Implementation of the Global Plan of Action of Workers’ Health in the European Region

Report of the Sixth Meeting of European Network of WHO Collaborating Centres in Occupational Health

The European Institute of Health and Social Welfare
Madrid, Spain

14 - 16 October 2008
ABSTRACT

Sixth Meeting of the European Network of WHO Collaborating Centres for Occupational Health was held in the European Institute of Health and Social Welfare, Madrid, Spain, 14-16 October. The theme of the meeting was “How to Implement the WHO Global Plan of Workers’ Health in the European Region”.

The members of the Network reviewed the progress since the Buxton meeting, and adjusted the work plans in line with the regional implementation of the Global Plan of Action. The WHO Biennial Collaborative Agreement activities in the member states, sub-regional initiatives (e.g., Baltic Sea Network, South Eastern Europe Network, CIS countries) and selected topics (e.g., maritime health, nanotechnology, workplace health promotion) were discussed. The meeting produced the European Work Plan for Implementation of the Global Plan of Action on Workers’ Health for the period of 2009-2012 as a guidance for future works of the WHO collaborating centres in occupational health and WHO secretariat.

Keywords

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Executive Summary

1. A total of 54 participants from WHO Collaborating Centres in Occupational Health in Europe, WHO Headquarters, WHO Regional Office for Europe, European Agency on Safety and Health at Work, and the International Trade Union Confederation attended the Sixth European Network Meeting of the WHO Collaborating Centres in Occupational Health, “How to implement the WHO Global Plan of Action of Workers Health in the European Region” at the European Institute of Health and Social Welfare in Madrid, Spain.

2. The agenda of the meeting included the Marco Maroni Memorial Lecture, a progress report of the WHO activities and achievements in the Collaborating Centres since the Buxton Meeting in March 2007, a situation analysis of the baseline survey in the European Region, a report on the results of the First Meeting of the National Contact Persons for Workers' Health, a proposal for intensified research collaboration among US and European Collaborating Centres in Occupational Health, and further development of the Work Plan for the European Region concerning the implementation of the Global Plan of Action on Workers' Health. In addition, the Working Groups discussed in detail the current activities in selected topical areas from the viewpoint of implementing the Global Plan of Action on Workers' Health.

3. In addition to the reports and conclusions of the Working Groups, the participants of the meeting approved six general conclusions and recommendations.

4. The next meeting of the Network will be held in 2010. As the venue of the meeting is rotated, the possibility of organizing it in the South-East European Region will be looked into.

5. The Meeting participants expressed their warm gratitude and appreciation to the European Institute of Health and Social Welfare, for the excellent organization and arrangements of the Sixth Network Meeting of the WHO Collaborating Centres in Occupational Health “How to implement the WHO Global Plan of Action of Workers Health in the European Region”.
Introduction

The European Network of WHO Collaborating Centres in Occupational Health comprises more than 30 national institutes and scientific organizations. The fifth meeting of the network in Buxton, March 2007, reviewed the work plan of the members in relation to the objectives of the WHO Global Plan of Action (GPA) on Workers' Health 2008–2017, and discussed possible multi-centre projects for the European implementation of the GPA.

The Sixth Meeting of the European Network of WHO Collaborating Centres for Occupational Health was held in the European Institute of Health and Social Welfare, Madrid, Spain, 14-16 October. The theme of the meeting was “How to Implement the WHO Global Plan of Workers’ Health in the European Region”.

Dr. Sonia Fernandez-Duran, European Institute of Health and Social Wellbeing, Madrid, expressed her pleasure in being able to welcome so many participants to the meeting, representing the WHO Collaborating Centres in Occupational Health.

Ms. Belén Prado, Vice-Minister of Health, Community of Madrid, opened the meeting and briefly described the infrastructures and activities of health care in the City of Madrid, covering 6 million people. Some 70,000 health professionals provide health services, and one third of the budget is directed to health care. She also described the initiatives for e-health network. Training of professionals is continuously organized, and it was deemed very important. She bid all the participants a warm welcome on behalf of the Community of Madrid and wished an enjoyable stay in Madrid to all participants.

Dr. Max Lum, US National Institute for Occupational Safety and Health (NIOSH), addressed the meeting on behalf of the Global Network of WHO Collaborating Centres in Occupational Health. He mentioned that there have been many changes in the USA, and also that NIOSH has a newly-appointed Director, Dr. Christine Branche. He also mentioned that the WHO Global Plan of Action provides a good opportunity to invite other stakeholders to join the occupational health and safety activities. He emphasized the role that occupational health and safety experts play in translating research into practice and in raising the profile of occupational health and safety.

Dr. Rokho Kim, WHO Regional Office for Europe, welcomed participants to the meeting on behalf of WHO. He thanked the European Institute of Health and Social Wellbeing for hosting the Meeting, and wished a productive three-day meeting.

Dr. Manuel Peña, President, European Institute of Health and Social Wellbeing, thanked the Community of Madrid for the presentation in the Opening Session, and welcomed all participants to Madrid and to the Meeting.

A total of 54 participants from WHO Collaborating Centres in Occupational Health in Europe, WHO Headquarters, WHO Regional Office for Europe, European Agency on Safety and Health at Work, and the International Trade Union Confederation attended the Sixth European Network Meeting of the WHO Collaborating Centres in Occupational Health, “How to implement the WHO Global Plan of Action of Workers Health in the European Region” at the European Institute of Health and Social Welfare in Madrid, Spain.

Dr. Sonia Fernandez-Duran was elected Chair, Professor Peter Bulat Vice-Chair, and Ms. Suvi Lehtinen Rapporteur of the Meeting. The Programme of the Meeting is attached as Annex 1 and List of Participants as Annex 2 to this Summary Report.

The purpose of this meeting was to review the progress since the Buxton meeting, and to adjust the work plans to bring them into line with the regional implementation of the GPA.
The ILO and the EC were invited to contribute. The WHO Biennial Collaborative Agreement activities in the member states, sub-regional initiatives (e.g. the Baltic Sea Network on Occupational Health and Safety, South-East European Network, CIS countries) and selected topics (e.g. maritime health, nanotechnology, psychosocial risks and mental health at work) were on the agenda, just to mention a few. The agreed Regional Plan of Implementation of the Global Plan of Action on Workers' Health, and the adjusted work plans of the European Collaborating Centres will direct the future work of the Network members, and will be reported to the Global Network Meeting in September 2009.

The First Marco Maroni Memorial Lecture

Dr. Claudio Colosio, University of Milan, introduced the Marco Maroni Memorial lecture. He pointed out that Marco Maroni was an excellent teacher, whose foresightedness meant he was often able to envision things in advance. For Marco, the Network of the Collaborating Centres was another family. He was also a good friend to many of the Network members.

The First Marco Maroni Memorial Lecture was presented by Dr. Manolis Kogevinas, Barcelona Municipal Institute of Medical Research. The topic was burden of occupational and environmental cancers in Europe. He concluded his excellent presentation by saying that work environments are more secure today than in the past. However, the societies and thereby the work environments are changing, and new risks are emerging. He also pointed out that many known occupational carcinogens are not being prevented. The presentation raised a lively discussion. It was concluded that diagnosis of cancers as occupational cancers is important for directing the preventive actions.

Progress report 1: WHO

The activities of the WHO Global Network of Collaborating Centres in Occupational Health were reported by the WHO Secretariat. It was pointed out that half of these centres are located in Europe. She informed the participants of the new vision and mission of the Collaborating Centres Network. The Network creates an arm for the WHO to carry out the Work Plan in the countries, regionally and globally. She also informed that the designation and re-designation processes currently take place through the e-CC system. It is important to carefully link the Institute Work Plan to the WHO activities in order to indicate how the Collaborating Centre contributes to the WHO programmes. The activities that the Institutes include need to cover the whole 4-year period of the designation. If help is needed for the e-CC system, Matias Tuler of WHO can be contacted (tulerm@who.int). Collaborating Centres' questions or comments concerning the e-CC system were asked to be sent to WHO in order to improve the system. She also reported on the discussion of the Planning Committee in Munich on 15–16 September 2008, concerning the adjusting of the Work Plan 2006–2010 in line with the five objectives of the GPA. Eighteen participants attended the Munich meeting, WHO HQ, Regional Office for Europe, Activity Area Managers, Planning Committee, IOHA, and representative of the Trade Unions. The work of the Collaborating Centres' Network needs to be related to the strategic objectives of WHO. The Activity Area Managers reported in the meeting on some positive results, while also recognizing some problems, e.g. lack of personnel, time schedules, and language barriers, just to mention a few. The WHO Medium-term Strategic Goals 2008-2013 need to be taken into account when planning the WHO
Collaborating Centre Network activities. Activities that will be taken on the agenda of the WHO Collaborating Centre Network need to have indicators so that we can evaluate the achievement of results by 2012. The Global Plan of Action has 5 objectives. These create the framework for the Network Work Plan. She briefly described each of the 5 objectives and the tasks assigned to WHO and the Collaborating Centres in the draft Work Plan to implement the Global Plan of Action. These had been drafted by the WHO Headquarters OCH Programme and the Planning Committee meeting in Munich. Facilitating (co-ordinating) projects and contributing projects will be added to the Work Plan as the contributions of the Collaborating Centres. The baselines and indicators need to be defined for the Network Work Plan. The Collaborating Centre Directors will receive a letter from the WHO HQ in the near future in which they are asked to think about the contributions of their Centres to the current Work Plan. To finalize her presentation, she revealed that the Meeting of the Network of Collaborating Centres in Occupational Health will convene in Geneva on 21-25 September 2009, Geneva, Switzerland, instead of a previously planned date in March 2009.

The activities of the European Network of WHO Collaborating Centres in Occupational Health were reported. The progress of the work since the Buxton meeting was summarized along with the history of the establishment of the European Network. In Buxton, in March 2007, 27 Collaborating Centres and 25 National Focal Points attended the Fifth Meeting. A Pledge of the Collaborating Centres was prepared and approved in the Buxton Meeting. The participants of the Meeting asked the WHO Regional Office to allocate more resources to occupational health. He reported on the coordination of the ILO, ICOH, and EU activities in relation to the WHO activities. The role of social partners was also emphasized in the development of occupational health and safety. He mentioned the following as special milestones after the Buxton meeting: Endorsement of the GPA May 2007; Joint ILO-WHO Social Protection Meeting, Sept 2007; Baltic Sea Network on Occupational Health and Safety Annual Meetings, October 2007 and 2008; WHO/ILO/EU Coordination Meeting, November 2007 Vilnius; NDPHS Strategy on Health at Work, November 2007 Vilnius; ILO-ISSA World Congress - Seoul Declaration June 2008; First Meeting of the National Contact Persons for Workers' Health, September 2008 Helsinki; Biennial Collaborative Agreements of WHO in Croatia, the former Yugoslav Republic of Macedonia (capacity-building and vulnerable workers) and Serbia (BOHS, national policies), as well as in the Russian Federation. The SEE Network has been active in the implementation of the Global Plan of Action. The DGUV-WHO Meeting on the international strategies will be organized in January 2009 in Dresden.

The GPA has offered an opportunity to develop occupational health and safety activities both globally, regionally and at the country level. The inclusion of occupational health and safety in the Medium-term Strategic Goals of WHO is a positive stimulus. Steering and funding mechanisms are not fully developed, and here we would need further strengthening – more stable funding mechanisms need to be looked for. Dissemination and sharing work products should also be improved. Here the role of the Regional Office as the publisher of technical reports could be strengthened. Also, the possibility of co-publishing between WHO/EURO and a Collaborating Centre could be looked into. The way forward is as follows: the development of the Regional Work Plan; the establishment of the European Network for Workers' Health; the contribution of the Collaborating Centres to ICD-11; strengthening health systems for workers through country work; mainstreaming and linking occupational health with other public health programmes; organizing joint events of WHO, ILO and EU; implementation, monitoring, evaluation and reporting; securing dissemination of information; and strengthening the steering and funding mechanisms.
Progress report 2: Collaborating Centres

The Collaborating Centres briefly described their activities related to WHO programmes.

Dr. Xaver Baur, Institute of Maritime Medicine, chaired the Session on institutes' presentations on maritime health.

The Centre of Maritime Health and Safety, Denmark, briefly described the Institute's activities. Earlier the staff consisted primarily of medical personnel, now there are more sociologists on board. Filipino seafarers are involved in fewer accidents than Danes, and the aim is to try to find out the reasons for this. Health promotion is now also being carried out. Physical activity, stop-smoking courses, etc. are on the agenda of health promotion.

In the Gdynia Institute, there are several medical doctors and chemists in the Institute, and teaching is one of its main tasks. Fatalities occurring on board ships are high, and the countries should ratify and enforce the ILO Conventions on Maritime Safety and Health.

The Institute of Occupational and Maritime Medicine, Hamburg, described that both physical and psychological stress is present in the work of seamen. He also reported on a study that had been carried out by his unit, dealing with the health and safety of 161 seamen (study population). It looked into the coronary heart disease risk factors of the seamen. The studied seafarers had a similar coronary heart risk as the PROCAM population.

Norwegian Centre for Maritime Medicine described the background for establishing the Centre: the work environment of seafarers is a risky branch, and the life expectancy of the seafarers is shorter than that of the average population. Telemedicine was seen as an important development target for this branch. The Telemedicine Network aims at an improved service level for seafarers. There are rooms to be improved in the last version of WHO International Medical Guide for Ships for which European network of maritime health could collaborate. The ILO Convention No. 164, Maritime Labour Convention 2006, and respective EC Directive were mentioned as important background documents for the work of the maritime centres.

Health risks due to fumigants were discussed. The international transport of consumer goods has increased during the past few years. Importing countries require that the freight containers need to be fumigated in order to prevent the pests from distributing worldwide. This has, however, led to fatalities on board the ships. 1100 container air measurements were performed in Hamburg and Rotterdam harbours over 2.5 years (2006–2008). Methyl bromide and other fumigants as well as toxic industrial chemicals were analysed in the air samples. Most of the people are unaware of the existence of these chemicals, but they are odourless and colourless, escaping subjective detection. They have also studied whether there are residues in the goods transported. According to their measurements, there have been residual emissions from the products even after 6 months.

The chairperson described the opportunities for various collaborative projects and possible inputs to the improvement of the International Medical Guide for Ships (WHO, 2007).
Ms. Florence Robert, European Institute for Health and Well-being, chaired, on behalf of Ms. Fernandez-Duran, the session on reports of the Collaborating Centres in Occupational Health.

German Federal Institute of Occupational Health (BAuA) described the WHO-related activities: ProMenPol (mental health), the Compendium on hearing conservation in music and entertainment sector, IGNIS (a collaborative project with Ethiopia), the Non-binding guide to prevention and good practices in hospitals and the healthcare sector; the Compendium for the application of ergonomic design criteria, the PRIMA-EF project on psychosocial risks, as well as the examination of the stress of the lumbar spine were mentioned.

National Centre of Public Health Protection, Bulgaria, described the activities in preparing national profiles 1999–2008. Strengthening of the national policy on occupational health and safety is sorely needed in Bulgaria. It is expected that the GPA will facilitate the preparation of the National Policy. Lack of trained personnel is one of the challenges. The coverage of occupational health services in the country is not precisely known at present. Training of employers and workers was deemed important, as awareness of health and safety at work are at a low level. Diagnostics of occupational diseases should be improved. Bulgaria has launched a National Plan of Environmental Health; this can be utilized in the development of a similar plan for occupational health and safety, but needs to be updated.

The Institute of Occupational Health, The Former Yugoslav Republic of Macedonia, gave a presentation on her Institute's activities in relation to WHO programmes. The WHO GPA 2008–2017, the current WHO CC Work Plan 2006–2010 and the Biennial Collaborative Agreement (BCA) with the WHO are the main forces guiding the work of the Institute. The BCA activity concentrates on vulnerable workers. A national survey will be carried out to identify the vulnerable groups of workers for further actions. The Government has financially supported the preventive programme on vulnerable workers. EU-OSHA has supported the campaigns related to risk assessment.

Institute of Occupational and Environmental Medicine, Munich University, Germany, is in the process of being designated as a WHO Collaborating Centre in Occupational Health. Occupational asthma and occupational allergies are in the focus of collaboration. Lung disease in agriculture was also mentioned. Exposure to antineoplastic agents among hospital and pharmacy personnel is another project in the Institute. NetWorM - Netbased learning in work-related medicine is another activity that was briefly described. A summer school in May 2009 is related to this activity.

Coronel Institute of Occupational Health, University of Amsterdam, the Netherlands, mentioned the training in evidence-based medicine and also the new ICOH Initiative on professional education and training for BOHS.

ISPESL, Italy, reported collaborates in several activities related to the WHO Work Plan. Fabio, please provide a few sentences about specific projects of ISPESL.

ICPS, Italy, described the activities of the Clinica de Lavoro. Several projects were described, e.g. on pesticides and on bullying at work. The DIDERAF project was also briefly described. Master's in risk assessment and risk analysis training has been commenced. Risk profiles on pesticides exposure are produced that aim to provide a synthesized exposure index.
Department of Occupational Health, University of Milan, Italy, described the activities on agricultural settings. The Lodi Declaration of 2006 is an important background document. In Colombia, a follow-up for the Lodi Congress will be organized in 2009.

TNO, The Netherlands, mentioned workplace health promotion activities, and development of policy instruments. There are no regular funds for research on occupational health services. Evidence is produced through research for psychosocial risks, physical burden, injury prevention, chemicals management and innovation. He reported that there has been a policy change in the Ministry of Health; earlier money was invested more on health care and cure rather than on health and prevention. Now it has been understood that health is influenced by many activities outside the Ministry of Health. More emphasis is being placed on 'parallel interests'. For workers' health, the interests of employers, health insurance companies and social security agencies are relevant.

IACP, Italy, described the project on workers over 45; the FOLIC project, was described. Older workers are not a burden to the company or to society. This project has been funded by the Leonardo da Vinci Programme. WHO Collaborating Centres in Occupational Health were invited to the second phase of the FOLIC project, translating the book into local languages, and to the e-learning training programme coordinated by IACP (azuconni@iacp.it). The copies of FOLIC project book recently published on the subject in English and in Italian were available at the meeting for those interested.

Nottingham, UK, briefly described the activities of the Institute of Work, Health, and Organization (I-WHO). The PRIMA-EF project was mentioned as one central collaborative project. It started in the Stockholm meeting of the European Network in 2004. Stress, violence, bullying at the workplace were mentioned as topics of mutual interest for several institutes involved in the project. Fact sheets on several topics have been produced within the PRIMA-EF Project, and will be available at the website: http://prima-ef.org/default.aspx in due course.

In the Institut Universitaire Romand de Santé au Travail, Switzerland, nanotechnology is one of the topics of collaboration. Several Collaborating Centres are involved in this activity. Teaching occupational hygiene in Benin and the development of a core curriculum in occupational health with Serbia, Croatia and Macedonia would be carried out within the framework of the WHO GPA.

Occupational Health and Safety Institute, Turkey, has contributed to several WHO activities. The national pneumoconiosis prevention action plan was mentioned, as was also the campaign on occupational safety and health in mining and in construction sectors. Several upgrading projects were carried out recently: laboratories, OSH in Turkey, and mobile occupational health units. Additional information is available from n.vidinli@csbg.gov.tr.

National Institute of Public Health, Czech Republic mentioned the National OSH profile and prevention of asbestos hazards. The trend of diagnosed occupational diseases was currently declining. A success story of the declining numbers of Hepatitis B in health care personnel was presented. In 2007, only a couple of cases were diagnosed. However, Hepatitis C is on the increase.

Institute of Occupational Health, Ukraine, reported on the projects carried out in the Ukraine within the WHO GPA. A great deal of research work has been carried out to develop a
National Programme on OSH. Prevention of occupational noise and vibration exposures was also mentioned as well as preparing the strategy on providing safe and healthy working conditions, and developing the diagnostic criteria of coal workers' pneumoconiosis.

HSL, UK, referred to Activity Area 2 of the WHO Collaborating Centre Work Plan 2006–2010 where the HSL, Jo Harris and Ed Robinson have served as Activity Managers. He mentioned that the systematic work has improved the links to funding agencies and resulted in the interest of the funding agencies in supporting occupational health and safety activities.

FIOH, Finland, presented some of the activities in which FIOH has been active: nano safety – the international conference on 26–29 August 2009, workplace health promotion, as well as the development of occupational health services, including basic occupational health services. The Cochrane collaboration is also an important work, and all interested centres are invited to join in order to improve the evidence base in occupational health. Additional information: www.cohf.fi.

Occupational Health Centre, Spain, described the activities of the Barcelona OHS that are closely related to the WHO Global Plan of Action. Health surveys were carried out regionally and nationally. The Catalan Plan of Women's policies (working conditions) were mentioned as examples of projects being carried out at present.

European Institute of Health and Social Welfare, Spain, described the development of training materials in the Institute. In addition, an effectiveness evaluation system was mentioned as another project, and she also reported on the organization of a Euro-American Occupational Health Forum to foster the collaboration among European and Latin American countries as one example of global collaboration.

Leibniz Research Centre for Working Environment and Human Factors (previously Institute for Occupational Physiology at the University of Dortmund), Germany, provided a brief description of his Centre activities for information. The Centre has contributed to the Bladder cancer documentation of causes -project which is expected to be published in 2009. Another activity has been the preparation of the guideline on shift work and health impacts: a guidance for occupational health experts, employers and employees in collaboration with several WHO Collaborating Centres. It has been circulated for evaluation and comments.

ITUC thanked the WHO for its efforts in inviting trade unions to the meetings of WHO also at the regional level. The trade unions are users of science, and sound science is of utmost importance to the policy-making decisions. Workers' health and employers' economic interests should be combined in an effective way. It is a challenge for future work to secure cooperation among different ministries at the country level, and to involve social partners in the multi-stakeholder process. This approach could facilitate the implementation of the WHO GPA.

EU-OSHA drew attention to the large number of projects presented during the day, and he pointed out that there is a need for co-ordination. He informed the participants that EU-OSHA is very interested in joining the proposal of NIOSH to widen the scope of collaboration to cover various research areas. He also mentioned about the further aim of strengthening the collaboration among WHO, ILO and EU-OSHA.
Report of the First Meeting of the National Contact Persons for Workers' Health

The First Meeting of the National Contact Persons for Workers' Health was held on 22–23 September in Helsinki, hosted by the Finnish Ministry of Social Affairs and Health. In the meeting, it was concluded that the support of the Governments and Ministries of Health is needed for all activities in the field of occupational health and safety. The WHO Regional Office for Europe in 2005 invited the Ministries of Health to nominate Contact Persons in Occupational Health who will participate in the development of GPA. These Contact Persons contributed to the baseline country survey in summer 2008. The Helsinki Meeting was attended by 50 representatives of National Contact Persons, several Collaborating Centres in Occupational Health, International Organizations, and social partners. The active role of the Ministries was emphasized, and the need for smooth flow of information between the Network of the WHO Contact Persons and the Network of WHO CCs in Occupational Health was recognized. Workplan for GPA implementation in the European Region 2009-2012 was drafted for further discussion by the WHO CCs at the Madrid meeting.

Proposal for enhanced research collaborations

NIOSH, USA, presented a proposal for intensified collaboration among the US and European Collaborating Centres in Occupational Health. The collaboration agreed on earlier in the field of occupational safety and health had been concentrating more on labour issues and takes places through US OSHA, thus not covering much research. The WHO CCs in the USA are in Texas, Massachusetts, and Chicago. The GPA allows us to give more structure to the collaboration. New and emerging issues were mentioned as a potential joint collaborative topic. The expected results of such joint research need to be looked at. The USA-European collaboration does not mean that we exclude any institution from the collaboration, he said. One of the aims of this collaboration would also be to think of the outcomes from the viewpoint of the developing and transitory countries. The electronic media need to be fully utilized in order to make the information materials easily accessible. This means that the materials need to be produced in the public domain. Wikipedia is a growing source of information, and there everything is in a public space. The proposal was well received by the meeting participants.

The topics for collaboration were discussed. Strategic objectives nowadays often call for research on complex non-structured issues, requiring non-traditional research strategies. The research should be adequate for studying those topics and may be as flexible and innovative as needed. The social models would be a valuable topic for collaboration and exchange of information from the European side. In the field of nanotechnologies there have already been joint events. More general OSH meetings could also be organized. Researchers should be involved in the collaboration. Meetings can also be held in connection with the ICOH Congresses. A training curriculum for occupational health professionals should be prepared in collaboration. The rapid assessment methods should also be taken into use in the collaboration. Basic research and health service research should both be onboard, and the quality of the activities should be ensured. Concerning the health service research, most of the studies at present come from the Nordic countries or Canada.

Utilizing the Internet as a channel was encouraged, and ICD-11, occupational health services, strategic objectives for research, as well as NetWoRM were mentioned as examples of
contents for collaboration. The discussion on the content needs to be continued in the Committee to be established. The website will be created (NIOSH will manage the GPA website), and the Network of the Collaborating Centres will be responsible for the contents of the website. The funding of the activities needs to be discussed. Voluntary institutions for this collaboration, either providing money or resources in kind, should be defined. Identifying the centres willing to join would be the first step to start the collaboration. Health and Safety Laboratory, UK, will convene a small meeting to develop the occupational part of the ICD-11. Clarification is needed for interventions in the ICD-11: therapeutic or preventive. Trade union representative pointed out that there are both occupational diseases and work-related diseases, and this difference needs to be taken into account. Also, the context in which the list is prepared needs to be taken into consideration. If the list is for prevention, it is easier than developing a list for compensation.

**European situation and proposed work plan for GPA implementation**

WHO Regional Office for Europe described the European situation and the implementation of the Global Plan of Action at the European level. Three documents are central for the GPA implementation: The Tallinn Charter on Health Systems for Health and Wealth, 2008, the Report of the WHO Commission on Social Determinants, 2008, and the WHO Global Plan of Action on Workers' Health, 2007. The occupational burden of disease in the European Region is among top ten priorities, and there is a need for an integrated approach: health inequalities are obvious, globalization and economic transitions are emerging, old problems call for various approaches, and new international instruments provide guidance for the work. Occupational health has, in the Global Plan of Action, as a concept extended to workers' health. One of the challenges is to coordinate the work of several actors in the field of occupational health and safety.

Data were collected from the countries via a questionnaire developed by WHO. The items in the survey included national policy instruments, workplace health protection and promotion, occupational health services, evidence base for action, and workers' health in non-health policies. The majority of the replies came from the Ministries of Health, but also from Ministries of Labour and other organizations active in occupational health and safety. Of the 53 countries in the Region, 34 countries had replied by mid-September. More replies were still expected.

As regards Objective 1: to develop and implement policy instruments on workers' health, actions are related to the countries' national policy frameworks. A large number of the countries already have a national policy and an action plan on occupational health (19 countries). According to the survey, the Ministries of Health have relatively good capacities for providing leadership in the area of workers' health. The national OSH profiles have been published between 2000 and 2008, most of them in 2006–2007 (26 countries). The main occupational diseases in the Region include musculoskeletal disorders, followed by respiratory diseases, noise-induced hearing loss, and skin diseases. For Objective 2: to protect and promote health at the workplace, several aspects were examined, such as improving assessment and management of health risks at work, basic sets of occupational health standards, capacities for primary prevention of occupational hazards, health promotion and prevention, prevention of malaria, HIV/AIDS, and avian influenza. A number of the countries have management of chemicals and smoke-free workplace programmes available. Objective 3 deals with the improvement of the performance of and access to occupational health services.
It emphasizes the universal access to basic occupational health services. The development of human resources for occupational health was deemed important. Of the 34 countries, 14 have set standards for the coverage of services. Also, programmes on post-graduate training were requested. A total of 28 countries have master's programmes in medicine. Strengthening the systems for surveillance, research, communication and awareness-raising were included in Objective 4. Twenty-one countries have information systems for registering occupational diseases. However, the level of registration is insufficient. Awareness raising will continue to need attention in the future. Objective 5: incorporating workers' health into other policies means collaboration between the different sectors of the public domain, i.e. ministries. Also, economic development, employment, and trade policies need to integrate health issues into their policies and programmes. The role of primary and secondary education was also emphasized. Environment and employment policies were the main policies where health issues were already integrated on the basis of replies from the countries. More than half of the respondents have a national programme on occupational health and safety. Collaboration at the country level between the Ministry of Health and the Ministry of Labour needs to be further strengthened.

The regional goals of the GPA implementation, expected results, the process, the establishment of the European Network for Workers' Health (Contact Persons, Collaborating Centres, International Partnerships, Sub-regional initiatives, collaboration with key stakeholders), implementation at the national level, and coordinating projects and collaborating projects were described in order to facilitate the work of the Working Groups the next day.

The GPA implementation should be monitored, evaluated and reported as defined by the Global Plan of Action. The first report to the World Health Assembly will take place in 2013. Therefore, all the documentation of activities carried out and achievements made needs to be ready by autumn 2012.

**Working Groups on the Five Objectives of the GPA**

**Objective 1 To devise and implement policy instruments on workers' health**

Group 1 made some modifications to the title of the first priority adding social partners. Development of good communication and exchange of information among the Collaborating Centres, National Contact Persons and Ministries at the national level, and including all stakeholders in the meetings held at the national level was seen as important for developing national policy framework and national action plans. Strengthening of the enforcement system at the national level was also proposed. Concerning the silica-related diseases, the Group discussed the comparison of X-ray and MRI results in diagnostics. In diagnostics of asbestos-related diseases new technologies should be developed and used. The risk assessment of substitutes for asbestos fibres should be conducted. Risk assessment of all asbestos in the buildings, including homes, should be carried out. Concerning the health of the health care workers, studies should be carried out to evaluate the national programmes on immunization. For Action 8 and 9, no priority projects were proposed. Networks were proposed to be established to exchange information. More attention needs to be paid to vulnerable groups of workers, also age and gender need to be taken into account. Elimination of child labour and the health of unemployed people need to be taken onto the agenda.
Objective 2 To protect and promote health at the workplace

The priorities were slightly modified, and one priority was added. A toolkit was added to prevent global health threats, such as TB. The Group proposed facilitating projects to the priority areas. Some of the toolkits already developed would be implemented and evaluated. The collaboration of the EU-OSHA was called for in particular areas. When projects end, conferences should be organized to disseminate the results. The deliverables would be toolkits developed, implemented, and evaluated. Funding would be expected to come from the EU and national funding sources. Identification of existing projects was taken as a second priority. Development of sectoral toolkits, for branches of economy such as transport, agriculture and construction in particular, was the third priority. The Collaborating Centres will be asked to report on their projects that will fit into the Objective 2.

Objective 3 To improve the performance of and access to occupational health services

The Group started from the basic documents. Implementation of Basic Occupational Health Services, BOHS, may differ from country to country. Prevention is the main target in most national models. BOHS is related to health promotion, a minimum set of instruments need to be used for the practical implementation. Also curative services are included in the BOHS in many countries, and rehabilitation is linked to BOHS. Funding of BOHS needs to be defined, basic equipment, tasks were recommended to be defined by law. It is important to evaluate the activities and create indicators for success. A link to training and education needs to be created, and courses and training materials are sorely needed. Information and awareness raising are also important. The Group also stated that BOHS has a strong link to the National OSH Profile. The WHO website should offer a site for BOHS where all other relevant channels and sites (e.g. GeoLibrary, guidelines, Net-WoRM) could be linked. A project proposal was made by the Group on development of training and educational support for BOHS by developing a model BOHS course and providing better access to available materials.

Objective 4 To provide and communicate evidence for action and practice

The priority proposed in the draft work plan had been revised by the Group to 'Preparation of the ICD-11 including occupational causes of diseases'. The discussion in the Group was started with a question on how to include in ICD-11 occupational causes of diseases. Is the aim for prevention or compensation? The proposals of the WHO Collaborating Centre Network included sharing of experiences from different countries, encouraging an electronic version of ICD-11, increasing awareness among medical doctors, and developing a systematic review system as a starting point for the identification of occupational causes of diseases. The process starts from data to evidence to action and portal of information. WHO proposed to organize a teleconference in early November 2008 to discuss the issue. Another proposal was made: a Global Research Agenda Matrix should be prepared that would include surveillance indicators, evidence, action and communication.
Table 1 A hypothetical example of the matrix

<table>
<thead>
<tr>
<th>Actors</th>
<th>MSDs</th>
<th>Nanotech</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU</td>
<td>x</td>
<td>xxx</td>
<td>xx</td>
</tr>
<tr>
<td>US NORA</td>
<td>xx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>xx</td>
<td>xxx</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>x</td>
<td>xx</td>
<td>xx</td>
</tr>
</tbody>
</table>

This would lead to evidence for practice and action. It was commented that guidelines and inventories are already available and these should be made use of.

Discussion: A list of occupational diseases is already available. The definitions of Occupational Diseases are different in different countries. The participants were also reminded that occupational diseases are preventable and they have to be prevented. They also need to be compensated for. The accidents and occupational diseases of seafarers are collected in one registry. In early November a teleconference will be organized, and Collaborating Centres are invited to join the teleconference and offer their expertise for the work.

**Objective 5. To incorporate workers’ health into other policies**

The Group recognized two types of activities: traditional forms of integration of occupational safety and health into sectoral policies, to e.g. agriculture, transport etc., on one hand, and a potential for innovative policies on the other. The discussion concentrated on the second approach.

The Group developed a table with several policies that are not yet included in the WHO GPA.

Table 2. Policies not mentioned in the GPA

<table>
<thead>
<tr>
<th>Relevant policies mentioned already in the WHO Plan of Action</th>
<th>Relevant policies not yet mentioned in the WHO Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment policy</td>
<td>Specific aspects of employment policy:</td>
</tr>
<tr>
<td></td>
<td>Access to work of unemployed people</td>
</tr>
<tr>
<td></td>
<td>Working times</td>
</tr>
<tr>
<td>Migration</td>
<td>Social security</td>
</tr>
<tr>
<td>Economic development</td>
<td>Product development</td>
</tr>
<tr>
<td>Integration into sector policies</td>
<td>Activities of the insurance sector</td>
</tr>
<tr>
<td>Training and education</td>
<td>Transport policies</td>
</tr>
</tbody>
</table>

Social security, the insurance sector, employment, and transport policies would be important targets for integrating OSH into these policies. According to the Group, parallel interests should be looked into, in order to be able to combine health into the other policies. We should try to see how health can contribute to the objectives of the other policies. The health care sector is in focus now; healthy and safe working and living conditions should be emphasized.
This would require partnerships. WHO should encourage the Ministries of Health to focus on workers' health in order to be integrated to other non-health policies. A network of Collaborating Centres interested in this topic should be created. The Group proposed that poverty reduction be translated into reducing social inequalities. Vulnerable groups and access to decent work would be appropriate targets for the European Region. The Group proposed several future activities to be added to the priorities concerning Objective 5.

Table 3. Activities to be added to the priorities concerning objective 5 of GPA

<table>
<thead>
<tr>
<th>Relevant policies not yet mentioned in the WHO Plan of Action</th>
<th>Suggested future activities of WHO-CC’s and/or policy bodies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific aspects of employment policy: (can be added to Action 26)¹</td>
<td>Research on the relevance of health/disease factors for access to employment²</td>
</tr>
<tr>
<td>Access to work of unemployed people</td>
<td>Research on the impact of longer working times (and potential legislative changes therein)</td>
</tr>
<tr>
<td>Working times</td>
<td>Research showing the importance of prevention for reducing compensation costs</td>
</tr>
<tr>
<td></td>
<td>International studies to assess the impact of different social security systems on health</td>
</tr>
<tr>
<td></td>
<td>Comparison of the relative budgets needed for occupational and work-related diseases and for the prevention and promotion of work health in various social security systems</td>
</tr>
<tr>
<td></td>
<td>Research on <em>perverse incentives</em>³ in compensation systems</td>
</tr>
<tr>
<td>Social security</td>
<td>Development and promotion of standards and good practices in product and process development (taking health aspects into account)</td>
</tr>
<tr>
<td></td>
<td>Development of methodologies for risk assessment in the early stages of R&amp;D, including design of workplaces and work processes, to facilitate proactive health management and anticipation of risks</td>
</tr>
<tr>
<td>Product development</td>
<td>Exploration of the ethical aspects of promoting healthy behaviour (where health promotion may turn into “blame the victim”)</td>
</tr>
<tr>
<td>Policies and activities of the insurance sector</td>
<td>Identification and use of the interests of the insurance sector in prevention, to reduce the costs of ill-health and health treatment</td>
</tr>
</tbody>
</table>
|                                                               | Development of evidence for insurers that it

¹ Confusingly, there are presently two actions number 26

² Note: this goes beyond workers’ health, addressing the health of the whole *working age population*.

³ *Perverse incentives* are those incentives that stimulate people to accept unhealthy situations because they have an economic interest therein (e.g. compensation or hazard pay)
makes sense to invest in better working conditions

| Transport policies | Development of methodologies for health and safety impact assessment e.g. for construction and use of new roads (for environmental impact this is normal practice!). |

**Special group on Maritime Health**

The Group deemed that most of their projects fit into Objective 2 of GPA. Knowing the causes of fatalities and occupational diseases is important for preventive purposes. Stress and fatigue in seafaring and other maritime industries was the first new proposal to be added to the projects. This could be implemented as a joint work for several Collaborating Centres. Prevention of occupational asthma is another project to be added. Strategies to prevent this disease are important because it is prevalent in most countries. One additional project proposed was telemedicine. Establishment of an international working group for the utilization of telemedicine to reduce health risks of seafarers was proposed. Limited actions in this field have so far been carried out by the Norwegian Institute. They are building up a network in telemedicine, which would expand the activities in the field of maritime health, and would also fit into Objective 3 of the GPA. The International Medical Guide for Ships was also discussed, and it was concluded that it is more intended for teaching, than for practical use onboard a ship. An annex could be added to the Guideline. The Group asked WHO to include two additional centres to the Network of Collaborating Centres of Maritime Health. Once after fulfilling two-year collaboration period, the process of designation of collaborating centres can be initiated in 2010.

General discussions: It was reminded us that the results of the work should also be applicable to developing countries. The production of training materials and the organization of training courses should be encouraged. Funds should be applied from DG Research of the EC. The funding mechanisms were discussed in depth. GPA provides a framework for efforts to put Workers' Health as a priority in the next Framework Programme for Research of EC.

It was proposed to have a teleconference or videoconference in the middle of November, to explore possible funding opportunities from the EU. It was proposed that COST money for co-operation should also be applied for.

**Working Groups on Five Selected Topics related to GPA Implementation**

**Group 1: Workplace Health Promotion (WHP)**

The unhealthy lifestyles are common among workers. Mental health issues, musculoskeletal and cardiovascular disorders, and diabetes are leading causes for early retirement and absenteeism. This causes increasing costs to companies, health and social service systems and society at large. Who should provide health promotion? Would it be sufficient if health promotion was provided by public health services? It was stated that workplace is a good arena for providing health promotion services. OHS can provide guidance and participate in organizing WHP. OHS experts are in the best position to assess the work ability of the
workers. For the provision of WHP, however, new skills are needed. Screening of persons in need of WHP activities, as well as carrying out individual, group and work organizational interventions that are evidence-based and cost-effective are needed. The Group put forward a couple of questions: how WHP can be put on the health agenda and kept there (ENWHP as an example); who will pay the costs. How should we direct WHP to those in greatest need? How can we move from ad hoc interventions to WHP that is integrated into companies’ work processes and OHS practice?

Discussion: A question was put forward about the content and role of workplace health promotion. This question was also highlighted from the viewpoint of workers and trade unions. The primary tasks of OHS in every country should be the prevention of occupational hazards. Also, the issue of equitable services between workers and the unemployed was raised. Some workers ask the question – why load the worker with so much information on diet, exercise etc.? Also, the task of the OHS in keeping data confidential was emphasized. Incentives outside working hours, such as employers supporting workers to exercise etc. are not controversial. Healthy meals for the transport sector workers have been organized in some of the Nordic countries. A tobacco-free workplace is the right of every worker – this is agreed on by all trade unions. Banning smoking at the workplace is another matter. Resources (funds) for the WHP activities are an important matter to be discussed.

**Group 2: Psychosocial risks and mental health at work**

The Group had discussed several activities related to psychosocial risks. It was reported that the PRIMA-EF project might be expanded and continued. There is a need to share the same (valid) measurement instruments for risk factors and mental health assessment, in order to get better comparisons and pooling of study results. There is also an urgent need for more intervention studies evaluating what we do or what we propose to do. We must exchange ideas and proposals, and have multicentre projects. Consequences of mental health disorders to workers, work performance, sickness absenteeism, access/dropout, burnout, and economic consequences were touched upon. There is also a need to study the development of healthy workplaces, engagement, sustainable work and work organizations. These positive phenomena could then be disseminated to various workplaces. The need to summarize evidence was also recognized, as was the need to translate knowledge into practice of professionals, workers and companies. Reporting mental health and psychosocial studies would be important for experts, so that they could exchange ideas and experiences.

Discussion: Inclusive work life in Norway aimed at reducing sick leaves. It was proposed that sick leaves that are caused by disease and sick leaves that are caused by other reasons should be separated.

**Group 3: Work-related musculoskeletal disorders**

The Group discussed the ongoing research in the field of musculoskeletal disorders in France and in the Czech Republic, countries that were represented in the Working Group. A few research projects were described. One central output was mentioned making the data obtained through research available to the experts. Tools have been proposed for the diagnosis and work-relatedness of musculoskeletal disorders. The comparison of the surveillance and
compensation systems of the countries involved in the project must be made. PREMUS 2010 will be organized in Angers, France.

Discussion: Grouping professions is probably not the best way to get data, we should record activities (frequency of repetitive movements, weights, etc.) that cause musculoskeletal disorders. Collaborating Centres are encouraged to join this activity carried out by the French Institute for Public Health Surveillance.

**Group 4: Nanotechnology and workers’ health**

The Group had discussed the networks for research, networks for communication, projects in FP6-7, and national networks. It was concluded that an inventory of existing nanotechnology networks is needed. The exposure situation needs to be analysed: numbers of exposed workers, levels of exposure, NPs at the work site, measurements, practical devices and the quantifications. The bio-effects need to be clarified by developing a paradigm for risk assessment, TLVs, and risk management. Concerning the communication we need to analyse the perception of risk, past experiences on emerging risks need to be taken into account, and available tools for communication need to be utilized. Some actions as to approaches were proposed: the precautionary principle needs to be used to adopt protection in case of the absence of knowledge. Development of tools for communication, such as Wikitox, Wikipedia, Youtube should be taken into use. An inventory of nanosafety projects in the WHO Collaborating Centres website should be established to integrate re-search, to address key priorities and to allocate funds. Involving stakeholders would be important: industries, nanotechnology networks, and others. The Collaborating Centre in Munich will coordinate these actions. FIOH will organize an International Meeting on NanoSafety in August 2009.

Discussion: Nano safety is an important issue, as long as we do not know the hazards and health outcomes. The question was put forward whether the discussion dealt with manufactured vs. natural nano particles. The Group mainly discussed the manufactured nano particles. According to Harri Vainio, interesting results have been published since the Buxton meeting in nanotechnology. All the nano particles cannot be put in the same basket. It is a global challenge to develop the paradigm for the studies concerning nano particles. The importance of evidence for giving advice and instructions to the citizens was emphasized. EU-OSHA has the NAPO approach, which is a cartoon-type character to indicate exposures and dangers in the work environment. This approach could be utilized in the communication of risk. Björn Erikson emphasized the need for the US and European experts to take the lead in the research on nanosafety. Several countries (China, India) are investing a great deal of money to nanotechnologies. Fintan Hurley proposed that a survey on WHO Collaborating Centre activities in this area be made with an inventory at WHO. A chart on industries and workers could be made. Harri Vainio proposed that a pre-meeting of WHO CCs would be organized in Helsinki next August 2009. NIOSH was also invited to attend this one-day pre-meeting. This was agreed. The pre-meeting will be organized as a more official WHO meeting. WHO will work in order to have by that time a statement on nanotechnology (a one-page fact sheet).

**Group 5: Maritime health**
The discussions in the group proceeded smoothly because of the long-time tradition of the Collaborating Centres in Maritime Health to work together. The priorities chosen for future work were: Stress and fatigue (M. Oldenburg as a responsible person), loss of lives at sea – we should need to know the causes of these fatalities. A national register on deaths at sea was proposed. How to translate this evidence and information into practice was also called for. Promotion of health was deemed as an important issue in seafarers' occupational health.

**Closing Session**

Marco Maroni Memorial Lecture. In the discussion it was stated that the selection mechanism needs to be in place. The system for nominations should be created with criteria for the proposals. A proposal was put forward by Harri Vainio to make the mechanism more formal with a certificate to the Lecturer. The previous Network meeting in Buxton decided that the University of Milan had arrange the administrative aspects and some financial support to the mechanism. Claudio Colosio confirmed that the University of Milan will support the lecturer to cover travelling costs. A certificate will be prepared to go with the lecture. The text of the lecture will be published in the GOHNET Newsletter. The criteria for the lecturer could include: long experience in the field, presentation of a state-of-the-art review in the Collaborating Centre Network Meetings. The Second Marco Maroni Lecture could be made at the Global Network Meeting. The nominations for the second lecture will be collected by the end of 2008.

The rapporteur, Ms. Suvi Lehtinen, described the general conclusions and recommendations of the meeting (Annex 1). They were approved after discussion and some modifications. The outcome of the meeting, the European Work Plan for Implementation of the Global Plan of Action on Workers’ Health for the period of 2009-2012 will be finalized by March 2009, and will serve as a guidance for future works of the WHO collaborating centres in occupational health and WHO secretariat.

The WHO concluded that the Network is very active and willing to take the lead in several activities. He thanked the Spanish hosts for their great efforts in organizing the Meeting. All actors look forward to the process and outcomes of the implementation of the Global Plan of Action. The Draft Report of this Meeting will be sent to all participants, and their comments were asked to be sent back to Suvi Lehtinen, suvi.lehtinen@ttl.fi, for the finalization of the report.

The Second Meeting of the National Contact Persons for Workers' Health will be held in Skopje in September 2009 by the kind invitation of the Ministry of Health and Ministry of Labour of the former Yugoslav Republic of Macedonia.

The possibility of organizing the Seventh Meeting of Collaborating Centres in Occupational Health in the South-East European Region, scheduled for 2010, will be looked into.

Forthcoming meetings were announced: The Road Safety Meeting 13-16 February 2009 in Washington DC, and the International Conference on Wellbeing at Work in February 2010 in Helsinki.

All participants of the meeting warmly thanked Dr. Manuel Peña and Ms. Sonia Fernandez-Duran and their colleagues for organizing a most successful meeting.
Annex 1:

Conclusions and Recommendations of the Sixth European Meeting of the WHO Collaborating Centres in Occupational Health
14–16 October 2008
Madrid, Spain

The Sixth European Meeting of the Network of WHO Collaborating Centres in Occupational Health convened in Madrid, Spain, on 14–16 October 2008 by kind invitation of the European Institute of Health and Social Welfare. The Meeting participants expressed their gratitude and appreciation to the Institute for the excellent organization and arrangements of this event. On the basis of introductions to various programme activities, presentations given by the WHO/HQ, WHO Regional Office for Europe, and the Collaborating Centres in Occupational Health, by the EU-OSHA, as well as ITUC, and referring to the reports of the working groups and general discussions, the following conclusions and recommendations were made. In addition to these conclusions and recommendations, the work and results of the ten Working Groups form the core outputs of this meeting.

Conclusions recommendations

Co-ordination and leadership

1. The European Network of the WHO Collaborating Centres in Occupational Health expressed its satisfaction in the efforts of the WHO Regional Office for Europe to strengthen the activities on occupational health in the European Region in accordance with the WHO Global Plan of Action on Workers' Health, which was endorsed by the World Health Assembly in May 2007. The support of the Governments and Ministries of Health (and/or Ministries of Labour) is needed for all activities in the field of occupational health and safety. In line with that, the establishment of the European Network of National Contact Persons for Workers' Health in the recent meeting on 22-23 September 2008, held in Helsinki, Finland, was noted.

The meeting recommended that an administrative structure for co-ordination and leadership of the activities at the regional level be established by the WHO Regional Office for Europe. This could be an experiment to advise and follow up the implementation of the GPA in the European Region. It was deemed appropriate to have one Ad-hoc Advisory Group for the two Networks, but the Network meetings would for the time being continue as earlier, with the possibility of having them in the future as back-to-back meetings with one joint day. The WHO Regional Office for Europe will consult on the composition (members and substitutes) and mandate of the Advisory Group in concordance with WHO rules. The co-ordination role of the WHO Regional Office was emphasized. This is crucial for meeting the occupational health needs of the countries and for the co-ordination in developing occupational health on an equitable basis in all parts of the European Region. The Occupational Health Programme of the WHO Regional Office for Europe was encouraged to inform the Collaborating Centres of their respective National Contacts Persons.

Collaboration at the International, Regional and National Levels

2. The WHO Global Plan of Action on Workers' Health provides a good framework to guide the work and activities of various actors both at the international, regional and national levels. Several good examples were presented regarding, e.g. sub-regional networking and project-based collaboration.

The meeting participants welcomed the proposal by the US NIOSH to enhance the international research collaboration among US and European Collaborating Centres in Occupational Health. The intention was to establish a Committee that would select topics for

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collaboration, structured by the research agendas of the partners, but innovative in nature and aiming at responding to the strategic challenges in occupational health and safety in the countries.

The European Regional Work Plan was approved to guide the work of the European Collaborating Centres at the regional level, to be carried out in collaboration with social partners. In addition, the activities of the sub-regional networks (BSN, SEE, NDPHS) should be fully utilized for the implementation of the Global Plan of Action in the European Region.

In order to further strengthen the priority position of occupational health – both on national and international agendas – closer collaboration among the National Contact Persons for Workers’ Health and the Collaborating Centres in Occupational Health at country level was encouraged. Involving social partners in this work was deemed crucial.

In countries where there is neither a Collaborating Centre nor a Contact Person for Workers’ Health, the active role of the WHO Regional Office in putting occupational health and safety higher on the national agenda was deemed crucial. The growing gap between and within sub-regions and countries needs to be narrowed. This should be carried out in close collaboration with ILO and other relevant organizations. The joint work of the Network should result in providing models and good practices that would also be applicable to those countries not represented in the Network.

Dissemination of information and communication

3. Strong and dynamic information support is needed for both well-informed and coherent policy decisions and for appropriate actions at the workplace level. In order to effectively reach all users of occupational health and safety information, an analysis of all stakeholders needs to be made in every country. Moreover, a comprehensive information and communication strategy on occupational health and safety which is already available in some countries will offer a platform for planning systematic information dissemination activities, and will guide the activities of various actors. The need for further training of all partners, including policy-makers, experts, workers and employers was recognized. The Collaborating Centres are, in addition to the National Contact Persons for Workers’ Health, strong advocates for Occupational Health in the Region.

A systematic approach to disseminating and providing access to occupational health and safety information should be adopted and further developed, both regionally and nationally. All existing channels and forms of information dissemination, including the electronic platform and training events, should be fully utilized. Access for all Network members to follow up and utilize the information gathered through multi-centre projects should be ensured. It was recommended that WHO HQ establish a portal-type website for the implementation of the Global Plan of Action, with links to regional activities, various relevant databases and related national activities.

Funding

4. The meeting recognized the willingness of the Collaborating Centres to allocate funds from their own budgets to activities that are of central importance to achieving their own national objectives. However, planning and carrying out large-scale multi-centre projects with expected wide impacts on European work life and beyond requires sufficient funding and personnel resources from external sources.

In order to strengthen the good work that the WHO Regional Office for Europe has done in occupational health during the past few years, the Meeting participants recommended additional resources to the Occupational Health Programme in the Regional Office. The countries were also encouraged to send experts (secondments) to work in the Regional Office.

The funding possibilities of the various programmes of the European Commission should be fully utilized. The WHO Regional Office for Europe was to organize a teleconference in mid-
November to discuss in detail the various opportunities offered by the EU funding programmes. In addition, it was recommended that on the basis of the proposals for implementing the WHO Global Plan of Action, a Chapter on Workers' Health be proposed for the next Framework Programme on Research of the EU.

Contents of work for 2008–2012

5. The Working Groups, based on the five Objectives of the Global Plan of Action, integrated their plans and proposals to the 2008-2012 Draft Work Plan for implementation of the Global Plan of Action on Workers' Health. The five objectives are:
   Objective 1. To devise and implement policy instruments on workers’ health
   Objective 2. To protect and promote health at the workplace
   Objective 3. To improve the performance of and access to occupational health services
   Objective 4. To provide and communicate evidence for action and practice
   Objective 5. To incorporate workers’ health into other policies

Five additional working groups on various key topics also discussed and surveyed the current activities of the European Collaborating Centres in Occupational Health. These were:
Group 1. Workplace Health Promotion (WHP)
Group 2. Psychosocial Risks and Mental Health at Work
Group 3. Work-related Musculoskeletal Disorders
Group 4. Nanotechnology and Workers' Health
Group 5. Maritime Health

The work and conclusions of the Working Groups in this Meeting will directly contribute to the Implementation of the WHO Global Plan of Action on Workers’ Health in the European Region. It was also recommended that well-functioning project networks be further strengthened and their work continued.

6. WHO is in the process of reviewing the international classification of diseases, ICD11. It may be possible to include occupational causes in the classification. This was deemed a strategic opportunity to influence the prevention of occupational diseases.

The Meeting participants considered one of the most urgent activities to be responding to the WHO's request to contribute to the ICD11 on the part of occupational health. Institutes with clinical competence were invited to contribute to the work on adding occupational causes of diseases into ICD11. The WHO Regional Office for Europe will provide the potential Institutes with an updated status report of the activity.