

## **Activity Area 5: Development and expansion of occupational health services**

The session comprised the review of each of the 12 projects. The review and discussions were conducted within the context of the criteria defined for prioritizing projects and aligning them with both the activity area and the overall global plan for 2006-2010. During project discussions, project-related challenges and success factors were outlined and general activity area issues were raised. The goal for AA5 is to increase access to occupational health services globally by 15%.

### **AA5.1 East Asian networking of occupational health service model development**

The proposers described an established system of collaboration in East Asian countries exemplified by their annual occupational health meeting which gave rise to the concept of this project. This forum will also provide the ongoing impetus to complete the research and evaluation. Three countries (Korea-Japan-China) with similar cultural backgrounds and aging populations are collaborating with a view to covering 40% of the working population and Japan and Korea wish to develop a model for small scale industry. (Note synergies with Project 5.12)

Extensive discussion ensued on the scope and focus of Activity Area 5: i.e. the development and expansion of existing occupational health services versus the provision of basic occupational health services. It was concluded that these approaches were not mutually exclusive and that both were appropriate for the activity area, depending on the project setting.

### **AA5.2 Development and adaptation of occupational health system and services in the Russian Federation as in the country with transitional economy**

With the change in political structure, there is now the need to develop a model to provide occupational health services - an effective model for large enterprises integrated with quality management to optimize production and competitiveness in a global market will be based on review of Russian and global comparative analysis of OH models. The Russian Federation has 70 million workers and 8000 occupational health care workers. The project will involve the inclusion of basic occupational health services and the proposers have already translated the basic occupational health services document into Russian.

The size of the potential population to benefit would enable this project to be considered without other participating CCs. However, discussion on collaboration resulted in partners being identified: WHO Euro/ILO project operating in Moscow, Ukraine CC, University of Illinois and ICOH.

### **AA5.3 Develop the 2006-2010 plan for introduction of the national strategy for providing safe and healthy conditions for workers in the Ukraine as a demonstration area for CIS countries.**

The project has three stages to develop an information system for surveillance data and plan the strategy; to develop a system of primary intervention for high risk workers; and to introduce and assess the strategy at the national level. The focus is on prevention within the most dangerous workplaces. The project has funding (WHO grant) and internal partners. Following discussion, further collaborators and synergies were identified: KOSHA Korea and Japan, Projects 5.8 and 5.10

### **AA5.4 Development of innovative models for organization and provision of occupational health services in South East Europe**

A collaborative project initiated by Macedonia (a small country with 2 million people) provides the opportunity to collaborate with Croatia and Bosnia Herzegovina to develop models, produce an essential package for basic occupational health services and train occupational health experts appropriate to the region which has the same occupational health goals and direction.

The proposer raised the issue of having expertise but lacking the capacity for continuous professional development and thus the need for collaboration with developed centres such as in Finland for there to be regional impact. The submission made for funding for basic occupational health services in SE Europe will be aligned with this project and support will be given by the Finnish Institute (FIOH) and the EU.

#### **AA5.5 Enhancement of occupational health and safety in Mexican industry**

The Industrial Accident Prevention Association (IAPA) has an ongoing project funded by the Mexican Department of Labour and collaborating with other Mexican partners to develop an occupational health management system for small and medium enterprises. Workplaces have already been identified to pilot and evaluate the system and progress is awaiting the elections and confirming support. Target industries (e.g. automotive industry) have been selected and the concept is to introduce financial rebates for those workplaces meeting criteria through voluntary participation. Response has been mainly from foreign owned companies. The system is based on ISO 18001 and ILO guidelines and is being conducted with the occupational medical practitioners who consult to the project enterprises.

Results and training programme from the first phase of the project are available from IAPA which is willing to assist other collaborating centres. The model will be applicable regionally.

#### **AA5.6 Enhancement of occupational health and safety in Brazilian industry**

Similar to AA5.5, this project is ongoing in Brazil where there is also collaboration with a potential WHO CC (SESI) plus collaboration with a number of Canadian partners, ILO and PAHO. Focus is on introducing an integrated occupational health management system for small and medium size enterprises in 6 states in Brazil. The project entails attitudinal change of 'safety' engineers for quantitative risk assessment towards including other 'health' issues plus access to information by semi-literate remote workers. The strong Canadian partnership supports capacity development.

Discussion included the variation in definition of small and medium enterprises between developing and developed countries (500 workers = medium in Brazil)

#### **AA5.7 Development and integration of basic occupational health services into primary health care in Southern India.**

To enhance access to professional OH services by small and medium enterprises is usually expensive. The project will investigate the use of primary health care services which already penetrate the target community as a cheaper option. Different models of knowledge transmission will be explored, mainly for the non-organised sector which comprises the majority of workers in poor countries. There is internal collaboration in India for this project focused on rural agricultural workers with NIOH (India) and external partnership with FIOH.

Discussion centred on the investigation of lower cost-higher impact models, the need to enter the political debate for political commitment to get the pilot project implemented and maintained, and the essential component of front line service support. This project is in line with the ICOH and WHO goals and collaboration with the Central American project with primary health workers and the Thailand primary health care / occupational health pilot integration model would be synergistic. Other collaborating centres expressed an interest in the model. Alternative and innovative basic OH service models ranging from information dissemination to integration with primary health care are important for developing countries, the informal sector and also small enterprises in developed countries and involvement of non-governmental/ community organizations and the non-health care sector should be explored.

#### **AA5.8 Development of a support system for occupational safety and health management in small enterprises in Japan**

This is an ongoing project based on training materials and check lists already produced for lead battery factories in Japan with internal Japanese collaborators and NIOSH collaboration in occupational safety and health management. This initial work will be expanded to produce tools for small enterprises.

Discussion covered this project serving as a model for developed countries and targeted at small industries where occupational health services already exist i.e. extension of occupational health services. Collaboration with Korea and an advisory role in China were mentioned.

#### **AA5.9 Health promotion programs for selected groups in Central America**

This project in Costa Rica is part of the SALTRA funded programme with a NIWL, NIPH, PAHO and ILO collaboration in addition to local associations. The emphasis is on health promotion and worker empowerment, not development of occupational health services per se but involves developing a system for different sectors – construction, sugar cane and coffee migrant workers – and production of materials in English and Spanish.

This serves as a model for rapid assessment and occupational health models since the long term nature (12 years) and use of non-governmental organizations illustrate different approaches relevant to services.

#### **AA5.10 Occupational health service support for small enterprises to promote their ability to enhance health status of workers**

This Korean project (KOSH and local partners) is evaluating a model developed for provision of occupational health services to small industry (less than 50 workers) with private agencies and government subsidy. The public-private partnership model has evolved in Korea through customer satisfaction surveys and the implementation of both hygiene and medical services will be assessed.

Although based in one country, the model could potentially serve regional and global service development.

#### **AA5.11 Quality assessment and audit of occupational health services**

The focus of the project is development and implementation of a quality assurance and audit system to assess policies and practice in OHS services. Although currently confined to pesticides, the plan is to extend this project to regional occupational health services and involve interested international partners/ experts in health and safety assessment with subsequent regional impact in Europe.

#### **AA5.12**

This is the most ambitious project in terms of potential impact in AA5. Proposed by ICOH, WHO, ILO and the Ministry of Health in China, it comprises incorporating the BOHS model into state controlled health and safety programmes in China. Available data indicate an enormous burden of disease and injuries in many of the main industries in China such as mining, construction, agriculture and SMEs. There are about 740 million workers of whom 160 million are internal migrant workers, and China accounts for one third of the world's workplaces. The BOHS model, piloted in 20 countries, will be used to develop a Chinese model, train trainers and disseminate the final adjusted model after piloting at the local level (counties) in several provinces.