Welcome to GOHNET! With this inaugural newsletter, WHO is launching the Global Occupational Health Network. This worldwide network includes government, universities, workers' organizations, employers, and non-governmental organizations that are involved in workers' health. In keeping with the WHO Global Strategy on Occupational Health for All, the focus of GOHNET is the prevention of occupational health hazards. Specifically, GOHNET aims to increase the national capacity of developing countries to strengthen occupational health by providing relevant information in a usable format, and to enable members to build collaborative partnerships. For more information on GOHNET objectives and Occupational and Environmental Health, see the articles following this introduction, or visit our website at http://www.who.int/peh/.

The first edition of the GOHNET Newsletter also contains essays by three world leaders. United Nations Secretary-General Kofi Annan has written on the priority of occupational health and safety; Juan Somavia, Director-General of the International Labour Organization, has presented a description of the SafeWork program; and WHO Director-General Dr. Gro Harlem Brundtland has discussed the plight of women in the workplace. The WHO Factsheet, Occupational Health: Ethically Correct, Economically Sound, presents figures on the global burden of occupational diseases, and summarizes some current issues in occupational health. The GOHNET Newsletter is published by the Occupational and Environmental Health team at WHO. The newsletter will be issued periodically to inform members of significant developments in occupational health. Any organizations that would like to join GOHNET should return the survey form that is located at the back of this newsletter. Comments, ideas, articles, and suggestions for future issues are always welcome.

GOHNET: A Global Occupational Health Network to Strengthen Training and Research in Occupational Health

Background

The World Health Organization, through its Global Strategy on Occupational Health for All, has proposed 10 objectives for workers' health:

1. Strengthen international and national policies for health at work and develop the necessary policy tools.
2. Develop healthy work environments.
3. Develop healthy work practices and promotion of health at work.
4. Strengthen occupational health services.
5. Establish support services for occupational health.
7. Develop human resources for occupational health.
8. Establish registration and data systems, develop information services for experts, effective transmission of data, and raise public awareness through public information.
9. Strengthen research.
10. Develop collaboration in occupational health and with other activities and services.

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A single country, especially a country in the developing world, can hardly attain most of these objectives. In order to reach the objectives, collaboration in and between countries is absolutely necessary. There are numerous centres and institutes working in the field of worker’s health, which can benefit from each other’s experiences. WHO’s Collaborating Centres in occupational health are an important example of an already existing and functioning network. However, this experience and information often do not reach workers, employers or the occupational health practitioner in the field. Through the globalization process, production and consumption processes become more strongly linked and more similar every day, and so do the problems and solutions related to them. It is a challenge for those working in occupational health to link in a similar way and to benefit from the already existing experiences in research, training, and solution development and implementation. This will be an important step in finding solutions to local, national and global problems. The problem of inequitable access to information within and between countries has led to an increase in the gap between the rich and the poor. It has become even more critical to ensure that information on prevention of occupational health problems reaches the worker, employer or occupational health professional in the field, particularly in countries that have limited access to the World Wide Web. At the same time, creative solutions developed in poor countries can be beneficial to workers, employers, and professionals in richer countries.

It is within this context that WHO proposes the creation of a Global Occupational Health Network (GOHNET), linking centres with experience and leadership in the field of occupational health in all countries of the world.

The network aims, in the first instance, at the linkage of institutes and organizations in the field, with a special focus on including centres in developing countries from all regions. It is expected that the effects of the linkage will go beyond the strengthening of the centres. In the countries it will result in the generation of information and consequent access to that information by workers, employers and other stakeholders, contributing to capacity building and strengthening research and training where needed.

Objectives
The overall development objective of GOHNET is to strengthen the interchange of information on occupational hazards and related health problems, with an emphasis on prevention, and to support training and research activities within the context of sustainable development.

Specific objectives:
1. To develop a Global Occupational Health Network of government, universities, workers organizations, employers and non-governmental organizations who are involved in the area of worker’s health. Members of GOHNET will receive periodic newsletters and other documents by e-mail or post. This material will focus on prevention, and practical solutions for the reduction and control of occupational health hazards.

2. To provide a mechanism whereby GOHNET members can build collaborative partnerships with each other. Through these national or international networks, members can share information, experiences, or resources, seek solutions to common problems, or create teams to assist one another. The GOHNET database will provide an ideal starting point to identify potential collaborations between institutions.

3. To improve dissemination of this information at the local level by encouraging GOHNET members to develop national or regional networks of government, universities, workers organizations, employers, non-governmental organizations, and occupational health professionals who are not members of GOHNET.

4. To establish and strengthen local education and training on prevention of occupational health hazards. In order to make the new local activities sustainable, GOHNET will provide standard “training kits,” support for national workshops to test and demonstrate training materials and approaches, and opportunities for “training the trainers.” It will also focus on the strengthening of occupational health programmes at universities and other training institutes.

5. To establish a dialogue with and between GOHNET members. By periodically survey
ing participants in the network, and asking for their suggestions, the GOHNET program can be improved to better meet the members’ needs.

WHO expects that by the end of the first year, GOHNET will have at least 250 members, with an important share of organizations in the developing countries.

Any organizations interested in joining GOHNET should complete the short survey attached to this newsletter. Please forward the completed survey to the following:

Evelyn Kortum-Margot
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20, Avenue Appia
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An electronic copy of the form can be requested by e-mail, or visit our website at http://www.who.int/peh/

**Occupational Health for All - From Evidence to Action**

In 1996, the World Health Assembly endorsed the Global Strategy on Occupational Health for All [1] in order to address the areas of greatest concerns in occupational health. Several activities have been implemented in close partnership with the Network of WHO Collaborating Centres in Occupational Health. Expanding from this, a new programme of activities in partnership with an expanded Network including the International Labour Organization was launched at the Fourth Network Meeting of the WHO Collaborating Centres in Occupational Health, held in Helsinki, 7-9 June, 1999 [2]. As part of its contribution to joint Network activities, WHO is developing a programme to focus on three main areas of activities (Figure 1). These are:

1. Evidence for policy, legislation and support to decision-makers:

   This requires the development of a sound database on the global burden of diseases resulting from occupational risk factors, and an estimation of its economic impact.

2. Protection and promotion of workers’ health:

   Emphasis on small industries and the informal sector, as well as on problems associated with working children.

3. Infrastructure support and development:

   Support, develop or strengthen the required infrastructures and human resources, as well as information dissemination and exchange, through the preparation of educational materials and practical guidance documents, technical cooperation and the creation of the Global Occupational Health Network (GOHNET).

**References**


Kofi A. Annan
Secretary-General, United Nations

(excerpt from Työterveiset, Special Issue 1/1998, Small Enterprises)

The Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948, recognizes the right of all people to just and favourable conditions of work. Unfortunately, hundreds of millions of people around the world are employed in conditions that deprive them of dignity and value. It is estimated that workers suffer 250 million accidents every year, with 330,000 fatalities. Further avoidable suffering is caused by 160 million cases of occupational diseases and an even higher number of threats to workers’ physical and mental well-being. The economic losses are equivalent to 4 per cent of the world’s gross national product; in terms of shattered families and communities, the damage is incalculable.

Policy makers and employers need to ensure that the provision of a safe and healthy working environment is a key consideration in all investment and production decisions, and that workers are involved in those decisions. This is an enormous task, for governments, employers and workers alike.

The United Nations system, for its part, plays an important role in setting standards, conducting research, providing technical assistance and raising public awareness. Recent initiatives include the International Labour Organization’s global programme on occupational safety, health and the environment, and the World Health Organization’s Global Strategy on Occupational Health for All. In an increasingly interdependent world economy, such international co-operation offers an effective way to reach our goals.

The world of work will continue to undergo dramatic changes. Already, we see growing demands for flexibility, mobility and productivity. As we look to the future, we must always remember that human beings are not servants of economies. Rather, economic development and production must serve men and women. Occupational safety and health is a crucial means towards that end. As an essential component of the United Nations Charter’s vision of “social progress and better standards of living in larger freedom”, it is and must remain a high priority on the international agenda.

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Työterveiset, Työterveyslaitoksen tiedotuslehti 1998/13. 15 March 1998. (also in Finnish)

**Decent Work, Safe Work**

Juan Somavia
Director-General, International Labour Organization

(excerpt from African Newsletter on Occupational Health and Safety, Volume 9, Number 3, December 1999, Occupational Health and Safety Indicators)

The right to life is the most fundamental right. Yet every year 1.2 million men and women are deprived of that right by occupational accidents and work-related diseases. By conservative estimates workers suffer 250 million occupational accidents and 160 million occupational diseases each year. Deaths and injuries take a particularly heavy toll in developing countries, where large numbers of workers are concentrated in primary and extractive activities such as agriculture, logging, fishing and mining – some of the world’s most hazardous industries.

This social and economic burden is not evenly distributed. Fatality rates in some European countries are twice as high as in some others, and in parts of the Middle East and Asia fatality rates soar to four-fold those in the industrialized countries with the best records. Certain hazardous jobs can
be from 10 to 100 times riskier. Likewise, insurance coverage for occupational safety and health varies widely in different parts of the world: workers in Nordic countries enjoy nearly universal coverage while only 10 per cent or less of the workforce in many developing countries is likely to enjoy any sort of coverage. Even in many developed countries, coverage against occupational injury and illness may extend to only half the workforce.

The International Labour Organization was founded to ensure for everyone the right to earn a living in freedom, dignity and security, in short, the right to decent work. We have never accepted the belief that injury and disease “go with the job”. In the course of this century industrialized countries have seen a clear decrease in serious injuries, not least because of real advances in making the workplace healthier and safer. The challenge is to extend the benefits of this experience to the whole working world.

Our new SafeWork programme is designed to respond to this need. Its primary objectives are: (a) to create worldwide awareness of the dimensions and consequences of work-related accidents, injuries and diseases; (b) to promote the goal of basic protection for all workers in conformity with international labour standards; and (c) to enhance the capacity of member States and industry to design and implement effective preventive and protective policies and programmes.

The programme will pursue a two-pronged approach. It will create alliances and partnerships by launching activities which can be used by ILO constituents, non-governmental organizations and human rights groups in advocacy campaigns and in calling for vigorous action by governments. Second, it will support action at the national level through an integrated programme of direct technical assistance. This will include the development of management tools and monitoring and information services designed to prevent occupational accidents and diseases and to protect the health and welfare of workers and the environment.

The primary focus will be on hazardous occupations. It will target workers in highly hazardous occupations, categories of workers vulnerable on account of gender or age, and workers in the urban informal sector who usually lack basic health protection.

The success of our efforts depends on mobilizing and involving our constituency and partners, including the many committed professionals in the occupational safety and health community. I would, therefore, like to call on governments, employers’ and workers’ organizations, the donor community, and indeed the international community at large to put the elimination of workplace hazards at the top of the public agenda and to remove this unacceptable burden on the world’s workforce. Finally, I would like to invite you, the readers of this message, to join us in our global campaign to ensure decent working conditions for all working men and women throughout the world.

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Juan Somavia. Decent Work, Safe Work.

Työterveiset, Työterveyslaitoksen tiedotuslehti 1999/4: 4-5.

Women’s Work
Gro Harlem Brundtland, M D, M PH
Director-General
World Health Organization

(excerpt from Työterveiset, Special Issue 2/1999,
Women and Work)

Women’s position has much improved in recent years in many parts of the world. Yet effective action must be taken by decision-makers and political leaders everywhere to ensure adequate employment opportunities for women, along with equal pay and full social participation. To achieve this, greater gender sensitivity is needed in employment and all related socio-economic and development policies.

For huge numbers of poor women, everything they do is “work”. We need to recognize this by adopting a broader official definition of work – one which includes both waged and unwaged activities. This
will help to acknowledge women’s major non-monetary contributions to national economies. It will also broaden the range of activities in which we might expect to find work-related health risks.

UN estimates in 1995 showed that women’s unpaid domestic labour accounted for 40% of GNP worldwide. It also found that in developing countries, up to 66% of women’s work is excluded from national accounting mechanisms.

Today, traditional patterns of life are changing, and the demand for paid work is escalating everywhere. Labour force profiles are changing along with social roles. Women are now entering the labour force in increasing numbers, although often with less education and fewer skills than men. Conversely, male employment figures have shrunk or remained static.

This may seem advantageous to women. However, many of the jobs they can do are concentrated in the informal sector. This provides flexibility and helps women to juggle their multiple roles. But benefits in the form of paid leave, maternity leave, social security, or health insurance are usually lacking. Female-headed households, or families where male members are unemployed, can be further disadvantaged for this reason.

Today, women increasingly take on tasks traditionally performed by men, either from choice or necessity, although often with lower recompense or recognition. Reasons may be positive or negative. The positive may include improved education and skills. The negative may be linked with shortages of men in society due to out-migration or civil conflict, which increases women’s responsibilities and workload.

Other social and development issues may compound the problems of working women. Illiteracy, for example, increases risks for cleaners and domestic workers exposed to toxic agents and solvents, as they cannot read warnings and adapt their use of the products accordingly. And it is increasingly clear that a frequent cause of ill health, discomfort and inconvenience to women workers is the unsuitable ergonomic design of the tools, equipment, and workstations they use. These continue, in the main, to be designed around male norms and are not adapted to women’s physiology.

It is becoming clearer that we must closely scrutinize the health risks of jobs which women perform in large numbers. Pioneering research on work intensity has shown that women’s jobs thought to be relatively undemanding, and therefore safe, may in fact share features of work classified as “heavy” and usually done by men. An example is the repetitive, high-speed piecework done by women, in factories or at home; over time, these jobs can lead to severe musculoskeletal disorders and disability, as well as high stress levels. This perception of work as demanding or undemanding can affect women’s health-seeking behaviour, disease outcomes, patterns of compensation for disability, and psychological wellbeing.

A broader understanding of occupational risk factors for women is critical, as they enter the labour force in today’s increasingly independent world. Globalization has strong implications for women’s work and health.

This can be seen in the steep rise in female employment in export industries based in developing countries. Relying predominantly on young, female, low-paid labour, these industries present both benefits and drawbacks. Women have the benefit of formal sector work and a measure of independence, but salaries are low and health and safety regulations often deficient. Such jobs may also carry specific risks. In the flower industry and the microelectronics industry, for example, there are risks of exposure to toxic chemicals. In the burgeoning garment industry worldwide, there are risks of respiratory diseases and musculoskeletal problems are widespread. The industries must be made safer for women if the benefits are to outweigh the drawbacks.

Fortunately, our view of work-related health risks is starting to change. The traditional focus on illness, accident and injury related to formal sector work (often men’s work) is giving ground to a new approach. This calls for the development of comprehensive methods which take into account all activities carried out at home or at work. With these, we can more effectively study the multiple tasks which cumulatively contribute to women’s health problems. This is important if we are to gain a better understanding of health risks incurred in the informal sector, where legislation or regulation is minimal.
No health-and-safety measures in the workplace can be effective, however, if we do not make rapid improvements in social policies and services to support women's participation in the labour force. This in turn will require stronger representation and participation of women in decision-making relating to such policies.

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Työterveiset, Työterveyslaitoksen tiedotuslehti 1999/2:3-4.
Estonian Newsletter on Occupational Health and Safety 1999/2:3-5.

OCCUPATIONAL HEALTH
Ethically Correct, Economically Sound

Hundreds of millions of people throughout the world are employed today in conditions that breed ill health and/or are unsafe.

- Each year, work-related injuries and diseases kill an estimated 1.1 million people worldwide, which roughly equals the global annual number of deaths from malaria.
- This figure includes about 300 000 fatalities from 250 million accidents that happen in the workplace annually. Many of these accidents lead to partial or complete incapacity to work and generate income.

- An increasing number of workers in industrialized countries complain about psychological stress and overwork. These psychological factors have been found to be strongly associated with sleep disturbance and depression, as well as with elevated risks of cardiovascular diseases, particularly hypertension.
- Only 5-10% of workers in developing countries and 20-50% of workers in industrialized countries (with a few exceptions) are estimated to have access to adequate occupational health services. In the USA, for example, 40% of the workforce of some 130 million people do not have such access.

- Even in advanced economies, a large proportion of work sites is not regularly inspected for occupational health and safety.

Making working conditions safe and healthy – the raison d’être of occupational health – is in the interests of workers, employers and governments, as well as the public at large. Seemingly obvious and simple, this idea has not yet gained meaningful universal recognition.

The reasons for that are numerous and complex and include perceptions that there will always be plenty of young and strong workers to replace the old ones, both on production lines and in pension funds. Within the next 30-40 years, this will probably no longer be the case everywhere. The burden of occupational diseases and injuries and world trends in this area should be a matter of special concern. Particularly, because today’s picture is almost certainly based on underestimates.

Underestimated: The evaluation of the global burden of occupational diseases and injuries is difficult. Reliable information for most developing countries is scarce, mainly due to serious limitations in the diagnosis of occupational illnesses and in the reporting systems. WHO estimates that in Latin America, for example, only between 1 and 4% of all occupational diseases are reported. Even
in industrialized countries, the reporting systems are sometimes fragmented. For example, a 1993 economic impact analysis of hazardous substances regulations in Australia found data lacking in many areas and had to rely on extrapolations from Scandinavian and USA data.

There are two main problems common in developed as well as developing countries: unwillingness to recognize occupational causes of injuries or health problems, and failure to report them even when recognized. The history of occupational health is that of a struggle between workers fighting for protection and preventative measures or compensation, and their employers seeking to deny or reduce their liability for work-related diseases and injuries. This conflict has greatly influenced statistical reporting. As a result, the burden of disease due to occupational exposures is normally underestimated.

**Economic Impact:** The health status of the workforce in every country has an immediate and direct impact on national and world economies. Total economic losses due to occupational illnesses and injuries are enormous. Such losses are a serious burden on economic development. Thus, apart from health considerations, the improvement of working conditions is a sound economic investment:

- The International Labour Organization (ILO) has estimated that in 1997, the overall economic losses resulting from work-related diseases and injuries were approximately 4% of the world’s gross national product.
- In 1992, in European Union countries, the direct cost paid out in compensation for work-related diseases and injuries reached 27 000 million euros.
- In 1994, the overall cost of all work accidents and work-related ill health to the British economy was estimated between £6 000 million and £12 000 million.
- In 1992, total direct and indirect costs associated with work-related injuries and diseases in the USA were estimated to be US$171 000 million, surpassing those of AIDS and on a par with those of cancer and heart disease.
- In the USA, health care expenditures are nearly 50% greater for workers who report high levels of stress at work.

**Population Ageing:** In certain industrialized countries, within the next quarter-century, population ageing (with fewer children born and more people living longer) will change considerably the proportions between working and retired populations. This will undoubtedly increase pressure on the workforce for higher productivity and greater contributions to pension funds. Only a healthy workforce will be able to bear this pressure.

- Currently there are some 590 million people aged 60 years and over in the world. By 2020, this number is estimated to exceed 1 000 million. By that time, over 700 million older people will live in developing countries.
- Within the next quarter-century, Europe is projected to retain its title of the “oldest” region of the world (elderly people represent around 20% of the total population now and will represent 25% by 2020).
- According to a report, prepared by the French Government in 1999, by 2040 France is expected to have 70 people over 60 years for every 100 aged between 20 and 59, almost double the current ratio. As a result, the French social security and pensions system is expected to have a deficit of FF800.000 million (US$130.000 million) by that time.
Occupational Hazards and Exposures:

Hundreds of millions of workers in both developed and developing countries are at risk from exposure to physical, chemical, biological, psychosocial or ergonomic hazards in the workplace. For many of these people there is often the risk of combined exposures to different occupational hazards.

- Approximately 30% of the workforce in developed and between 50 and 70% in developing countries may be exposed to heavy physical workloads or ergonomically poor working conditions, which can lead to injuries and musculoskeletal disorders. Those most affected include miners, farmers, lumberjacks, fishermen, and construction workers, warehouse workers and healthcare personnel.

- Physical hazards, which can adversely affect health, include noise, vibration, ionizing and non-ionizing radiation, heat and other unhealthy microclimatic conditions. Between 10 and 30% of the workforce in industrialized countries and up to 80% in developing and newly industrialized countries are exposed to a variety of these potential hazards.

- Exposure to hundreds of biological agents – viruses, bacteria, parasites, fungi and moulds – occurs in many occupational environments from agriculture to offices. The Hepatitis B and C viruses, HIV/AIDS infection and tuberculosis (particularly among healthcare workers), and chronic parasitic diseases (particularly among agricultural and forestry workers) are some of the most common occupational diseases resulting from such exposures.

- Thousands of toxic chemicals pose serious health threats potentially causing cancer, respiratory and skin diseases as well as adverse effects on reproductive function. Workers can be and often are exposed to hazardous chemical agents such as solvents, pesticides and metal dusts.

- Workers may also be exposed to various types of mineral and vegetable dusts. For example, silica, asbestos and coal dust cause irreversible lung diseases, including different types of pneumoconioses. Known since the time of Hippocrates, silicosis is still the most widespread occupational lung disease. Silicosis can predispose workers to tuberculosis and lung cancer; it is progressive and incurable but preventable. Vegetable dusts can cause a number of respiratory conditions (such as byssinosis) and allergic reactions (such as asthma).

- The risk of cancer from workplace exposure is of particular concern. Around 350 chemical substances have been identified as occupational carcinogens. They include benzene, hexavalent chromium, nitrosamines, asbestos and aflatoxins. In addition, the risk of cancer also exists from exposure to physical hazards such as ultraviolet (UV) and ionising radiation. The most common occupational cancers include lung, bladder, skin and bone cancer, leukaemia and sarcomas. In the European Union, approximately 16 million people are potentially exposed to hazards at work, including carcinogenic agents.

- Exposure to thousands of allergenic agents, including vegetable dusts, is a growing cause of work-related illness. A large number of allergens have been catalogued which can cause skin and respiratory diseases (e.g., asthma). The number of these disorders, registered in several industrialized countries, is increasing steadily.

- Social conditions at work, which raise serious concerns about stress, include inequality and unfairness in the workplace; management style based on the exclusion of workers from the decision-making process; lack of communication and poor organization of work; strained interpersonal relationships between managers and employees. Stress at work has been associated with elevated risks of cardiovascular diseases, particularly hypertension, and mental disorders.

- In the least developed countries, occupational health problems are found essentially in agriculture and other types of primary production. Heavy physical work, often combined with heat stress, pesticide poisoning and organic dusts, is frequently aggravated by non-occupational factors such as chronic parasitic and infectious diseases. Poor hygiene and sanitation, nutritional problems, poverty and illiteracy.

The Global Occupational Health Network
eracy heighten the risk of disease and/or occupa-
tional injury.

**Occupational Health and Women:**
Women have been joining the workforce in increasing numbers, in sectors that include agriculture, industry and services, making up about 42% of the estimated global working population. Although they contribute appreciably to national economies, their special needs are seldom adequately met, even when they have access to some occupational health service.

- When exposed to occupational hazards, women of fertile age are susceptible to specific adverse effects on reproduction, including abortions (embryotoxic agents) or malformations of the foetus (teratogenic agents).
- Female workers often suffer from musculoskeletal disorders because neither the tasks nor the equipment they use, which is normally designed for men, are adapted to their built and physiology.
- In addition, female workers have specific stress-related disorders, resulting from job discrimination (such as lower salaries and less decision-making), a double burden of work (workplace and home) and sexual harassment.

**Child Labour:** According to the ILO, of the 250 million children between the ages of 5 and 14 working in developing countries today, nearly 70% work under hazardous conditions. Asia has the most child workers with 61% of the global total, Africa has 32%, and Latin America 7%. Africa, however, leads in the proportion of working children, with around 41% of all children aged between 5 and 14; the proportion in Asia is 22%, and in Latin America 17%.

**Vulnerable Populations:** Women, migrants, minorities and children are particularly vulnerable to occupational hazards. This is especially true in the informal sector, where workers are not necessarily protected and are often subjected to highly unsafe conditions in makeshift factories. Entire families may be exposed to hazards associated with industrial processes in the home, or entire communities may be affected by uncontrolled hazardous emissions from factories located adjacent to their homes.

**WHO's Response:** Since its inception in 1948, WHO has recognized the utmost importance of improving the health status of working populations and has been developing international collaboration in this area. Today, WHO Collaborating Centres carry out research, analyse data, identify trends, prepare and disseminate reports and make recommendations for national public health services and decision-makers. However, developing countries are yet to be fully involved in this work.

In order to arrive at more accurate estimates of the global burden of occupational disease and injuries, there is a need for further improvements and standardization of occupational health reporting in all countries, most particularly in developing countries. Another area, which needs particular attention, is the development of methods to estimate the economic impact of occupational injuries and diseases, as well as the cost-effectiveness of early occupational health interventions.

At present, the emphasis of Occupational and Environmental Health at WHO is on data collection and analysis, research, formulation of strategies and recommendations for hazard prevention and control, human resource development with special emphasis on developing countries, as well as rational development of the international network of collaborating centres.

Occupational and Environmental Health at WHO also addresses groups of workers with special needs. These include women and workers in small enterprises or in the informal sector, who are usually not covered by legislation and do not have access to occupational health services.

Strengthening international partnerships in the field of occupational health is yet another area of importance. WHO has paid special attention to cooperation and co-ordination of its work with the ILO, which works hand in hand with WHO to protect the workforce and to ensure safety and health at work. The Joint ILO/WHO Committee on Occupational Health meets periodically to review occupational health priorities and to make...
appropriate recommendations for international action.

WHO collaborates actively with the International Commission on Occupational Health (ICOH), the International Occupational Hygiene Association (IOHA), the International Ergonomic Association (IEA), the European Commission (EC) and other non-governmental and inter-governmental organizations striving to protect the health of workers.

WHO has also launched the Prevention And Control Exchange (PACE) initiative, which aims at the development of national capabilities in the field of primary prevention of occupational hazards. This is achieved through the promotion of awareness and political will, transfer of appropriate technologies, development of human resources, promotion of applied research and information dissemination. On-going activities include the preparation of documents on the prevention and control of specific hazards, such as noise and dust. The publication on dust is also relevant to the Joint ILO/WHO International Programme on the Global Elimination of Silicosis.

Each year, WHO and its Collaborating Centres and NGOs plan joint activities to implement the Global Strategy on Occupational Health for All.
Thank you for having completed this survey. Please return the form to The World Health Organization, 20, Avenue Appia, 1211 Geneva 27, Switzerland – Attention: Evelyn Kortum-Margot, PH E/O EH or to kortummargote@who.ch by e-mail.

Global Occupational Health Network (GOHNET)

Survey

Please print clearly or use a typewriter or request an electronic version of the form by e-mail to kortummargote@who.ch or on http://www.who.int/peh/Occupational_health/occindex.html

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Please state any area(s) of expertise which your organization would be willing to share: .........................................................
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How many staff work in Occupational Health your Organization? ............................................................................................

Do you belong to any other health, safety or environmental networks? If so, please describe? ................................................
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Efforts are being made to supply information in three languages. Please specify your preference:

English ❑    French ❑    Spanish ❑

(if certain materials are unavailable in the language of your choice, they will be supplied in English)