Development and Expansion of Occupational Health Services

Timo Leino, MD
ICOH, 14.6.2006, Milano
Does occupational health service equal to occupational health care?

• YES → occupational health service is seen as a single entity

• NO → occupational health service is seen as a service system related to and operating with other actors and stakeholders in the field of occupational health and safety
Is the universal coverage of occupational health service possible?

- 15% of world's 2.9 billion workers covered

YES, but

- will take time
- requires political will
- needs stable funding
Are regulations needed?

- framework regulations?
- detailed regulations?

If YES
- social debate
- tripartite decision making mechanism
- commitment to drive through the reforms
- leadership
Is it possible that companies take care themselves occupational health services?

- YES, big companies

- NO, BECAUSE
  - lack of will, knowledge or skills or all of them
Are international actions needed?

• The ILO says YES
  – only 25 nations have ratified convention 161 on OH Services (2006)
  – new Convention and Recommendation on OH Services discussed at Labour Conference 2006

• The WHO says YES
  – WHO global strategy on OH for all (1996)
  – global plan of action 2006-2010 and declaration on workers' health approved by WHO collaborating centers
  – OH will be discussed in World Health Assembly 2007

• The ICOH says YES
  – global plan to improve access to OH services
  – basic OH services for all
  – intellectual and technical support
Some reasons for low development in OHS

- lack of national policies and strategies for occupational health and safety
- deficiencies in legislation and enforcement
- weak tripartite negotiation mechanisms between state and social partners
- poor collaboration within and between different sectors (states, trade unions and third sector organizations)
- underdeveloped infrastructure in occupational health services
- shortage of competent personnel and lack of information
- substandard content and quality of services
- poor follow-up and evaluation of the processes, products and effects of occupational health services
Where should the focus be?

- national OHS systems
- actions towards SMEs, self-employed and informal sector
- new service models (BOHS)
- practical tools for implementation
- training and education of new OHS experts as well as workers and employers
What are the services offered by occupational health services and could they be taken care by someone else?

- Prevention
- Promotion
- Treatment
- Rehabilitation

If NOT

- Do the other service providers have the same approach?
- Is it possible to build up seamless service chains?
- Who holds the overall picture?
- How is the connection to the workplace taken care of?
The aim of Activity Area Five (AA5) is to develop and expand occupational health services as part of the public health services.

The objectives are to strengthen the infrastructure of occupational health services and workplace safety, to develop service models and good practices and to double the number of workers who have access to occupational health services by the end of 2015.
Expected activities in AA5

- identifying countries in different development stages and needs in establishing and developing occupational health services

- sharing information and providing guidance and tools for establishing functional and accessible occupational health services

- testing models of occupational health services, good practices and delivery mechanisms
  - bearing in mind the underserved, vulnerable and high risk population groups and sectors in economy

- improving functions, quality and evaluation of occupational health services

- building capacities to lead and execute the establishment, expansion and improvement of occupational health services in practice
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<td>Institute of Industrial Ecological Sciences University of OEH, Japan</td>
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<td>Development and Integration of Basic Occupational Health Services into Primary Health Care in Southern India</td>
<td>Department of Environmental Health Engineering, Sri Ramachandra Medical College &amp; Research Institute, Chennai, India</td>
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<td>Occupational Health Service Support for small enterprises to promote</td>
<td>Department of Occupational Health, Korea Occupational Safety and Health Agency (KOSHA), Republic of Korea</td>
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<td>Quality Assessment and Audit of Occupational Health Services</td>
<td>ICPS, Italy</td>
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Project leader:
Toshiaki Highasi

Partners:
- Catholic Medical University, School of Public Health, Korea
- Beijing University, School of Medicine, China

Outcomes:
- Model of OH services
- Evidence-based service contents
- Databases and guidelines
- Training
Project leader:
Nikolay Izmerov

Partners:
• Institute of OH, Ukraina

Outcome
• Comparative analysis of OHS systems
• Evidence based OH model
• Quality management of service
• OH standards
• Improved corporate social responsibility
AA5:3 Institute of OH, Ukraina

Project leader:
Yuriy Kundiyev

Partners
• Institute of OH of the Academy of Medical Sciences of the Russian Federation

Outcome
• National OSH strategy for 2006-2010
AA5:4 Institute of OH, Macedonia

Project leader:
Jovanka Karadzinska

Partners:
• Institute of OH and Radiological Protection, Croatia
• Bosnia and Herzegovina

Outcomes:
• situational analysis of needs and relevance of present OH services
• national program for OH in SEE countries
• basic toolboxes for the implementation of BOHS
• quality assurance system for OH services
• benchmarking with other SEE countries and other selected countries from Europe
• training of OH experts
AA5:5 Industrial Accident Prevention Association (IAPA), Canada

Project leader:
Leonard Sassano

Partners:
• Mexican Ministry of Labour

Outcomes:
• OHS management system for Mexican industries
• assessors and certified consultants
• training and publications
Project leader:
Leonard Sassano

Partners:
• SESI, Fundacentro (Brasil)
• Canadian Centre for OHS
• PAHO, ILO

Outcomes:
• OHS management system for SMEs
• OHS information system through Web portal
• EPI info system
• improved SESI technical and management services for SMEs
• improved consulting and information management skills of SESI experts
• publication
Project leader:
Norbert Wagner

Partners
• NIOH Ahmedabad, India
• FIOH, Finland
• ICOH

Outcomes
• evaluated models of integrating OHS into primary health care
• OHS training modules for health care workers
• practical tools
• manuals, scientific papers
Project leader:
Yasutaka Ogawa

Partners:
• none at the moment

Outcomes:
• support system for OHS management in SMEs
• checklists, training manuals
• scientific papers
Project leader:
Catharina Wesseling

Partners:
- NIWL, Sweden
- PAHO, ILO, IMO
- Guatemala, Belize, Honduras, Panama

Outcomes:
- promotion of worker and community health
- rapid assessment-intervention-evaluation packages
Project leader:
Seong-Kyu Kang and Young-Soo You

Partners:
• private OH services
• no international partners at the moment

Outcomes:
• OSH support program for SMEs
• development of outcome markers for effects
Project leader:  
Marco Maroni

Partners:  
- not identified at the moment

Outcomes:  
- assessment of OHS quality and audit  
- auditors
Project leader:
Jorma Rantanen

Partners:
• WHO HQ, WHO China, China MoH, SAWS China
• ILO China, ILO Bangkok
• China

Outcomes:
• stage I BOHS guideline for starting level OHS activity
• practical toolboxes for BOHS implementation
• sector of economy-specific guidelines for BOHS
• pilot of BOHS in China
Expected outcomes

- inventory of development needs in occupational health service systems in 100 countries
- national occupational health policies and plans of action in 10 countries
- coverage of occupational health services increased by 50 % and doubled by 2015
- number of qualified personnel in occupational health services increased by 20 %
- different models of occupational health services tested and evaluated in 10 countries
- toolbox for establishing basic OH services developed and key actors trained in 5 countries
How to improve the health of the working age population?

- by systematic health and social politics and regulations
- by offering flexible work and sufficient income for every age group in the population
- by keeping up tripartite planning and follow-up mechanism
- by intensifying health education and promotion
- by developing the reimbursement system
• by improving services of less privileged and underserved groups of people, e.g. unemployed
• by expanding the coverage of occupational services in micro and small scale companies, and among self-employed and entrepreneurs
• by increasing the size of OH units and allowing new service models
• by activating companies to work together with the occupational health services and when needed with safety authorities in developing proactive safety management systems
• by strengthening the maintenance and promotion of work ability activities in workplaces
• by developing the reimbursement system
• by systematic collection of statistics and indicators
• by continuing regular national surveys on working conditions, on activities of occupational health services and work health promotion at the workplaces
• by offering easily accessible health care, quick rehabilitation and safe return to work
• by taking care of the professional competence of OH personnel
• by building seamless service chains
• by starting a national OH records and statistics
• by building the evidence base and creating best practice guides for OH
• by improving sharing and distribution of information (ICT)
• by scientific work and by increasing collaboration with the state research institutions, other educational institutes and international community