

Seventh Network Meeting of the WHO Collaborating Centres in Occupational Health

8–9 June 2006

Stresa, Italy

Summary Report¹

Introduction

The Seventh Meeting of the Network of the WHO Collaborating Centres in Occupational Health, organized by WHO Occupational Health, Department of Public Health and Environment, with the involvement of the local Collaborating Centre, the Institute for Pesticide Safety and Health Risk Prevention, was held on 8–9 June 2006 in Stresa, Italy, as preliminarily agreed upon in the Sixth Meeting, held in Iguassu Falls, Brazil, in February 2003. The 120 participants in the meeting included representatives from 45 Collaborating Centres, WHO and the WHO Regional Offices for Africa, the Americas, Europe, and the Western Pacific; the United Nations Environment Programme (UNEP) as well as the non-governmental organizations, International Commission on Occupational Health (ICOH) and the International Occupational Hygiene Association (IOHA) and representatives from labor organizations, the International Confederation of Free Trade Unions (ICFTU) and Sustain Labor. This was the second time the Network Meeting was arranged to immediately precede the World Congress of the International Commission on Occupational Health, ICOH to be held in Milan, Italy.

Objectives of the meeting

- *To finalize and adopt the WHO Collaborating Centres Network 2006-2010 Workplan*
 - *Creating synergies; grouping projects and centres into multi-centre, multi-region projects*
- *Introduce the WHO Global Plan of Action on Workers Health and define the linkages with the CC Network Workplan*
- *Develop the mechanisms necessary for the implementation of the WHO Collaborating Centre Network 2006-2010 Workplan.*

Dr. Carlos Corvalan, WHO, Coordinator, Environment and Occupational Health, introduced the speakers of the Opening Session.

Dr. Max Lum, Director, Office of Health Communication and Global Coordination, of the US National Institute for Occupational Safety and Health (NIOSH), addressed the meeting on behalf of the Chairman of the Planning

¹ Prepared by Susan Wilburn and Suvi Lethinen

Committee of the Network of the Collaborating Centres, Dr. John Howard, Director, US NIOSH, who was unable to attend. He opened the meeting, warmly welcomed the participants and introduced the concept of a declaration on workers' health that the participants could draft and endorse during the course of the meeting. Dr. Lum reviewed the charge for the meeting: to finalize the WHO Collaborating Centres Network agenda, to develop and confirm mechanisms for implementation of the plan, and to create and reinforce synergies and partnerships among the 150 projects organized into a compendium by the temporary activity area managers.

Professor Marco Maroni, Institute for Pesticide Safety and Health Risk Prevention, mentioned that the idea of organizing the meeting in Stresa, Italy, was put forward in Iguassu. He reminded the Meeting participants 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 64.

Professor Antonio Moccaldi of National Institute of Occupational Safety and Prevention (ISPESL), Italy, welcomed the participants and appreciated the work of the international organizations in promoting research, training and education in occupational health and safety. Despite the continuous improvements in occupational health, there is still considerable potential for improvement. He referred to large-scale economic costs that poor working conditions cause. These could be prevented with effective occupational health (OH) programmes at the workplace. He referred to the 13th ILO/WHO Joint Committee on Occupational Health decisions on joint work at the international level. He emphasized the need for an integrated approach in prevention of OH hazards. He mentioned that during the past few years ISPESL has put a lot of emphasis on preventive activities. ISPESL is a WHO Collaborating Centre, the focal point for the European Agency for Safety and Health at Work in Bilbao, and works in collaboration within the Partnership for European Research in Occupational Safety and Health (PEROSH) group as well as the Mediterranean network, Metronet. Networking both at regional and international levels is one of the best ways to ensure the critical mass in OH.

Dr. Francesco Cicogna from the Ministry of Health, Italy, welcomed the meeting on behalf of the host country. He mentioned that he has been involved in the collaboration with WHO for several years, and that the work done in the field of occupational health (OH), especially within the Collaborating Centre Network, has been of utmost importance. As the criteria for becoming a WHO CC are strict, it also means that the work carried out within the Network is of high quality. He appreciated the work not only of the Collaborating Centres but also the workers of the countries involved in the work. He encouraged all the Centres, the Network and the WHO to identify the needs and find the resources for meeting the needs in OH. The high number of occupational diseases and occupational accidents is striking, and inequities in OH even in the European Region are surprisingly large. Our aim is to provide occupational health and safety to all workers, he said.

Professor Jorma Rantanen, President of ICOH, recalled that the Network was created in the middle of two crises. The Occupational Health Programme in the WHO Headquarters was about to be closed. Also, the role of the Collaborating Centres was being discussed because many of the Centres were inactive. The Network of the WHO Collaborating Centres in Occupational Health was established to support the Occupational Health Programme in WHO. He thanked the Italian Government for giving such a strong support to occupational health in the Regional Committee Meeting of the WHO Regional Office for Europe. Professor Rantanen recalled the history of occupational health in light of the centennial celebration of ICOH to be held next week in the home country of the 17th century founder of the occupational health, Bernardino Ramazzini. He reported that today occupational health is needed more than ever. The new economy and the rapidly changing world of work sorely require occupational health services. The Global Strategy, the Global Work Plan and the Work Plan of the Collaborating Centres are good tools for developing occupational health worldwide. He referred to the International Labour Conference regarding the discussion on the Framework Convention on Occupational Safety and Health where basic occupational health services are included and will be voted on next week in Geneva. The joint work of ICOH, WHO and ILO has resulted in including occupational health and safety strongly in the Convention.

Mr. Tai-wa Tsing, IOHA, mentioned that many of the projects in the WHO Network work plan for the years 2006–2010 involve occupational hygiene, especially those dealing with toolkits, but also those related to training, and welcomed an invitation for involvement by IOHA as an advisor to projects. www.ioha.net

Dr. Rokho Kim, Programme Manager, WHO Regional Office for Europe, welcomed the participants on behalf of the local WHO regional office. He mentioned his previous studies and experience before starting his work in the WHO Regional Office. He described the projects and aims to strengthen the Occupational Health Programme in the WHO Regional Office for Europe. He also described the events that had years ago caused him to get interested in occupational health, and he strongly emphasized the importance of occupational health.

Dr. Maria Neira, Director of Public Health and Environment, WHO, started her speech by proposing a one-minute silence to pay tribute to Dr. Lee Jong-wook, Director General of WHO, who passed away two weeks earlier. She then thanked the Italian organizers for the great work they had done, recognized the work of the past years within the Network and in the CCs, and welcomed the involvement of UNEP, the WHO Commission on Social Determinants of Health, trade unions and Sustain Labour. WHO is now ready to raise the profile of occupational health both in content and in visibility, she said. Health and environment will be a major priority in the WHO strategic work plan, and therefore more resources can be expected. Determinants of health are important in the future work of the Organization. The political momentum should be fully utilized. It is a challenge that in the emerging economies OH will be taken on board. "Let us look at the future and think big", she encouraged all participants.

2. The Chairs of the Meeting, as well as of the Sessions were appointed. Suvi Lehtinen and Susan Wilburn were appointed as Rapporteurs of the Seventh Network Meeting. The Working Groups were asked to appoint Working Group Rapporteurs who were requested to give a 5-minute report in the Plenary Session. The Agenda of the Meeting is attached as Annex 1, Report of the Working Groups as Annex 2, and the List of Participants as Annex 3.

The WHO CC Network Work Plan; the past and the future

The 2001–2005 Global Work Plan

3. *Dr. Marilyn Fingerhut, NIOSH*, briefly described the activities carried out during the years 2001–2005 within the Network of the WHO Collaborating Centres in Occupational Health. She reported that partnerships of WHO and other bodies trying to achieve the goal of 'Occupational Health for All' were emphasized in the previous term. She showed the distribution of the WHO Collaborating Centres in Occupational Health; the vast majority of the Centres are located in Europe, and only three are located in Africa and suggested prioritizing a review of the geographical distribution.

In the WHO Global Work Plan for the years 2001–2005, 15 priority areas were chosen, totalling 150 projects. All 64 Collaborating Centres contributed to the programme. In addition, ICOH, the International Ergonomics Association (IEA), and IOHA have been strongly involved in the work, she reported. The focus of the work has been in developing countries, and finding practical solutions to solve the problems of working conditions. For each of the priority areas, a chair from one of the Collaborating Centres and a co-chair from WHO to coordinate the practical work were appointed. She described some of the successful projects that were carried out within the work plan. In training and education, some universities worked together to create a Masters Programme in Africa. IOHA contributed to that activity. The University of Illinois-Chicago (UIC) has prepared a CD-ROM which was mentioned as a good example of information sources. The Dust Course and its respective CD-ROM with video clips from the real work sites was also mentioned as an excellent teaching tool. The UIC's GeoLibrary was mentioned as an excellent tool for finding teaching materials easily. The International Chemical Toolkit was adopted by the International Programme on Chemical Safety (IPSC: ILO, WHO, UNEP). It is valuable as companies can use it on-site without any technical experts. This is especially useful to small and medium-sized enterprises. Also, cost-effectiveness evaluation of interventions especially for reducing back pain and silicosis were done. Methods for economic profitability of OH activities were looked into. This is important in order to make employers understand that OH pays off, she said.

In the mid-term evaluation of the on-going projects, the priority areas were assessed as to how they had responded to the criteria set in advance. Regional and global impact is the most important selection criteria when deciding on projects for the new work plan. Another change was made when planning the new work plan. The Collaborating Centres were asked for the Programme Managers to

reserve 25% of their time as Programme Managers in order to carry out the coordinating activities. This was accepted by the Collaborating Centres and will be implemented following this meeting when the Temporary Programme Managers will be endorsed as Programme Managers.

The 2006–2010 Global Work Plan

4. *Dr. Gerry Eijkemans, WHO*, reported on the new work plan that has been under preparation during the past twelve months. The idea is that the WHO Collaborating Centres' Network will work more closely together with the WHO Occupational Health Programme aiming at improved effectiveness and alignment of goals. Fewer well-coordinated areas were looked for; therefore only 6 Activity Areas were included. Additionally, for each Activity Area, the CC Directors will be asked to allow the manager to allocate 25% of his/her time to this activity. In September 2005, at the Johannesburg Planning Committee meeting, the six activity areas were agreed upon. At the same time, the Temporary Activity Area Managers were appointed, whose task was to prepare a work plan of the projects proposed by the Collaborating Centres for the activity area in question.

The Activity Areas and Temporary Managers are:

AA1: Global situation analysis – Kaj Elgstrand

AA2: Evidence for action to support the national policies and plans – Andrew Curran

AA3: Practical approaches to identify and reduce occupational risks – Stavroula Leka

AA4: Education, training and technical materials – Leslie Nickels

AA5: Development and expansion of occupational health services – Timo Leino

AA6: Communication and networking – Claudina Nogueira.

Development and expansion of occupational health services (AA5) is especially emphasized because less than 15% of the world's workers have access to occupational health services. Dr. Eijkemans also described the administrative structure of the Global Network. The Chair of the Network is Dr. John Howard, Director of the US NIOSH. There are two coordinators for the Network activity: Dr. Marilyn Fingerhut from the US NIOSH and Dr. Gerry Eijkemans at WHO. Ms. Evelyn Kortum-Margot and Ms. Kati Bozsoki work in the Secretariat of the Network.

The Network also has an Advisory Committee in which US NIOSH, the National Institute of Work Life (NIWL) of Sweden, Finish Institute for Occupational Health (FIOH) of Finland, and ICPS of Italy are represented. The Planning Committee consists of the Advisory Committee, Occupational Health Programme of the WHO/HQ, representatives of the WHO Regional Offices, the Activity Area Managers, and representatives of ILO, ICOH, IEA and IOHA.

Criteria for Projects of the 2006-2010 Work Plan

New proposed projects need to fit into one of the Activity Areas, they must be collaborative, must address an issue of regional or global importance, and need to be regional, global, or multicentre projects. The benefits and beneficiaries should be clear. The scope of the impact of the project is identified as:

- Global, regional or multi-country
- National projects only in exceptional cases (for example where the population of the country is proportionally significant).

Dr. Eijkemans reported that during the planning phase, a total of 163 projects had been proposed.

In the discussion a question was put forward by Professor Nikolai Izmerov concerning the training of occupational health professionals. Professor Marco Maroni referred in his reply to the Bologna Treaty which gives the guidelines and framework for the training and education. Also, Professor Izmerov touched upon the issue of lack of occupational health services which needs additional attention especially in countries in transition, he said.

5. *Mr. Matias Tuler, Focal Point for WHO Collaborating Centers, Department of Knowledge, Communities and Strategies*, presented a brief introduction to the role of the WHO Collaborating Centres to provide strategic support to WHO to meet two main needs: 1) implementing WHO's mandated work and programme objectives, and 2) developing and strengthening institutional capacity in countries and regions. WHO officially designates institutions as Collaborating Centres in specific areas of work. A total of 925 Collaborating Centres in 98 countries exist within the system of the Collaborating Centres as of June 2006. If it is an Institute of Occupational Health, it is appropriate to designate the whole institute as a collaborating centre. The criteria for eligible institutions were also described. The number of WHO Collaborating Centres in the industrialized world is higher than in developing countries. But the aim of the Collaborating Centres even though located in the industrialized countries, is also to assist and support institutions in developing countries.

The designation is a formal process, taking some 9–10 months. Initially, the designation is done for four years, and it can then be continued through a process of re-designation. The Director General of WHO approves the designations. The management of the documents of Collaborating Centres is carried out by the respective programme officers in WHO. The process of designation is being automated. In the future, it will involve the Collaborating Centres via on-line reporting. This is expected to be in use at the end of 2006 or at the beginning of 2007.

Mr. Tuler stated that the Network of its WHO Collaborating Centres in Occupational Health is a good model for other technical units at WHO. He indicated that networks could possibly be utilized for all Collaborating Centres, not only in occupational health.

WHO Global Plan of Action and its linkage with the WHO Collaborating Centre Network Work Plan

6. *Dr. Maria Neira, Director, Public Health and Environment, WHO*, started her presentation by stating that the target group of occupational health is half of the whole global population. Poor working conditions result in a high number of occupational fatalities, accidents and injuries, as well as occupational diseases: more than 2 million injuries, 160 million new cases of work-related diseases with 2.2 million deaths a year. If interventions on OH are carried out, the employers may save money and add profitability. The changing world of work, weak capacity of the public system, inadequate focus of occupational health, and social inequities were mentioned as main challenges for occupational health and safety in the next few years. Addressing the lack of competent occupational health personnel was identified as a major emphasis in the forthcoming activities. Migration, precarious work, high-risk sectors and occupations call for special attention. Children and elderly are vulnerable populations that need special attention, she said.

The fragmentation of enterprises is going on, lack of coordination of various activities exists, strategic planning is poor, gaps between different actors are widening, policies have not been well defined, and responsibilities of various actors in occupational health and safety need further clarification, demand and the markets, as well as identifying the needs of the end users of occupational health and safety services are some of the inhibiting factors. We have evidence that the global burden of disease can be reduced by 25% if effective interventions are carried out.

The vicious cycle of poverty → hazardous work → ill health needs to be broken. Hazardous child labour needs to be eliminated. Women's health at work is one of the challenges at the global level, also protecting reproductive health at work. Combating HIV/AIDS is another major challenge in the workplace setting.

The factors determining workers' health are the work environment, social factors, work-related health practices, access to health services and accident insurance. All these need to be addressed in order to achieve positive results in occupational health.

She continued by explaining why the WHO Global Plan of Action for Workers Health is being prepared. The aim is to utilize concerted actions, make the best use of the political momentum, and to ensure coherence in all activities.

As principles for global action Dr. Neira listed the following: All workers have the right to healthy and safe work, the workplace can be used as a setting for promoting health and safety, workers' health requires a coordinated response, and workers' health can be addressed also through non-health agendas.

The objectives for the WHO Global Plan of Action on Workers Health, are the development of healthy and safe workplaces, development of occupational health service systems, preparation of specific national policies, providing evidence and

communication for preventive actions, as well as addressing specific problems of occupational health in all policies.

These all call for our joint efforts; she concluded her presentation by inviting involvement from CCs in the upcoming consultation on the Global Plan of Action on Workers Health.

Discussion

Professor Harri Vainio, Chair of the Session, described briefly the previous preparation of the Global Strategy on Occupational Health for All, which was prepared in 1994, approved by the Second Meeting of the Network, held in Beijing in October 1994, and endorsed by the World Health Assembly in 1996. The Strategy was accompanied by the Declaration on Occupational Health which was signed by the Chair of the Network as well as the Chairs of the Meeting. He suggested a drafting group consisting of the planning committee to develop a declaration for this Stresa meeting.

Introduction to the 2006–2010 Global Work Plan

Each of the Activity Area Managers described the AA.

AA1: Global situation analysis

7. *Mr. Kaj Elgstrand*, National Institute for Working Life, Sweden introduced AA1 by stating that globalization comprises among others new markets, new rules, new information technologies, and new employment models. Still, the majority of the workers are active in the informal economy. The activities of this Activity Area will be planned more in detail over the next months. There is a lot of literature on globalization, but it does not mean that effects on health and safety due to globalization are widely discussed or well documented. He reported that the tasks now are: the ongoing globalization, OH in a globalized world, case studies, identification of actions of the WHO Collaborating Centres, and others.

In the ongoing efforts, he noted a need to define the concepts. What is globalization? What is the period for our concern? Which characteristics are our concern – labour markets and working conditions? What is caused by globalization, what not? The perspective should be a balanced one, descriptive and action-oriented, taking into account both industrialized and developing countries.

He mentioned that three case studies are under preparation:

1. Changing patterns in employment – Chile
2. Labour migration – the Netherlands
3. Call centres in India and Sweden

Two other case studies have been recently proposed:

1. The impact of globalization in Vietnam

2. A global survey of 100 countries by ICOH

AA2: Evidence for action, and national policies and action plans

8. *Dr. Andrew Curran, HSL, UK*

Dr. Curran reported that the objective has been to enhance the global understanding of occupational health through the identification of best practices and by sharing approaches to influence decision makers to ensure plans to deliver required outcomes. Areas of interest at present are e.g. noise, silica, injuries, mental health, asbestos, asthma, surveillance, monitoring of occupational health, just to mention a few topics under discussion. He noted that the two-day meeting of the Collaborating Centres can be utilized to develop the Activity Area 2 further.

AA 3: Practical approaches to identify and reduce occupational risks

9. *Dr. Stavroula Leka, Institute of Work, Health and Organizations, Nottingham, UK*

Dr. Leka introduced the planning work within the AA3. The overall goal is to improve working conditions through the development and implementation of simplified risk reduction methods and tools. The Activity Area seeks to evaluate and disseminate these methods widely, especially in contexts where expertise is missing. She reported that there a total of 45 projects in 27 countries proposed for the Activity Area, 15 of which were seeking partners. They cover a broad scope and have an international focus, they are practical and applicable. More work still needs to be done, she said, in looking for synergies and partnerships. This is typically a team effort. She encouraged all participants and all Collaborating Centres to communicate with each other, as well as educate the public on the work being done within the Network. She concluded by saying that evaluation of activities should be carried out constructively – making things better.

AA4: Education, training, and technical materials

10. *Dr. Leslie Nickels, University of Illinois, USA*

Dr. Leslie Nickels reported on the work done within the Activity Area 4. She said that the aim of the AA4 is to enhance capacity, to provide education and to develop materials to support the AA3 toolkits, as well as to promote the use of existing training materials. The materials were initially organized into the categories of: Subjects, Disciplines, and Learners. Methods of educational delivery include: electronic learning vs. classroom learning. The 55 projects under AA4 are grouped in three categories: academic programmes (14 project by 10 CCs), continuing education (27 project by 15 CCs) and technical materials (14 projects by 10 CCs).

She reported that the main outcomes of AA4 include academic training, regional collaboration with WHO and ILO, making use of national and regional meetings

to promote training, and the GEOLibrary. She also said that the mechanisms for evaluating programme effectiveness need to be discussed and decided by the participants.

AA5: Development and Expansion of Occupational Health Services (OHS)

11. *Dr. Timo Leino, Finnish Institute of Occupational Health, Finland*

Dr. Timo Leino introduced the preliminary work that had been done in AA5. He said that here Occupational Health Services (OHS) are looked at as a comprehensive service infrastructure. Regulations and legislation are needed, but at the same time social dialogue is sorely needed. Prevention, promotion, treatment, rehabilitation are all important elements in comprehensive OHS. OHS need to be developed in collaboration and harmony with the public health services. We need several service provision models in order to allow all countries to find a suitable solution without compromising the competent content of the services. He considered as a strong goal increasing the coverage of the services, and doubling it by 2010. The present global figures for coverage of occupational health services are estimated at 10–15% of all workers. The work with other Activity Areas needs to be integrated into the work plan. The ways for improving the work need to be looked into; increasing communication, and networking are among the first to be utilized, he concluded.

AA6: Communication and Networking

12. *Dr. Claudina Nogueira, NIOH, South Africa*

Dr. Claudina Nogueira reported on the planning and preparatory work carried out in Activity Area 6. She reported that the goals guiding the work have been effective communication strategies, as well as promotion and marketing of scientific knowledge. One of the main functions of the Network of WHO Collaborating Centres thus far has been the dissemination of information. Occupational health cannot be implemented without information support. The expected outcomes for AA6 are capacity building, provision of sound information, and making information materials widely available and accessible.

13. Working Groups

A series of break-out session for each Activity Area occurred over the course of a day and one-half. The purpose of the break-out groups was to identify partners, narrow down the number of projects by grouping them together with partners, and finalize the workplan and activity area managers. Each subgroup reported back to the plenary as a whole. For detailed outcomes of the working groups, see Annex Two (2).

The 2006 - 2010 Work Plan

A compendium of projects in the 2006 - 2010 workplan as agreed at the meeting and completed by the Activity Area managers in conjunction with WHO, will be finalized early in 2007, published in print in the future, and will be available on the WHO web site at www.who.int/occupational_health/network/2006compendium/en/index.html.

Broadening of the Network Advisory Committee

14. Dr. Max Lum announced the expansion of the Advisory Committee of the Global network. The WHO Collaborating Centres Network Advisory Committee was expanded to extend its geographic representation and taking gender into account. The new members are Dr. Mary Ross of the National Institute of Occupational Health, South Africa representing Africa, Professor Sin-Eng Chia of the National University of Singapore representing Asia, and Dr. Eduardo Algranti of FUNDACENTRO, Brazil, representing Latin America.

Discussion on Stresa Declaration on Workers' Health

15. Max Lum described for all participants at the Stresa meeting the format and contents of the draft Declaration on Workers' Health that was developed by the Network Planning Committee. The finalized Stresa Declaration on Workers' Health (see Annex 3) was presented to the meeting participants. It was signed by the members of the expanded Network Advisory Committee. The Declaration pledged input from the CC network to WHO for its development of the WHO Global Plan of Action on Workers' Health.

Work Plan of the Collaborating Centres' Network for the years 2006–2010

16. The Work Plan 2006–2010 content will reflect the decisions and guidance made by the working groups of the 6 Activity Areas on how to proceed with the implementation of the tasks by the end of 2010.
17. The next meeting will be held in Cape Town in 2009 in conjunction with the ICOH2009 World Congress.
18. The Meeting participants expressed their heart-felt gratitude and appreciation to Professor Marco Maroni and his staff, for the co-organization of the Seventh Network Meeting in Stresa, Italy.
19. Dr. Max Lum thanked all the participants of the Meeting for their active input and constructive contribution at the Meeting.

This meeting would not have been possible without the vision, dedication and organization of the late Professor Marco Maroni who is very much missed.



**Agenda for the Seventh Meeting of the Network of the WHO Collaborating Centres
for Occupational Health at the Palazzo Congressi Stresa, Italy, 8-9 June 2006**

Objectives of the meeting

- **To finalize and adopt the WHO Collaborating Centres Network 2006-2010 Workplan**
 - **Creating synergies; grouping projects and centres into multi-centre, multi-region projects**
- **Introduce the WHO Global Plan of Action on Workers Health and define the linkages with the CC Network Workplan**
- **Develop the mechanisms necessary for the implementation of the WHO Collaborating Centre Network 2006-2010 Workplan.**

Thursday June 8th

8.30 - 9.00	Registration Overall chair of the meeting; Max Lum for John Howard, NIOSH
9.00 - 10.00	Official opening Welcome; <i>Carlos Corvalan, WHO</i> <i>Max Lum, NIOSH USA, Collaborating Centre Network Chair</i> <i>Marco Maroni, ICPS Italy</i> <i>Antonio Moccaldi, ISPESL Italy</i> <i>Francesco Cicogna, Ministry of Health Italy</i> <i>Jorma Rantanen, ICOH President</i> <i>Maria Neira, Director Public Health and Environment, WHO</i>
10.00 - 10.30	Plenary Session : The WHO CC Network 2006-2010 Workplan; the past and the future Session facilitator: Marco Maroni <ul style="list-style-type: none"> • The 2001-2005 Global Work Plan: <i>Marilyn Fingerhut, NIOSH</i> • The 2006-2010 Global Work Plan; <i>Gerry Eijkemans, WHO</i> Questions and discussion
10.30 - 10.45	Break
10.45 - 11.00	Plenary Session Session facilitator; <i>Marco Maroni</i> WHO Collaborating Centres; administrative and practical issues <i>Evelyn Kortum, WHO and Matias Tuler, WHO</i>
11.00 - 11.30	Plenary Session : WHO Global Plan of Action on Workers Health and linkage with the WHO CC Network 2006-2010 Workplan Session facilitator: <i>Harri Vainio</i> Presentation; <i>Maria Neira</i> Discussion

11.30 - 12.45	Plenary Session : The WHO CC Network 2006-2010 Work Plan; Introduction to the Activity Areas <i>Session facilitator: Harri Vainio</i> Presentations; (8 min each) AA1: Global situation analysis - <i>Kaj Elgstrand</i> AA 2: Evidence for action, and national policies and action plans - <i>Andrew Curran</i> AA 3: Practical approaches to identify and reduce occupational risks - <i>Stavroula Leka</i> AA 4: Education, training, and technical materials - <i>Leslie Nickels</i> AA 5: Development and expansion of Occupational Health Services - <i>Timo Leino</i> AA 6: Communication and Networking - <i>Claudina Nogueira</i>
12.45 - 13.00	Introduction to the Groupwork and organization of working groups
13.00 - 14.30	Lunch
14.30 - 16.30	<i>Groupwork 1</i> Parallel Sessions : AA 3 and AA2 AA 3 Practical approaches to identify and reduce occupational risks AA 2 Evidence for action, and national policies and action plans
16.30 - 17.30	Plenary Session : Report back and discussion AA 2 and AA 3
17.30 - 18.00	Plenary Session : Wrap up of the day
Evening	A buffet dinner and an evening music event will be offered at the Conference Venue

Friday June 9th

9.00 - 9.15	Plenary Session : Prepare for Groupwork 2
9.15 - 11.15	<i>Groupwork 2</i> Parallel Sessions AA 4 and 5 AA 4: Education, training, and technical materials AA 5: Development and expansion of Occupational Health Services
11.15 - 12.15	Plenary Session: Report back and discussion AA 4 and AA 5
12.15 - 12.30	Plenary Session : Prepare for Groupwork 3
12.30 - 14.00	Lunch
14.00 - 16.00	<i>Groupwork 3</i> Parallel Sessions AA 1 and AA 6 AA1: Global situation analysis AA 6: Communication and Networking
16.00 - 17.00	Plenary Session : Report back and discussion AA 1 and AA 6
17.00 - 18.00	Plenary Session : The way forward
18.00	Closure
Evening	All the delegates and their accompanying persons are invited by the Conference organizers to a social dinner

During the 2 days there will be an exhibition of WHO Collaborating Centre products and materials at the Conference Venue!

Working Group Reports

The Working Groups discussed the projects already submitted by the Collaborating Centres. It was understood that the CCs would be provided an additional period for submission of projects after the Stresa meeting.

Activity Area 1: Global situation analysis

The session comprised the review of each of the 4 projects and a discussion about the proposed survey by ICOH. An analytical framework is needed for the global situation analysis that will take into account the macro and micro level impacts. David Rees will serve as the deputy activity area manager. One overall and one new project introduced by ICOH were discussed.

AA1. Global situation analysis - overall project

The "Global situation analysis" will give a picture of how the ongoing globalization and changing employment patterns are influencing the prerequisites for occupational safety and health. The analysis will allow the identification of actions to be taken considering in a creative way these changing prerequisites.

AA1.5 Occupational safety and health management systems

The aim is to document current forms of OH management systems in diverse regions of the world and in these contexts and to critically evaluate the applicability of the 2001 ILO guidelines for OSH management systems (ILO-OSH 2001). Important variables are expected to include:

- Extent of OH legislation and enforcement;
- Variability in work conditions related to formal versus informal sectors;
- Variability in employment patterns (e.g. proportion of casual, part-time and/or migrant workers); types of hazards and risk factors requiring control; diversity of workers' own resources, capacities and related vulnerabilities (e.g. malnourishment, chronic illness); and
- The perceived utilities of potential risk control options, which are expected to vary significantly between workers in physically and culturally diverse environments.

Activity Area: 2: Evidence for action and national policies and action plans

Three subgroups from AA2 met including:

- 1) Prevention, management systems and evaluation projects,
- 2) National profiles, plans and surveillance and
- 3) Research activities and method development:

Subgroup 1: Prevention, management systems and evaluation projects

The subgroup reviewed the proposed projects and concluded that there was a real opportunity to use collaboration to add value to the project, to increase evidence base, for influence at the national and international level to improve the occupational health of the workers of the world.

Subgroup 2: National profiles, plans and surveillance

The projects in AA2.2 were clustered into 3 categories: national profiles, sectoral profiles, and surveillance systems. The OH profile group discussed the purposes, quality and kind of indicators for profiles. The group discussed available concepts and operationalizations on purposes, information to use e.g. risks, occupational diseases/accidents, OHS input, process, output; quality of information and use of surveys or samples.

Examples of national and sectoral profiles include: ILO (country profiles included in new Convention), Latin America, and EU, trade union profiles.

Subgroup 3: Research activities and method development

The group discussed the importance of translating research into practice, described successful partnerships as those whose outcomes were linked to policies and plans for a measurable impact. Barriers to translating research into practice discussed included: over ambitious goals, evaluating the wrong outcomes, and trying to influence people who don't want to be influenced.

Activity Area 3: **Practical approaches to identify & reduce occupational risks**

The practical approaches activity area separated the projects into projects by hazard category, sector impact, or disease (silicosis and asthma) and then grouped the topics into 3 work groups.

- AA3: Ch – Chemicals (11)
- AA3: S – Silicosis (7)
- AA3: P – Psychosocial (6)
- AA3: E – Ergonomics (6)
- AA3: H – Healthcare (5)
- AA3: Ag – Agriculture (4)
- AA3: Co – Construction (1)
- AA3: I – Injury (4)
- AA3: As – Asthma (1)
- AA3: Ec – Economics (1)

AA3; Subgroup 1 Chemicals & Silicosis

Objective/goal: To develop, validate, translate and disseminate simplified risk reduction tools and methods to support the improvement of working conditions. All silica toolkits were grouped into one large project as were all chemical toolkits.

Evaluation will use the 5 original indicators and add:

- Tracking utilization (e.g. website hits) and who has done what with the tools used
- Annual reporting on customized plan
- Communication: global portal, GeoLibrary, professional bodies (ICOH IOHA), regional clearing houses (coordination thru AA6)
- Marketing the sites (with help from AA6) plus create a list of all toolkits and toolboxes

AA3; Subgroup 2 Psychosocial, Ergonomics, Economics

The subgroup met to discuss all aspects of brief description, goal and targets.

Progress reports are planned to include: funding, partners, milestones, and outcomes.

AA3; Subgroup 3 – Health care, Agriculture, Injuries and Construction

- Health care sector: projects were grouped into the following categories: Stress, Anesthesia (gases), Risk management, and Antineoplastic drugs
- Agriculture: projects were grouped into hazard categories including ergonomics, pesticides, by health effects for example: Lung disease and injuries; and by control methods including: Control banding and Injury prevention and net-cost analyses.
- Injury projects included: Control banding approach applied to injuries, injury prevention, and net-cost analyses.
- Construction: Needs more development

Structure and communication

- Liaison officers were tentatively identified for the subgroups:
 - Agriculture
 - Health care
 - Injuries
- Communication will be initiated:
 - Liaison officers develop group email lists
 - Intra-liaison officer communicates with deputy manager
 - Group meeting to be considered in 2nd or 3rd year

Evaluation

- Each project to develop milestones for each year (5 milestones)
- The liaison officer calibrates milestones of different projects
- Deputy manager assists in achieving milestones and objectives
- Experts are needed in translational work for application of the practical tools in use.

Activity Area 4: **Education, training, and technical materials**

AA4 divided into two groups: Academic Programmes and Education and Training and Technical Materials.

AA4.1 Academic Programmes

Academic programmes expanded the goals beyond the stated objectives to include :

- Establish coordinating/nodal agencies or centers to support activities in key disciplines
- Support the training of H and S inspectorates, providing materials toolkits particularly in health areas
- Develop a compendium of training programmes and publish on the GeoLibrary
- Provide a database of case studies with help from AA6 to coordinate the uploading into GeoLibrary
- Support method and material development in poor countries
- Establish coordinating/nodal agencies or centers support activities in key disciplines, e.g. Occupational hygiene (IOHA), Occupational medicine (University of Texas for Americas and Institute de Sante au Travail for Europe)

AA4.2 Education, training and technical materials

Education, training and technical materials were categorized into 3 groups of projects based on the audience for the materials and a liaison person was selected for the group. The three groups with their liaison persons are:

- Researchers / experts
- Practitioners
- Workplace participants

Other categories for educations projects/products were grouped according to delivery mechanisms and language of presentation. The groups included:

- Trainers
- Distance learning
- Face to face delivery
- Combined (face to face and distance learning)
- One off event
- Ongoing
- Language

The small group recommended the establishment of coordinating/nodal agencies or centers to support activities in key disciplines.

Methods of Communication of the educations products for dissemination were discussed and included:

- The GeoLibrary – local areas can be trained to become administrators.
www.geolibrary.org
- Electronic communication – (AA4 looks to AA6 to determine the methods of communication)

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

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

AA5.1 East Asian networking of occupational health service model development
The proposers described an established system of collaboration in East Asian countries exemplified by their annual occupational health meeting which gave rise to the concept of this project. This forum will also provide the ongoing impetus to complete the research and evaluation. Three countries (Korea-Japan-China) with similar cultural backgrounds and aging populations are collaborating with a view to covering 40% of the working population and Japan and Korea wish to develop a model for small scale industry. (Note synergies with Project 5.12)

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

AA5.2 Development and adaptation of occupational health system and services in the Russian Federation as in the country with transitional economy. There remains the need to develop a model to provide occupational health services - an effective model for large enterprises integrated with quality management to optimize production and competitiveness in a global market will be based on review of Russian and global comparative analysis of OH models. The Russian Federation has 70 million workers and 8000 occupational health care workers. The project will involve the inclusion of basic occupational health services and the proposers have already translated the basic occupational health services document into Russian.

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

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

The project has three stages to develop an information system for surveillance data and plan the strategy; to develop a system of primary intervention for high risk workers; and to introduce and assess the strategy at the national level. The focus is on prevention within the most dangerous workplaces. The project has

funding and internal partners. Following discussion, further collaborators and synergies were identified: KOSHA Korea and Japan, Projects 5.8 and 5.10

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

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

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

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

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

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

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

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

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

To enhance access to professional OH services by small and medium enterprises is usually expensive. The project will investigate the use of primary health care services which already penetrate the target community as a cheaper option. Different models of knowledge transmission will be explored, mainly for the non-organized sector which comprises the majority of workers in poor countries.

There is internal collaboration in India for this project focused on rural agricultural workers with NIOH (India) and external partnership with FIOH.

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

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

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

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

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

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

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

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

AA5.11 Quality assessment and audit of occupational health services

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

AA5.12

This is the most ambitious project in terms of potential impact in AA5. Proposed by ICOH, WHO, ILO and the Ministry of Health in China, it comprises incorporating the BOHS model into state controlled health and safety programmes in China. Available data indicate an enormous burden of disease and injuries in many of the main industries in China such as mining, construction, agriculture and Small and Medium Enterprises. There are about

740 million workers of whom 160 million are internal migrant workers and China accounts for one third of the world's workplaces. The BOHS model, piloted in 20 countries, will be used to develop a Chinese model, train trainers and disseminate the final adjusted model after piloting at the local level (counties) in several provinces.

Activity Area 6: **Communication and Networking**

The structure of AA6 includes the Activity Area Manager, Deputy Managers, an Advisor and a Coordination Assistant.

The goals of AA6 are:

- Establishment of a communication network to serve all AAs
- Promotion and marketing of CC information products
- Encouragement of resource mobilization in developing nations
- Identification of strategies & tools to assist mobilization & best use of resources

Targets & Indicators of Success include:

- Increased involvement of CCs
 - Indicators: Interest and participation
- Increased collaboration of CCs
 - Indicators: Interest and activities
- Scientific information product dissemination
 - Indicators: Product development and usability
- The development and use of best practice information
 - Indicators: Product development and identification & description of case studies demonstrating application of network products
- Collaborative alliances with other organizations and programmes
 - Indicators: Number, scope, outputs, impacts

Cross-cutting groups

In addition four cross cutting parallel ad hoc subgroups were created and met in the following areas:

- Nanotechnology
- Health care workers
- Asian Pacific region networking group
- Control banding: implementing the chemical safety tool kit

Nanotechnology

The Nanotechnology subgroup met and discussed research and practice needs for this emerging technology/hazard.

- Identification of processes that involve manufacture of nanoparticles
- Exposure modelling processes
- Categorize and map of health risks associated with exposure
- Development of standards (how to communicate current evidence base)

Healthcare workers

- The theme for the Healthcare Workers subgroup is: “Countries cannot have good health care without healthy and safe health workers”. The subgroup met to review and discuss the 16+ projects in 4 different AAs that are aimed at protecting the occupational health of health care workers. A clearinghouse of training tools, materials, methods is needed. Liaisons between the ongoing work to protect health workers were identified.

Stresa Declaration on Workers Health
Approved at the Seventh Meeting of the
WHO Collaborating Centres for Occupational Health
Stresa, Italy, 8-9 June 2006

Preamble

1. We, representatives of 45 WHO Collaborating Centres in Occupational Health from 32 countries, gathered at the Seventh Meeting of our Global Network in Stresa, Italy, 8-9 June 2006, organized by the International Centre for Pesticides and Health Risk Prevention and the World Health Organization, with the participation of the United Nations Environment Programme, the International Commission on Occupational Health and the International Occupational Hygiene Association. We discussed the follow up of the WHO Global Strategy for Occupational Health, proposed by the Second Meeting of our Network in Beijing, China, 1994 and subsequently adopted by Resolution 49.12 of the World Health Assembly in 1996.
2. We note with satisfaction the progress made in implementing the WHO Global Strategy on Occupational Health for All. We have contributed to achieving the objectives of this Strategy through our Workplan 2001-2005. We commend the work carried out by our 15 task forces under h s plan to develop international tools and good practices for improving many aspects of working conditions. We appreciate the technical leadership and the secretariat provided by WHO. The lessons learned in h s process demonstrate the added value of international networking and partnerships in improving the health of workers.
3. Workers represent half of the global population and contribute greatly to the economic and social value of contemporary society. A substantial part of the general morbidity of the working population is related to work. We are aware that our ultimate goal of ensuring that all workers in the world enjoy full physical and mental health is still far from being achieved. We are concerned that despite the availability of effective interventions for occupational health, too many workers are still exposed to unacceptable levels of occupational risks and fall victim to occupational diseases and work accidents, lose their working capacity and income potential, and still too few have access to occupational health services.

The changing world of work

4. Currently, the world is being reshaped under the influence of globalization. New materials, new rules, new actors, changing technology and improved communication tools have led to many positive developments. However, new employment patterns and rapidly changing working conditions present a challenge to the protection and promotion of the health and safety of workers. New global health threats pose an increased risk of epidemic and pandemic diseases.

5. There is growing recognition about the linkages between working conditions, health, and productivity. Modern legislation and its enforcement, engineering control, education and services for occupational health and safety provide good opportunities for improving the health of workers and promote a culture of health and safety at work.
6. However, we are witnessing growing inequities between countries, industries, and social groups as regards the exposure of workers to occupational hazards, their health status and access to health services. This is also an ethical and moral problem. Weak legislation and its enforcement and lack of primary prevention in some countries in relation to the international transfer of hazardous technologies and products endanger additionally the health of workers.
7. International migration of workers, persistent poverty, growing informal economy, and discrimination at the workplace are also increasingly associated with unhealthy, unsafe and unfair working conditions. These trends deserve special attention as well as new and creative methods of surveillance and intervention.
8. The workplace provides ample opportunities for primary prevention of diseases, injuries, disability, and premature death. Practical experience indicates that primary prevention of diseases and injuries is cost effective and saves a substantial number of deaths, disabilities, human suffering and loss of income potential.
9. There is increasing evidence that workers health is determined not only by the traditional and newly emerging occupational risks, but also by social inequalities, such as employment status, income, gender, and race, as well as by health-related behaviour and access to health services. Therefore, further improvement of the health of workers requires a holistic approach, combining occupational health and safety with disease prevention, health promotion and tackling social determinants of health and reaching out to workers families and communities.
10. We are aware that many solutions to health problems at work lie beyond the scope and the capacities of the health sector. There is potential to prevent and solve many problems through incorporating workers health into the policies on employment, social and economic development, trade and environmental protection.

The way forward

11. We strongly support that a WHO Global Plan of Action on Workers Health be presented to the next World Health Assembly. It will scale up and stimulate the implementation of measures towards achieving the objectives of the WHO Global Strategy on Occupational Health for All. We believe that this plan of action should:

- provide a framework for concerted action by all relevant stakeholders for protecting and promoting the health of workers, -

- establish a new political momentum for primary prevention and management of risks for occupational and work-related diseases and injuries and strengthen political will for action at workplace, country and international level,
 - ensure coherence in planning, delivery and evaluation of essential health interventions at the workplace, and stimulate the development of occupational health services for all workers,
 - empower the health sector to advocate for addressing workers health problems through policies on employment, social and economic development, trade and environmental protection.
12. We unanimously commit ourselves to provide full support to WHO in the development, implementation, and evaluation of the Global Plan of Action on Workers Health. We are determined to advocate for and provide our input to strengthening health governance, inter-sectoral collaboration and partnerships in our countries for improving workers health.
13. We pledge our initial contribution to the WHO global agenda on workers health through our next Workplan 2006-2010 in the following activity areas:
- global situation analysis, -
 - evidence for action, and national policies and action plans,
 - practical approaches to identify and reduce occupational health risks,
 - education, training, and technical materials,
 - development and expansion of occupational health services
 - communication and networking.
14. We commend WHO'S emphasis on providing international support to countries for improving the health of workers, as the global health leader. Strong WHO presence and solid technical capacity in occupational health at the regional and national levels is indispensable for the successful implementation of our Workplan 2006-2010.
15. We appreciate the continuing collaboration between WHO and the relevant UN agencies, such as ILO and UNEP, the international professional associations, such as ICOH, IOHA, IEA, as well as the global trade unions and employer organizations for improving the health of workers throughout the world. We look forward to expanding these collaborative efforts to other relevant international stakeholders.
16. We, hereby, authorize the Chair of this meeting, and the Advisory Committee of the Global Network of WHO Collaborating Centres for Occupational Health to sign this declaration on our behalf.

Dr Max Lum
Director
Office of Health Communication and Global Coordination
National Institute for Occupational Safety and Health, USA
Chairman

Professor Eduardo Algranti
Chief, Division of Medicine
FUNDACENTRO, Brazil
Member of Global Advisory Committee

Professor Sin-Eng Chia
Director of Community,
Occupational and Family Medicine
National University of Singapore
Member of Global Advisory
Committee

Kaj Elgstrand
National Institute for Work Life, Sweden
Member of Global Advisory Committee

Professor Marco Maroni
Director
Institute for Pesticide Safety and
Health Risk Prevention, Italy
Member of Global Advisory
Committee
Meeting Organizer

Dr Mary Ross
Director
National Institute of Occupational Health,
South Africa
Member of Global Advisory Committee

Professor Harri Vainio
Director General
Finnish Institute of Occupational
Health
Member of Global Advisory
Committee

List of Participants

	Last Name	Name	Country	Institution
1	Abeytung	P.K.	Canada	Canadian Centre for Occupational Health and Safety
2	Algranti	Eduardo	Brazil	Fundacentro
3	Anantagulnathi	Pensri	Thailand	Bureau of Occupational and Environmental Diseases
4	Araki	Shunichi	Japan	National Institute of Occupational Safety and Health - Japan
5	Balakrishnan	Kalpana	India	SRI Ramachandra Medical College and Research Institute
6	Basanets	Angela	Ukraine	Institute for Occupational Health, Ukraine
7	Benetti	Laura	Italy	University of Milano
8	Bernales	Belgica	Chile	Instituto de Salud Pública - Chile
9	Boccuni	Fabio	Italy	ISPESL
10	Borjanovic	Srdjan	Serbia and Montenegro	Institute of Occupational and Radiological Health
11	Bowling	Amy	USA	University of Illinois at Chicago - Great Lakes Centers
12	Bozsoki	Kati	WHO	WHO HQ
13	Burton	Joan	Canada	Industrial Accident Prevention Association
14	Carson	Arch	USA	The University of Texas Health Science Center at Huston

15	Chia	Sin-Eng	Singapore	National University of Singapore
16	Cicogna	Francesco	Italy	Ministero della Salute - Italy
17	Concha-Barrientos	Marisol	Chile	Asociacion Chilena de Seguridad
18	Corvalan	Carlos	WHO	WHO HQ
19	Curran	Andrew	United Kingdom	Health and Safe Laboratory, England Institut Universitaire Romand de Sante au Travail (IST)
20	Danuser	Brigitta	Switzerland	ISPEL
21	Deitingner	Patrizia	Italy	Coronel Institute AMC
22	Dijk Van	Frank	Netherlands	Institute for Occupational Medicine
23	Dressel	Hoger	Germany	WHO HQ
24	Eijkmans	Gerry	WHO	National Institute for Working Life (NIWL)
25	Elgstrand	Kai	Sweden	Health and Safe Laboratory, England
26	Elms	Joanne	England	La Trobe University - Australia
27	Evans	Owen M.	Australia	ICPS
29	Fanetti	Anna Clara	Italy	Médecine du travail - Faculté de Sciences de la Santé, Kotonou -Benin-
30	Fayomi	Benjamin	Benin	European Institute of Health and Social Welfare - Madrid
31	Fernandez-Duran	Sonia	Spain	
32	Fichera	Giuseppe	Italy	Clinica del Lavoro - Milan
33	Fingerhut	Paolo	Italy	NIOSH Consultant
33	Fingerhut	Marilyn	USA	Clinica del Lavoro - Milan /
34	Fustinoni	Silvia	Italy	Fondazione IRCCS

35	Garcia Lopez	Gaspar	Spain	European Institute of Health and Social Welfare - Madrid
36	Griefahn	Barbara	Germany	Institute of Occupational Physiology at Dortmund University
37	Hawkins	Irene	Italy	Istituto dell'Approccio Centrato sulla Persona - Rome
38	Hryhorczuk	Daniel	USA	University of Illinois at Chicago
39	Hurley	Fintan	United Kingdom	Institute of Occupational Medicine - Edinburgh
40	Iavicoli	Sergio	Italy	ISPESL
41	Ivanov	Ivan	WHO	WHO HQ
42	Izmerov	Nicolay	Russian Fed	RAMS Institute of Occupational Health
43	Jin	Taiyi	China	Department of Occupational Health, School of Public Health, Fudan University
44	Kang	Seong-Kyu	Korea	KOSHA
45	Karadzinska-Bislimovska	Jovanka	Macedonia	Institute of Occupational Health - Macedonia
46	Kim	Yongkyu	Korea	Catholic Industrial Medical Center, Catholic University of Korea
47	Kochan	Fritz	Germany	Federal Institute for Occupational Safety and Health - Germany
48	Koh	David	Singapore	National University of Singapore
49	Kortum	Evelyn	WHO	WHO HQ
50	Kurppa	Kari	Finland	Finnish Institute of Occupational Health

51	Lehtinen	Suvi	Finland	Finnish Institute of Occupational Health
52	Leino	Timo Juhani	Finland	Finnish Institute of Occupational Health
53	Leka	Stavroula	United Kingdom	Institute of work, health and organisations
54	Leprince	Annie	France	INSR
55	Li	Tao	China	National Institute of Occupational Health and Poison Control - China
56	Linares	Tomasa	Cuba	INSTAT
57	Lum	Max	USA	National Institute for Occupational Safety and Health
58	Macdonald	Wendy	Australia	School of Human Biosciences- La Trobe University
59	Mariani	Franco	Italy	ICPS
60	Maroni	Marco	Italy	ICPS
61	Mayan Goncalves	Olga	Portugal	National Institute of Health Centre of Environmental and Occupational Health
62	Metruccio	Francesca	Italy	ICPS
63	Moccaldi	Antonio	Italy	ISPESL
64	Monge	Particia	Costa Rica	Central America Institute for Studies on toxic substances - Universidad Nacional - Costa Rica
65	Murillo Martin	Laura	Spain	Sustainlabor
66	Ndelu	Bantu Lindine	South Africa	Department of Health, Medical Bureau for Occupational Health
67	Neira	Maria	WHO	WHO

68	Nguyen	Khac Hai	Vietnam	National Institute of Occupational and Environmental Health
69	Nguyen	Bich Diep	Vietnam	National Institute of Occupational and Environmental Health
70	Nickels	Leslie	USA	University of Illinois at Chicago - Great Lakes Centers
71	Nielsen	Sabro	Denmark	Research Unit for maritime medicine - Denmark
72	Nogueira	Claudina	South Africa	NIOH
73	Ogawa	Hisashi	WHO/WPRO	WHO/WPRO
74	Orris	Peter	USA	University of Illinois
75	Parker	Sandra	Australia	Australian Safety and Compensation Council
76	Peña Castiñera	Manuel	Spain	European Institute of Health and Social Welfare - Madrid
78	Pot	Frank	Netherlands	Tno
79	Pule	Thebe	WHO/AFRO	WHO/AFRO
80	Punzi	Silvia	Italy	UNIMI
81	Rantanen	Jorma	ICOH	International commission on occupational health
82	Rees	David	South Africa	NIOH
83	Rengo	Chiara	Italy	Clinica del Lavoro, University of Milan
84	Ribeiro	Tatiana	Brasil	SENAC
85	Roger	Lucien	France	ICFTU
86	Ronchin	Maurizio	Italy	ICPS
87	Ross	Mary	South Africa	NIOH
88	Rokho	Kim	WHO/EURO	WHO/EURO
89	Rydzynski	Konrad	Poland	Nofer Institute of Occupational Medicine

90	Ryoo	Jang Jin	Korea	KOSHA
91	Saiyed	Habibullah	India	National Institute of Occupational Health
92	Sassano	Leonard	Canada	Industrial Accident Prevention Association
93	Sawada	Shin-ichi	Japan	National Institute of Occupational Safety and Health - Japan
94	Shaw	Maureen	Canada	Industrial Accident Prevention Association
95	Sim	Malcolm	Australia	Centre for Occupational & Environmental Health
96	Siriwatananukul	Phanompun	Thailand	Monash University, Dept of Epi & Prev Med - Melbourne
97	Solar	Orielle	WHO/CSFH	Bureau of Occupational and Environmental Diseases
98	Spiegel	Jerry	Canada	WHO/HQ
99	Sweet Far	Ho	Singapore	University of British Columbia - Vancouver
100	Takahashi	Ken	Japan	Occupational Safety and Health Division, Ministry of Manpower of Singapore
101	Tarkowski	Stanislaw	Poland	University of Occupational and Environmental Health, Japan
102	Taronna	Matteo	Italy	Nofer Institute of Occupational Medicine
103	Tennessee	Luz Maritza	WHO/PAHO	University of Milano
104	Tomaszunas	Stanislaw	Poland	WHO/PAHO
				Institute of Maritime and Tropical Medicine in Gdynia

105	Tsin	Tai wa	China	International Occupational Hygiene Association (IOHA)
106	Tuler	Matias	WHO/RCP	WHO/HQ
107	Urban	Pavel	Czech Republic	National Institute of Public Health - Center for Occupational Health
108	Vainio	Harri	Finland	Finnish Institute of Occupational Health
109	Vida	Patrizia	Italy	ICPS
110	Visentin	Sara	Italy	ICPS
111	Wagner	Norbert L.	India	SRI Ramachandra Medical College, Dpt. Environmental Health
112	Wesseling	Caterina	Costa Rica	Instituto Regional de Estudios en Sustancias Tóxicas (IRET)
113	Wilburn	Susan	WHO	WHO
114	Yassi	Annalee	Canada	OHSAH
115	Younes	Maged	UNEP	UNEP - Chemicals
116	Zalk	David	IOHA	IOHA-University of California
117	Zucconi	Alberto	Italy	Istituto dell'Approccio Centrato sulla Persona - Rome