to implement approaches in line with the healthy workplace approach – dissemination and translation plan of the 5 keys for healthy workplaces  
|               | Prioritization of 5 key’s action |
| 12:00 – 12:30 | Wrap-up & way forward  
|               | Chair: Summary |
Annex 3

Second International Consultation on Healthy Workplaces

Rome, Italy, 10-12 December 2012

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Annex 4

5 keys to healthy workplaces: no business wealth without workers health

| Key 1: Leadership commitment and engagement | ✓ Mobilize and gain commitment from major stakeholders (e.g. senior leadership, union leadership) to integrate healthy workplaces into the enterprise’s business goals and values  
✓ Get necessary permissions, resources and support  
✓ Provide key evidence of this commitment by developing and adopting a comprehensive policy that is signed by the enterprise’s highest authority which clearly indicates that healthy workplace initiatives are part of the organization’s business strategy |
| Key 2: Involve workers and their representatives | ✓ Workers and their representatives must not simply be “consulted” or “informed” but must be actively involved in every step of the risk assessment and management process from planning to evaluation considering their opinions and ideas  
✓ It is critical that workers have some collective means of expression |
| Key 3: Business ethics and legality | ✓ One of the most basic of universally accepted ethical principles is to “do no harm” to others and to ensure employees’ health and safety  
✓ Adhere to workers’ social and ethical codes as part of their role in the broader community  
✓ Enforce occupational health codes and laws  
✓ Take responsibility for workers, their families and the public and avoid undue risks and human suffering |
| Key 4: Use a systematic, comprehensive process to ensure effectiveness and continual improvement | ✓ Mobilize strategic commitment to a healthy workplace  
✓ Assemble the resources required  
✓ Assess the current situation and the desired future  
✓ Develop priorities  
✓ Develop a comprehensive overall plan and specific project action plans by learning from others, for example, consult experts from a local university or ask experienced union leaders to act as mentors, visit other enterprises, consult the virtual world  
✓ Implement the plan  
✓ Evaluate the acceptance and effectiveness of the plan  
✓ Improve when circumstances indicate it is needed. |
| Key 5: Sustainability and integration | ✓ Gain senior management commitment to use a health, safety and wellbeing “filter” for all decisions  
✓ Integrate the healthy workplace initiatives into the enterprise’s overall strategic business plan  
✓ Use cross-functional teams or matrices to reduce isolation of work groups and establish a health and safety committee and a workplace wellness committee  
✓ Evaluate and continuously improve  
✓ Measure not only financial performance but also customer knowledge, internal business processes and employees’ learning and growth to develop long-term business success  
✓ Maintain a comprehensive view to workplace health and safety and examine all aspects to identify a wider range of effective solutions  
✓ Consider external influences such as lack of primary health care  
✓ resources in the community  
✓ Reinforce and recognize desired behaviour through performance management systems that set behavioural standards and output targets |
Annex 5

Translation of the “5 Keys to Healthy Workplace” into other languages

List of languages

- Chinese
- French
- German
- Greek
- Hindi
- Italian
- Malay
- Portuguese
- Spanish
- Swedish
- Turkey
Annex 6

Keynotes and presentations

First day – Wednesday, 10 December 2012

The introductory keynote was delivered by Prof Jorma Rantanen who reported on “Health as a determinant of work ability and sustainable employment”. He mainly focused on the health dimension and how to maintain and develop the sustainable work life. Challenges to sustainability in the contemporary work life include the current economic situation, working condition, an ageing workforce, poor health of the working population, long-term unemployment, and social exclusion in connection to work life, not only in the developing and emerging countries but also in Europe. Safety and health policies and practices need to be adjusted to the new dynamics that the work life is experiencing worldwide by taking into consideration the growing mobility of workers, fragmentation of workplaces to smaller units and special needs of various groups of workers, including aged workers, young workers, migrant workers and other special groups such as vulnerable workers and return to work. In terms of work life expectancy, there are differences in European countries. In many countries there is a part of population who is able to work but is not given the possibility to work with an enormous loss for the whole society. To increase the work life expectancy not only economic and social security issues have to be considered, including quality of life issues and occupational health issues. New paradigms on promotion and maintenance of work ability (PMWA) have been generated and tested in practice showing encouraging results. The new comprehensive approach takes into consideration not only traditional prevention in safety and health, but also promotion of all the other aspects of the working individual, including psychosocial aspects of work, age management and leadership, competence development and sustainable promotion and maintenance of work ability during the course of the working career of the employee.

Dr Evelyn Kortum presented an overview of WHO’s Healthy Workplace initiative. She reviewed the main objectives of this initiative that are to increase awareness among all stakeholders (business community, workers, practitioners, occupational health experts, policy makers), of the benefits of the comprehensive approach to workers’ health protection and promotion, to increase ease of use and ownership by the business community through provision of guidance, tools and good practices, to collaborate with experts from the Healthy Workplace Network and to mainly focus on SMEs through the support by large organizations. She looked over the WHO Healthy Workplace model and the four Avenues of Influence and she focused on the leadership engagement and the workers involvement that have to be actively included at any step of the process to make successful programmes. She reported on the “5 Keys to Healthy Workplaces: No Business Wealth without Workers’ Health” WHO document (see Annex 2) and illustrated in detail the 5 main principles identified as a guidance for healthy workplace initiatives.

The first four presentations went more deeply into the model and its four avenues of influence and illustrated recent trends and understanding of each of the four Avenues of Influence.

Dr Diana Gagliardi, Researcher, INAIL Research Area – Dept. of Occupational Medicine, WHO Collaborating Centre for Occupational Health, went through the key area of the physical work environment. She focused on the non-communicable diseases (NCDs) such as cancers, cardiovascular diseases, respiratory diseases being the cause of a relevant part of occupational diseases and representing clear threats not only to human health, but also to development and economic growth. She reported on Objective 4 of the WHO Zero Draft of the Global NCD Action Plan 2013-2020 where specific reference is made to the need to reduce modifiable risk factors for NCDs and create health promoting environments. She stressed the importance to consider both traditional risks and new emerging risks and to pay attention to vulnerable workers.
categories in the processes of risk assessment and intervention to reduce health risk exposure at the workplace. She outlined INAIL’s commitment through encouragement and financing companies to implement their training and information projects on occupational hazards and risks present in workplaces, as well as related prevention measures.

**Prof Stavroula Leka**, Associate Professor in Occupational Health Psychology, Institute of Work, Health & Organisations University of Nottingham, WHO Collaborating Centre for Occupational Health, reported the ongoing programme carried out since 2002 by the WHO Network of Collaborating Centre in OH with respect to the psychosocial work environment and the psychosocial risk management. She focused on psychosocial risks (work-related stress, violence, bullying and harassment in the workplace) which have been shown to have a significant impact on the healthiness of the individual, enterprise and society. She remarked that in order to face the psychosocial hazards a systematic process has to be followed which is the very key of the Healthy Workplaces model. The force of this model is also to have in its core the Ethics and Values and to require the leadership engagement as well as the workers involvement. She referred to “Health Impact of Psychosocial Hazards at Work: an Overview”, the WHO review report focusing on the stress and health outcomes which arise from exposure to psychosocial risks. She concluded her presentation providing some evidences (CSR report review and ESENER survey findings) and some examples of good practices (PRIMA EF Excellence Framework for Psychosocial Risk Management, PRIMA EF enterprise model, PRIMAeT online training package, PAS 1010).

**Prof Alberto Zucconi**, Director, Istituto dell’Approccio Centrato sulla Persona (IACP), WHO Collaborating Centre for Occupational Health, presented the recent trends in the personal health resources, the third of the four Avenues of Influence that frame the WHO Healthy Workplace model utilizing the workplace to support and promote worker’s health. This avenue implements strategic health interventions that have the potential to achieve measurable positive health outcomes amongst the worker population. He stressed the relevance of WHO systemic and comprehensive approach to workplace health protection and promotion really centred on the social construction of reality. He reported that workers’ lifestyles may have specific or general impacts on their occupational health and safety, and work ability. Health education may assist workers to avoid negative combined effects of lifestyle factors and occupational exposures. Health promotion that introduces healthy lifestyles and supports the maintenance of such lifestyles with appropriate information, counselling and educational measures need to be undertaken and they are preferably an integral part of any OHS programme. This health promotion activity is implemented in the form of inventories of resources, inventory of good practices, development of toolkits for healthy workplaces and provision of educational and training materials. Research indicates that in organizations where workplace health is managed effectively, financial performance increased by more than 2.5 times. He shared some findings of the Working Well Survey 2010 investigating emerging trends in employer-sponsored health promotion and wellness programmes. The results of this survey provided strong evidence that employers are increasingly recognizing the value of employee health and well-being to their organizations and their workforces, and are committed to promoting health and wellness as a business strategy.

**Mr Nicholas Andreou**, Research Assistant in Occupational Health Psychology, faculty of Medicine & Health Sciences, University of Nottingham, WHO Collaborating Centre for Occupational Health, explored the Enterprise Community Involvement Avenue of the model and focused on Occupational Health and Safety and Corporate Social Responsibility. He stressed the relevance of WHO Healthy Workplaces Framework comprehensive approach that addresses all of the needs of the OHS discipline: the traditional as well as the emerging risks. He pointed out the new concept of Corporate Social Responsibility (CSR) through the enterprise
community involvement avenue that may offer potential solutions to many of the problems faced by the discipline. He described various definitions of Corporate Social Responsibility (CSR) and reported some global initiatives for CSR (UN Global Compact, Global Reporting Initiative, Dow Jones Sustainability Group Index). He focused on the internal dimension of CSR policies which covers socially responsible practices concerning employees, relating to their safety and health, investing in human capital, managing change and financial control. Recent occupational health and safety promotion strategies by International Agencies have attempted to link OSH with CSR, establishing a business case of strategic importance for organisations. He illustrated the six themes considered to be relevant to health and safety from a CSR perspective (Human rights, organizational development and culture, diversity and non-discrimination, industrial relations, OHS system, employment conditions). A CSR approach to OHS can produce real benefits not only from workers’ health but also from business and societal perspectives in terms of cost reductions and added values.

Second day – Tuesday, 11 December 2012

The following presentations delivered by participants provided case studies and experiences of good practices in different countries and contexts.

**Prof Hua Fu**, Professor, School of Public Health, Fudan University, WHO Collaborating Centre for Occupational Health, gave a background overview of the healthy workplace practice in China. Severe challenges of workers’ health are faced in China because of the rapid development of industrialization. Employees face the same public health problem as the general population such as behaviour-related and infectious diseases. Beside traditional occupational diseases, the rapid development of new materials, processes and high technology are bringing new occupational hazards. Since 1990’s, China initiated the healthy workplace programme in different provinces, especially in the economically developed locations such as Shanghai, Beijing, Guangdong. He focused on the development of healthy workplace initiative in Shanghai and provided the case study of the Shanghai Power Maintenance Company, an enterprise of about 1200 employees where specific programmes were implemented to face the top five health hazards affecting the company workers. The preliminary results of the Healthy Workplace Program implementation showed very positive health effects. Since 2006 many work organizations without traditional occupational hazards attended to the healthy workplace program, increasing to 8000 work organizations in 2011.

**Ms Linn Iren Vestly Bergh**, Leading Advisor HWE Psychosocial WE Statoil ASA, presented the sustainable business practice experienced by the international energy company Statoil which integrated the psychosocial risk management into their existing management systems. Statoil carries out initiatives related to all the four avenues in the WHO framework. She focused on the avenue of psychosocial work environment and on the promotion of a healthy organization by targeting psychosocial aspect at work. She illustrated in detail how the psychosocial risk management was integrated by incorporating requirements and guideline for psychosocial work environment into the internal governing documents and how it was included also into the internal monitoring process. She described Statoil “Ambition to Action” integrated performance management process, which translates the company ambitions and strategies into strategic objectives, key performance indicators, actions and individual goals. She outlined the HSE risk indicator for psychosocial risk which was established into the performance management. The Psychosocial Risk Indicator (PRI) is a leading indicator that measures exposure to psychosocial risk that may impact workers’ health and safety. It is published in the internal performance management system and the results differentiate between installations with high or low level of exposure. The indicator is a HSE risk management tool supporting the business’ efforts in strengthening barriers that will prevent incidents.
Ms Jane Abraham, Specialist Advisor on Health and Wellbeing at Work, European Centre for the Environment and Human Health, University of Exeter Medical School, presented the case study of Ginsters medium size company, the Cornish bakery manufacturer with about 500 hundred employees operating in the very rural area of Cornwall. She illustrated how they implemented the Active Workplace programme and developed their sustainable healthy workplaces through a wide range of physical activities, health promotion initiatives, healthy nutrition offers, after work activities, etc. Over 80% of Ginsters’ staff participated in the programme, and a more active lifestyle has now become a way of life for many of them. These innovative efforts to improve the health and wellbeing of the company staff, families and local community has been widely recognized at a national and international level. The data collected from this programme demonstrated the return of investment for a business for this type of intervention.

Ms Sylvia Regina Trinidade Yano, Social Service of Industry – National Department (SESI/DN), WHO Collaborating Centre for Occupational Health, provided an overview of the status of workplace health in Brazil, in particular with regard to the activities of SESI. SESI provides services for the industries which enhance health, quality of life, education and leisure of workers on a national basis. Its mission is to promote quality of life for workers and their dependents, with focus on education, health and leisure, and to stimulate the socially responsible management of the industrial companies. She reported SESI’s promotion programs pilot project experienced in a chemical company (Braskem) to evaluate the financial return of the investments. The results of this pilot project demonstrated that investments in health and quality of life for industrial workers can bring companies concrete results, with significant feedback for entrepreneurs and employees.

Dr Tengku Mohammed Ariff, Associate Professor, University Sains Malaysia, provided the case of a healthy workplace programme implemented in a university setting. He gave an overview of the University Sains Malaysia and focused on its health and safety initiatives in terms of programs, education and research. The Kampus Sejahtera - Healthy Campus concept emerged from the realisation that the main factors for enhancing learning are the quality of life and the health of students in a wider context. The Kampus Sejahtera programme started in 2000 and is based on 5 main characteristics: volunteerism, teamwork, data and Information-driven, self-sufficiency on In-sourcing, comprehensive documentation. The programme stressed the need for a healthy lifestyle as the key to knowledge acquisition. Information sources was prioritized in the provision of integrated services. In relation to this, a portal known as the Healthy Campus Portal (http://healthycampus.usm.my) was developed emphasizing general accessibility to information pertaining to activities and documentation related to the desire state of well-being. The health and safety initiative permitted to obtain the leadership commitment and engagement, assemble resources, create awareness and facilitate staff to work together to foster OHS, translate and enforce OHS laws.

Ms Boglarka Bola, European Agency for Health and Safety at Work (EU-OSHA), presented the EU-OSHA Healthy Workplaces Campaign and the Workplace Health Promotion Project. She firstly gave an overview about EU-OSHA’s mission, main goals and engagement at national level in the European network. She reported some data from the ESENER survey, the European survey of enterprises on new and emerging risks – with particular focus on the area of psychosocial risks - which provides a valuable insight into the effectiveness of health and safety policies and provides useful guidance to policy makers. Among the ESENER survey findings, she highlighted the need for racing companies’ of OSH issues, the importance of workers representation in the risk assessment process, the need of small and micro-enterprises for practical tools to carry out a risk assessment and manage safety and health. Then she focused on the current EU-OSHA Healthy Workplaces Campaign which aims at encouraging
leadership and workers to work together to reduce occupational risks and to get effective prevention. She illustrated the Workplace Health Promotion Project which ask for the combined efforts of employers, workers and society to improve the health and well-being of people at work through the improvement of the work organisation and the working environment, the promotion of active participation in the process of WHP, the encouragement of personal development.

**Dr Jakob Naerheim**, President, IOHA, International Occupational Hygiene Association, NGO in Official Relations with WHO, gave an overview of IOHA organization and objectives. Then he focused on the International Occupation Hygiene Training. The training and qualifications scheme has been developed over 6 years by a group of occupational hygienists whose common aim is to raise awareness of these issues and to build the competencies required to recognise and control these risks. The aim was to create a scheme where people can receive high quality training in occupational hygiene anywhere in the world. Growing the number of hygiene practitioners and networking them together will help to grow the global community of occupational hygiene and will drive down the burden of occupational ill health. The training scheme promotes diversity and inclusion while maintaining strict quality criteria. The Occupational Hygiene Training Association (OHTA) was created to operate the scheme. It is a not-for-profit organisation of volunteers dedicated to improving protection of people worldwide from the risks of the working environment and to manage the global training and qualifications scheme in occupational hygiene. It is supported by the International Occupational Hygiene Association and its members and provides free access to educational materials through its website (www.OHlearning.com).

**Dr Francesco Draicchio**, Researcher, INAIL, Research Area – Department of Occupational Medicine, WHO Collaborating Centre for Occupational Health, presented some practical examples of INAIL research activity with respect to the ergonomics discipline and to the implementation of ergonomic solutions to address specific ergonomic concerns based on work gesture analysis techniques. He reported the experiment carried out on supermarket cashiers to evaluate the time, kinematic and electromyographic changes, in both sitting and standing positions, following the redesign of a checkout counter. The novelty of the prototype checkout counter was a disk wheel placed in the bagging area, which is designed to avoid the cashier having to manually push products along the bagging area. The results showed that the range of motions (RoM) values are lowest after the intervention and in the standing position. Mean and maximum muscular activation patterns are similar. Differences related to the bagging area in which the goods were released also emerged. The disk wheel represents a valid aid for reducing biomechanical overload in cashiers; the standing position is biomechanically more advantageous. He provided another example of ergonomics intervention on post-office workstations and preliminary data collected on milking parlours.

**Ms Janet Asherson**, Adviser, International Organization of Employers, provided an analysis of the Healthy Workplaces Model through the employers’ perspective. She noted that employers have many issues to face (energy costs, climate change, unemployment, resource shortage, finance) and firmness and constancy are needed to put the health promotion issue high on their agenda. In order to persuade the employers to be involved and use the WHO model, it is important to understand employers’ motivation, to make the right arguments in a language that business understands and to make the model flexible enough to accommodate the variety of healthcare models. Employers have primary responsibility for the occupational safety and health of workers as they have the authority to organise their business activities and conduct. But they cannot do this alone. Governments must set the frameworks to enable employer to provide flexible solutions to manage their activities. Others at the workplace, including workers, must cooperate to ensure their own and their colleagues’ safety and health. She indicated directions for implementing the Healthy Workplaces model at the company level and for delivering health
promotion at the workplace. She illustrated how the International Organization of Employers (IOE) supports employers in implementing ISH measures in an efficient and effective way.

**Dr Diego Alhaique**, Scientific Director, Magazine “2087”, outlined the problematic aspects of workers participation in the prevention process. Participation of workers in prevention is a basic principle stated by WHO, ILO, EU. He examined how each of these organizations encourages workers and managers collaboration to promote occupational health and safety at work. In the same perspective, he positively stressed that the second of the Five Keys to Healthy Workplaces states the active involvement of workers and their representatives in every step of the process from planning to evaluation considering their opinion and ideas. Many researches demonstrate that the existence of workers’ representation in the company is a good factor for a successful prevention system. He gave a brief overview of different methods of workers participation from information to consultation, negotiation, co-decision, workers' control and direct-informal participation. He reported the current trends in the trade union movement about occupational health and safety matters and the issue of participation in the prevention process. He concluded highlighting that the EU Framework directive should be considered as a reference not only for participation but also for the prevention system at enterprise level. Participation and OSH training should be promoted and gradually became compulsory in all over the world. Employers of Micro and Small and Enterprises should be given the tools to promote occupational health and safety at work. WHO and ILO should collect good practices on this issue and spread them.

**Third day – Wednesday, 12 December 2012, Interactive poster discussion on preventing Non-Communicable and Communicable Diseases in the workplace through the five keys**

**Dr Mei López-Trueba**, Researcher, Institute of Development Studies (IDS), Sussex University, presented a pilot study, based on 16 months of ethnographic fieldwork, aimed at exploring how the cooperative miners operating in Potosí’s Cerro Rico (Bolivia) understand and seek to manage the risks associated to their livelihoods and with what effects for their individual and collective wellbeing.

**Ms Eta Lilic**, Health, Safety and Wellness Manager, bank of New Zealand, illustrated how the Bank of New Zealand (BNZ) – with 5500 employees – developed My Well Being Programme as a response to the increasing number of health issues, particularly associated with chronic illnesses and the ageing population. After four years of delivering diverse programmes, improvements and return on investment (ROI) was evident through the FTE sick days used, decrease in work and non-work-related injuries, reduced turnover, and improved employee engagement.

**Dr Manohar Jain Gemawat**, OH Chief Medical Advisor, Simsglobal Health, illustrated the Be Well Champion campaign led in an Indian company in response to the speedy increase in non-communicable diseases, diabetes and hypertension in India. The BWC campaign tried to integrate all the 5 Keys into the programme and the results showed improvements of the health status comparing data before and after the campaign.

**Prof Isik Zeytinoglu**, Professor of Management and Industrial Relations, McMaster University, De Groote School of Business, presented two case studies conducted in the health care sector in Ontario, Canada on home care workers and nurses. The surveys aimed at examining the effects of workplace flexibility and evaluating how it is related to workers’ and employers’ outcomes. She illustrated the key study findings and how the required interventions cover the Healthy Workplaces Five Keys areas.
Mr Fernando Cecchini, Consultant, INAS CISL, focused on the situation of the psychosocial harassment – mobbing – in Italy and presented the results of a research conducted on a group of workers exposed to job harassment. He highlighted the wide dimension of this phenomenon and its serious consequences. Due to stress generated by mobbing, work can become the source of deep suffering, which generally provokes lasting negative transformations in the individual. This demonstrates the need for a national law protecting from mobbing and for awareness-raising of this phenomenon from the workers’ as well as from the enterprises’ part.

Dr Federico M. Rubino, Researcher, University of Milan, Department of Health Sciences, International Centre for Rural Health, WHO Collaborating Centre for Occupational Health, reported the experience of pesticide risk assessment of agricultural workers in Italian SMEs. He illustrated the risk assessment protocol for pesticide use and the effectiveness of the available tools for the field monitoring. He concluded that field measurements are needed to carry out an accurate risk analysis. Provisional Biological Exposure Indexes (BEIs) can be established for priority active substances.