Description of Six Activity Areas
of the
WHO Global Network of Collaborating Centres Work Plan 2006-2010
(November 2, 2005 Document)

Introduction

This document provides descriptions of the Six Activity Areas (AA) that will constitute the structure of the 2006 – 2010 Work Plan of the WHO Global Network, and for which multi-centre projects with global or regional impact are sought. The detailed descriptions of the six Activity Areas were prepared by the Temporary Managers of the AAs, following the Johannesburg meeting of the Global Network Advisory and Planning Committees on 16-17 September, 2005.

The Report of the Meeting to Develop the 2006-2010 Work Plan of the Global Network of the WHO Collaborating Centers (CC) in Occupational Health provides a full explanation about how the AAs were developed from consultations with CC Directors and refined during the discussions at the meeting.

The detailed AA descriptions on p 3– 16 of this document provide the information needed by all CC and NGO Directors to develop and submit projects for the 2006 – 2010 Global Work Plan. The projects are due by December 15, 2005 to Evelyn Kortum (kortummargote@who.int).

Criteria that must be met by all projects are described below, and the template to be used to submit all projects is located in Attachment 1. Because the Activity Areas have been changed from those drafted in the spring of 2005, all CCs and NGOs are asked to submit projects at this time. If projects that were submitted in August 2005 do meet the criteria and content of the revised Activity Areas, the projects should be resubmitted by using the template in Appendix 1.

This document also describes the management structure for the AAs. Temporary Managers volunteered at the September 2005 meeting to fully develop the AAs and their projects prior to March 2006, so that a detailed draft 2006-2010 Work Plan can be sent to the CC and NGO Directors, ILO and the WHO Regional Advisors in preparation for the Stresa, Italy Meeting of 8-9 June, 2006. Final decisions will be made, and working groups will advance the projects at that meeting.

The Six Activity Areas of the Global CC Network Work Plan 2006-2010

| 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 |
Criteria for Projects for the 2006-2010 Work Plan

Each of the six Activity Areas will include multi-centre projects that advance the goal of the AA. **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
   - global
   - regional
   - multi-country
   - 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-Coordinators (Dr. Gerry Eijkemans and Dr. Marilyn Fingerhut).

Management of the 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 Work Plan 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

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.

The Model describes the purpose, structure, collaborations, actors and stakeholders and relationships of the 2006 – 2010 WHO Global Network of Collaborating Centers in Occupational Health. It was developed by Suvi Lehtinen.
Descriptions of the Six Activity Areas

Activity Area 1: 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)

Goal
The "Global situation analysis" will give a picture of how the ongoing globalization and changing employment patterns are influencing on 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.

Brief description
The work will have three phases:
1. A description of the ongoing globalization and changing employment patterns.
2. An analysis of how these changes are influencing on the prerequisites for occupational safety and health.
3. The identification of actions to be taken, to consider in a creative way these changing prerequisites. The actions are related to and when possible and feasible integrated with the outcomes of other activity areas of the Global Work Plan.

Indicators of success
1. A description is made of the ongoing globalization and changing employment patterns. The description is widely disseminated, and appreciated.
2. An analysis is made concerning how the changes related to globalization and changing employment patterns are influencing on the prerequisites for occupational safety and health, in industrial as well as developing countries. The analysis is documented and widely disseminated, and appreciated.
3. Actions to be taken are identified and documented. If feasible, an action plan is established and implemented, using amongst other things the possibilities to integrate the actions with other parts of the Global Work Plan.

Organisational issues
The activities belonging to the first phase are carried out and terminated before June 2006. The activities are coordinated and supported by a temporary worktask group including Kaj Elgstrand, the Swedish National Institute for Working Life (coordinator); Marisol Concha, Asociación Chilena de Seguridad; Frank Pot, TNO, the Netherlands; and David Rees, the South African National Institute for Occupational Health.
P.K.Abeytunga, the Canadian Centre for Occupational Health and Safety, is a consultant to the preliminary workforce group.

The methodology to be used and the projects to be included in the second phase will be drafted during the first phase and hopefully decided upon in June 2006. The "Global situation analysis" is by its nature a multi-centre project. The second and third phases offer possibilities for many WHO CCs to participate.
Activity Area Two: Evidence for action to support national policies and delivery plans

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

Goal
The goal of this activity area is to enhance the global understanding of occupational health, through the identification of best practice and sharing of approaches to influence decision makers to ensure plans deliver the required outcomes.

Brief Description of Activity Area
This activity area is designed to share information regarding activities that help to support national, regional and global policies and assist in the delivery of plans to achieve desired goals in occupational health. In particular, it is hoped that multicentre projects will help to collect national occupational health and safety profiles and indicators for success to help occupational health delivery. In addition surveillance programmes will be developed and all of these activities will help to inform regional and national plans and policies and best practices.

Indicators of success
Indicators of success will be
- The numbers of national programs initiated or modified
- The number of regional programs initiated or modified
- The number of global programs initiated or modified

Examples of Desired Types of Multi Centre Projects
Potential projects in this area could include:
- Collection of global and national programme information
- Development of indicators for occupational health
- Collation of knowledge regarding best practice to inform regional national plans and policies
- Global occupational health situation room which would be available for all stakeholders to use

Detailed Description of Activity Area
The global occupational health community seeks to deliver improvements in worker health through evidence-based interventions. However, the ability of these strategies to deliver the improvements required is often influenced by a range of external factors including the social, political and economic environment in which the services are being delivered. Of particular importance is the ability to influence at the political level to ensure that the benefits of appropriate and effective occupational health can be identified through examples of best practice. The aim of this activity area is to enhance the global understanding of occupational health by identification of best practice and through the sharing of approaches that influence decision makers to ensure that the plans deliver the required outcomes. Of particular interest will be those projects which
have shown how specific approaches have had the desired impact within different cultural environments. We are aiming to share best practice amongst the occupational health community to enable plans to be converted into actions that have a real benefit in workplaces and directly improve worker health. In developing multi centre projects under this activity area it would be beneficial to consider the impact on developing and emergent nations so that the activities with best chance of delivery success can be utilised within this different environment, and approaches that have helped to embed occupational health would be particularly important for developing and emerging nations. This activity area will build on the successes of the 2001-2005 Global Work Plan which included the intensive partnership in Africa activities, the generation of national profiles and economic evaluations of the impact of occupational health. Within the context of this new activity area, we are looking to create real opportunities to influence stakeholders at all levels required to ensure that occupational health becomes the cornerstone of economic development within the context of increasing globalisation. Approaches for monitoring success will also be important. Experiences and examples of approaches that will help to embed occupational health within the developing and emerging nations would be particularly important and examples where policies have been translated into real action that has shown a significant impact in the health of workers would be valuable. An additional benefit of the projects within this area would be that information collected would reinforce and develop the evidence base at meetings discussing occupational health. This work is complementary to that of the ILO (in particular conventions 155 and 161) as there is a real and urgent need to collect information on best practices and evidence as supported materials. It may also compliment the activities of ILO to develop an integrated approach towards occupational health crossing both the Labour and health boundaries. In addition, this activity area will also benefit from the collection of data that will enable analysis of the global situation to be achieved, particularly through the analysis of national programmes around the world. It is envisaged that individual projects underneath this activity area will work together to form a coherent programme of activities that will significantly improve our knowledge and understanding of the effectiveness of various policies to deliver the occupational health requirements of the workers of the world.
Activity Area 3: Practical approaches to identify and reduce occupational risks

Temporary Manager: Stavroula Leka (Institute of Work, Health & Organisation, University of Nottingham, UK)
Temporary Deputy Manager: Hans Thore Smedbold (IOHA)
Temporary Silica Toolkit Deputy Manager: Rick Niemeier (NIOSH, USA)
Advisor: David Zalk (IOHA)

Goal
To improve working conditions through the development and implementation of simplified risk reduction tools and methods.

Background
Over the years, a need has been identified through the work of the WHO’s Network of Collaborating Centres (CCs) in Occupational Health for practical procedures and tools for the management of occupational health and safety at work. Ideally, these should be capable of dealing with the differences that exist between countries, sectors and enterprises. It is clear that such procedures and tools should be suitable for use in developing countries and also in countries in transition as well as in small and medium-sized enterprises (SMEs). It is widely acknowledged that their conditions and needs differ markedly from those of developed countries or larger organisations. Such an approach is control banding that has formed the basis for the development of chemical toolkits. Using simplified risk reduction tools and methods as a guide (simplicity, easy access, cost effectiveness, participation, practicality, awareness raising), this Activity Area aims at the development of tools and methods for the management of occupational risks that will be useful globally and especially in contexts where expertise is missing, such as SMEs and developing countries. Projects will address such issues as chemicals, silica, ergonomics, safety and psychosocial hazards, and will focus on sectors such as construction, healthcare and agriculture.

Relation with current task forces
4, 5, 7, 8, 9, 10, 14

Brief description
AA3 aims at the development of tools and methods for the management of occupational risks. In addition, it seeks to disseminate and evaluate these methods widely, especially in contexts where expertise is missing, such as SMEs and developing countries. Activities include the development of toolkits and sectoral toolboxes through multi-center and global projects.

Targets and indicators of success
- Development and narrow dissemination of at least 4 toolkits
- Quality review of initial products
- Implementation for evaluation
- Improvement and wider dissemination
- Development of case studies and success stories

Example of multi-center project
Psychosocial Risk Management Toolkit (PRIMAT)

Global projects

Toolkits
- International Chemical Control Toolkit (add IDC recommendations)
- Additional Chemical Toolkits (including asbestos and others to be determined)
- Silica Control Toolkit
- Ergonomics
- Psychosocial
- Physical (noise, vibration, heat/cold stress)
- Safety
- Biological (including HIV, SARS, bird flu, etc)

Sectoral toolboxes
- Construction
- Agriculture
- Mining
- Health care workers
Activity Area 4: Education, Training and Technical Materials

Temporary Manager: Leslie Nickels (U. Illinois USA)
Temporary Deputy Manager: Mohammed Jeebhay (U. Cape Town, SA) Advisor: Tom Robins (U. Michigan USA)

Goal
To enhance capacity in human resource development, provide education and training support to AA 3: Toolkit, promote existing materials and models for education, training and learning, and to promote the exchange of diverse pedagogical approaches.

Background
The global development of human resources to prevent work related illnesses is a priority of the World Health Organization. While both formal and non-formal professional educational opportunities are extensive in many developed nations, developing nations do not have access to these resources. Conversely, developing nations may have pedagogical approaches that could enhance existing educational and training programs. Education, training and technical information is an essential part of managing risk, achieving change in the workplace, and for increasing human resource capacity. The overall program objectives are to make available in formal and non-formal educational settings, curricula on occupational health issues through a broad array of education and training mechanisms. The primary role of AA 4 will be to identify and disseminate education, training and technical materials; support local implementation and adaptation of materials; and support the evaluation of the effectiveness of the use of the materials.

Currently there are good existing models for implementing education and training programs. These include:

- ITREOH Fogarty programs e.g. Southern Africa, Eastern Europe etc.
- WHO efforts to spread awareness, knowledge and skills in occupational health including:
  - Develop capacity in developing countries
  - Dust CDROM
  - Fundamentals of Occupational Health Curriculum

Relation with current task forces
1,2,6,11

Brief description
AA 4 covers education and training at all levels including supporting the development of technical materials, curriculum development, implementation of technical, undergraduate, and graduate academic courses and programs, continuing education and short courses for professional development, training for labor inspectors, employers and workers, training for trade union members, and train the trainer programs. AA 4 will support the dissemination and adaptation of education and training program and technical materials through a variety of mechanisms, provided that these initiatives include collaborative relationships with CCs in developing counties and focus on occupational health issues that are of regional or global importance.
Targets and indicators of success

- Develop GEOLibrary for dissemination of education, training and technical materials by 50% of the collaborating centers
  - Identify existing or new materials that could be used in other settings
  - Disseminate technical materials (documents, reference materials)
- Create degree programs in occupational health
  - Identify mechanisms to support people to attend degree programs
  - Develop distance based training programs meant for developing countries which use case studies from developing countries (relevant and meaningful)
  - Develop new masters programs in occupational medicine through collaboration of academic institutions in Southern Africa
- Conduct short courses
  - Identify, develop and disseminate training specifically for inspectors (labor and health) focusing on in agriculture, asbestosis and silicosis elimination
  - Collaborate with regional ILO and WHO structures to conduct regional training
  - Organize regional conferences (participate in process) meeting with a focus on ministry of health meetings
  - Use national or regional meeting of government ministries to promote training
  - Use the network developed by WHO regional offices to promote training
- Support dissemination of training and technical materials developed in AA 3 e.g. developing training program on risk factors for psycho-social toolbox

Example of multi-center project

GEOLibrary
Project leader: Leslie Nickels (UIC). Partners: University of Cape Town, University of Texas, NIOSH, FIOH. Issues to be addressed: dissemination of education, training and technical materials using the internet and CDROM.

Global Projects
GEOLibrary
Academic courses
Short courses
  - Fundamentals of Occupational Health Course
  - Silicosis Materials
  - Dissemination of Toolkits from AA3 at regional and national conferences

Activity Area 5: Development and Expansion of Occupational Health Services

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

Goal

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 work place 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.

The activities in AA5 will be planned and implemented by WHO Collaborating Centres and in close collaboration with relevant national authorities and organisations and WHO and ILO regional offices. At least one regional multi-centre network project will be established in each continent to develop and expand occupational health services in the participating countries.

**Background**

Each year two million fatalities take place worldwide due to work-related diseases and injuries. The costs of work accidents and occupational diseases mount up to 4% of the gross national product. However, only about 15% of the world's 2.9 billion workers have access to occupational health services.

The World Health Organisation (WHO) and the International Labour Organisation (ILO) have set the minimum standards and objectives for health, safety and social protection in their global strategy and action plan. In spite of this, development of working conditions has been slow and socio-economic differences between countries have increased. The most affected groups are women, young people and those working in small businesses in customer services, agriculture and the informal sector. How can this be when all the nations in the world agree that a healthy and productive work force is a resource for sustainable social and economic development?

The matter is a complex one. Many factors, such as economy, politics, infrastructure and distribution of resources, are directly or indirectly linked to health issues. Even though some estimates claim that health services contribute only approx. 15% of the total health of a population, occupational health services are essential to people in their working age. Well-functioning occupational health services promote health and work ability, prevent occupational diseases and accidents, and offer first aid, treatment and rehabilitation. Some reasons for the slow development include:

- 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 organisations)
- 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

Consequently, the good intentions that are debated on an international level do not always lead to systematic and sustainable development on a national and local level. Establishing a strong health and safety culture requires mainstreaming occupational health and safety standards into all relevant structures and functions of the society. It is pertinent to use financial incentives and strengthen the link between occupational health and primary health-care, enforcement, inspection, educational and social security systems. Without a strong social support system, infrastructure and resources, the work
is futile. In addition to the top-to-down approach in building models for occupational health services on a national level, there is a demand for a down-to-top approach as well as local initiatives in order to deliver occupational health services where they are needed the most.

Scope

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.

Activities

By improving the structure, functions and delivery of occupational health services to the workplace and the working-age population, activities in AA5 will promote health and safety, prevent accidents and work-related diseases and sustain the work ability and well being of the work force. Potential activities include:

- identifying countries in different development stages and needs in establishing and developing occupational health services
  - in collaboration with AA1 and AA2
- sharing information and providing guidance and tools for establishing functional and accessible occupational health services
  - according to basic occupational health service (BOHS) step-by-step model
  - in collaboration with AA3
- 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
  - in collaboration with AA2
- building capacities to lead and execute the establishment, expansion and improvement of occupational health services in practice
  - making a toolbox in collaboration with AA4

The activities in AA5 will be planned and implemented by WHO Collaborating Centres and in close collaboration with relevant national authorities and organisations and WHO and ILO regional offices. At least one regional multi-centre network project will be established in each continent to develop and expand occupational health services in the participating countries.

Outputs
By collaborating on an international level, selecting motivated partners in the consortiums, sharing information and experiences, and pooling local and international resources the following outcome is to be expected by 2010:

- inventory of development needs in occupational health service systems in xx countries
- national occupational health policies and plans of action in xx countries
- coverage of occupational health services increased by xx % and doubled by 2015
- number of qualified personnel in occupational health services increased by xx %
- models of occupational health services (BOHS) tested and evaluated in xx countries
- toolbox for establishing BOHS developed and key actors trained in xx countries

Benefits and Beneficiaries

The main benefits of the AA5 will be visible on an international, national and local level:

**International**
A more precise picture of the needs for development in occupational health services around the world. Improved collaboration and sharing of information.

**National**
Updated regulations, plans of action and practical models that will get occupational health services to people. Occupational health services integrating with public health services.

**Local**
Occupational health services with qualified personnel that function more efficiently and collaborate better with the workplace.
Activity Area 6: Communications & Networking

Temporary Manager: Claudina Nogueira (NIOH, South Africa)
Temporary Deputy Managers: Max Lum (NIOSH, USA), Patabendi Abeytunga (CCOHS, Canada)
Advisor: Alberto Zucconi (IACP, Italy)
Cross-Group Coordination Assistant: Marisa Oge (NIOSH, USA)

Goal
To establish, maintain and enhance the communications capacity of the WHO CC network and the respective Activity Areas of the 2006-2010 Global Work Plan with respect to:

- Support the development of effective communication strategies and tools and stimulate and enhance networking and networks for the sharing and dissemination of knowledge and skills in the OH arena,
- Encourage and support the promotion and marketing of the scientific information products of the respective Activity Areas, with special emphasis on identifying and promoting best practices,
- Work collaboratively with the Activity Areas to support the mobilization of resources, identify opportunities, tools, and training and assist their fund raising efforts.

Background
One of the main aims of the network of the WHO CCs in OH has been the gathering and dissemination of OH information, for the benefit of all interested parties. In the current Work Plan (2001-2005) this function is part of Task Force 12: Internet Resources and Networks. For occupational health practice, training, research and communication to be possible and effective, there has to be information availability and sharing, and open and unencumbered access to high-quality information systems for experts in all member countries. This main function of the network has now been proposed for expansion to include other components and become an Activity Area in its own right. The current task force concentrated on the development of web-based information access and the development of a number of websites that are project- or country-specific; it has also concentrated on the inventory and development of training materials currently available. Additionally, newly added components to be covered in this Activity Area include promotion and marketing of scientific information products of the CCs and Activity Areas, with a special focus on the dissemination of best practices and encouragement and support of resource mobilization.

Relation with Current Task Forces
1, 2, 6, 11, 12

Brief Description of AA6
This Activity Area will cover various aspects pertaining to the establishment of a communication network which will serve the Activity Areas as a resource of knowledge and skills in the OH arena. The network, working collaboratively, will promote and market the scientific information products of the CCs and Activity Areas with a special
emphasis on the identification of best practices. AA6 will also assist the Activity Areas in supporting and encouraging resource mobilization amongst developing and emerging nations, with a view to adequately funding occupational health research related activities.

In addition, this activity area will seek to identify strategies, tools and templates to assist resource mobilization and financial and management skills. The network will also seek to disseminate common best practices concerning communication skill building (communications research, media marketing of organizations, campaigns for specific projects, access to related free services).

This Activity Area will endeavour to include the interests and activities of other global or regional programmes in OH training and capacity building, for the best utilisation of resources – e.g. Sida-WAHSA (Work and Health in Southern Africa) Programme established in 2004; the University of Michigan / Fogarty International Center Southern African Programme in E&OH Capacity Development and Training established in 1996. These programmes all have common themes and objectives, and there are clear overlaps of interests. A number of objectives that have been proposed for Activity Areas 1-5 will have to be coordinated through Activity Area 6. The establishment of an effective Clearing House of OH&S information, based at the NIOH in South Africa, particularly with regard to OH&S in the SADC Region, will also be a key focus of AA6. Also worth considering is the establishment, identification, and use of existing dissemination and marketing mechanisms for the sharing of high quality scientific information.

**Targets & Indicators of Success**

- 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 and description of case studies demonstrating application of network products, testimonials, dollar-equivalent advertising from Web activity, news coverage and other qualitative data
- Collaborative alliances with other organizations and programmes
  - Indicators: Number, scope, outputs, impacts

**Example of a multi-Centre Projects**

- Build capacity in key communication areas
  - Strengthening and populating Web Portals and other recognized scientific resource databases
  - Developing a workable “best practice” model; identifying and developing case studies on best practice in OH
• Provide relevant scientific information and joint products for populating key information portals
• Conduct public information activities to promote awareness of the CCs
• Develop and provide focused scientific information products for limited-resource users
• Contribute to a special issue of the CC newsletter focusing on CC collaborations or special topic areas
A project named Psychosocial Risk Management Toolkit is described below as an example of how the Template is to be completed for each project.

<table>
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<tr>
<th>Activity Area Number and title</th>
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<tr>
<td>CC or NGO Name</td>
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<td>Project title</td>
<td>Project title is provided here. For example: Psychosocial Risk Management Toolkit</td>
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<td>Keywords</td>
<td>State the key words of the project. For example: Psychosocial issues at work, work-related stress, mental health at work</td>
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<td>Project leader Email address</td>
<td>Dr (Name and title) provided here Email address is provided here</td>
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<td>Partners (of the CC Network)</td>
<td>CC/NGO partner names are provided here. For example: FIOH – Finland IOHA Etc.</td>
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<td>Other partners</td>
<td>Relevant partners which are not part of CC Network, including governments</td>
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<tr>
<td>Funding</td>
<td>State the source of funding. For example: Funding for first phase has been secured through SALTSA (Sweden)</td>
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<td>Objective of the project</td>
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| Project outcome(s) and deadline(s) for completion of the project | State the outcomes of the project. For example:  
  • To develop a toolkit that will be readily usable and user-friendly (by 2008)  
  • To develop training packages for the toolkit deliverable through e-learning and face-to-face (by 2009)  
  • To integrate the toolkit in the provision of basic occupational health services (beginning in 2009) |
| Target group and/or beneficiaries | State who benefits from the completed project: For example: All enterprises – especially those where expertise is missing such as SMEs |
| Summary of the project (max 100 words) |                                                     |
| Dissemination                 | State the method of disseminating the project outcomes. For example: WHO/ILO documents; university studies; worker and enterprise meetings |
| Impact (global or regional)   | Global                                             |
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<th>Summary of the project (max 100 words)</th>
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<table>
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<tr>
<th>Dissemination</th>
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<table>
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<tr>
<th>Impact (global or regional)</th>
</tr>
</thead>
</table>