

SUMMARY REPORT

Sixth Network Meeting of the WHO Collaborating Centres in Occupational Health

21-22 February 2003, Iguassu Fall, Brazil

Introduction

1. The Sixth Meeting of the Network of the WHO Collaborating Centres in Occupational Health was held on 21–22 February 2003 in Iguassu Falls, Brazil, as originally agreed in the Fifth Meeting, held in Chiang Mai, Thailand, in November 2001. The ninety-three participants in the meeting included representatives from forty-five Collaborating Centres, ILO, ICOH, IOHA, IEA, WHO headquarters and the WHO regional offices of PAHO, SEARO, WPRO, and AFRO. This was the first time the Network Meeting was arranged to immediately precede the World Congress of the International Commission on Occupational Health. Most Network Meeting participants also attended the ICOH Congress and the members expressed enthusiasm about this type of arrangement.

Professor Marco Maroni, Chairman of the Planning Committee of the Network of the Collaborating Centres, opened the meeting and wished all the participants warmly welcome. He reminded the Meeting of the Network's previous phases of development, starting from a small meeting in 1992, and further increasing the number of Collaborating Centres during the years, so that the number now is more than 60.

He also introduced *Dr. John Howard*, Director of the US National Institute for Occupational Safety and Health (NIOSH), who will take over the Network Chair for the next three-year period. *Dr. Marilyn Fingerhut*, who very successfully coordinated the Network activities in the WHO Headquarters in Geneva in 2001–2002, will continue as the Network Coordinator while working at NIOSH in Washington.

Dr. Jacobo Finkelman, PAHO/WHO, mentioned in his welcome address that since the last Network Meeting in Thailand, we have seen a lot of development in our field; measures have been taken that have made our workplaces safer. All this has been partly based on various alliances, networks, and the involvement of all those in the work who can bring about changes at the workplaces. We still face several major challenges, however, such as occupational health and safety problems in the informal sector, especially as the informal sector is expanding. The majority of the occupational diseases diagnosed are in the informal sector, and they are, unfortunately, beyond the reach of occupational health and safety services. Also, the unemployment of young people is a problem in many countries. The life expectancy, for example, is one of the concepts that reveals the inequalities in health in various regions.

Dr. Sonia Maria Jose Bombardi of Fundacentro, Brazil, wished all participants warmly welcome on behalf of the host country. She also stressed that collaboration is valuable for all countries and Collaborating Centres. She hoped that all the participants would have some time to enjoy the nature in Iguassu Falls.

Professor Bengt Knave, President of ICOH, stressed in his welcoming address the importance of having the WHO Collaborating Centre Meeting in conjunction with the ICOH2003 Congress, as the collaboration between the two organizations has been fruitful. The WHO provides a forum for the national institutions in the field of occupational health and safety, and ICOH complements the picture by bringing together individual occupational health and safety experts. At the same time, he also wished all participants welcome to ICOH2003 Congress, starting right after the WHO Meeting.

Dr. Maged Younes, WHO/HQ, presented the welcome address of the WHO. He also pointed out how important the role of the Network of Collaborating Centres in Occupational Health has been from the very beginning of its establishment in 1990. He emphasized the critical role of the Collaborating Centres for the Occupational Health Programme of the WHO. The occupational health network has been taken as an example in the WHO also for other topics. He continued by pointing out the crucial role of *Dr. Marilyn Fingerhut* in revitalizing the occupational health programme within the WHO programmes. The Occupational Health Network also provides a good basis for working together with the ILO, which is a necessary prerequisite for conducting successful occupational health and safety programmes worldwide. He welcomed the new members to the Collaborating Centres Network. ICOH was also thanked for all its support in carrying out the activities. *Professor Jorma Rantanen* was referred to as the defender of the priority position of occupational health on the agenda of the WHO. *Dr. Younes* gave deserved merit to the staff of the WHO Occupational Health Office. Last but not least, he thanked all the Collaborating Centres for the work they are doing for the benefit of the health of the workers throughout the world.

2. The Chairs of the Meeting as well as of the Task Forces were appointed as noted on the Agenda. The Task Forces were asked to appoint Task Force Rapporteurs who were requested to give a 5-minute report in the Concluding Session. *Ms. Suvi Lehtinen*, Finland, was elected Rapporteur of the whole meeting. The Agenda of the Meeting is attached as Annex 1, and the List of Participants as Annex 2.

Overview of WHO, ILO, and NGO Programmes

3. *Dr. Marilyn Fingerhut*, NIOSH, briefly described the structure of the two-day meeting. She also presented the Compendium that compiles all the on-going projects among the Collaborating Centres, agreed upon in Chiang Mai,

Thailand. It will be printed after 30 March 2003, by which time all the Collaborating Centres were requested to check that everything that is of importance is included.

Dr. Fingerhut encouraged the partnerships in carrying out the activities to meet the challenges posed by the Global Strategy on Occupational Health for All. There are now 60 fully designated Collaborating Centres, and 13 are in the process of being designated. It was also reported that we now have three Collaborating Centres in Africa, which was proposed in the previous Network Meeting.

New websites have been created, such as www.who.int/oeh, www.sheafrika.info, and <http://osha.eu.int>. There are new GOHNET issues, one on maritime health and one on stress. New training programmes have been prepared on CD-ROM, Hazard Prevention and Control in the Work Environment: Airborne Dusts course was prepared in collaboration between the Swedish National Institute for Working Life, the Finnish Institute of Occupational Health, and the University of Cape Town. Its feasibility will be tested in practice in Johannesburg and Cape Town, South Africa in March 2003. The WHO Introduction to Occupational Health Training Programme, developed by the University of Illinois, has been piloted in Turkey, South Africa and Ukraine. A demonstration training session and the final draft CD-ROMs are available for all Collaborating Centres.

In summary, about 85% of the Collaborating Centres are participating in one or more projects to implement the Global Strategy on Occupational Health for All.

Several new publications have come out. The first publication in the Protecting Workers' Health Series was Pesticides. Three new publications have now been added: Work Organisation and Stress, Understanding and Performing Economic Assessments at the Company Level, and Psychological Harassment in the Workplace. A booklet on Musculoskeletal Disorders is in press, and the book on Basic Occupational Health will be printed before the end of 2003.

Marilyn Fingerhut introduced the four areas of joint efforts of the WHO and the ILO. The WHO/ILO Joint Effort on OSH in Africa was described in detail. Additional information is available at www.sheafrika.info. The African Network now has more than 100 institutions or experts as partners in the Network. The collaboration with e.g. Child Labour, Prevention of Silicosis, Training, and Internet Task Forces needs to be ensured, as these topics overlap with each other. The Joint Effort in Africa has been successfully collaborating with the Fogarty Foundation grant programme. The International Occupational Hygiene Association, IOHA, and the training programmes in occupational hygiene in Africa have been working together, so that each of the 13 African students in occupational hygiene now have a mentor for their long-distance learning.

The Prevention of Silicosis Programme is proceeding well and there will be many presentations describing the country situations in the ICOH2003 Congress.

The Global Burden of Disease initiative has been successful: the October 2002 WHO World Health Report includes several work-related occupational risk factors on the global burden of disease. The figures should be used to describe the global and national situation of the burden of disease, and also to target preventive measures in each country.

Dr. Fingerhut also described several other activities that had been carried out during the past two-year period.

4. *Dr. Jukka Takala*, ILO, reported on the programmes of the International Labour Office (ILO) for the development of occupational safety and health worldwide. He reported that it has been estimated that there are 2 million fatalities every year, the number of occupational accidents occurring every year is some 270 million, and the estimated number of occupational diseases is about 160 million. Both the global context and the national issues have an influence on the occupational health and safety situation in the countries. More than 50% of all workers are working in agriculture, and more than 70% work in the informal sector. This is a big challenge for the occupational safety and health experts.

The ILO objectives in general aim at decent and safe work. The ILO Global SafeWork Programme consists of four major objectives: protecting workers in hazardous occupations, extending protection to the informal sector, promoting the workers' health, and showing that protection pays. Dr. Takala reported on labour standards. They form an important basis for the occupational safety and health work in the countries, but the development of the inspection systems is also important. Knowledge management, networking, technical cooperation and inter-agency collaboration were also mentioned as crucial elements in the development of working conditions and occupational safety and health.

Most of the ratifications of conventions are made in Europe, Africa comes second, while Asia lags behind. The responsibility of the governments lies in making policies, of employers in ensuring safe and healthy working conditions, and of workers in co-operation when health and safety are being improved at the workplace.

Dr. Takala mentioned that 37 Codes of Practice have been produced, and the countries report that they are being used effectively. He also reported on knowledge management, which is an important issue for any country. In order to ensure the user-friendliness and effectiveness of various information materials, the national languages need to be used in addition to English. He reported that gradually all the ILO materials will be available through the Internet. More CIS Centres have been proposed, as well as more translation of materials into several languages. He also mentioned the collaboration between WHO, ILO, and UNEP in producing international chemical safety cards that have already been translated into 20 languages. These products are practical tools in the prevention of occupational exposure.

The ILO Programmes form the global framework, but the practical work is being done at the national level in national programmes. Therefore, this is seen as an important emphasis in the ILO Programmes. The governments need to do their own share in ensuring the workers' health and safety.

5. *Professor Bengt Knave*, International Commission on Occupational Health, ICOH, discussed in his presentation the core of the ICOH activities which are carried out within the work of the 35 Scientific Committees working actively on various topics of occupational health and safety. More than 1800 participants are expected to attend the ICOH2003. Professor Knave also referred to the next Congress to be held in 2006 in Milan. It will be the 100-year anniversary of ICOH. There are three bids for organizing the Congress in 2009 (Fukuoka, Seoul, Cape Town) and Mexico has already made a bid for 2012. Many collaborative efforts are underway. IOHA and ICOH are preparing a joint declaration on occupational hygiene, WWCS and ICOH are working together on computer issues and information dissemination. ICOH is also looking for new members. The Board of ICOH has set several task forces to work on specific topics. Fees and the official working language of ICOH are on the agenda of the Board. Professor Knave concluded by stating that ICOH is ready and willing to support the other International Organizations in their work.
6. *Dr. David Zalk*, International Occupational Hygiene Association, IOHA, described the activities of the IOHA. There are 23 countries represented in the membership of IOHA. He also reported on the collaboration with WHO, especially in the Task Forces of the WHO Collaborating Centres' Network, in the PACE Programme, in the African Initiative, and in the Silicosis Prevention Programme, just to mention a few. The IOHA has contributed to many of the Task Forces in various forms, including training of occupational safety and health personnel. He also mentioned that the next IOHA Scientific Conference will be held in 2005 in South Africa. Dr. Zalk described several ongoing projects, such as Southern African MPH Training Programme, China University opportunity, IOHA Certification Committee, Occupational health and safety management standard implementation, work with international bodies, and work with the European Commission. He also told about a "Tool kit" developed by IOHA for ILO. The toolkit allows enterprise managers and workers to identify easily the control technology needed for the chemical process in the enterprise tool kits. The toolkit is now being tested in practice.
7. *Dr. Kazutaka Kogi*, International Ergonomics Association, IEA, described the activities of the IEA. He welcomed the collaboration between IEA and the WHO with its Network. IEA is an association of 38 federate associations worldwide. He referred to the World Health Report which showed ergonomics to be a cause of work-related morbidity and mortality. Training for ergonomics professionals is under development. Research, education and training are carried out within IEA both in industrialized and developing countries. The next IEA Congress will be held in Seoul, Korea in August 2003. Two ways of collaboration with the WHO Collaborating Centres were recognized. One is the development of training and the other consists of various projects to support the WHO Task Forces. Dr. Kogi also expressed his gratitude for being able to attend this Meeting, and looked forward to contributing also to other forthcoming meetings of the Network.

Activities of the WHO Regions related to the Global Strategy and the 2002–2005 Global Work Plan

8. *Dr. Maritza Tennessee*, AMRO/PAHO, presented the activities in the Region of the Americas. Labour inequalities exist in many areas of the Region. The Regional Workers' Health Plan is being implemented in the countries of the Region as agreed upon at the highest political level. A new work culture, personal and collective development, public participation, improvement of working conditions are the new initiatives for future work. Dr. Tennessee mentioned that the transfer of technology and industrialization are still the source of major problems in many Central and Southern American countries. The problems related to the transfer of technology concern more than 250,000 workers in five Central American countries. Risk profiles are being produced on biological, ergonomic, physical and psychological factors. A participatory process was adopted in the decision-making concerning the practical projects, encouraging the countries to commit themselves to carrying out the initiatives. The occupational health standards are implemented at several levels: regional and sub-regional, national, local, and workplace levels. The collaboration is focused on research, training, and dissemination of information. Dr. Tennessee also mentioned the use of the healthy workplace toolkit, which aims at providing easy-to-use approaches to workplaces. She reported on the successful implementation of the toolkit in the Dominican Republic and Guatemala. The III Summit of the Americas integrated occupational health into the document, as agreed.
9. *Dr. Harry Caussy*, WHO/SEARO, reported on the activities of the South-East Asia Region. There are two Collaborating Centres in the Region, one in Thailand and the other in India. Although only 10 countries are included in the Region, a quarter of the world's population live there. The prevalence of occupational diseases is high. There is a need to strengthen the infrastructure in these countries. Dr. Caussy continued by introducing the questionnaire methodology that has been used to describe the status of occupational health in the Region. Policy, infrastructure and capacity building were surveyed in the Region in order to target future measures more effectively. Physical exposure was found to be the most prevalent. Legislation and inspection mechanisms need to be developed. Strengthening of the infrastructures will be enhanced by creating more centres of excellence that work for the development of occupational health and safety in the countries. Surveillance guidelines are also sorely needed. The formulation of national and regional plans of action is a high priority. Furthermore, developing a uniform teaching module will be a priority in the near future.
10. *Mr. Thebe Pule*, WHO/AFRO, reported on the perspectives of the African Region in the field of occupational health and safety. He stressed the need for more capacity in occupational health and safety in the Region; this is the number one priority. In the Regional Office, occupational health is placed under healthy environments. Evidence-based policy guidance, adequate methodology for prevention, and support for building capacity to implement

national health and environment action plans are the goals of the investments in manpower development in the Region. The two sectors, health and labour, should be encouraged to collaborate. In the years 2004–2005, 39 countries chose 'protection of the human environment' as an area of interest. Raising of awareness, developing policy and legislation (creating a positive climate), human resource development, occupational health programme setting, and community participation and involvement are the main forms of implementing the action plan. Also, creating a network of expertise is crucial, because it will facilitate the sharing of information and avoiding duplicate work. Here also the information technology will be utilized better than before. Some constraints were also recognized: limited resources, fragmentation, insufficient information management (better information sharing is needed), existence of two language systems (Francophone and Anglophone), and the lack of research. There are perspectives to further harmonize the developments in occupational health and safety in the Francophone and Anglophone countries of Africa.

11. *Dr. Hisashi Ogawa*, WHO/WPRO, described the activities of the Western Pacific Region. The Region covers 37 countries and areas, including small Pacific Islands. In the WPRO Region, several activities related to the WHO Collaborating Centres' Work Plan 2002–2005 have been going on. Task Force 6: Health promotion activity was implemented by Vietnam, Mongolia, Malaysia, Singapore and the Philippines. A regional workshop was organized in October 2002 in Kuala Lumpur. Also, contributions to Task Force 4 have been made by China and Japan, to TF 8 by Vietnam, to TF 11 by China and Vietnam, and to TF 12, as the Healthy Workplace Initiatives data base is being established.
12. *Professor Marco Maroni* presented the report of the EURO Region on behalf of Dr. Bertolini. He reported that the Third Meeting of the Network of the European Collaborating Centres in Occupational Health was organized in Nancy on 30 September–1 October 2002. The Meeting recognized the priority position of occupational health on the agenda of the European Regional Office. Therefore, occupational health will be added again specifically to the agenda from 2004 on. In the Network Meeting, four core elements for the European Occupational Health Programme were agreed upon. It was agreed that the leading institution for *the Basic Occupational Health* objective is the Finnish Institute of Occupational Health, *Agriculture and Rural Health* will be developed under the leadership of the ICPS, Milan. The third core element is *Health, environment and safety management at the workplace* under the leadership of the Nofer Institute of Occupational Medicine, Lodz, Poland, and the fourth core element *Changing world of work* under the leadership of the ISPESL, Italy. Each core element will be developed in more detail, so that as many Collaborating Centres as possible can contribute to the implementation of the programme elements.
13. *Professor Jorma Rantanen*, Finnish Institute of Occupational Health, presented the proposal for the WHA Resolution on Occupational Health. It had already been discussed in the Network Meeting in Chiang Mai, and a draft Resolution had been prepared during the Meeting. It was decided that the WHO/Headquarters will proceed with the initiative. Professor Rantanen introduced the revised draft Resolution, in which also the action plan, decisions and recommendations of the Johannesburg Summit have been taken into account. In addition, the Millennium Summit Declaration and Mr. Kofi Annan's statement concerning the priority value of occupational health, both on the national and international agenda, have been taken into consideration. Professor Rantanen continued by explaining why occupational health should be given a high priority. A large number of occupational accidents and diseases occur every year, there are vulnerable groups in the working population, and there are underserved groups of workers who deserve more attention. High-risk sectors, such as mining, construction, and agriculture also need more attention, and new epidemics call for immediate action. At the same time, only 10–15% of workers have access to occupational health services. There is a growing body of evidence from industrialized countries showing a positive correlation between health and safety at work and productivity and socio-economic development. If provided for underserved workers, basic occupational health services are likely to contribute positively to the elimination of poverty.

After the Chiang Mai Meeting, it was agreed that the proposal should be an initiative of the Collaborating Centres. Therefore, it was suggested that, following discussion and reconfirmation at this Network meeting, the Occupational Health Resolution be finalized by the Collaborating Centres. It was proposed to be taken up on the agenda of the Executive Board in November 2003 and in the World Health Assembly in May 2004.

14. The new website proposal of the Network was introduced by *Dr. P.K. Abeyunga*, Canadian Centre on Occupational Health and Safety, Canada. He described the plan on the portal for the WHO Collaborating Centres. The aim is to get all the materials as easily accessible as possible. News and events, legislation, training, etc., were some of the headings under which the information will be compiled. There is also a possibility for each country to create its own pages. These pages will be maintained by the countries themselves. In some of the countries, there are several Collaborating Centres and they all can be listed and described on the pages. The portal is being created in three languages, English, French, and Spanish. The providers of information in the Network portal have been selected so that reliability has been ensured. The portal includes also a powerful search service. The system, when ready, allows people to search according to categories, countries, and so on.
15. *Dr. Daniel Hryhorczuk*, Director, Great Lakes Center for Occupational and Environmental Safety and Health, USA, described the survey and collection of training manuals that had been carried out within the framework of Task Force 11. The continuum of e-learning includes e-mail correspondence, web-based portals, literature searches, training materials on the web, web-based short courses, just to mention a few. There are web-based forums in many countries to facilitate information search and the learning process. International portals can be found (CCOHS, Bilbao, ILO, NIOSH, FIOH, etc.). A lot of materials are available also from academic portals, as well as from professional society portals. In addition, there are several commercial portals. Literature searches can be

done from large databases, such as Medline and Toxnet. OSHA silicosis training is a good example of a good government source. ATSDR and EPA Pesticides provide information on chemicals. Electronic libraries, e.g. on specific topics such as construction safety and health, can be utilized. Webcasts are a combination of slide presentations with audio and video. Case studies are available on the web and can be found e.g. at ATSDR. The US National Library of Medicine provides short courses on the web. Academic short courses are provided e.g. by the University of Illinois School of Public Health. There are also several online academic certificate programmes. Barriers to e-learning were also mentioned: language, cost, copyright, time, difficulties of paced learning, bandwidth, printing capability, variable quality, and the fact that it is rapidly evolving. Opportunities are the portals, forums, electronic libraries, donations of CCOH-developed materials to a WHO-OH electronic library, adding trainees to ongoing courses, and giving certificates to the trainees.

16. *Dr. Kari Kurppa*, Finnish Institute of Occupational Health, Finland, gave a presentation on country and local profiles and indicators in work and health. This method has been introduced as a tool to encourage countries to collect relevant information on the use of the workplace as a setting for the protection and promotion of the health of employees. Employers and their families are also included. The method can be used as a source of information for workplace health policy making, and to demonstrate the workplace health impact on public health. The survey carried out in the European Region showed that the comparability of the indicators between the countries is poor, e.g. in occupational diseases, coverage of occupational health services, and competence criteria of occupational health personnel. There are only a very few indicators that are directly comparable between the countries. Dr. Kurppa also mentioned provincial profiles that have been made in Thailand, Vietnam, Nepal, Sri Lanka, Tanzania, and the Philippines. Subject-oriented profiles will target the information to a specific topic in a specific country. These profiles will provide a good basis for others to learn and develop their own local systems. He also mentioned, as an example, the Sri Choom Village profile from northern Thailand. It provides village memory and an overview, puts the issues into the local context, uses qualitative indicators, recognizes the needs and resources at the local level, provides a summary of the occupational health and safety issues, and is available at the village health post.
17. In the discussion, the question of the priority position of occupational health was taken up. The central role of the working population in the development of the whole society was emphasized, and it therefore deserves more attention. Concerning the comparability of indicators between countries, it was stressed that it is also important to know the differences between the countries. The need for short training modules on specific topics was recognized. It was also recognized that the meeting of the Network participants should be given more time, because discussion is vital, and reflecting upon the ideas and experiences is a cornerstone in the development of activities in each country.
18. *Dr. Marilyn Fingerhut* described the work of the Task Force Working Sessions. The Task Forces look for commitment of the Collaborating Centres to implement the action plan assignments by 2005. This is the time to make an interim review about the goals and achievements of the Task Force. One hour has been assigned to each Task Force. The work can be continued, if needed, in another hall.

Task Force Working Sessions

19. In the Fifth Network Meeting, held in Chiang Mai, Thailand, a work plan for the years 2002–2005, comprising 15 Task Forces (TF), was agreed upon. It was then agreed that the mid-term review of the tasks be undertaken in Iguassu Falls in February 2003. The final deadline for the tasks is the end of 2005. Simultaneously, the Network of the European Collaborating Centres in Occupational Health agreed in its Meeting, held in Nancy, France, on 30 September –1 October 2002, that four specific programme elements be developed for the European Region. These were expected to be in line and provide support for the implementation of the Global Work Plan 2002–2005.

20. TF 1. Guidelines

Chairs: Ms Evelyn Kortum-Margot and Dr Gerry Eijkemans Rapporteur: Dr. Andrew Curran

The progress of the projects in the Network Work Plan was reviewed. It was pleasing to note that excellent progress was being made in the majority of the projects, with opportunities for additional collaboration being offered in two cases.

The Task Force reviewed the status of proposed outputs from the projects listed. It was agreed that it is important to understand the difference in status between 'Guidelines', 'Guidance', 'Recommendations' and 'Legislation'. It was also recognized that the translation of documents may inadvertently lead to a change in status, depending on the context in which it is read. It is clear, however, that the final form of any output should be driven by the needs of its intended audience. As outputs will be badged with the WHO logo, it will be important to ensure that a rigorous quality review procedure is in place and a global perspective taken. This should include a review of the evidence base (cf. publication peer review process), alignment with WHO policy, intent and language, and the inclusion of a standard introduction to explain the standing of the document. The Task Force agreed that once established, this process should be subject to review to ensure its fit for the purpose.

The Task Force members were pleased that the 'bottom-up' approach, whereby the impetus for guidance documents came from an offer by a Collaborating Centre, is producing excellent results. In the future, the growth of the Collaborating Centre Network may enable 'top-down' activity to be considered also, i.e. the Collaborating Centres involved in this process and WHO should identify some topic areas that are high priorities and suitable for this process. The Task Force is also seeking a Chair from a Collaborating Centre to move these issues forward.

In summary,

- Good progress is being made with the activities in the Work Plan
- A change in name should be considered, as 'Guidelines' is an unsuitable term
- The peer review process should be standardized
- All guidance should have a strong evidence base
- Consider options for a more strategic approach through 'guidance needs analysis'.

21. TF 2: Intensive Partnership in Africa

Chair: Dr David Rees, Co-chair: Dr Gerry Eijkemans

Rapporteur: Dr Mohamed Jeebhay

Progress has been made in most of the activities.

The activities under this Task Force can be divided into 4 themes:

- Training and professional development (most projects concentrated here)
- Information and communication
- Programme development
- Occupational health and safety profiles.

Since this Task Force was created in close coordination with the African Joint Effort, and the function of the African Joint Effort (AJE) is defined as an "alliance" on occupational health in Africa, all projects and activities in this Task Force contribute to the success of the AJE. The AJE has been moving on steadily. Over 100 partners have joined; Different activities in the 4 areas of the AJE have been carried out, such as training, research, information dissemination, etc. (For further information on the AJE, please consult www.sheafrika.info)

Some of the highlights of this Task Force were:

Training:

- ISPESL training is developing a Northern African Francophone Network on training and research, together with the IRST of France and the Instituto Nacional de Trabajo of Spain; support is available on request. (Iavicoli)
- University of Michigan/Fogarty programme to support research and training in occupational and environmental health in Southern Africa; Strong, ongoing programme that has expanded from South Africa to SADC (Jeebhay, Robins).
- FORST: ongoing, training programme in French-speaking Africa (Fayomi). This project is receiving support from collaborators in France, Switzerland and Canada.
- MPH Diploma in Public Health in Occupational Hygiene, South Africa: ongoing (Zalk, Rees)
- Modules and training on basic OHS in Tunisia. Modules exist and training courses are organized on a yearly basis (Rachida).
- Training course on pesticide management (Liesivuori). The course has been organized.
- Training of occupational health and safety experts in Africa. Ongoing project (Jeebhay).

Information:

- AJE Newsletter and website (www.sheafrika.info) is up and running well (Eijkemans).
- Clearing house (NCOH) is under construction. Many documents have been collected already (Rees).
- e-journal in French: ongoing (Mokrane).
- The African Newsletter on Occupational Health and Safety is well established and published as three regular issues annually. The Newsletter is also available through Internet at: <http://www.occuphealth.fi/e/info/ani> (Lehtinen).

Programme development:

- bi-regional programme Sweden-Africa. The programme is aiming at building centres of excellence. It is an important project in terms of resources, and will start in 2003. (Rees, Jeebhay)

OHS Profiles

- Community profiles, starting, with Kari Kurppa and David Rees. Many possibilities foreseen for this component in the AJE, in various countries (Rees).

New projects:

- The Hazardous Child Labour Network, Africa component. This has been started by IPEC, and is aiming at creating synergy with the AJE (Susan Gunn)
- HSE Laboratory collaboration in occupational allergy with NCOH and University of CapeTown (Curran, Jeebhay, Rees).
- Linkage of the www.sheafrika.info website to the newly developing Global Portal (EA, WHO, ILO, with CCOHS).

22. TF 3: Child Labour and Adolescent Workers

Chairs: Dr Susan Gunn, Dr Gerry Eijkemans

Rapporteur: Dr Stavroula Leka

No particular problems were identified with the TF projects. However, the Chairs have asked the Collaborating Centre members to e-mail them and update them on their progress.

The main goal of the TF until 2005 is raising awareness on child labour and adolescent workers. The goal will be met through a number of actions:

- **Sharing information**

TF members will share information among themselves and with other TFs on available guidelines and intervention tools via their regional/national websites.

- **Increasing awareness**

The TF will be committed to increasing public awareness on OSH for young workers (including families and community leaders), policy makers, and practitioners and trainers in related fields. TF CCs will exchange experiences and share 'success stories' that can be used to achieve this goal.

- **Estimating the magnitude of the problem**

Each Collaborating Centre will share existing national data on the problem, such as statistics on fatalities, accidents and selected diseases of young workers. Additionally, the ILO and the WHO will work towards improving global statistics on fatalities, injuries and diseases due to starting to work at an early age.

- **Occupational hazards list**

A list of occupational hazards for young people will be prepared and distributed among Collaborating Centres for review and identification of gaps. Special emphasis will be given to psychosocial issues as well as ergonomic risks. The control banding approach will be explored, weighing hazards according to age categories (e.g. under 15, 15–18). The TF will remain committed to stressing the importance of psychological and social factors affecting the health of young workers and encouraging research in this field.

- **Peer review**

NIOSH and Canada have agreed to act as peer reviewers of studies and tools on hazardous child labour in selected sectors.

- **Collaboration among CCs**

IOHA, IEA and ILO will collaborate on reviewing agricultural checklists to identify all hazards, to classify them by 'action phrases' (e.g. no tolerance, limited exposure, protected, supervised) and to phrase them in an understandable and user-friendly manner (e.g. red, yellow, green).

23. TF 4: Elimination of Silicosis

Chair: Dr Igor Fedotov, ILO, Dr Greg Goldstein, WHO Rapporteur: Dr Greg Goldstein, WHO

Participants: Rees, Sayed, Kisting, Jeebhay, Takala, Levenstein, Juengprasert, Howard, Rest, Ogawa, Malmberg, Burton, Urban, Basanets

Dr. Fedotov introduced the elements of the ILO/WHO International Programme on the Global Elimination of Silicosis. The immediate objective is to develop national action programmes, and to mobilize technical assistance for them. Details of this programme are contained in a paper to be presented in the ICOH2003.

There was discussion of a web-based tool to support national action plans. What should be the focus? There is already a wealth of tools and practical advice on primary prevention on the web, and one suggestion was that the tool should focus on policy development and the provision of successful national programmes. An important example might be "sandblasting without silica" which is a current priority for primary prevention in many countries.

The Task Force wanted more emphasis on primary prevention. Steps in this direction include the development of a training module and other practical tools. IOHA is making an important contribution in the area of primary prevention. The recent publication of the European Agency on recognition schemes for companies undertaking primary prevention may have some application to the issue of silicosis.

There was considerable discussion on the ILO standard set of diagnostic X-rays, including the present efforts underway to digitize X-rays. Further work is needed on improving training in reading X-rays, and the availability of improved diagnostic facilities in many countries. The demands for training are increasing and should be addressed for occupational physicians, radiologists and pulmonologists in developing countries, to increase the capacity of control efforts. These professionals can contribute to initiatives for the early detection of silicosis, using the ILO classification of radiographs of pneumoconiosis, and the surveillance of workers at risk.

Another issue was the use of CT in diagnostics; this is an area of increasing interest in several countries.

Research on the cost-effectiveness of interventions can make an important contribution to reducing the barriers to the wider introduction of primary prevention.

The relation between silicosis and TB is increasingly recognized, and better links between national TB initiatives and silicosis control programmes should be promoted. Such a linkage may help to position silicosis as a priority health issue.

Participants in the group generally reaffirmed their commitments in the global work plan, and several will send updates or corrections for inclusion in the compendium.

24. TF 5: Health Care Workers

Chair: Dr George Delclos, Dr Gerry Eijkemans

Rapporteur: Dr Sarah Felknor

The Task Force was chaired by George Delclos. The purpose of this meeting was to review the goals and progress to date, and make any necessary mid-course corrections in the 2001–2005 time period. It was agreed that George Delclos would continue as Chair of Task Force 5 and Sarah Felknor would serve as Rapporteur for this session.

The first agenda item was the review of the status of the previously defined tasks. All tasks reported on were either completed or in progress, and there was no report available for three projects. A new project was added to the task list under the direction of Margaret Quinn at the University of Massachusetts at Lowell; Sustainable Hospitals. There was great interest in this demonstration project that identifies alternative substances for hospital use to reduce occupational and environmental exposures generated by hospitals.

The second agenda item was to review and confirm the goals of the Task Force. It was agreed that the overall goal is to provide assistance to WHO. Task support from the committee falls into three general areas under the protection of health care workers:

- Training
- Materials compilation and guidelines
- Workplace assessment and evaluation.

The final agenda item was discussion of a request from WHO to help develop guidelines for protecting health care workers (HCW). After much discussion on the role of WHO guidelines and the intended target groups of such a document, it was agreed that the following steps would be taken in 2003–2004, and that the University of Texas would coordinate these activities in collaboration with PAHO:

- Develop an inventory and compile existing guidance documents globally. This will include a survey of WHO Collaborating Centres and is expected to be completed by the end of 2003.
- White papers will be solicited and scientific referees will be identified to help organize the documents by topic, audience and intended use. This activity will be conducted in late 2003 and early 2004.
- A subgroup of Task Force 5 will reconvene to review the materials and make recommendations to further develop the documents. It is expected that this meeting will take place in early 2004.
- WHO will commission the final guidance documents based on the input and materials from Task Force 5.

The meeting was adjourned after discussion of this item.

25. TF 6: Health Promotion at Work

Chair: Dr Alberto Zucconi Rapporteur: Dr Stavroula Leka

Five new centres have joined the TF. Most projects are progressing well and will meet their targets by 2005. Progress on some tasks has not been reported, but all TF Collaborating Centres were asked to update the progress to the TF Chair through email.

The main goal of the TF until 2005 is the production of an inventory of resources, good practices and the development of toolkits for healthy workplaces and the provision of educational and training materials. The TF has also set the goal of interlinking with other TFs that are compatible with TF6 objectives. The goals of the TF will be met in the following ways:

- **Completion of projects**

The projects will be completed by 2005.

- **Toolbox for Health Promotion and Electronic Bulletin Board**

These have already been developed but their usage will be further advanced.

- **Interlink with other TFs**

The TF Chair will contact Chairs of TFs 7, 11, 12, 14 and 15.

- **Promotion of health promotion**

A need to brainstorm on how to promote health promotion was identified. TF members will address this need through online brainstorming on the electronic bulletin board. The Chair will e-mail all Collaborating Centres to encourage them to participate in the bulletin board discussion.

- **Future needs**

A need to explore the cost-effectiveness of Health Promotion was identified. This may lead to the development of appropriate tools and will be one of the future goals of the TF.

26. TF 7: Psychosocial Factors at Work

Chairs: Dr Stavroula Leka, Ms Evelyn Kortum-Margot

Rapporteur: Prof. Frank Pot

Name of the task force

The name of the TF has been changed from 'Mental health and stress at work' into 'Psychosocial factors at work', to include, among other things, issues like psychological harassment.

State-of-the-art (see Compendium February 2003)

As some projects were not represented, only part of the projects could be discussed.

- "Raising awareness of psychological harassment at work" has been published by WHO as No. 4 in the series Protecting Workers' Health.
- "Work organisation and stress" (lead organization University Nottingham) is in print for the series Protecting Workers' Health.
- "Raising awareness on stress at work through a brochure". There was some misunderstanding about this project that was agreed on in Chiang Mai to be a candidate for the series Protecting Workers' Health. The lead organization is not the University of Nottingham, but TNO Work and Employment (Mrs. Irene Houtman). The target groups as formulated are correct. However, it should be added that the brochure is meant for developing countries. A draft outline for the brochure is ready. The Collaborating Centres from developing countries will be asked to comment on a draft brochure.
- There are 2 projects on "guidelines for management" (University of Nottingham, Ministry of Health, Colombia). If both have ambitions for a global brochure, coordination by the Chair is necessary.
- The projects of the Nofer Institute, Poland, "Protection of policemen against effects of occupational stress" and "Protection of workers' health against psychosocial factors" are progressing well.

General conclusions

It should be clarified whether the projects aim at local, regional or global deliverables. For global deliverables, coordination is necessary and WHO has to decide in consultation with the Chair which products are candidates for publication by WHO. The lead organizations of these products should comment on each others' drafts.

As it can be expected that WHO publishes several brochures on psychological factors, in particular on psychological stress at work, a common framework of definitions and approaches (individuals, organizations, systems approach) would be useful. Stavroula Leka offered to provide WHO and the lead organizations with such a framework.

The content of the brochures should not only focus on 'raising awareness' but also on prevention, intervention and training.

27. TF 8: Promotion of Occupational Health and Safety in Small Enterprises and the Informal Sector

Chairs: Prof. Fengsheng He, Dr Greg Goldstein

Rapporteur: Dr Julietta Rodríguez Guzmán

List of participants: Gerry Eijkemans, Benjamin Fayomi, Igor Fedotov, Jacobo Finkelman, John Howard, Emilia Ivanovich, Taiyi Jin, Kazutaka Kogi, Suvi Lehtinen, Stavroula Leka, Leslie Nickels, Shengli Niu, Alessandra Pera, Thebe A. Pule, Kathleen Rest, Habibullah Saiyed, Maureen Shaw, Jukka Takala, Alberto Zucconi

Review of advances in actual projects

Projects discussed in the order of the Compendium/Information available	State
Thailand: Division of OH and Disease Control, Ministry of Health Thailand: Completed. Published in Thai, available for translation into other languages.	Completed
Application of preventive technologies: Completed, Available for translation into other languages.	Completed
Italy: Not started, but being negotiated and advancing under the arrangements of an agreement between Italy and Brazil. China would like to collaborate.	To be started
In process, covering Indonesia, South Africa, Japan, Thailand, Brazil.	On-going
NIOSH, USA: under development, to be completed in 9 months.	On-going
The Netherlands ergonomic society: Funding not needed, in progress, so that guidelines will be aimed at occupational health practitioners.	On-going
Africa. Going on, jointly with ILO.	On-going
Australia: No information available at the meeting.	To be contacted
CINBIOSE: Funding in place, Starting under CINBIOSE, in cooperation with PAHO, IRET, IADB, including Nicaragua, Honduras, Guatemala and El Salvador.	On-going
China: Not properly categorized to be included in this task force.	To be taken to another Task Force
China: On-going	On-going
Japan: Funded. Just started with check-sheets and case studies.	On-going
Kiev: No information available at the meeting.	To be contacted

UK: On-going, looking for partners to extend the project	On-going
UK: On-going.	On-going
FISO: Funding in place. On-going project for micro and small-scale enterprises in a combined model for OHS strategy implementation and management for worker's compensation administrators of Colombia, Chile and Argentina.	On-going
UK: Completed, documents available in the net.	Completed
FIOH: Completed, available in Finnish, to be translated into general descriptions upon request.	Completed
FIOH: Analysis being completed	Completed
Colombia: Looking for funds.	To be started
Thailand: No information available at the meeting	To be contacted
Thailand: No information available at the meeting	To be contacted
Bulgaria: No information available at the meeting	To be contacted
Brazil: Pilot study about the Brazilian informal sector, particularly working with vehicles pulled by draft animals, in several municipalities.	New project, on-going

Completed projects: 5
On-going: 10
To be started: 2
To be contacted: 5
To be excluded: 1
New project: 1

Discussion

Review of definition of goals for the Task Force

- Must be looked for so that all efforts are taken in the same direction to support the development of OSH in medium-sized and small enterprises. The objective should be the promotion of OHS in medium-sized and small enterprises and the informal sector, as well as the design and development of models to meet such promotion.
- Also to define priority topics, such as enhancement of policy and regulations, so that the models can be implemented; and to include the gender approach, considering that the informal sector is dominated by female workers.
- Includes the differentiation between the informal sector and medium-sized and small enterprises, so that the efforts and projects are well understood.

Strategies

- Once the common goals are separated for the issues mentioned, and the common goals are defined, they must correspond to the projects that are being carried out.
- All those Collaborating Centres that have not given information should be contacted before being excluded from the list.

Other recommendations

- Each project should have a title that would reflect its content and indicate the country of origin.
- The WHO document on the informal sector that has recently been completed, should be circulated to all members of the Task Force.
- The PAHO's informal sector definition should be considered, as it was broadly discussed, and assumes exclusion from social protection as prior criteria; initiative should be taken to promote healthy work in the informal sector.

28. TF 9: Prevention of Musculoskeletal Disorders

Chairs: Prof. Barbara Griefahn, Ms Evelyn Kortum-Margot Rapporteur: Dr Joan Burton

In Chiang Mai, it was hoped that funding could be obtained for various projects, but this was not accomplished. The work done to date has been carried out by organizations and institutions using their regular resources, in addition to their regular work.

A comprehensive guideline has been developed: *Preventing Musculoskeletal Disorders in the Workplace*, which will be printed soon. It is hoped that once this WHO document comes out, it will support efforts to obtain funding from various sources.

In Chiang Mai, the Task Force decided to develop an inventory of computer-based programmes on preventing MSDs. This was attempted, but the results indicated that while there are many such programmes in existence, very few of them have been validated. The Institute for Occupational Physiology at the Dortmund University has a

complex computer programme which is being currently validated (with the Federal Institute of Occupational Health, Germany); it is based on a multicentre study of orthopaedic patients and the effect of dynamic work.

Participants in the meeting made various offers of assistance:

- Dr. Lilia Zvyagina, Institute of Maritime Medicine, Ukraine, has a programme she will send to the co-chair
- Dr. Laura Punnett, University of Massachusetts, will send updated information to the co-chair
- Professor Nikolai Izmerov, RAMS Institute of Occupational Health, Russian Federation, is working with the University of Illinois at Chicago to put on a course in Moscow beginning 12 March 2003 on MSDs in various industries. This will be added to the Compendium.
- Dr. Per Malmberg, National Institute for Working Life, Sweden, is developing a consensus document for MSDs in the upper extremities, "rules of thumb" – he will provide information to the chair.
- Dr. Pavel Urban from the Czech Republic has a National Registry of Occupational Diseases, of which 50% are MSDs, mostly cases of carpal tunnel syndrome. He will provide the data to the co-chair.

Recommendation

Dr. Malmberg suggested that since it is not practical to compile a list of computer programmes alone (due to lack of validation) the inventory should be expanded to include the many printed documents that are being developed, and include an assessment of the various publications in terms of quality.

The group discussed the complexity of this issue, the fact that MSDs are many diseases, not just one, and that preventive activities must be specific to the various industries and tasks. The question of who is responsible for implementing prevention and transferring the knowledge to workers was discussed, and it was agreed that governments and employers all have responsibility.

Decisions

- No formal decision could be made to alter the goal of the Task Force due to the lack of attendance by participating members. Only two people present at this meeting were at the meeting in Chiang Mai (Per Malmberg and Barbara Griefahn).
- It was not regarded as practical to develop an inventory of computer-based ergonomic programmes due to the general lack of validation.
- The key issue to be discussed now is Knowledge Transfer, i.e. to get the research information and knowledge to the workers in an understandable and practical form.

29. TF 10: Preventive Technology

Chair: Dr Marilyn Fingerhut, Dr David Zalk
Rapporteur: Dr Kathleen Rest

Existing projects

- Many projects are continuing, e.g. translation and diffusion of ILO Toolkit in many countries
- An objective for existing efforts is to further disseminate the NIWL/FIOH/South African Dust Control course for widespread use, including conducting the course in China
- Others, need to be checked

New initiatives

- There is lots of enthusiasm for focusing efforts on the control banding approach
- Seen as an important and promising preventive tool both for developing countries, where the initial focus could be on large enterprises, and industrialized countries, where the focus could be on small and medium-sized enterprises.

Concrete action steps

- Several Collaborating Centres will work together to develop a proposal for EC funding in response to an offer that focuses on small and medium-sized enterprises. This is an opportunity for funding for control banding.
- The Collaborating Centres will encourage university faculties to get their hygiene students involved in control banding. Training opportunities for the faculties and/or students may be available. This training will be beneficial for students in their future work, but also may get them involved in research needed to demonstrate and validate the control banding approach in workplaces.
- The IOHA and IEA will work together to develop the application of the control banding approach to ergonomics.
- There is interest in linking OSH management systems and control banding systems. The ILO and WHO will pursue this line of action.

30. TF 11: Training Programmes and Modules

Chair: Dr Daniel Hryhorczuk

Rapporteur: Ms Sarah Felknor

Participating Collaborating Centres (34 at the Task Force meeting)

University of Illinois at Chicago; IACP; ISST; National Institute of Occupational Health and Poison Control Chinese Centre for Disease Control and Prevention; NIOSH; University of Massachusetts Lowell; University of Texas; Institute for Occupational Health, Ukraine; Institute of Maritime Medicine, Ukraine; National University Singapore;

URETE/LUSTE; Occupational and Environmental Health Unit, University of Cape Town; Health and Safety Lab UK; Institute of Occupational Health Birmingham; Institute AMC Amsterdam; ILDDO; Industrial Accident Prevention Association; CCOHS; Institute of Maritime and Tropical Medicine, Poland; Department of Occupational Health Fudan University China; ILO; Institute of Work, Health and Organizations UK; IOHA; Institute of Public Health Chile; International Centre for Pesticides and Health Risk Prevention; Occupational Health Department Public Health Institute Chile; WHO/AFRO; WHO; PAHO; IEA.

Progress report

Work (projects) of the Training Task Force falls into the following general themes:

- Provision of graduate and post-graduate training
- Development and implementation of short courses and training materials
- Distance learning
- New training partnerships
- Dissemination and sharing of training materials. Progress has been reported on most of the individual projects.

Two examples of progress on specific projects were reported to the Task Force:

- CCOHS: A system for sharing and dissemination of training materials.
Webpage with standard forms (under control of authorized user)
Immediate entry of data
Searchable: training topics, organizations, type of training
- Singapore-Vietnam partnership on 3-day course for physicians on asbestos.

Changes to work plan

Developing a system for gathering and sharing training programmes (University of Illinois) will be subsumed under the work of Task Force 12: Internet resources and networks.

The training-related tasks from Task Force 12 will be moved to Task Force 11. These include an Inventory of available training materials on the web (University of Illinois) and Contributing to the inventory of training materials (NIOSH); these two projects will likely be combined into a single collaborative project. There were no deletions.

Additions to work plan

Dissemination

- Goal: Task Force 11 will coordinate the parameters for training materials input into the CCOH web portal being developed by Task Force 12. A sub-committee of Task Force 11 was created for this purpose. One of the tasks of this subcommittee will be to discuss issues related to intellectual property and copyright as they relate to WHO. ILO provided helpful guidance on this issue. This will include discussion of criteria for inclusion as an approved user, user feedback, and evaluation. June 2003/**Subcommittee members**
- Goal: Interface with other task forces that have training components.
- Goal: Include all Centres participating in Task Force 11 in email list. March 2003/**UIC**
- Goal: Explore and clarify how individual centres select which of their many OSH training activities to include in the work plan. April 2003/**UIC**

Graduate Level Training (classroom and distance)

- Goal: programmes to continue work and add to CCOHS web page. On-going 2003–2005/ **All Approved Centres**

Course Syllabi (including short courses, lecture or other materials)

- Goal: programmes to continue work and add to database of existing non-Internet-based training materials (similar to distance training database) 2003–2005/ **All Approved Centres**
- Goal: A second sub-committee was created to develop a template for curricular information for trainers, including the target groups, objectives, methodology, materials. March 2003/ The Netherlands, Ukraine, **Texas**, UIC, Lowell, IACP, Italy

Distance Learning

- Goal: Review, catalog, and evaluate existing OHS training materials available on the Internet. Ongoing 2003–2005. CCOHS, NIOSH, UIC
- Goal: Adapt web courses to CDRom format. On-going/ CCOHS, **all training Centres that are sharing materials**

Partnerships

- Goal: Continue to encourage development of partnerships for training support and collaboration. On-going/ **all training Centres**
- Goal: Reorganize task list by above categories. June 2003/**WHO, UIC**

31. TF 12: Internet Resources and Networks

Chair: Dr P.K. Abeytungna, Co-chair: Dr Greg Goldstein Rapporteur: Dr David Rees

- In the first part of the meeting the objectives of this Task Force were discussed. After some debate there was consensus that the Global Collaborating Centre portal, to be developed by the Canadian Centre for Occupational Health and Safety, is the major purpose of the Task Force. The reasons are that this is a very large project that will support all of the Task Forces, and that all Collaborating Centres will need to concentrate on this project. Only a couple of other projects will be retained in this Task Force (these are directly related to website development and do not have a natural home in another Task Force). One to be retained is the project 'Website for the Cooperation Italy-Brazil in Occupational Health and Industrial Hygiene'. This means that most projects in this Task Force need to be elaborated to other Task Forces, and it was decided that the responsible persons for the project should suggest a new Task Force, but that all training-related projects should be in Task Force 11.
- There was some discussion about the structure and capabilities of the portal and the organization of information from the various Collaborating Centres. See www.whoochealthccs.org. All are asked to comment on the prototype within 3 months.
- A few specific questions came up: There will be a disclaimer, e.g. 'Information is from respective sources and not necessarily endorsed by WHO.'
The portal should include the Network Plan and Projects.
Data security and confidentiality will be attended to where appropriate.
Content management will be made convenient (to facilitate input from the Collaborating Centres).
- The progress made in the individual projects was not reviewed.

32. TF 13. National and local profiles and indicators

Co-chairs: Dr Kari Kurppa, FIOH, Dr Greg Goldstein, WHO, Dr Jukka Takala, ILO

Chair: Dr Kari Kurppa Rapporteur: Dr Greg Goldstein

Participants: Harry Caussy (SEARO), Magdalene Chan (Singapore), George Deltos (USA), Nguyen Khac Hai (Viet Nam), Olaf Jensen (Denmark), Wilawan Juengprasert (Thailand), L. Kaerlev (Denmark), Sophie Kisting (South Africa), Hisashi Ogawa (WPRO), Alessandra Pera (Italy), Frank Pot (The Netherlands), David Rees (South Africa), Jukka Takala (ILO), Stanislaw Tarkowski (Poland), Pavel Urban (Czech Republic), Maged Younes (WHO)

- The participants re-affirmed their commitments to the existing tasks in the compendium. However, several corrections and updates are being forwarded by email for revision of the compendium.
- The Collaborating Centre Task Force 13 (TF13) has two main goals:
 - development and distribution of tools that facilitate the preparation of OH&S profiles for different purposes, and
 - encouraging the building of profiles that allow quick understanding of the OH&S situation to international, national and local decision makers and actors.
- The harmonization of national profiles and the standardization of indicators was discussed. Legislative, administrative, cultural and other differences between countries pose problems for inter-country comparability of the indicators. The Chair briefed the Session about a trial to compile national OH&S profiles in 22 European countries. The results indicated that few indicators permit direct comparison between countries. Concern was expressed about these difficulties. It was nevertheless felt that national profiles, despite their inaccuracies and comparability problems, increase the transparency and visibility of occupational health and safety and provide valuable insight into the state of occupational health and safety affairs, priorities, and needs of the countries.
- It was noted that the circumstances differ greatly from one country to another. Hence there is no one model for a national profile that could be recommended to all. A rational strategy at this stage is to make existing profiles available to others. The results of the approach that has been piloted by WHO/EURO will be made widely available. Details about the structures and contents of the profiles can be discussed in forthcoming meetings when more experience has been gathered from different regions.
- The Session noted that writing a comprehensive national profile might be difficult in many countries. In these cases a stepwise strategy could be employed by first writing a 'mini-profile' using information that is readily at hand, and gradually expanding the factual content when more information is available.
- The Session agreed that more attention needs to be paid to subnational level (province, county, district, community) and sectoral profiles. Such instruments address local occupational health and safety conditions, direct attention to local development needs, empower local authorities and actors, and can be compared with other similar entities within a country. Thailand, Vietnam, Estonia and Finland are already involved in developing subnational profiles. Singapore and Finland are starting to profile specific sectors of their economic activity.
- TF13 work is carried out in the participating countries with national focal points being responsible for the quality and up-to-dateness of the information. The Session agreed that TF13 is a collaborative effort of autonomous Collaborating Centres that form the core of the undertaking. However, some countries do not have WHO Collaborating Centres. It was noted that there is no reason why such countries could not contribute to the work as well. All countries will be encouraged to participate.
- The implementation strategy of TF13 is primarily based on the use of Internet as a media that summarizes the on-going work and keeps the Collaborating Centres up to date with new developments. The Chair

informed the Session that FIOH will establish a TF13 Website to that effect. The Web-pages organize profiles and indicators developed by the Collaborating Centres so that they will be available to all. Web-pages will also provide access to contact information, background documents, and to useful sources on indicators and profiles in general. A Web site links profile developers around the world to a decentralized task-oriented network in which the information flow is mainly horizontal.

- It was proposed that an Internet-based profiling instrument be provided by TF13 in order to expedite the development of occupational health and safety profiles. The tool would be a structured information collection form that facilitates the gathering of facts. The form could be downloaded or filled in at TF13 Website. The Session discussed technical issues that need to be considered when developing such Internet tools. Dr Takala agreed to develop a draft for this tool and a strategy for its implementation in consultation with Dr Abeytungana and Dr Clevestine.
- Based on discussions in the Session, the TF13 co-chairs will draft a policy statement of the goals, objectives, architecture, and operational principles for the development of indicators and profiles. The draft will be sent for comments to the committed Collaborating Centres.

TF 14: Cost-Effectiveness of Interventions

Chair: Dr Marilyn Fingerhut and Prof. Frank Pot
Rapporteur: Prof. Frank Pot

Participants

Those who were already members of the TF: Frank van Dijk (representing Monique Frings-Dresen), The Netherlands, Frank Pot, The Netherlands, Marilyn Fingerhut, Marisol Concha, Chile

Those who wish to become members of the TF: Alberto Zucconi, Italy, Jukka Takala, ILO, Habibullah Saiyed, India, Emilia Ivanovich, Bulgaria

Those who only want to be informed: Hideki Igisu, Japan, Magdalene Chan, Singapore, Shengli Niu, ILO, John Howard, USA, Linda Forst, USA, Tom Soranan, UK, Olav Jensen, Denmark, Sarah Felknor, USA, Mohammed Ben Laiba, Tunisia, Maged Younes, WHO

Name of the Task Force

Considering the different meanings of various concepts such as 'cost-benefits' and 'cost-effectiveness' it was decided to change the name of the task force from "cost effectiveness of interventions" to the more general name of "economic evaluation of interventions".

State of the art (see Compendium February 2003)

- "Evaluation of the cost-effectiveness of interventions to reduce occupational back pain". The study as mentioned in the Compendium has been completed. Possible extension with Wintertür donation via WHO.
- "Evaluation of the cost-effectiveness of interventions to reduce occupational exposure to silica". The study as mentioned in the Compendium has been completed. Possible extension with Wintertür donation via WHO.
- The possibility has been discussed to combine both extensions in the field of road construction in India with cooperation from an Indian association of engineers and in collaboration with the Collaborating Centre of India.
- "Understanding and performing economic assessment at the company level" has been published by WHO in the series Protection of Workers' Health. How this brochure is presented to the potential readers and how it is distributed was not clear. WHO was asked to develop a policy on this. The brochure can be downloaded from the WHO website. Alberto Zucconi offered to translate the brochure into Italian, and Emilia Ivanovich offered to translate the brochure into Bulgarian. Marisol Concha offered to translate the brochure into Spanish, but a Spanish translation already exists. According to Evelyn Kortum-Margot, also a French translation already exists. WHO will send the electronic version to Zucconi, Ivanovich and Concha for translation, and to Jukka Takala (ILO) who wants to compare the recommendations with those of ILO. The translations should be sent to WHO (Evelyn Kortum-Margot, kortummargote@who.int) for revision and publication.
- "Cost-effectiveness of treatment and guidance of work-related diseases and of chronic diseases interfering with work demands" is slightly delayed.
- The project "Role of primary care physicians and nurses in addressing occupational health issues" is progressing well.
- "Selection of interventions, study design, application". Part 'injuries' will be completed in 2004, and part 'noise' in 2005.
- Chile and Singapore have started cost-benefit projects in small enterprises.

General conclusions

- How can we better share experiences on cost-benefits, cost-effectiveness, etc.?
- One possibility is to place instruments, good practices and approaches in the Tool-Box of ILO via Jukka Takala (takala@ilo.org).
- Another possibility is to collect research results, instruments, good practices and approaches on the WHO Collaborating Centre website that is being constructed by the Canadian Collaborating Centre (Task Force 12) www.whoochealthccs.org via P.K. Abeytungana (abey@ccohs.ca). Abeytungana will be asked to provide

this opportunity, either by adding to the list of categories the category 'economic evaluation' or by proposing how this issue could be part of one or more of the categories 'topics' and/or 'good practices' and/or 'research'. This should be done in close collaboration with ILO.

- To start with, information available from the Collaborating Centres could be collected.

33. TF 15: Global Burden of Disease

Chair: Professor Jorma Rantanen, Dr Marilyn Fingerhut Rapporteur: Dr Laura Punnett

The compendium lists 14 projects, of which 6 have produced or will produce Guaranteed Results. Of the remaining 8, 2 have been cancelled, 3 are still looking for funds and will be listed as proposals for the next period, and there is no information on 3. WHO staff will attempt to follow up directly with investigators.

A major part of the activity of this Task Force has involved the work on the WHO GBD document now in press. In addition to the document itself, the methodology is being applied now in several individual countries. In his introduction, Professor Rantanen presented estimates on the occupational burden of disease and work life expectancies in Finland.

The TF members discussed potential new activities that could follow on this effort. The following discrete but inter-related tasks were agreed upon. In particular, there will likely be overlap between 1 and 3. Each activity will be coordinated by the •-indicated TF members.

- Evaluate the GBD methodology and generate recommendations for future use, with or without modifications. In this activity we would seek input from colleagues in the ICOH Epidemiology Committee – K Kurppa and L Punnett are members – as well as from the ILO and the International Epidemiology Association.
 - J Rantanen, with collaboration from M Fingerhut, J Rodriguez G, L Punnett, M Concha
- Development of methods for estimating work life expectancy
 - FIOH/J Rantanen and M Nurminen
- Describe and promote other, new methods to fill in gaps in existing information, such as national statistics on work-related morbidity and mortality, but not limited to these. Such methods range from more exposure-driven quantitative analyses, such as the ones being utilized now by FIOH researchers; adding appropriate questions to national surveys carried out under the auspices of various ministries, including questions on social status or education as well as health; and qualitative evaluations of occupational hazards, such as Rapid Assessment or RAPS, to be presented by K Kurppa at the ICOH Congress on 26 February 2003.
 - M Tennessee, M Concha, J Rodriguez G, J Takala, O Solar, K Kurppa
- Explore reasons for discrepancies between WHO GBD calculations and other estimates of work-related disease, such as those of ILO. Possible reasons include both sources of error in each methodology and differing case definitions for target conditions in the various countries. We will begin by compiling the case definitions for each country; other activities will proceed later.
 - M Concha to seek funding.

Target times for various activities: Evaluation of GBD methodology, description and promotion of new methods: Interim check-up at the PC meeting in 2005. Exploring discrepancies between estimates: 2004

34. EURO Working Group on Basic Occupational Health

Chair: Professor Jorma Rantanen

Rapporteur: Dr Brigitte Froneberg

Introduction

The Task Force was introduced by Professor Jorma Rantanen of FIOH on the basis of discussions and outcomes of the Meeting of WHO/EURO Collaborating Centres in Occupational Health, which was held in Nancy, France, on 30 September–1 October 2002. He emphasized the importance of a well-established infrastructure for occupational health services (OHS) as a key element in transferring research knowledge to practice and in adapting such practices to the local conditions and needs. The necessary infrastructures should include legislation, a competent authority responsible for the enforcement, a national programme for the development of OHS, and service infrastructures with optimal service provision models. It is also crucial to start from basic OHS, human resources, information systems, support and advisory services, training of OHS experts, employers and employees, and tripartite collaboration. The provision of basic OHS should be an initial action and it should be further developed stepwise towards comprehensive OHS.

The core content of Basic OHS was listed as surveillance of working conditions, risk assessment, surveillance of workers' health, provision of information on health and safety to workers and the management, advice on actions for preventive and control measures, and maintenance and training of first-aid readiness.

Discussion

Numerous obstacles were recognized in the implementation of the basic OHS, such as lack of awareness of and knowledge on the needs and benefits related to OHS, fear of increased costs to the companies, shortage of trained human resources, an insufficient infrastructure, fragmentation and discontinuity of the work life, and separation of the health and labour sectors. The increasing trend for outsourcing OHS even in the larger enterprises leads to decoupling of the OHS and company activities.

The discussion supported the presented Basic OHS concept and the core content and proposed remedies against fragmentation and shortage of resources. The remedies were, e.g. self-empowerment strategies for enterprises with the help of workplace health promotion and better access to information and knowledge management, as well as closer collaboration between OHS and public health services (PHS).

Stepwise actions were proposed for the implementation of OHS in line with national circumstances and priorities. Other recommended actions were: expansion of the coverage of OHS, customer-tailored guidelines, branch-oriented OHS, strategies for service provision for the informal sector, adaptation of training of professionals according to national needs, collaboration of OHS and PHS, and the development of self-empowerment strategies for workers and the management.

Proposed tasks

The Group identified the following tasks that could be assigned to special Network Members, and the outputs to be produced by the next Collaborating Centres' Network Meeting in Milan in 2006. The International Conference on Occupational Health Services, scheduled for January 2005 in Helsinki, will discuss the themes listed below and check the progress of the assignments.

Action	Output	Assignment/OBS
1. Production of country profiles according to models of FIOH and ILO	Country profile document	Several countries have already drawn up a profile. The rest are invited to do so.
2. Definition of country priorities by using country indicators	List of national priorities for actions. Report in Milan 2006	Each Collaborating Centre will provide a national list and send it to the coordinator.
3. Model for a National Programme on BOHS	Model programme outline and model cases	The pilot countries assigned in March/April 2003.
4. Model content for basic OHS	Description of the model content as a guideline for good basic occupational health practice. Document available in Milan 2006	FIOH and Lausanne
5. Model options for service provision and particularly the options for SSEs, micro-enterprises and the self-employed	Analysis and description of various OHS provision options and their feasibility. Guidelines for organization of BOHS infrastructures	To be assigned.
6. Proposing international joint action for Basic OHS	Proposal for the WHO, ILO, ICOH joint action on Basic OHS Establishment of an International Task Force	Draft Programme for the ILO, WHO and ICOH by an International Task Force

35. EURO Working Group. Rural Health and Health in Agriculture

Chair: Professor Marco Maroni

Rapporteur: Dr Claudio Colosio

Participants: Teresa Mammone, Manuela Tiramani, International Centre for Pesticides and Health Risk Prevention

CC/OMS involved at present: International Centre for Pesticides and Health Risk Prevention (ICPS), Milan, Italy (Coordinator), National Institute for Occupational Safety and Prevention (ISPESL), Italy.

Most of the human population of the world (about 70%) live and work in rural areas, and face a widening gap in life quality as a whole, compared to urban populations. In rural areas income is lower, living conditions are poorer, and welfare benefits are usually very poorly provided or are totally lacking. Also sanitary facilities in rural areas are fewer than in urban areas, and the possibility of access to public health services of the rural population is significantly lower than in urban areas. As a consequence, the health status of the rural population, compared to urban dwellers, is poor.

The most significant feature is that the workplace and living place of rural workers very often coincide: agricultural workers usually work close to their home or directly at home, and bring home their working tools, including in some cases, pesticides and other plant protection products. Moreover, agricultural workers often eat food that they have produced, and may thus be exposed to pesticides and pesticide residues through their diet.

Based on the above-mentioned consideration, the approach to occupational rural health must necessarily be a global one, and should address different objectives. The level of priority of these objectives may vary from one area to another, due to the great variation in the local situations.

The preventive activities should be focused on the following topics:

- **Accidents.** Since the rate of accidents and fatalities in agricultural work is very high all over the world, actions aimed at accident prevention in this sector are needed in all rural areas.
- **Provision of occupational health services and health surveillance to workers.** Even in countries where occupational health services cover over 90% of the workers, the occupational health services of agricultural workers are deficient. Particular attention should therefore be paid to small farms and small enterprises.
- **Building sound national and local systems for data collection** is a priority mainly in developing countries and countries in transition. However, also industrialized countries have relevant weaknesses, for example, in the collection of data on occupational diseases and cases of occupational pesticide poisoning.
- **Enforcing legislation** is an urgent objective in developing countries and countries in transition.
- **Safe use, storage and disposal of pesticides.** This objective is aimed at workers, the environment, and the quality and safety of food.
- **Child labour** is a typical problem of developing countries, but may be present also in the industrialized world, particularly in family-based enterprises.
- **Immigration.** This is a major problem in industrialized countries, where immigrants are employed (often illegally) in agriculture, and have to do the dirtiest and most dangerous jobs.
- **Aging of the workforce.** This is a typical problem of the industrialized world, where retired people are often employed in agriculture.
- **Training of local rural health experts.** Training and education is a fundamental activity to be carried out in each of the priority areas, as local rural health experts are scarce. A key problem here is the dependency of less developed countries on industrialized ones. Therefore, the best way to support these countries is to establish training and education programmes for local technical personnel, dealing with the main environmental and health problems in their own region.

To attain the above objectives, three main actions are necessary:

- Assisting rural communities to identify their needs and priorities through the definition of country/area Rural Health Profiles
- Developing national programmes of surveillance, research and education
- Investigating the health impact of agricultural practices on farmers, their families and other rural residents.

The programme for the promotion of occupational health among agricultural workers should be carried out step by step.

- The first action to be realized in the future is the promotion/creation of a global/local network in Rural Health, starting from the existing experiences and the NGOs already active in the field, such as IAAMRH, EURIPA, and WONCA. In some countries or areas there are already some programmes on occupational rural health, mainly in Asia but also in Europe. The recent International Conference on Rural Health in the Mediterranean and Balkan Countries, held in Bari, Italy, in November 2002, is a significant example of activity aimed at building a rural health network.
- A second step will be the preparation and publication of specific recommendations targeted at different geographical areas.
- To meet the need for updated recommendations on Health Surveillance on Agriculture and Pesticide Workers, the manual "Health Surveillance of Pesticide Workers", published in 1994 by WHO, ICPS and ICOH, will be revised and updated. The Scientific Committee on Pesticides of the International Commission on Occupational Health has again offered support for this activity.
- The manual, the recommendations and the training materials prepared should be made available to a large public. The best way to do this is to publish these materials on the web.

Based on the above considerations, it is evident that the rural health project is an essential part of the WHO Global Programme on Occupational Health and can be linked with other CC/OMS running projects. Therefore, the work within the Rural Health project must be enlarged through the collaboration of many WHO Collaborating Centres located in different parts of the world.

Some events already planned include:

- The International Conference on Rural Health, Ayuttaya, Thailand, July 2003. Dr. Wilawan Juengprasert is one of the organizers of the event.
- The Second International Conference on Rural Health in the Mediterranean and Balkan Countries (Belgrade, Yugoslavian Federation, May 2004). ICPS collaborates in the organization of this Conference.
- The Third International Conference on Rural Health in the Mediterranean and Balkan Countries (2005, Valencia, Spain). ICPS collaborates in the organization of this Conference.

36. EURO Working Group on Integrated Health, Safety and Environment Management (HESME)

Chair: Professor Konrad Rydzynski

Rapporteur: Dr Stanislaw Tarkowski

The Chairman introduced the subject and presented a review of activities that were undertaken last year. HESME is one of the four priorities within the Action Plan of the European Network of WHO Collaborating Centres in Occupational Health, agreed on during the Network meeting in Nancy, France, in 2002. The Nofer Institute of Occupational Medicine was requested, and agreed to undertake the main responsibility for, and coordination of the programme. The programme is based on earlier intergovernmental and WHO consultations which provided policy

guidance for the implementation, based on the Ministerial Declaration from the 3rd European Conference on Environment and Health in London, 1999.

The activities implemented during 2002 were of a national and international character, and were undertaken in close cooperation with the WHO Regional Office in Europe. They were focused on disseminating information and involving partners. Advanced discussions were held with social insurance institutions on their role in promoting and supporting HESME. The HESME concept has been integrated within the WHO project Healthy Cities during the conference "Healthy Enterprise in Healthy Cities", held in Lodz, on 16–17 May 2002.

The HESME at the national level has been actively implemented in Poland and Turkey, where advanced discussions were held with the representatives of employers.

In their discussion, the participants of the working group emphasized the need for systematic approaches to potential partners for promoting and implementing HESME. Guidelines should be prepared and used for specific settings. There is a need to coordinate and integrate the activities of other networks, such as the Health Promotion at Work Network.

The Group reached the following conclusions:

- Further success depends on gaining the support of potential partners: enterprise managers, employers, trade unions, local level politicians, and decision makers, etc.
- The focus should be especially on the promotion and implementation in specific settings, such as industry, transport, trade, etc.
- Strong efforts are needed to promote, at the company level, the integration of health protection and promotion at work, work safety, and the environmental health impact.
- Further development and improvement of guidelines and indicators for HESME are needed.

37. EURO Working Group on Changing World of Work

Chair: Dr Maria Grazia Cassitto

Rapporteur: Dr Per Malmberg

The Chair of the working group, Sergio Iavicoli was unable to participate in the meeting; Maria Grazia Cassitto was appointed as Chairperson and Per Malmberg served as Rapporteur.

Andrew Curran, Alessandra Pera, Shengli Niu (ILO), Chiara Rengo, Pavel Urban and Evelyn Kortum-Margot (WHO).

Objective

The participants of the Meeting agreed that the objective of the working group was to identify and examine problems coherent in the following areas:

- Exposure to health-threatening chemical, physical and psychosocial risk factors is not compatible with sustainable work life. However, the concept of sustainable work life is wider than that of simply avoiding risk factors.
- In the changing world of work, it is increasingly important to continuously develop the workers' competence for their present and future work tasks, including social skills, and the ability to both cooperate and work independently. At least in Europe, the demographic situation is such that a shortage of labour can be expected in many sectors in the near future. There are therefore increasing demands to develop work organizations to ensure long-term sustainability of the work force, and to adjust workplaces so as to enable the integration of workers who have limitations due to, for example, ageing, language difficulties or diseases. Some examples of key words are: Work ability, Continued learning, Workplace interventions, including workplace adaptation and management standards. Furthermore, the activities outlined above would also provide an environment for improved work performance and efficiency, helping to consider the needs and interests of the client rather than provider with the objective of achieving change through partnership.

Research in these areas is conducted in many universities and in occupational health and safety institutes. The occupational health sector nevertheless has the unique role of being present both in the workplace and in the scientific community. In addition, the occupational health and safety sector has an important mission to transform and implement state-of-the-art knowledge into good working practices. The working group found it a challenging task to contribute to the discussion on the role of the occupational health and safety sector in the wide concept of sustainable work life.

Outcome The working group agreed that an important outcome of the group's activity could be a position paper following the collection and review of available information. In this position paper, changes in health risk factors due to the changing world of work, as well as the other determinants for sustainable work life will be discussed. The output of, for example, Task Force 7 on psychosocial factors at work will be important, but it was agreed that the main ambition of the position paper should be to describe an abstract "societal" level rather than to develop in detail issues like changes in different health risk factors. Instead, the position paper would refer to other reports in the field, including different WHO task force outputs.

The work group discussed the working methods, and it was suggested that it could be of interest to explore the possibility of merging with the newly formed occupational health and safety institute network in Europe and, more specifically, with the expert group on "emerging issues". This could potentially result in endorsement of the final report by the European OSH institutes.

The work group decided to exchange material using e-mail and to meet again at the European Network Meeting of the WHO Collaborating Centres in Occupational Health, in Stockholm in 2004. **Work Plan of the Collaborating Centres' Network for the years 2003–2005**

38. The Work Plan 2003–2005 consists of the decisions and commitments made by the 15 Task Forces and 4 European Working Groups on how to proceed with the implementation of the tasks by the end of 2005, described under items 20–38.

Administrative issues

39. Mr. Fernando Vasconcelos, Ministry of Health, Brazil, addressed the Network Meeting. He mentioned that the tasks of the Ministry of Health cover the whole spectrum of health, including occupational health. The collaboration among the various actors in the field of occupational health and safety is important. Occupational health cannot be isolated from the other sectors, it is important for it to be closely integrated with other activities in order to maximize the impact on work life and on society at large.

40. A new Planning Committee was proposed to be composed of the Task Force Chairs, representatives of WHO Regional Offices, ILO representative, and representatives of the NGOs (ICOH, IOHA, IEA). This was accepted by the Meeting.

The terms of Reference of the new Planning Committee would be to carry out the Global Work Plan 2003–2005. This was accepted.

Institutes with a long history of sustained major commitments to the WHO Global OCH Programme were proposed to act as an Advisory Committee. These institutes are:

Finland, FIOH; US NIOSH; Sweden, NIWL; Italy, ICPS

The proposal was approved by the Meeting.

42. It was proposed that the Planning Committee, Advisory Committee and the WHO Secretariat would meet in 2005 in Africa. This proposal was approved by the Meeting. The first meeting of the newly elected Planning Committee was organized in Iguassu Falls on Saturday, 22 February 2003.

43. The next full Network Meeting was proposed to be organized in August 2006 in Milan in connection with the ICOH2006 Congress. Between the two meetings, electronic communication will be used in the process to formulate the preliminary draft of the work plan. This was approved by the Meeting. In the Seventh Network Meeting, the achievements and accomplishments of the Work Plan 2003–2005 will be evaluated, taking into consideration the interactivity of the various Task Forces.

44. Dr. Andrew Curran of the HSL, UK, promised to act as the Co-chair for Task Force 1: Guidelines.

45. The draft WHA Resolution was discussed on the basis of the presentation given by Professor Jorma Rantanen. The proposal was open for discussion. It was emphasized that the linkage between a healthy work life and elimination of poverty needs to be taken up in the Resolution. It was noted that the matter was already discussed in Chiang Mai, but it was stated that the Resolution is difficult to get into the WHA. All the Collaborating Centres need to work to support the Resolution at the national levels. The final draft needs to be ready by November 2003 when it goes to the Executive Board. It then reaches the Ministries of Health by December 2003. New approaches are to be taken into consideration in the wording of the Resolution. It was agreed to include Dr. Sekobe's text from the WHA 2002, and to refer to Dr. Marc Danzon's statement on the priority position of occupational health in the European Regional Office. It was also agreed that the list of EB members be distributed to all Collaborating Centres, so that the Centres can support the Resolution in their own countries.

46. The added value of the Network to the Collaborating Centres themselves was discussed. The Network should perhaps concentrate more on a few specific topics rather than try to cover too broad a scope. The participants of the Meeting felt it important to be a part of a team consisting of experts from various parts of the world who have long experience and good knowledge in occupational health and safety. This allows the members to see the world through the eyes of others. The Network makes it possible to utilize the work that has been done somewhere else.

47. The Meeting participants expressed their heart-felt gratitude and appreciation to ICOH and to the Fundacentro, Brazil, for the co-organization of the Sixth Network Meeting in Iguassu Falls, Brazil.

48. Dr. John Howard presented the closing address. He emphasized the importance of the global portal, as it will increase cohesion among the Collaborating Centres. He thanked all the participants of the Meeting for their active input and constructive contribution at the Meeting.

Annex 1

Day 1 : Friday 21 February		Room A - Plenary		Day 2 : Saturday 22 February	
8:00-8:30 COFFEE		8:00-8:30 COFFEE			
8:30-9:30	Session 1 : Opening of the Meeting Session Chair : Marco Maroni Welcome by Chair, Network of WHO CCs in Occupational Health: Marco Maroni Introduction of the new Network Chair and Network Coordinator Welcome by : Brazilian Minister Jacobo Finkelman, PAHO/WHO Representative Official from Fundacentro Bengt Knave, ICOH Maged Younes, WHO/HQ	8:30-10:30	Session 6 : Parallel Task Force Working Sessions		
		8:30-9:30	Room A: TF 9: <i>Prevention of Musculoskeletal Disorders</i> , Barbara Griefahn Room B: TF 3: <i>Child Labour and Adolescent Workers</i> , Gerry Eijkemans <i>Room C will be available for informal meetings of Task Force members who are not engaged in Task Forces 9 and 3.</i>		
		9:30-10:30	Room A: TF14: <i>Cost Effectiveness of Interventions</i> , Marilyn Fingerhut Room B: TF 8: <i>Promotion of OS&H in Small Enterprises and the Informal Sector</i> , Greg Goldstein Room C: EURO Working Group: <i>Changing World of Work</i> , Maria Grazia Cassitto		
9:40-10:40	Session 2 : Overview of WHO, ILO and NGO Programmes in relation to the 2002-2005 Global Work Plan - Session Chair: John Howard				
9:40-10:10	The WHO Occupational Health Programme: Marilyn Fingerhut				
10:10-10:20	ILO : Jukka Takala				
10:20-10:30	ICOH : Bengt Knave				
10:30-10:40	IOHA : David Zalk				
10:40-11:10 COFFEE BREAK		10:30-11:00 COFFEE BREAK			
11:10-12:00	Session 3 : NGO and WHO Regional Programmes in relation to the 2002-2005 Global Work Plan - Session Chair: Per Malmberg	11:00-12:00	Session 7 : Parallel Task Force Working Sessions		
11:10-11:20	IEA : Kazu Kogi		Room A: TF12: <i>Internet resources and Networks</i> , P.K. Abeytunga		
11:20-11:30	PAHO : Maritza Tennassee		Room B: TF15: <i>Global Burden of Disease</i> , Jorma Rantanen		
11:30-11:40	SEARO : Harry Caussy		<i>Room C will be available for informal meetings of Task Force members who are not engaged in Task Forces 12 and 15.</i>		
11:40-11:50	AFRO : Thebe Pule				
11:50-12:00	Discussion				
12:00 - 1:00 LUNCH Bourbon Hotel		12:00 - 1:00 LUNCH Bourbon Hotel			

Day 1 : Friday 21 February Room A - Plenary		Day 2 : Saturday 22 February	
1:00-3:00	Session 4 : WHO and CC Programmes in relation to the 2002-2005 Global Work Plan (cont'd) Session Chair: Wilawan Jungprasert	1:00-3:00	Session 8 : Parallel Task Force Working Sessions
1:00-1:10	WPRO, Hisashi Ogawa	1:00-2:00	Room B: TF 6: <i>Health Promotion at Work</i> , Alberto Zucconi Room C: TF 2: <i>Intensive Partnership in Africa</i> , David Rees
1:10-1:20	CC WHA Resolution, Jorma Rantanen	2:00-3:00	Room B: TF7: <i>Mental Health and Stress at Work</i> , Stavroula Leka Room C: TF10: <i>Preventive Technology</i> , Marilyn Fingerhut
1:20-1:40	Presentation on Website Proposal, P.K. Abeytung		<i>Room A will be available for informal meetings of Task Force members who are not engaged in these Task Forces Parallel sessions.</i>
1:40-1:50	Discussion		
1:50-2:10	Presentation on Collection of Training Manuals, Dan Hryhorczuk		
2:10-2:20	Discussion		
2:20-2:40	Presentation of <i>National Profiles and Indicators</i> , Kari Kurppa		
2:40-2:50	Panel Discussion		
2:50-3:00	Practical Orientation on work of Task Force Sessions, Marilyn Fingerhut		
3:00-3:30 COFFEE		3:00-3:30 COFFEE	
3:30-6:30	Session 5 : Parallel Task Force Working Sessions	3:30-6:30	Session 9 : Conclusions of the Meeting - Chair: Michel Guillemin
3:30-4:30	Room A: TF 13: <i>National Profiles and Indicators</i> , Kari Kurppa Room B: EURO Working Group: <i>Basic Occupational Health</i> , Jorma Rantanen Room C: TF 11: <i>Training Programmes and Modules</i> , Daniel Hryhorczuk	5:30	<ul style="list-style-type: none"> • Summary Reports (5 Minutes/Rapporteur) from Task Force meetings, Day 1 and 2 • Final Discussion of Progress and Strategies for 2002-2005 Work Plan
4:30-5:30	Room A: EURO Working Group: <i>Integrated Health, Safety and Environment Management</i> , Konrad Rydzynski Room B: TF1: <i>Guidelines</i> , Evelyn Kortum Room C: Demonstration course on Training Module, Linda Forst and Leslie Nickels		Business Meeting for all participants - Chair: Maged Younes
5:30-6:30	Room A: TF 4: <i>Elimination of Silicosis</i> , Igor Fedotov Room B: TF 5: <i>Health Care Workers</i> , George Delclos Room C: EURO Working Group: <i>Rural Health Agriculture</i> , Marco Maroni		6:30
6:30 Welcome Reception and Dinner at the Bourbon Hotel		6:30 Dinner at the Bourbon Hotel	
Day 3 : Sunday 23 February		9:00-9:30 Coffee	
		Room A	



**OCCUPATIONAL AND ENVIRONMENT HEALTH
DEPARTMENT OF PROTECTION OF THE HUMAN ENVIRONMENT**

WHO/OEH

**Sixth Meeting of the Network of the WHO Collaborating Centres for Occupational Health
Iguassu Falls, Brazil, 21-23 February 2003**

List of Participants

Dr Patabendi K. Abeyunga
Vice President and Director General
Canadian Centre for Occupational Health and Safety (CCOHS)
250 Main Street East
Hamilton, Ontario
Canada L8N 1H6

Dr Juan Alcaino
Chilean Institute of Public Health, ISP
Department of Occupational Health
Avda Marathon No. 1000
Santiago
Chile

Professor Shunichi Araki
President
National Institute of Industrial Health
6-21-1, Nagao, Tama-ku
Kawasaki 214-8585
Japan

Dr Angela Basanets
Head of Occupational Diseases Department
Institute for Occupational Health
75 Saksagansky Street
Kiev 01033
Ukraine

Dr Mohammed Ben Laiba
Directeur Général
Ministère des Affaires Sociales
ISST Institut de Santé et de
Sécurité au Travail
Mustafa Khaznaar No. 5
1007 Tunis
Tunisie

Ms Sonia Maria Jose Bombardi
Director of Projects
Fundacentro
R. Capote Valente
710-SP-SP
Brazil

Dr Joan Burton
Manager
Health Initiatives
Industrial Accident Prevention Association (IACP)
207 Queens Quay West, Suite 550
Toronto, Ontario
Canada M5J 2Y3

Dr Eugenio Cantuarias
Asociacion Chilena de Seguridad
Gerencia de Salud
Vicuna Mackenna 152
Santiago
Chile

Dr Paolo Carrer
Department of Occupational Health
University of Milan and Sacco Hospital
Via GB Grassi 74
20157 Milan
Italy

Dr Maria G. Cassitto
Consortium for the WHO CC on Occupational Health
Department of Occupational Health
University of Milan
Via San Barnaba 8
20122 Milano
Italy

Dr Magdalene Chan, Director
Occupational Health Department
Ministry of Manpower
18 Havelock Road # 05-01
Singapore 059764

Professor Sin-Eng Chia, Director
World Health Organization
Collaborating Centre for Occupational Health
Singapore
Department of Community
Occupational & Family Medicine MD3
Faculty of Medicine
National University of Singapore
16 Medical Drive
Singapore 117597

Dr Claudio Colosio
International Centre for Pesticides and Health Risk Prevention
Via Magenta, 25
20020 Busto Garolfo (Mi)
Italy

Dr Marisol Concha
Asociacion Chilena de Seguridad
Gerencia de Salud
Vicuna Mackenna 152
Santiago
Chile

Dr Andrew Curran
Head
Biomedical Sciences Group
Health & Safety Laboratory
Broad Lane
Sheffield
S3 7HQ United Kingdom

Dr George L. Delclos
Director & Principal Investigator
Southwest Center for Occupational & Environmental Health
University of Texas
Houston School of Public Health
PO Box 20186
Houston, Texas 77225-0186
USA

Professor Frank J. van Dijk
Director
Coronel Institute AMC
Meibergdreef 15
1105 AZ Amsterdam
The Netherlands

Dr Emanuela Fattorini
Consortium for the WHO CC on Occupational Health
Department of Occupational Health
University of Milan
Via San Barnaba 8
20122 Milano
Italy

Professor Benjamin Fayomi
Médecine du Travail
Faculté des Sciences de la Santé
BP 188 Cotonou R
Benin

Dr Igor Fedotov
Senior Specialist on Occupational Health
In Focus Programme Safework
International Labour Office
4 route des Morillons
1211 Geneva 22
Switzerland

Dr Sarah A. Felknor
Assistant Professor
Southwest Center for Occupational & Environmental Health
University of Texas
Houston School of Public Health
PO Box 20186
Houston, Texas 77225-0186
USA

Dr Vito Foà
Consortium for the WHO CC on Occupational Health
Department of Occupational Health
University of Milan
Via San Barnaba 8
20122 Milano
Italy

Dr Linda Forst
Program Director Occupational Medicine Residency Director
University of Illinois at Chicago School of Public Health
PO Box 12690
Chicago, Illinois 60612
USA

Dr. Brigitte Froneberg
Safework
International Labour Office
4 route des Morillons
1211 Geneva 22
Switzerland

Dr Martin Fruns
Chief
Prevention Asociacion Chilena de Seguridad (ACHS)
Vicuna Mackenna 152,2. Piso
Edificio B
Santiago
Chile

Dr Silvia Fustinoni
ISPESL/ICP Consortium for the WHO Collaborating Centre in Occupational Health
Clinica del Lavoro "Luigi Devoto"
Via San Barnaba 8
20122 Milano
Italy

Dr Renato Gilioli
Director
ISPESL/ICP Consortium for the WHO Collaborating Centre in Occupational Health
Clinica del Lavoro "Luigi Devoto"
Via San Barnaba 8
20122 Milano
Italy

Dr Maria Marcela Giraldo
Head of International Co-operation
Office Ministry of Health
Carrera 13 -32 76
10th floor
Bogota
Columbia

Professor Barbara Griefahn
Institute for Occupational Physiology at Dortmund University
Ardeystrasse 67
44139, Dortmund
Germany

Professor Michael P. Guillemin
Director
Institute of Occupational Health Sciences
19 rue du Bugnon
CH-1005, Lausanne
Switzerland

Dr Susan Gunn
IPEC Child Labour
International Labour Office
4 route des Morillons
1211 Geneva 22
Switzerland

Professor Nguyen K. Hai
Director
National Institute of Occupational &
Environmental Health
1B pho Yersin
Hanoi
Vietnam

Professor Fengsheng He
National Institute of Occupational Health and Poison Control
Centre for Disease Control and Prevention
29 Nan Wei Road
Beijing 100050
China

Dr John Howard
Director
National Institute for Occupational Safety & Health (NIOSH)
Centres for Disease Control &
Prevention (CDC)
Humphrey Building, Room 715H
200 Independence Ave., SW
Washington, DC 20201
USA

Dr Daniel Hryhorczuk
Director
Great Lakes Centre for Occupational & Environmental Safety and Health
University of Illinois School of Public Health
2121 W. Taylor, Room 215
Chicago, IL 60612
USA

Dr Sergio Iavicoli
National Institute of Occupational Safety & Prevention (ISPESL)
Via Urbana
I-167-00184
Rome
Italy

Professor Hideki Igisu
Director
Institute of Industrial Ecological Sciences
University of Occupational and Environmental Health
1-1 Iseigaoka Yahatanisi-ku
Kitakyushu
807 8555
Japan

Professor Emilia Ivanovich
National Center of Hygiene and
Medical Ecology
15 Dimitar Nesorov Street
Sofia 1431
Bulgaria

Professor Nikolai Izmerov
Director
RAMS Institute of Occupational Health
31 Prospect Budennogo 105272
Moscow
Russian Federation

Dr Mohammed Jeebhay
Occupational & Environmental Health Research Unit
Department of Public Health & Primary Health Care
Health Sciences Faculty
University of Cape Town
Anzio Road, Observatory
Cape Town
7925 South Africa

Dr Olaf Jensen
Senior Research Associate
Research Unit of Maritime Medicine
9 Niels Bohrs Vej
6700, Esbjerg
Denmark

Professor Taiyi Jin
Director
Department of Occupational Health
School of Public Health
Fudan University
138 Yi Zue Yuan Road
Shanghai 200032
People's Republic of China

Dr Wilawan Juengprasert
Senior Medical Adviser
Office of Health Inspector General
Ministry of Public Health

Tivanont Road
Nonthaburi
Thailand 11000

Dr Linda Kaerlev
Senior Research Associate
Research Unit of Maritime Medicine
9 Niels Bohrs Vej
6700, Esbjerg
Denmark

Dr Sophia Kisting
Senior Researcher
Occupational and Environmental Health Research Unit
University of Capetown
Anzio Road
Observatory 7925
Capetown
South Africa

Dr Kazutaka Kogi
Institute for Science of Labour
2-8-14, Sugao
Miyamae-Ku
Kawasaki 216-8501
Japan

Professor Bengt Knave
President
ICOH
National Institute for Working Life
International Secretariat
112 79 Stockholm
Sweden

Dr Kari Kurppa
Assistant Director
Finnish Institute of Occupational Health
Department of Epidemiology and Biostatistics
Topeliuksenkatu 41 aA
00250 Helsinki 29
Finland

Ms Suvi Lehtinen
Head
Finnish Institute of Occupational Health
Office of Information & International Affairs
Topeliuksenkatu 41 aA
00250 Helsinki
Finland

Dr Stavroula Leka
Occupational Health Psychologist
Institute of Work, Health and
Organisations (I-WHO)
William Lee Buildings 8
Nottingham Science and Technology Park
University Boulevard
Nottingham NG7 2RQ
United Kingdom

Dr R Lum
Director
Office of Health Communication
NIOSH Room 715 H
200 Independence Avenue SW
Washington DC 20201
USA

Professor Per Malmberg
National Institute for Working Life
Arbetslivsinstitutet
11279 Stockholm
Sweden

Professor Marco Maroni
International Centre for Pesticide Safety (ICPS)
Via Magenta 25
20020 Busto Garolfo (Milano)
Italy

Dr Lucia Molina
Chilean Institute of Public Health, ISP
Department of Occupational Health
Avda Marathon No. 1000
Santiago
Chile

Ms Maria Ines Franco Mott
Fundacentro
R. Capote Valente
710-SP-SP
Brazil

Professor Rafael Moure
University of Massachusetts Lowell
Department of Work Environment (DWE)
One University Avenue
Kitson 200
Lowell, Massachusetts
MA 01854
USA

Dr Leslie Nickels
Executive Director Great Lakes Centers for Occupational and Environmental Safety and Health
Deputy Director Illinois Education and Research Center
University of Illinois at Chicago School of Public Health
PO Box 12690
Chicago
Illinois 60612

Dr Shengli Niu
Safework
International Labour Office
4 route des Morillons
1211 Geneva 22
Switzerland

Professor Faten M. Nofal
High Institute of Public Health
Alexandria University
165, El-Horreya Avenue
Hadara, Alexandria
Egypt

Dr Timo Partanen
Visiting Professor
Instituto Regional de Estudios
En Sustancias Toxicas (IRET)
Facultad de Ciencias de la
Tierra y el Mar
Universidad Nacional
Apartado Postal 86
3000 Heredia
Costa Rica

Professor Frank D. Pot
Director
TNO Work and Employment
PO Box 718
2130 AS Hoofddorp
The Netherlands

Professor Laura Punnett
University of Massachusetts Lowell
Department of Work Environment (DWE)
One University Avenue
Kitson 200
Lowell, Massachusetts, MA 01854
USA

Dr Kamjad Ramakul
Director
Bureau of Occupational and Environmental Disease
Department of Disease Control
Ministry of Public Health
Nonthaburi
Thailand

Professor Jorma Rantanen
Director General
Finnish Institute of Occupational Health
Office of Information & International Affairs
Topeliuksenkatu 41 aA
00250, Helsinki 29
Finland

Professor David Rees
National Centre for Occupational Health
25 Hospital Street
PO Box 4788
Johannesburg 2000
South Africa

Dr Chiara Rengo
Consortium for the WHO CC on Occupational Health
Department of Occupational Health
University of Milan
Via San Barnaba 8
20122 Milano
Italy

Dr Kathleen Rest
Deputy Director
National Institute for Occupational Safety & Health (NIOSH)
Centres for Disease Control &
Prevention (CDC)
Humphrey Building, Room 715H
200 Independence Ave., SW
Washington, DC 20201
USA

Dr Julietta Rodriguez-Guzman
Fundacion Iberoamericana de
Seguridad y Salud Ocupacional
Calle 26 No. 69C-03
Torre A Piso 6
Bogotá DC
Columbia

Professor Konrad Rydzynski
Director General
The Nofer Institute of Occupational

Medicine
8 Teresy Street
PO Box 199
90 950 Lodz
Poland

Dr Habibullah N. Saiyed
National Institute of Occupational Health
New Mental Corner
Mehani Nagar
Ahmedabad 380016
India

Ms Marie Ines Santos
Documentation Center
Fundacentro
R. Capote Valente
710-SP-SP
Brazil

Dr Shin-ichi Sawada
National Institute of Industrial Health
6-21-1, Nagao, Tama-ku
Kawasaki 214-8585
Japan

Dr Ana Maria Seifert
Centre pour l'Étude des Interactions biologiques entre la Santé et l'Environnement (CINBIOSE)
Université de Montréal
Case Postale 2888
Succursale Centre-Ville
Montréal, Québec
Canada H3C 3P8

Dr Maureen Shaw
President & CEO
Industrial Accident Prevention Association
Suite 2800 - 250 Yonge Street
Toronto, Ontario
Canada M5B 2N4

Dr Marcos Domingos de Silva
Associacao Brasileira dos Higienist Ocupacional
R Caetes 707 Ap 41
05016-081
S. Paulo SP Brazil

Dr Orielle Solar (Horhazabal)
Chief
Department of Occupational Health Chilean Institute of Public Health (ISP)
Avda Marathon No. 1000
Santiago
Chile

Professor Stanislaw Tarkowski
Head of Department
The Nofer Institute of Occupational
Medicine
8 Teresy Street
PO Box 199
PL-90 950 Lodz
Poland

Dr Jukka Takala
Safework
International Labour Office
4 route des Morillons
1211 Geneva 22

Switzerland

Professor Stanislaw Tomaszunas
Director of the WHO Collaborating
Centre on Maritime Occupational Health
Institute of Maritime & Tropical Medicine
9 B Powstania Styczniowego
PL-81-519, Gdynia
Poland

Dr Pavel Urban Ph.D
Centre of Industrial Hygiene & Occupational Diseases
National Institute of Public Health
Srobarova 48
100 42 Prague 10
Czech Republic

Mr David Zalk
President
International Occupational Hygiene Association
University of California
7000 East Ave
PO Box 808, L-345
Livermore, CA 94551
USA

Professor Alberto Zucconi
Director
Istituto dell'Approccio Centrato
Sulla Persona (IACP)
Piazza Vittorio Emanuele , 99
00185 Rome
Italy

Dr Lilia Zvyagina
Director for CC issues
State Enterprise Scientific Research
Institute of Maritime Medicine
Sudostroitel'naya 1
Odessa
Ukraine 49065

WHO Secretariat, WHO/HQ, Occupational and Environmental Health

World Health Organization
20 Avenue Appia
1211, Geneva 27, Switzerland

Dr Gerry Eijkemans
Tel: 41 22 791 3188 Fax: 41 22 791 1383 E-mail: eijkemans@who.int

Dr Marilyn A. Fingerhut
Coordinator of WHO Collaborating Centers
National Institute of Occupational Health International Coordinator
Room 715H, Hubert Humphrey Building
200 Independence Avenue
SW, Washington
USA
Tel: 1 202 205 8898 Fax: 1 202 260 4464 Email: mfingerhut@cdc.gov

Dr Gregory Goldstein
Tel: 41 22 791 3559 Fax: 41 22 791 1383 E-mail: goldsteing@who.int

Ms Evelyn Kortum-Margot
Tel: 41 22 791 3531 Fax: 41 22 791 1383 E-mail: kortummargote@who.int

Dr Maged Younes
Tel: 41 22 791 3574 Fax: 41 22 791 1383 E-mail: younesm@who.int

Regional Offices

AFRO

Mr Thebe A. Pule
OCH, WHO/AFRO
B.P. 6 Brazzaville
Congo
Tel: 47 241 39238 Fax: 47 241 39501 Email: Pulet@afro.who.int

AMRO

Dr. Jacobo Finkelman
Representante da OPS/OMS
70800-400 - Brasília D.F.
Caixa Postal 08-729
70912-970 - Brasilia D F
Brasil
Tel: 5561 426 9595 Fax: 5561 426 9691 Email: jacobof@bra.ops-oms.org

Dr. Luiz A. C. Galvão
Environmental Quality Program Coordinator
Division of Health and Environment
Pan American Health Organization
World Health Organization
525 23rd. Street, N.W.
Washington, D.C. 20037-2895
Tel: 1 202 974-3156 Fax: 1 202 974-3645 E-mail: HEQ@PAHO.ORG

Dr. L. Maritza Tennessee
Regional Advisor in Workers' Health
Division of Health and Environment
Pan American Health Organization
World Health Organization
525 23rd. Street, N.W.
Washington D.C. 20037-2895
Tel: 1 202 974-3307 Fax: 1 202 974-3645 E-mail: tennasm@paho.org

SEARO

Dr D. Harry Caussy
Environmental Epidemiologist
Department of Evidence for Information and Policy
World Health Organization
South East Asia Region
Indraprastha Estate
New Dehli 110 002
India
Tel: 91 11 2337 0804 Ext 26-430 Fax: 91 11 2337 9507 Email: Caussyd@whosea.org

WPRO

Dr Hisashi Ogawa
Regional Adviser in Environmental Health
Responsible Officer for Healthy Settings and Environmental Focus
WHO Western Pacific Regional Office
PO Box 2932 United Nations Avenue
1000 Manila
Philippines
Tel: 63 2 528 9886 Fax: 63 2 521 1036 Email: ogawah@wpro.who.int