

**Report of the Meeting to Develop the 2006-2010 Work Plan of the Global Network  
of the WHO Collaborating Centers in Occupational Health  
Witwatersrand University Medical School  
Johannesburg, South Africa  
16-17 September 2005  
Final Version, October 21, 2005**

The meeting to develop the structure and content of the new 2006-2010 Work Plan for the WHO Global Network of Collaborating Centers in Occupational Health was held in Johannesburg, South Africa from 16-17 September 2005. The National Institute of Occupational Health hosted the meeting. Delegates included the Network Advisory committee (NIOSH, NIWL, ICPS, FIOH) and Planning Committee (chairs of the 15 task forces of the 2001-2005 Work Plan), IOHA, ICOH and ILO. This report has two sections: the conclusions from the meeting are presented in Part I, and a record of the discussions leading to the decisions is provided in Part II. The appendix includes the agenda and a list of participants. The report was prepared by Leslie Nickels, University of Illinois at Chicago Great Lakes Centers for Occupational and Environmental Safety and Health.

**Part I: Decisions from Meeting**

The following decisions were made at the meeting:

1. Six Activity Areas will form the structure of the Global CC Network Work Plan 2006-2010

**2006-2010 Global Work Plan Activity Areas**

AA1: Global situation analysis
AA 2: Evidence for action, and national policies and action plans
AA 3: Practical approaches to identify and reduce occupational risks
AA 4: Education, training, and technical materials
AA 5: Development and expansion of Occupational Health Services
AA 6: Communication and Networking

- 2) Each of the six Activity Areas is anticipated to include multi-center projects that advance the goal of the AA. The content of each AA is outlined below, and the volunteer Temporary Managers and Deputies and Advisors are listed for each AA. The AAs have been fully described by the Temporary Managers in (see attachment six Activity Areas)

### **AA1: Global Situation Analysis**

**Temporary Manager: Kaj Elgstrand (NIWL Sweden); Temporary Deputy Managers: Marisol Concha (ACHS Chile), David Rees (NIOH South Africa) and Frank Pot (TNO, The Netherlands); Advisor: P.K. Abeytunga (CCOHS Canada)**

- Influence of globalization and employment patterns on occupational health
- Design of actions to improve occupational health

### **AA2: Evidence for action and national policies and action programmes**

**Temporary Manager: Andrew Curran (HSL UK); Temporary Deputy Manager: Marco Maroni (ICPS Italy); Advisor: Kari Kurppa (FIOH Finland)**

- National OHS Profiles
- Developing indicators for occupational health
- Surveillance
- Research
- Regional and national plans and policies and best practices
- Moving knowledge into action

### **AA3: Practical approaches to identify and reduce occupational risks**

**Temporary Manager: Stavroula Leka (U. Nottingham UK); Temporary Deputy Manager: Hans Thore Smedbold (IOHA); Temporary Silica Toolkit Deputy Manager: Rick Niemeier (NIOSH USA); Advisor: David Zalk (IOHA)**

- **Improve working conditions through the development and implementation of simplified risk reduction tools and methods.**
- **Global Projects: Toolkit development and implementation**
  - International Chemical Control Toolkit
  - Additional Chemical Toolkits (including asbestos and others to be determined)
  - Silica Control Toolkit
  - Physical (noise, vibration, heat/cold stress)
  - Ergonomics
  - Psychosocial
  - Safety
  - Economic appraisal
  - Biological (including HIV, SARS, bird flu, etc)
  - Sectoral
    - Health care workers
    - Construction
    - Agriculture

- Mining

#### **AA4: Education, Training, and Technical Materials**

**Temporary Manager: Leslie Nickels (U. Illinois USA); Temporary Deputy Manager: Mohammed Jeebhay (U. Cape Town South Africa); Advisor: Tom Robins (U. Michigan USA)**

- OHS professional degree programmes
- OHS training courses at all levels
- E-learning, electronic and print materials, CD-ROMs
- Booklets, brochures, fact sheets, and technical materials
- Global Electronic Library of Training Materials

#### **AA5: Development and expansion of Occupational Health Services**

**Temporary Manager: Timo Leino (FIOH Finland); Temporary Deputy Manager: Mary Ross (NIOH South Africa)**

- Occupational health for vulnerable groups (informal economy, children, migrants)
- Occupational health for high risk groups
- Delivery mechanisms for small/medium size enterprises and the informal economy
- Expansion and access

#### **AA6: Communication and Networking**

**Temporary Manager: Claudina Noguiera (NIOH South Africa); Temporary Deputy Managers: Max Lum (NIOSH USA), PK Abeytunga (CCOHS Canada); Advisor: Alberto Zucconi (IACP Italy)**

- Resource mobilization (also the responsibility of each AA)
- Marketing
- Networking
- Evaluation
- Sharing information
  - WHO/ILO Global Portal
  - Electronic and print media

### **3) Terms of Reference for Managers of Activity Areas**

Discussions at the Johannesburg meeting recognized the need for commitment of time between September 2005 and June 2006 to ensure that a fully developed proposal is brought to Milan for the Global Network meeting in June 2006 for final decisions.

Terms of reference and timeframes were developed for the Temporary Manager of each Activity Area and Temporary Deputy Managers, with advice from Advisors.

- **Activity Area Temporary Manager**
  - Time commitment of 25% between September 2005 and June 2006
    - Temporary Deputy Manager 10% - 25% time for same time period
    - Advisor has no required % time but will consult
  - Terms of reference:
    - "Get the agenda up and running" for Stresa in June 2006
    - Prepare a description of the AA for distribution in November to all CCs, ILO, ICOH, IOHA and IEA
    - Develop AA description and Executive Summary (a strategic plan, including goal, content, possible multi-Centre projects, indicators of success, and resources)
    - Review responses received by January, and fully develop AA description and content by mid-March
    - Ensure that projects meet criteria for inclusion
    - Contact CC Directors, ILO, NGOs as appropriate
    - Promote geographical distribution in multi-Centre projects
    - Suggest names for possible permanent Manager/ Deputy Manager
  
- **Permanent Activity Area Manager, Deputy, Advisor**
  - Area Manager time commitment of 25% between June 2006 and 2010
    - Deputy Manager 10%-25% for same time period to assist Manager
    - Advisor has no required % time but will consult
  - Qualities of Manager
    - International experience
    - Expertise in content of Activity Area
    - Good organisational skills
    - Involved in project(s) in Activity Area
  - Terms of reference
    - Program planning
    - Promote collaboration
    - Personal contact with Project Leaders and WHO
    - Motivate CCs to put in projects and implement projects, review projects
    - Monitor projects and report to WHO
    - Keep Dynamic AA plan updated
    - Facilitate sharing of solutions with other countries
    - Coordinate with other AAs
    - Teambuilding
    - Program evaluation
  - Appointment
    - Requires approval of CC Director
    - Appointment made by the WHO Secretariat and the Advisory Committee

#### **4) Criteria for Projects for the 2006-2010 Work Plan**

The meeting participants agreed that all projects must meet five criteria:

1. Project fits into one of the 6 Activity Areas
2. Project is collaborative with CCs in other countries\*
3. Project addresses an occupational health issue of known or anticipated regional or global importance
4. Benefits of project and beneficiaries are clear
5. The scope of the impact of the project is identified
  - a. global
  - b. regional
  - c. multi-country
  - d. national\*

\* Projects that have benefit only for the single country will not be accepted, except in special circumstances, following consultation with the Global Network Co-Coordinator (Dr. Gerry Eijkemans and Dr. Marilyn Fingerhut).

#### **5) Timeline of Actions from September 2005 to June 2006**

A solicitation for Activity Area project submissions will be made on November 7, 2005 to all CC Directors, ILO, ICOH, IOHA and IEA. Submissions are due by December 15, 2005.

This input received will be organized by AA Temporary Managers and Deputy Managers to fully develop the AA description and project content. A Draft Final 2006-2010 Work Plan will be sent out in May in preparation for the June 2006 at the Global Network CC Meeting in Stresa, just before the ICOH Conference. At this meeting, Activity Area working groups will work together to advance the projects.

#### **6) Leadership of WHO Global Network**

Recommendations for the leadership of the Global Network included a modification of the Advisory Committee. It was agreed that it should remain small, keeping the core members (WHO, Secretariat, NIOSH, ICPS, NIWL and FIOH) and adding three additional members from Africa, Latin America and Asia. In addition, the delegates recommended that the Planning Committee include Managers and Deputy Managers from each of the six Activity Areas. The Advisory Committee and the Planning Committee should have regular meetings. This might include the use of video and teleconferences.

For a model on the internal relations between WHO, the WHO CCs and other partners, please consult the model in attachment 3.

## **Part II: Record of Presentations and Discussions of Meeting**

This section provides a record of the presentations<sup>1</sup> and discussions leading to the conclusions presented in Part I of this Meeting Report

### **Day 1: 16 September 2005**

#### *Welcome and Introductions*

After a welcome by the co-coordinators Dr. Eijkemans and Dr. Fingerhut the following persons addressed the meeting.

**Mary Ross**, Director National Institute of Occupational Health and host of the meeting, welcomed the delegates and provided background on the National Institute for Occupational Health (NIOH) for South Africa. NIOH is almost 50 years old. Activities include teaching, training, and capacity building. NIOH has bilateral agreements with NIOSH, Fogarty, and WHO. Special thanks to Claudina Nogueira for making the arrangements.

**Lindwe Ndelu**, Director of Medical Bureau, Occupational Diseases, Department of Health, South Africa, described the conditions of health of workers in South Africa and expressed appreciation for the work of WHO, ILO and the Collaborating Centers.

**Akpan Etukudo**, WHO Liaison in South Africa, welcomed participants and emphasized the importance of the WHO, ILO and Collaborating Center activities in South Africa

**Tai-wa Tsin**, President of International Occupational Hygiene Association (IOHA) offered welcome and an invitation to IOHA International Scientific Conference in Pilanesburg Sept 19-23, 2005.

**Suvi Lehtinen**, welcomed participants and on behalf of Jorma Rantanen, President of ICOH. She emphasized the importance of the work of collaborating centers in promoting occupational health for all.

**Igor Fedotov** of International Labor Organization (ILO) welcomed the delegates and indicated that he was pleased with the collaboration and cooperation of ILO, WHO and other NGOs. While occupational health is not high on the globalization agenda, a fundamental right to safe work needs to be promoted.

**Tom Robins** welcomed the group on behalf of the International Training and Research in Environmental and Occupational Health (Fogarty) program in Southern Africa. He

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<sup>1</sup> A CDROM with presentations made by delegates is available from Evelyn Kortum, Occupational Health Team, Tel. +41.22.7913531, [kortummargote@who.int](mailto:kortummargote@who.int)

indicated that the focus of the Fogarty program in 14 countries in Southern Africa was on capacity building through academic course work, distance modules in occupational health, short courses, and by direct funding for junior faculty and midlevel researchers in Southern Africa. This Fogarty program was looking to develop resource centers through additional collaborations in the region.

### ***Review of Accomplishments and Plans for the Meeting***

Max Lum, National Institute for Occupational Safety and Health, USA, chaired the meeting. The delegates introduced themselves ([attachment 1](#)). Dr. Lum reviewed the meeting agenda ([attachment 2](#)) which describes the structure of the meeting, including an overview of accomplishments from the collaborating centers work plan 2001-2005; an example of successful projects; overview of WHO accomplishments from 04-05 and plans for 06-07; overview ILO, International Congress on Occupational Health (ICOH), IOHA and International Environmental Association (IEA) activities; and a presentation of a proposed WHO CC work plan for 06-10. The remainder of the meeting would be devoted to plenary discussions and working groups to develop the proposed structure for the 06-10 work plan. *Overview of accomplishments Work plan 2001-2005*

Marilyn Fingerhut, National Institute for Occupational Safety and Health, USA presented an overview of the magnitude of the occupational health problem globally with more than 2.9 billion workers worldwide with about 2 million fatalities from work-related diseases and injuries each year, and only 10-15% of global workforce has access to occupational health services. To address this issue WHO and other bodies work together to achieve the WHO “Global Strategy on Occupational Health for All”. Partners with WHO in this effort include the WHO HQ and regional offices, 64 CCs, ILO and nongovernmental organizations ICOH, IOHA, and IEA. Her remarks focused on the role of the network of collaborating centres in achieving global occupational health for all. Dr. Fingerhut reviewed the history of the network of collaborating centres and the 2001-2005 work plan.

In the 2001-2005 workplan there were 350 projects that were included in 15 priority areas. All 64 collaborating centres participated in the workplan. Examples of successful projects included diploma and masters in public health at the University of the Witwatersrand and National Institute of Occupational Health, South Africa; post graduate long distance learning course in occupational health developed by the University of Cape Town, South Africa with the Fogarty Programme; CDROM short course materials in the Foundations of Occupational Health and a Course on Dust Control in Mining; the development of the infrastructure of a library of training materials (GEOLibrary.org); and the contributions to WHO/ILO Joint Effort on OSH in Africa and documents such as the Psychological Harassment at Work.

Additionally, Dr. Fingerhut described the procedure for assessing the effectiveness of the 2001-2005 work plan. The work plan was evaluated on a 5-point scale for contributions to global or regional impact. Out of 15 task forces 8 did a good job, 5 an excellent job, and 2 primarily had a national focus. The conclusions reached from this evaluation

suggested that the work plan was successful in developing cohesiveness, energy, a focus on priority areas to advance “Occupational Health for All”, useful contributions to developing nations, and promising global projects ready for actions. Lessons learned included identifying a continuing need to focus on WHO, ILO, and country priorities, a continuing need to focus on benefit to developing nations, fewer priority areas, and fewer projects that are truly multi-center, regional or global.

*An example of a successful project: Global e-library on Occupational Health*  
Dan Hryhorczuk, Center Director University of Illinois at Chicago, presented an overview of the GEOLibrary. The GEOLibrary is an electronic library of education, training and technical information. The library infrastructure is in six languages and has a search capability. The library will be populated with materials from local administrators from collaborating centres.

*Overview of WHO accomplishments 04-05 and plans 06-07*

Gerry Eijkemans, WHO, presented an overview of the occupational health program in WHO. She emphasized the lack of adequately trained human resources and lack of policies, globally, but especially in developing nations for addressing occupational health problems. Dr. Eijkemans reviewed the structure of occupational health in WHO Headquarters. Dr. Leitner was the Assistant Director General Sustainable Development and Healthy Environments (retired Sept 2005), Dr. Maria Neira is Director, Protection of the Human Environment (PHE) , and Dr. Carlos Corvalan is Coordinator, Occupational and Environmental Health (OEH). Dr. Eijkemans is the Focal Point for Occupational Health, and she works with Ivan Ivanov and Evelyn Kortum in the implementation of the occupational health program. Priorities include development of a supportive policy environment, provision of strategic information and tools, expanded access and coverage of occupational health services, and networking.

Dr. Eijkemans identified challenges in developing and implementing the new Work Plan, which include optimizing resources, bringing the work of the CC network in line with the WHO 2007 Global Plan of Action, raising the profile of occupational health through strategic positioning and partnerships, and continuing the excellent coordination and level of enthusiasm and commitment of all to improve the health of workers.

*Overview of ILO, ICOH, and IOHA activities; the past and the future*

*ILO*

Igor Fedotov, ILO welcomed delegates and stressed the importance of ILO/WHO collaboration. Dr. Fedotov distributed recent ILO publications on occupational health. The materials included: Promotional Framework for Occupational Safety and Health Report IV (1) ILO 93<sup>rd</sup> Session 2005; Global Strategy on Occupational Safety and Health: Conclusions adopted by the International Labour Conference at its 91<sup>st</sup> session, 2003; Introductory Report: Decent Work –Safe Work XVIIth World Congress on Safety Health at Work Orlando Florida 18-22 Sept. 2005; and National Programme for the Elimination of Silicosis Department of Labour South Africa.

## *ICOH*

Suvi Lehtinen, ICOH, presented the activities of ICOH, covering the policy level and joint technical activities, and gave an overview of the forthcoming ICOH events. At the policy level, ICOH has actively contributed during the past three years to two issues, the WHO Framework Convention on Tobacco Control and the WHO Resolution on cancer prevention and control. In both of these documents, the workplace is mentioned as an arena for prevention. In addition, the 13<sup>th</sup> ILO/WHO Joint Committee on Occupational Health in December 2003 discussed the issue of Basic Occupational Health Services (BOHS) approach and decided to launch it as a joint WHO/ILO/ICOH activity. ICOH continues to contribute to the Global Programme on Elimination of Silicosis and Asbestos-related Diseases. During the past few years, several technical activities have been carried out on various topics, such as Conference, Declaration and Guidelines on Health Care Workers, October 2004, Kitakyushu; Occupational Health Services for the Small-scale Enterprises and the Informal Sector, November 2004, Nagoya, and Challenges to Occupational Health Services in the Regions, January 2005, Helsinki, to mention just a few. In the regional activities, the contributions of ICOH to the European Network Meeting of the Collaborating Centres in Occupational Health, September 2004, Stockholm; BOHS introductions in China in 2004, and in the EMRO and PAHO regions in July and August 2005, respectively; and the support to occupational health in the Regional Committee meeting of the WHO Regional Office for Europe in September 2005, Bucharest, were mentioned. In addition to co-organizing conferences and symposia, ICOH has published textbooks and guidelines, for example, the BOHS guideline, 3<sup>rd</sup> revised edition is expected to be published by the end of the year. Coming events (2005) include meeting on unemployment in Turkey; shiftwork in the Netherlands, Women and work in India, and Occupational health services in Japan. Finally, Ms. Lehtinen invited the delegates to the ICOH Centennial Congress 11–16 June 2006 in Milan, Italy.

## *IOHA*

Tai-wa Tsin described the work of IOHA and the contributions of IOHA to the 2001-2005 Work Plan. He also described the IOHA meeting in Pilanesberg that would follow immediately from 19-23 September, and he invited all delegates to attend the 2008 IOHA meeting in Taiwan.

### *Presentation of proposed WHO CC Workplan for 2006-2010*

Dr. Fingerhut reviewed the evaluation methodology and results of assessing the 2001-2005 work plan and the criteria for the 2006-2010 work plan. Based on the evaluation, multiple consultations with CC directors, and the WHO Occupational Health Programme, a plan based on nine activity areas was developed. These nine activity area recommendations were circulated in the summer 2005 to the directors of the collaborating centres for feedback. The structure was proposed for the second five-year Work Plan (2006-2010) of the WHO CCs in Occupational Health. The nine activity areas included:

- AA 1: Evidence for Action
- AA 2: National Policies, Strategies and Plans

- AA 3: Occupational Risk Management Toolbox
- AA 4: Training Materials
- AA 5: Technical Materials and Research
- AA 6: Avenues for information sharing and dissemination
- AA 7: Basic Occupational Health Services
- AA 8: Strategic situation analysis considering the occupational health consequences of global changes related to employment and work.
- AA9: Support Group for Resource mobilization, Networking, marketing and evaluation

Input received in August 2005 from CC directors, ILO, and NGOs led to a proposal for a decrease in the number of Activity Areas for discussion at this meeting. The nine activity areas should be condensed into six activity areas. The suggested six activity areas<sup>2</sup> were:

- AA1: Evidence for Action
- AA 2: National Policies, Strategies and Plans and Strategic Global Analysis
- AA 3: Occupational Risk Management Toolbox and Technical Materials
- AA 4: Training
- AA 5: Basic Occupational Health Services
- AA6: Support Group for Resource Mobilization, Networking, Marketing, Awareness Raising and Avenues for Information Dissemination

#### **Plenary Discussion prior to meeting in working groups:**

A general discussion among the delegates identified a number of questions and concerns about creating activity areas. These included:

- The need for a mechanism for recognizing the work that had been completed and the need to complete many of the 350 projects from the current work plan;
- Historically there have been implementation problems and there is a need to mobilize resources.
- Condensing the activity areas means a lot of work for each activity coordinator.
- Do not want to lose the good activities in the current plan, ie SME.
- How do international programs fit into the activity areas (asbestos and silicosis)? Need to maintain a global and regional actions activity area (asbestos) or maybe they should be their own activity area
- Need to have a movement towards healthy work environments. Concern that the concept of healthy workplaces might be lost in the list 9(or 6) activity areas.
- Regional and global programs on capacity development for occupational health not adequately reflected in the new activity area labels What are the expected outputs of each activity area?
- Fogarty and WAHSA have centers of excellence in Africa and elsewhere. How would these be coordinated given the suggested activity areas?
- How do we develop the potential of the CCs. Create synergy. Organizational development would suggest other headings.

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<sup>2</sup> Note that the final six activity areas described in Part I of this report were modified from this list of six AAs due to the discussions and decisions of the participants in the meeting.

- What is the purpose of the work plan? What would success look like in 2010?
- Why do we need to group into these areas? What are the outputs in 5 years time aside from promoting collaboration? What is the purpose of the coordinator of each of the activities? Want to use WHO as a conduit to synergize and publicize. What are the generic outputs?
- Liked longer list because many program could find a fit. The new list appears to limit fit.
- Main concern in framing the activities is the capacity of the CCs. Need projects to be more effective and efficient. Need “staff” of the activity to work together.
- Need to address the impact occupational and non-occupational disease.
- The proposed plan seems to have less focus on activities of silicosis and asbestos.

Comments were also expressed about the process of creating activity areas:

- Need to understand what kinds of projects CC are interested in contributing
- Strategic global analysis should be added to AA2 and research AA4. AA6 maybe too complicated. AA3 is too complex and should be split into hazard categories
- CC network members want to be able to do the work in the way they see best in addition to finding areas where we can work with other CCs.
- AA6 very important. Need to find funding to support this work. Focus on issues that are important and focus.
- Six activity areas are very clear. Suggests that avenues for dissemination be part of all activities as described in AA6.
- Generally in favor of fewer activity areas. However, ensure that they fit the strategic approach we want to promote.
- What do you do if it spans more than one activity? For example, training, services, other—where is capacity development included?
- Having 6 activity areas does not seem very different from 9 activity areas; maybe final number will be between 6 and 9
- Excellent job in building on past work. Want to ensure that the load is balanced. IOHA will support activities in AA3 and in other areas. Suggests that technical materials be combined under AA4 rather than AA3.
- CCs want to support each other toward common end points. Some cc have extensive resources, others less. Network a way for supporting the work of cc around the world.
- “Expansion of basic occupational health services” rather than “Basic Occupational Health Services”

WHO response to the general discussion

The goal for the 2001-2005 work plan was to have projects finished by 2005. However, the new work plan may include unfinished projects that will be worked on. However, every project should have regional and global impact. A key purpose of the CCs is to build capacity in countries that don’t have adequate occupational health capacity. This means the more active involvement of government, particularly Ministries of Health, in the development and implementation of Collaborating Centers Workplans.

Ultimately WHO, ILO, WHOCC, WAHSA and Fogarty have the goal to build capacity in all countries. The projects in the activity areas will support the Global and Southern Africa initiatives.

The purpose of the activity areas is to organize the work plan of the Network of CC's. Issues like silicosis and asbestos were part of task forces in the 2001-2005 work plan, not specific task forces. These are high level activities and are not separated in this proposed work plan structure.

Activity area groupings are important for management and governance. Additionally, finding support is needed in all activity areas not just AA6. AA6 would be to support the funding exploration of other activity groups.

#### *Consensus*

Consensus was reached by the participants that questions and issues could be addressed in the work groups. The work groups should address issues brought up in the discussion, if appropriate. The work groups should discuss and propose goals and activities. Following this meeting, the recommendations would be sent to CC directors who would be asked to define their work within the framework and define their terms of reference.

## **Six Working Groups: Six activity area work groups defining goals and activities**

Delegates selected an activity area work group in which to participate. Each work group was charged to address the following:

- Define the exact content of the AA and refine the title
- Define the goal of the AA
- Discuss potential large multi-center, global projects for this AA
- Set indicators of success for this AA
- Discuss how to better meet the needs of the countries with the choice of projects
- Identify temporary chair and reporter

Work groups completed their work on the first day of the meeting. The report back from the work groups was made on day 2 of the meetings.

### **Day 2: 17 September 2005**

The meeting was opened with an update on the planning for the 2006 ICOH meeting.

#### *ICOH Meeting June 2006*

Marco Marconi, ICPS, described the ICOH 2006 meeting in Milan. The conference planners expect 2000-3000 delegates. WHO would have a pre-meeting of global network of collaborating centers on 8-9 June 2006 in Stresa, Italy. While there would not be a fee for attending the CC meeting, participants in the CC meeting were responsible for their own accommodations. Dr. Marconi encouraged delegates to book their accommodations as soon as possible. ICPS will be the secretariat for the CC meeting. About 150 participants from CC were expected to attend. The four CC in Italy would provide administrative support for the meeting. The ICOH meeting would be held in Milan from 11-14 June 2006. The CC would have an opportunity to present information about their work at the ICOH meeting. Abstracts are due by 15 October 2005.

### **Reports from Six Activity Area Work Groups**

Each of the activity area work groups presented information on name of activity area, goals, and potential activities. Discussion by the whole followed each report

#### AA1: Scientific and Technical Basis for Planning Intervention and Evaluating the Effectiveness of Interventions

Marco Marconi chaired and Dan Hryhorczuk was the recorder for this work group. Dr. Hryhorczuk presented the proposed goals, obstacles, and activities for this action area. Goals included development of meaningful national plans of action. In order to do this there was a need to know the national situation, the national profile is composed of indicators, basic to complex, which would be used to measure the current situation and to develop goals, evidence needed to convince politicians. In addition to the national

profiles, development of models for sub-national sets of indicators and profiles offers valuable possibilities for strengthening OHS at local level and at worksites. Obstacles included: missing data on occupational illness and injury in many countries, quality of existing data is poor, surveillance systems are lacking, lack of harmonization of metrics between countries, and lack of easy to implement tools for developing national profiles. Recommended activities included:

- development of a guidance document for developing countries on how to do a national profile
- development of a guidance document on how to conduct occupational injury and illness surveillance
- development of a guidance document for evaluating the effectiveness of occupational health services
- convening of task force of experts to work on harmonization of indicators, e.g. definition of occupational diseases
- development of models for subnational sets of indicators and profiles

#### AA2: Global Situation Analysis

P.K. Abeyunga chaired and Arch Carson was the recorder for this work group.

Mr. Abeyunga reported on the goals and potential projects. The goals included enhancing understanding of OH globally and nationally; identifying opportunities to influence programs globally and nationally; illustrating best practices; and influencing decision makers. Potential projects included:

- collecting global and national program information
- description of findings
- global OH situation room visible to all stakeholders

#### *Discussion:*

The discussion focused on recommendations from AA1 and AA2 and included, how is this different from ILO work? Delegates suggested that this activity area would collect information that could be provided as evidence at meetings. While some existing conventions are already in place such as ILO Convention 155 and 161, there was a need identified to collect best practices and evidence as supportive materials. The ILO relates to the Ministries of Labor. The evidence gathered would compliment activities of the ILO to address issues important to ministers of health (WHO focus) as well. There needs to be an integrated effort of labor and health in countries.

Additionally, there was an identified need for an analysis of the global situation and national programs. It was observed that this activity area had some similarities with AA1. It was recommended that AA1 be focus on global analysis and AA2 focus on evidence for action: national policies and plans. The recommendation was agreed upon unanimously.

#### AA3: Occupational Risk Management Toolbox: Practical approaches to identify and reduce occupational risk

David Rees chaired and David Zalk was the recorder for this work group. Mr. Zalk reported on recommendations for a new name for this activity area, the goals, project

areas, and process for developing the tool kits. The work group recommended a focus on development of the toolkit. The work group concluded that technical material dissemination should be moved to AA4 Training. The recommended goal for Activity Area 3 is to improve working conditions through the development and implementation of simplified risk reduction tools and methods. Activities include:

- development of toolkits through multi-center and global projects
- development of sectoral toolboxes through multi-center and global projects

In order to help meet the needs in developing countries the work group recommended conducting a survey of CCs and use of country profiles to identify occupational risk management related priorities. Additionally the work group proposed the development of some materials in languages other than English and in a variety of formats (not entirely electronic).

*Discussion:*

There was a recommendation that technical materials fall into training activity area. This recommendation was agreed upon unanimously.

Delegates observed that there were many products, including toolkits, that already exist and attention should be paid to dissemination. Additionally, there is a need to build on what is currently available. An inventory of what is available should be conducted first.

Other recommendations from delegates included the development of the toolkits through complex teams by forming small working groups representing multiple CC and including developing nations. For example, at least one co-chair and team leader for each toolkit. Additionally, the toolkits could have components of risk assessment and management: exposure monitoring, medical surveillance, education and training, information systems are all components of risk management and best practice examples need to be documented. Sector specific toolboxes could include exposures in food processing. Final toolkits can be adjusted to meet national needs. It was recommended that this activity area should make examples available.

AA4 Education, Training, and Technical Materials

Mohammed Jeehbay chaired and Leslie Nickels was recorder for this work group. Ms. Nickels reported on recommended activity area goals and activities. Activity area goals include enhancing capacity to develop human resources, provide education and training support to toolbox activity area, promote the use of existing materials and models for education, training and learning and exchanging good pedagogical ideas. Potential activities included:

- Development of GEOLibrary
- Assisting in the development of degree programs
- Funding people to attend degree programs in occupational health through curriculum development support
- Conducting short courses
- Developing training program on risk factors for psycho-social toolbox

- Develop distance based training programs meant for developing countries which use case studies from developing countries (relevant and meaningful)
- Develop training specifically for labour inspectors in agriculture and silicosis elimination
- Develop masters programs in occupational medicine (with institutions in South Africa and others outside of South Africa)
- Increase education and training activities in countries that don't have cc
- Collaborate with regional ILO and WHO for regional training
- Identify materials that could be used in other settings
- See WHO survey for what was identified by CC in their countries
- Technical materials dissemination (documents, reference materials)

Additionally the work group discussed, what distinguishes education and training programs and what are good models.

*Discussion:*

Delegates discussed AA 3 recommendation for adding technical materials to this activity area. This recommendation was agreed upon unanimously.

AA5:OHS Development and Expansion

Timo Leino was the recorder for this work group. Dr. Leino reported on the scope, goal, and potential activities of this activity area. The goal of this activity area is a healthy worker, to be achieved through making workplaces healthy. Potential activities include:

- How to address the informal sector, agricultural sectors and other sectors with a very low coverage – develop a programme to address and tackle this problem
- First address the legal, informal sector: mobilize PH to provide services
- Establishing an inventory of good practices – dissemination of information
- Identify groups of countries with different needs for the development of OHS – sub-regional projects could be established
- The layers of OHS could be defined also in terms of costs
- How this expansion of OHS can be made happen? How to use the existing models to convince the countries to develop OHS?
  - Collection of models of service provision

*Discussion:*

Delegates made the following suggestions:

- This activity area should include BOHS prevention of diseases, ILO161 and conventions related to prevention. Additionally, include collection of models of service delivery in developing countries. Promote BOHS concept through ICOH.
- Incorporate SMME for expanding BOHS. Provide more practical guidance on establishing functions. What are the steps to establishing services? Companies need guide for doing this.
- Need a feedback mechanism for when health problem exists to reach employer with information.

- Migrants in a gray market have no access to services. How do we reach these people? Models for BOHS are well known in ILO conventions. Build on existing info and materials. Need to look for the models for education in this area.
- Need to think in long term. Coordination of promoting and preventing risk in the workplace should start in schools and communities. This is a way to expand.
- We know what needs to be done, we need to work on how to do it. The challenge is the informal and micro economies. BOHS is primary prevention and intervention in the workplace. Core is prevention. If there are more resources than layers can be added.

#### AA6: Communication Network

Alberto Zuconi chaired and Andrew Curran was recorder for this work group. Dr. Curran reported on recommended goals and activities for this activity area. Goals included:

- Increase effectiveness of the Activity Areas through:
  - Resource Mobilization
  - Marketing
  - Knowledge Sharing
- Build capacity in key communication areas
- Develop a boilerplate plan for knowledge and skills sharing, fund raising and marketing of best practices

Potential projects included:

- Build capacity in key communication areas
  - Portal and other resources
  - Gathering case studies
- Public information activities to promote awareness of the CCs
- Focus products for limited-resource users

#### *Discussion:*

A key activity of this AA will be to help people find funds for key projects. For example, EU has money for many different kinds of programs. There is a need to develop multi-center program applications and to consider lobbying of EU programs for a focus on occupational health. However, it was noted that each AA must mobilize resources. Some suggestions for opportunities included looking to university programs for assistance, completing an inventory of potential funding opportunities and circulate the information; becoming part of other group's agendas.

To help focus fund raising, need to brainstorm on what would be the lead projects which the network can do and provide direction to this activity area. Identify lead projects that will help move agenda forward. Additional activities might include a web newsletter highlighting key funding opportunities.

(This ends the presentations and discussion of the six AA work groups. Please refer to Part I of this report for the final decisions to which these discussions led.)

### **Working Groups discussed the management of Activity Areas**

A second set of 3 work groups was convened to involve all delegates in addressing the management of the 2006-2010 Work Plan, and leadership of the Global Network.

Dr. Eijkemans provided guidance for the work groups. Each of three work groups was to make recommendations on terms of reference for the chairs (temporary and permanent), co-chairs and coordinators for large projects; project criteria, steering mechanism (advisory group, planning committee, and global representation), involvement of ministers of health and involvement of CCs in global plan of action.

#### *Report back and discussion from the work groups on working mechanisms and task force chairs*

The three work groups reported back. The work groups had similar recommendations for the terms of reference for the temporary and permanent management of the AAs and for project criteria. Delegates suggested that temporary managers gather data for developing each of the activity areas for presentation at the June 2006 meeting in Stresa, Italy. Additionally, temporary activity area managers will need to communicate with CC about where existing projects fit into the proposed plan. Please see Part I: Decisions from Meeting for recommendations from this discussion.

Recommendations for the leadership of the Global Network included a modification of the Advisory Committee to keep the core members (NIOSH, ICPS, NIWL and FIOH) and add three additional members from Africa, LAC and Asia. Delegates suggested that the Advisory Committee should remain relatively small. In addition, delegates recommended that the Planning Committee include Managers and Deputy Managers from each of the Activity Areas. Finally, delegates recommended that an Executive Committee be constituted to include the Advisory and Planning Committees and have regular contact. This might include the use of video and teleconferences to hold meetings.

Delegates discussed the need to reach the Ministries of Health. Suggestions for more effective outreach included identifying mechanisms of inclusion of ministries in the work plan, Suvi Lehtinen reported that in the European Region involvement of the Ministries of Health might be enhanced through activating the newly-established network of contact persons in occupational health in the Ministries of Health. The next European Network Meeting of the WHO Collaborating Centres in Occupational Health has been scheduled for the autumn of 2006. It has been planned that the CC Network have back-to-back meetings with the contacts persons in occupational health of the Ministries of Health. This would provide an opportunity to work together, share information, and plan future activities that fit into the national plans and programmes.

#### **Closing:**

Drs. Eijkemans and Fingerhut thanked everyone for their work and again thanked Claudia Nogueira for her efforts. The meeting adjourned at 4:50 pm.

## Attachment 1

## WHO CC in OH Planning Meeting – Johannesburg, South Africa, 16-17 September 2005

## List of Participants ( final update 10 October 2005)

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**TF** = Taskforce Chair Member

**Secr** = WHO Secretariat

**Co-Coor** = Co-Coordiators

**AC** = Advisory Committee

**Note:**

The following delegates attended the Opening Ceremony of the WHO CC Meeting, only:

Mr. Akpan Etukudu – Acting Head: WHO Liaison Office, Pretoria, SA

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Dr. Lindiwe Ndelu – Director: Medical Bureau for Occupational Diseases (MBOD), Johannesburg, SA

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Attachment 2

**WHO COLLABORATING CENTRES IN OCCUPATIONAL HEALTH PLANNING MEETING  
JOHANNESBURG, SOUTH AFRICA  
16 -17 SEPTEMBER 2005**

**AGENDA**

Day 1: Friday, September 16<sup>th</sup>

- 08.00 - 8.30 Coffee and Breakfast at the Sunnyside Park Hotel, Parktown
- 08.30 - 9.30 Opening Ceremony at the Sunnyside Park Hotel  
Session Chairs: Marilyn Fingerhut / Gerry Eijkemans  
Welcome by co-chairs
- Welcome by
1. Director-General of the Department of Health, SA – Thamsanqa Mseleku (or rep)
  2. WHO Liaison Officer - (Akpan Etukudo or rep)
  3. NIOH - Mary Ross
  4. Tai-wa Tsin, IOHA
  5. Suvi Lethinen, ICOH
- Moving of the delegates from the Sunnyside Park Hotel to the Boardroom of the Wits University Medical School, for the remainder of the meeting (allow 20 minutes)
- 09.50 - 10.40 Overview of accomplishments Workplan 02-05 – Marilyn Fingerhut
- 10.40 – 10.55 An example of a successful project: Global e-library on Occupational Health
- 10.55 - 11.10 Break
- 11.10 - 11.40 Overview of WHO accomplishments 04-05 and plans 06-07 – Gerry Eijkemans
- 11.40 - 12.40 Overview of ILO, ICOH, IOHA and IEA activities; the past and the future
- 12.40 - 13.30 Lunch
- 13.30 - 14.00 Presentation of proposed WHO CC Workplan 06-10 – Marilyn Fingerhut
- 14.00 - 15.15 Plenary Discussion
- Decision on taskforces and core content
- 15.15 - 15.30 Break
- 15.30 - 17.30 Group Discussion on content of taskforces, and transition from Workplan 02-05 to 06-10
- 18.30 - 20.00 Cocktail Reception for delegates and invited guests at the Sunnyside Park Hotel  
(sponsored by Anglo American)

Day 2: Saturday, September 17<sup>th</sup>

Venue:	Boardroom of the Wits University Medical School
08.30 - 10.00	Presentation group work Day 1
10.00 - 10.30	Break
10.30 - 12.30	Groupwork 2; selection of working mechanisms, taskforce chairs
12.30 - 13.30	Lunch
13.30 - 15.15	Plenary: Presentation of group work
15.15 - 15.30	Break
15.30 - 17.00	Plenary: Final discussion and way forward, including Milan 06
17.00	Closure

Attachment 3

**The Model below** describes the purpose, structure, collaborations, actors and stakeholders and relationships of the WHO Global Network of Collaborating Centers in Occupational Health. It was developed by Suvi Lehtinen.

