Dear Reader,

This year, WHO delivers its first report on the implementation of the *WHO Global Plan of Action on Workers’ Health* (GPA), 2008-2017, to its Executive Board in January. In this Newsletter, we collected for you selected global and local news items in the area of workers’ health related to the GPA, as well as related WHO priorities.

You find updates from WHO, the Global Network of Collaborating Centres for Occupational Health and other partners about ongoing projects and upcoming events that support the implementation of the objectives of the WHO GPA.

Emails are provided for the purpose of networking and collaborating.

We hope you enjoy this issue.

Evelyn Kortum
Editor
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Updates on the WHO Healthy Workplace Initiative

WHO has been busy searching for good practices and tools in accordance with a WHO framework document that defines the criteria of tools applicable to the model. Soon to come online is an inventory with tools that address the physical working environment. The selection is based on extensive expert review and piloting in workplaces and will be available on our website including useful factsheets for each tool. Inventories of other tools to come address the psychosocial working environment and personal health resources or health promotion tools. The area of enterprise community involvement is at the same time being defined better and further developed. Also in development are suitable evaluation models and an audit tool for the management of risks in workplaces.

An extensive literature review encompassing the four avenues of influence has been finalized and is close to publication. It contains a number of good practices, particularly for low and middle income country workplaces.

In addition, a two-pager on ‘5 Keys for Healthy Workplaces: No Business Wealth without Workers’ Health’ has been developed. It indicates the main guiding principles of a healthy workplace, no matter its size. The 5 keys are the following:

**Key 1: Leadership commitment and engagement**  
**Key 2: Involve workers and their representatives**  
**Key 3: Business ethics and legality**  
**Key 4: Use a systematic, comprehensive process to ensure effectiveness and continual improvement**  
**Key 5: Sustainability and integration**

In addition, WHO is undertaking a 3-country pilot study in Peru, Chile and Colombia in SMEs in collaboration with the Regional Adviser and our Collaborating Centres in the region. This includes workshops with SMEs, training in the healthy workplace model, sharing of good practices and tools, as well as the design of a strategy for working with SMEs. The workshops with SMEs in each country will include a baseline assessment, prioritization of workplace actions, action plans, agreements for follow-up and local advice and support. From this project, we plan to develop a blueprint for other countries in this and other regions of the world.

5 keys for Healthy Workplaces: http://www.who.int/entity/occupational_health/5keys_healthy_workplaces.pdf

*By: Evelyn Kortum, WHO Global Workers’ Health Programme, Geneva, kortume@who.int*
From 10-12 December 2012, we had another opportunity to discuss healthy workplaces with a number of stakeholders at an International Consultation headed by WHO and ICOH and hosted by INAIL, Rome, Italy. The Consultation brought together experts from various disciplines related to workers’ health and business practices from government and private sector entities. The meeting participants felt that the WHO Healthy Workplace approach provides ample opportunities for awareness-raising, promoting occupational health and safety in early education, training activities, cultural adaptations, for providing the business case and promoting the push to evaluate interventions through suitable and simple audit tools. Last but not least, surrounded by an ample discussion about ethics and values, market leadership and enterprise reputation were seen as important powers to steer the process towards greater preventive work and openness for workplace interventions. Not at all to be underestimated should be the power of the consumer as many current stories prove.

Following this consultation, the World Bank decided to apply the WHO comprehensive healthy workplace approach to their own staff. The site describing the model and its benefits of implementation is currently visible to 17,000 staff globally of the World Bank and the International Monetary Fund.

The deliberations of the consultation will be published around February 2013.

By: Evelyn Kortum, WHO Global Workers’ Health Programme, Geneva, kortume@who.int

Towards universal health coverage of workers: Delivering essential interventions for workers’ health at the primary care level

WHO argues that all people should have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. Universal health coverage becomes a major goal for health reform in many countries and a priority objective of WHO. The 60th World Health Assembly in 2007 set the objective for countries to work toward access of all workers, and particularly those in agriculture, the informal economy, small and medium sized enterprises, and migrant workers with essential interventions and basic health services for the prevention and control of occupational and work-related diseases and injuries.

The WHO global conference “Connecting Health and Labour” held in 2011 in The Hague, suggested that the objective of universal coverage of workers with such interventions can be achieved through their integration in comprehensive, people-centred primary care, including general practice, family medicine, rural and community care. Specialized occupational health services, be they basic or multi-disciplinary, should be further expanded, their quality should be improved and they should be better linked to primary care services as part of local health systems networks.

Currently WHO carried out a global project to define the range of the essential interventions for workers’ health, their effectiveness, the costs, and the experience with delivering them at the primary care level. Field studies have been carried out so far in five countries (Italy, Thailand, Colombia, Philippines and the United Arab Emirates).
including interviews with primary care providers, managers of local and national health systems, regional and national occupational health specialists.

The study found in all countries primary care providers do have responsibility for early detection of cases with suspected occupational diseases, however the rate of detection differs between countries depending on the ability of primary care providers to collect data about occupation, to take in-depth work histories and to refer patients to specialist in occupational medicine. Another activity of primary care providers was the assessment of fitness for work through preliminary and periodic medical examinations according to national regulations. In countries with community-based primary care, such as Thailand, the Philippines and Colombia, primary care providers were also responsible for providing advice for improving working conditions, including through worker volunteers.

In addition, the field studies collected data about the resources for the delivery of the essential interventions for workers’ health – staff time of primary care providers, drugs, transport, publications, and training. The costs for health systems for the delivery of this package at the primary care level, estimated with the OneHealth costing tool, varied between 27 and 61 US$ (PPP) per served worker per year. These results would serve countries to integrate the financing of these interventions into social health protection and social security mechanisms and to build capacities for their delivery to all workers.

The experiences obtained from the pilot project were discussed at the meeting “Occupational Health in Primary Health Care: Interventions and Capacity Building”, organized by WHO in Geneva, 12-13 November 2013, with financial support from US NIOSH and the Dutch Ministry of Health. The meeting reviewed the protocol for data collection from the pilot studies in view of expanding the project to other countries (e.g. South Africa, Sri Lanka, US, The Netherlands). The meeting also developed a consensus list of essential interventions for workers’ health and competencies for their delivery.

The next steps of the project include developing definitions of the essential interventions for workers’ health, reviewing the evidence for their effectiveness and the competencies necessary for their delivery at primary care level. A special module “Workers’ Health” will be included in the software of the OneHealth Tool to allow countries to estimate the costs of delivering the essential interventions and to develop scenarios for scaling up coverage. WHO will also be working with its Collaborating Centres for Occupational Health and primary health care to develop training and information materials for building the capacities of primary care providers to deliver the essential interventions for workers’ health. Particular efforts are needed in the future to stimulate the linkages between occupational health and primary care providers, e.g. through electronic health records, integration of occupational health services in local health systems and through including occupational diseases into the 11th revision of the International Classification of Diseases.

Link to information about the OneHealth tool: http://www.futuresinstitute.org/onehealth.aspx

By Ivan D. Ivanov and Charu Garg, WHO Global Workers’ Health Programme, Geneva

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**Occupational Diseases: Abu Dhabi Conference**

To advance further WHO actions on diagnosis and reporting of occupational diseases, the UAE University in collaboration with Abu Dhabi Health Authority and WHO convened a conference on 26 November 2012 in the city of Abu Dhabi. The UAE Ministry of Health of UAE and Abu Dhabi Health Authority presented the recent efforts for implementing the WHO global plan of action on workers’ health in the country. The conference discussed WHO global efforts regarding occupational diseases and their incorporation in the 11th revision of the International Classification of Diseases. The detection and reporting of occupational diseases remains a big challenge for the UAE and other countries in the Gulf.
Region. The integration of essential interventions for workers' health in primary care is seen as useful in addressing this challenge.

Further information: http://www.fmhs.uaeu.ac.ae/fmtimes.asp?e=1425

By: Professor Tar-Ching Aw, Dean i.e., College of Medicine & Health Sciences, UAE University

First Meeting of the WHO Global Working Group on GMP Priority 4 “Strengthening health systems, governance, capacities and service delivery for workers’ health”

The implementation of the Global Plan of Action on Workers’ Health for the period 2013-2017 is guided by the Global Master Plan (GMP) agreed at the meeting of the global network of WHO Collaborating Centres for Occupational Health held in Cancun in March 2012. One of the seven priority areas of action deals with strengthening health systems, governance, capacities and service delivery for workers’ health. This includes the integration of the delivery of workers’ health interventions at the primary care level, building of human resources capacities for their delivery and developing national plans of action and national profiles on workers’ health. To advance this work, WHO established a global working group on GMP 4 “Strengthening health systems, governance, capacities and service delivery for workers’ health”.

The first meeting of the working group GMP4 took place in 14 November 2012 in Geneva. The meeting was attended by experts from US NIOSH, FIOH, BOED (Thailand), El Bosque University (Colombia), Coronel Institute and TNO (The Netherlands), University of Manila (Philippines), NIOH (South Africa), University of Colombo (Sri Lanka), WHO HQ and PAHO. The Global President of the World Federation of Family Doctors (Wonca) also participated. The meeting elected Dr Leslie Nickels from US NIOSH as chair of the global working group and Dr Ivan Ivanov is the WHO responsible person.

The meeting adopted the terms of reference of the working group and its workplan for 2013-2014. Specific activities are:

1) completing a comprehensive review of evidence to support defining essential interventions and developing a specific module on workers’ health under the international OneHealth costing tool;
2) carrying out country projects on defining and costing essential interventions for workers’ health including at the secondary care level in Sri Lanka, South Africa, Thailand, The Netherlands, and Italy;
3) supporting ministries of health and other organizations to incorporate worker health into basic health services;
4) defining the competencies for delivering workers’ health interventions at the primary care level (environmental health, public health officers, general practitioners, community and allied health workers);
5) creating collections of information and training materials on workers’ health for primary care providers under workershealtheducation.org and GeoLibrary.org repositories.
6) Good practices and policy options for developing national plans of actions and profiles for workers’ health (forthcoming).

Contributed by Dr Leslie Nickels, US NIOSH

Contacts: essential interventions for workers’ health - Ivan Ivanov workershealth@who.int; training materials for primary care providers - Frank van Dijk f.j.vandijk@amc.nl; activities of the working group - Leslie Nickels lnickels@cdc.gov.
“Not every headache needs brain surgery!” - WHO global workshop on occupational health and primary health care, Geneva, 12-13 December 2012

The WHO convened a global workshop “Occupational Health in Primary Health Care: Interventions and Capacity Building” to review the ongoing work for defining and costing the essential interventions for workers’ health and the competencies for their delivery at the primary care level. This was the first major follow up of the 2011 Hague Conference “Connecting Health and Labour”.

The discussion brought up the need for better mutual understanding of new developments in primary care and occupational health. Modern primary care is becoming more and more people-centred and providers work to meet their health needs and expectations in a holistic way. People-centred primary care is less about a set of essential interventions but rather about looking at the context in which people live and work, their communities and their activities. For primary care providers this requires new models of service delivery, such as group practices, integrated into a local network of services.

‘Occupational Health’ is about the workforce and understanding the relationship between work and health. Occupational health as a professional activity focuses on a multi-disciplinary approach to health protection and health promotion at the workplace. Employment as well as working conditions are major considerations for occupational health professionals.

A common goal between primary care and occupational health is the ‘health and safety of working people’. Primary care providers have difficulties identifying and acting on ‘occupational health’ issues as these are perceived as domain for specialized (secondary) care. “Not every headache needs brain surgery” reasoned Prof Richard Roberts. However, primary care providers care about the ‘health of workers’ and their health needs and well-being, both work and non-work related. A better collaboration with occupational health specialists would help provide better care.

WHO developed a methodology for defining and costing the essential interventions for workers’ health at the primary care level based on the international OneHealth costing tool which allows for calculating costs of health interventions based on delivery (staff time, supplies and transport) programme (staff training, software, supervision), and health system (facilities) costs. The protocol developed by WHO includes a questionnaire for interviews with primary care providers for the collection of national data. Pilot studies were carried out by WHO in Italy (with support from the International Centre for Rural Health at the University of Milan), Thailand (organized by the Bureau of Occupational and Environmental Diseases at the Ministry of Public Health), Colombia (with the Occupational Health Programme of El Bosque University), the Philippines (with the Department of Community Medicine at the University of Manila) and input from discussions in the USA organized by NIOSH. Additional studies are planned in UAE (with support from the Family Medicine Department at the UAE University, completed on 27-29 November 2013), South Africa (with the NIOH), Sri Lanka (with the department of Community medicine at the University of Colombo) and the USA (by NIOSH).

Workshop participants agreed that essential interventions for workers’ health at the primary care level include:

1) primary prevention - support (advice and advocacy) for improving working environment,
2) secondary prevention - early detection of occupational diseases (exposure assessment, notification, referral), and
3) tertiary prevention – fitness for work through preliminary and periodic medical examinations and support for return-to-work and for accessing workers’ compensation schemes.

The meeting furthermore identified a number of competencies that primary care providers need to deliver for these interventions, for example, taking work history, ability to describe work environment and health effects, to
act as agent of change in work settings and to access information resources on health effects of occupational hazards and related regulations.

The report of the meeting will be available at http://www.who.int/occupational_health/activities/universal_health_coverage/en/index.html

Contributed by Dr Leslie Nickels, US NIOSH

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**National conference on asbestos-related diseases in Italy**

The national asbestos conference, 22-24 November 2012, in Venice reviewed the challenges of asbestos - environmental cleanup and health surveillance of people who have been exposed to asbestos. Two decades after the asbestos ban Italy still registers annually more than 1,000 cases of malignant mesothelioma. The event will result in a national action plan on elimination of asbestos-related diseases.

The Ministers of Health, Labour and Environment, WHO and the European Commission, participated in the conference. This is a good example for implementing WHA Resolution 60.26 on workers’ health and the Parma Ministerial Declaration on Health and Environment.

*By Ivan D. Ivanov, WHO Global Workers’ Health Programme, Geneva*

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**Activities in WHO European Region on providing technical support to the Member States in the preparation of national asbestos profiles**

The WHO European Centre for Environment and Health (Bonn) convened a meeting of representatives of selected Member States and international experts for cooperative implementation of the Parma commitment regarding asbestos control from 5-6 November 2012. The Fifth Ministerial Conference on Environment and Health, held in March 2010 in Parma, adopted the Parma Declaration on Environment and Health. One of the commitments expressed by Member States of the WHO European Region was to “develop national programmes for the elimination of asbestos-related diseases in collaboration with WHO and ILO by 2015.”

The scope of the meeting was to provide technical support to national representatives for the development of national profiles on asbestos as agreed during the meeting held in June 2011. The specific aims of the meeting were to assess the national data available in the Member States which are essential for the preparation of national asbestos profiles according to the WHO and ILO outline and to provide technical guidance in estimating the number of deaths, potential life years lost, disability-adjusted life years, and economic burden due to asbestos-related diseases. An update of country situations of asbestos control policies was presented.

The meeting made conclusions and recommendations for the development of the national profiles on asbestos, as well as the elaboration and implementation of national programmes for the elimination of asbestos-related diseases. The useful information for the policy-makers of the Member States was presented at the meeting by the WHO temporary advisors, e.g., methodologies and tools for estimating the number of deaths, potential life years lost, disability-adjusted life years, and economic burden due to asbestos-related diseases.

Link to the meeting document: https://euro.sharefile.com/f/foc85e50-d8d9-4f8e-b3c3-fa71c8dc117a

- **Username:** och@cehbonn.euro.who.int
- **Password:** YZZ8GF13

*By: Elizabet Paunovic, WHO Regional Office for Europe, Centre for Environment and Health,*
Workers’ Health on the Agenda of WHO Executive Board

The 132th session of the Executive Board of WHO (21-29 January 2013) discussed several items that are related to workers’ health that will be presented to the World Health Assembly in May 2013.

The Draft Action Plan for the Prevention and Control of Non-communicable diseases (NCDs) 2013-2020 provides a road map for implementation of the Political Declaration of the UN General Assembly on NCDs from 2011. It includes a number of innovative actions regarding occupational health and prevention and control of NCDs at the workplace. For the first time workers’ health is considered in the context of the life-course approach.

Countries are expected to link national action on NCDs to their national occupational health and safety programmes. Specific actions by countries include:

- legislation for 100% tobacco smoke-free environments in all indoor workplaces;
- ensuring the provision of healthy food in workplaces and creating health and nutrition promoting environment in work sites
- meeting the needs for long-term care of people with NCDs and comorbidities by connecting occupational health services with primary care and the rest of the health-care delivery system.

WHO is being requested to provide support to countries to strengthen their capacities for maximizing intersectoral synergies across programmes for occupational health and prevention of NCDs and to reduce modifiable risk factors through implementing health-promoting workplace initiatives.

The implementation of the NCD action plan is linked to the implementation of the international labour conventions on occupational cancer, occupational health services, and the promotional framework for occupational safety and health. It is expected to leverage for the prevention and control of occupational NCDs (occupational cancer, occupational asthma, COPD and other chronic respiratory diseases) and to stimulate the occupational stress prevention and workplace health promotion.

The full text is available at: http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_7-en.pdf. Before the World Health Assembly there will be an inter-country consultation on the advanced draft in February/March 2013.

By Global Workers’ Health Team, WHO, Geneva

The Draft Comprehensive Mental Health Action Plan 2013–2020 highlights working conditions among the determinants of mental health and calls for a multisectoral action to address protect and promote mental health involving the labour and employment sector. The strategies for mental health promotion and the prevention of mental disorders across the life course are supposed to focus on provision of healthy living and working conditions, including work organizational improvements and evidence-based stress management schemes in the public as well as the private sector. Countries have a number of options for action on mental health, including:
• preparing for emergencies by orienting health and community workers on psychological first aid and providing them with essential mental health information
• promoting safe and supportive working conditions, with attention to work organizational improvements, training on mental health for managers, the provision of stress management courses and workplace wellness programmes.
• promoting workplace initiatives for suicide prevention.


WHO’s Proposed Programme Budget 2014-2015

is the first to be developed in line with decisions on the WHO reform. The main feature focuses on the limited resources of the Organization and on a few areas where action by WHO can make the biggest difference. These strategic programmatic areas are: (1) communicable diseases; (2) noncommunicable diseases; (3) promoting health throughout the life-course, (4) health systems, (5) preparedness, surveillance and response; (6) corporate services and enabling functions. Occupational health activities are integrated with the other WHO programmes on health and environment under category 3 Promoting health throughout the life course.

In the biennium 2014-2015 the sharp focus will be on public health as an outcome of policies in other sectors such as employment (through occupational health). The outcome will be measures by the number of national plans of action for workers’ health developed and implemented by countries. WHO is expected to stimulate policy dialogue and to provide advice to countries to develop policies, strategies and regulations for prevention, mitigation and management of environmental and occupational risks and to develop norms, standards and guidelines to define environmental and occupational health risks and benefits. Specific deliverables of WHO action on workers’ health include:

• support for strengthening national capacity to assess and manage occupational health risks and benefits, in specific settings and sectors of the economy
• support for strengthening national and health systems capacity to develop policies, strategies, regulations and national action plans to prevent, mitigate and manage occupational risks
• policy options for effective occupational interventions that prevent conditions associated with disease and promote health.

WHO’s work on occupational health contributes also to the programmatic areas of NCDs by developing healthy workplaces initiatives and the global efforts on occupational cancer, chronic respiratory diseases and work-related stress. The work on delivering essential interventions for workers’ health at the primary care level contributes to WHO’s work on health systems, universal health coverage and people-centred care.


The report on progress made under the WHO Global Plan of Action on Workers’ Health covers the actions carried out by the Secretariat (HQ and ROs with support from a global network of WHO Collaborating Centres for occupational health) for the period 2007-2012. It contains the following major points with respect to the five objectives of the global plan:

1. Devise and implement policy instruments on workers’ health - update on the global campaigns for the elimination of asbestos-related diseases and for immunization of health-care workers against hepatitis B and WHO support for development of national policy instruments for workers’ health

2. Protect and promote health at the workplace – international chemical safety data cards, tools for management of radiation and psycho-social risks and the global initiative on healthy workplaces linked to prevention of non-communicable diseases
3. Improve the performance of and access to occupational health services - strengthening occupational health services and integration of essential interventions for workers’ health in primary health care

4. Provide and communicate evidence of action and practice - incorporation of occupational health issues in the 11th revision of the International Classification of Diseases and the work on occupational diseases with ILO

5. Incorporate workers’ health into other policies - work on occupational health aspects of green economy and climate change adaptation, chemical management, and extractive industries.

Overall, the report shows that the implementation of most actions by WHO Secretariat is quite advanced. What remains to be done in 2013-2017 is:

- developing global norms and standards for workplace health protection, indicators for workers- health and a global database for their monitoring,
- expanding access to occupational health services, essential interventions for workers’ health and healthy workplaces in settings with constrained resources, and
- working with countries to develop and implement national plans of action on workers’ health.


News from our partners on implementing the WHO Global Plan of Action for Workers’ Health

Healthy Workplaces and Toolkits

NIOSH Total Worker Health™

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Today, more than ever, there is increasing evidence that the work environment and the overall health, safety and well-being of the workers within it are strongly connected. Diminished health and injury, whether caused by work or resulting from non-work activities, reduces quality of life, opportunity, and income for workers and those dependent upon them. In June 2011, NIOSH announced the development of Total Worker Health™, a new program that evolved from the NIOSH Steps to a Healthier U.S. Workforce and NIOSH WorkLife Initiatives. Total Worker Health™ is a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance worker health and well-being. NIOSH believes that integrating the protection of worker health and safety with evidence-based health promotion will be a key strategy for building a strong economy on the foundation of safe jobs and healthy workers.

The Program is led by Dr L. Casey Chosewood, a member of the WHO Healthy Workplaces Network, and Dr Anita Schill. The program includes a recently established intramural program that connects related work within NIOSH; elucidate and communicate current knowledge, successful approaches, and challenges; and promote the concepts and practices of total worker health to our partners and stakeholders. Extramurally, NIOSH funds four Centers of Excellence to Promote a Healthier Workforce dedicated to ground-breaking research, translation and best practices of integrative approaches to protecting and promoting health in the workplace. In 2012, a Coordinating Committee was established comprised of the principle investigators at each of the four Centers and
NIOSH. The primary purpose of the Committee is to provide leadership and work collaboratively to address workplace safety and health at the national level.

In May 2013, NIOSH will be co-sponsoring the international conference, Work Stress and Health 2013 in Los Angeles, CA. The conference theme will be Protecting and Promoting Total Worker Health™. Currently, we are working with the Centers of Excellence to coordinate resources for consultative services as well as developing a practical "how-to-guide" for employers to use for developing their own customized Total Worker Health™ Program. We have started to compile current the current evidence and guidance on integrative approaches for employers to use; this information can be found on our website under Employer and Employee Resources (see: http://www.cdc.gov/niosh/TWH/resources.html). Quarterly we share new resources and updates from the Program, the Centers, and our partners in our eNewsletter, TWH™ in Action! Also included in our eNewsletter are case studies of how employers are applying principles of Total Worker Health™ in their workplace in Promising Practices for Total Worker Health™. Our Program is also active in social media. We recently established a NIOSH Total Worker Health Group on LinkedIn and promoting our program on Twitter (@NIOSH_TWH).

Follow NIOSH Total Worker Health™ on Twitter
Join NIOSH Total Worker Health™ on LinkedIn

Stoffenmanager - chemical risk management toolkit now published in Finnish

Milja Koponen, PhD, Niina Kallio, MSc, Chemical Safety Team, Finnish Institute of Occupational Health, milja.koponen@ttl.fi or niina.kallio@ttl.fi

In Finland, until autumn 2012, there was practically no user-friendly, validated tools or methods available for workplaces to help assess and prioritize chemical risks, though required by several laws. In fact, there were no such tools at all. Obviously, the idea of translating Stoffenmanager grew from actual demand. Stoffenmanager, originally developed in the Netherlands, is the most sophisticated control banding tool on the market for workplace chemical risk assessments - and more.

In addition to qualitative Stoffenmanager control banding tool for prioritization, Finnish workplaces got even more. The current version of Stoffenmanager 4.5 contains also quantitative risk assessment tool, REACH -tool, dermal exposure module, and even a tool for assessing risks caused by nanomaterials (Stoffenmanager Nano 1.0). Stoffenmanager also helps documenting and communicating risks at workplaces and with relevant stakeholders, such as inspectors or occupational health services. The fact that the tool works simultaneously in several languages is also an asset in the globalized world.

The Finnish Stoffenmanager was officially launched on 4th of September in Helsinki. All in all, about 90 participants gathered at a stakeholder seminar. As Finland has so far lacked a valid tool, it was not a big surprise, that the Finnish Stoffenmanager has been a success from the beginning. After one month from the official launching, we now have 350 registered users. In addition to companies using chemicals, also authorities, insurance companies, and occupational health service providers have shown their interest.

The Finnish Stoffenmanager project was mainly carried out by the Finnish Institute of Occupational Health, and partially financed by the Finnish Work Environment Fund. The Ministry of Social Affairs and Health will provide funding for dissemination of information by organizing regional workshops and producing guidance and promotional material.

The project was easy and efficient to complete with the Stoffenmanager Consortium partners. The working group of Stoffenmanager Finland cordially invites all other countries and languages to join the Stoffenmanager family!

Link: www.ttl.fi/stoffenmanager (in Finnish), www.stoffenmanager.nl (choose Suomi (Finnish))
A pilot survey of expatriate working conditions in the Gulf region

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The Institute of Public Health at the United Arab Emirates University has applied to be a WHO Collaborating Centre. The WHO Global Plan of Action for Workers' Health stipulates that “the growing informal economy is often associated with hazardous working conditions and involves such vulnerable groups as children, pregnant women, older persons and migrant workers”. We have started work to address this problem in the Gulf countries, many of which have a large expatriate workforce providing labour in several industries. In the past, concern has been raised regarding the working conditions, health, and safety of this section of the community (1), many based largely on anecdotal reports. Despite this interest there remains little reliable information available about these issues. To access reliable data on which to base scientifically valid planning and interventions, the Health Authority of Abu Dhabi (HAAD) has funded a survey by the Faculty of Medicine and Health Science, UAE University. The investigation team from the Department of Community Medicine, includes, Dr Iain Blair and Dr Mohamud Sheek-Hussein, Dr Sami Shaban and Prof Nico Nagelkerke. The objective was to pilot a survey designed to obtain basic information on the employment and working conditions impacting on the occupational health and safety of male, expatriate workers.

The study was undertaken in Al Ain (located inland on the border with Oman approximately 150 km east of Abu Dhabi and 130 km south of Dubai), the second largest city in the Abu Dhabi Emirate and the fourth largest in the UAE with a population approaching 400,000. Although it has the country's highest proportion of Emirati nationals, it still has a large population of expatriate workers. These are mainly involved in agriculture, light industry, construction, transport, tourism and the provision of government services particularly education, and health. The study involved a cross sectional survey, of a random sample of 578 expatriate workers attending SEHA’s Al-Ain Prevention and Disease Screening Centres (PDSC) for compulsory medical examinations required on entry to the country and every 3 years for renewal of their working visa.

The questionnaire was based on similar questionnaires used internationally, as reviewed in the European Foundations Analysis (2). It was designed to provide information on the demographics, vocational training, living and working conditions and occupational health and safety experiences of these workers. The data was obtained by computer assisted personal interview and entered into an electronic data base for storage and analysis.

As anticipated, most workers came from Bangladesh with the majority 33%. Pakistan and India each supplying 26%, also contributed significantly to the expatriate workforce surveyed. The data collected is currently being reviewed and a report prepared for the Health Authority of Abu Dhabi. Once released it is hoped that the report will be available via the Institutes OHS website: http://www.fmhs.uaeu.ac.ae/cmd/ohs/

The researchers would like to thank Dr Salma Al Dhaheri and her staff at SEHA’s Al-Ain Prevention and Disease Screening Centre, and the Public Health and Research Department of HAAD for funding, particularly the liaison officer Ms Helen Nix from the Occupational & Environment Health Unit and Mr Khair Abul Khair, Regional Officer, Eastern Region for his invaluable assistance in coordinating the data collection.

Links and references:
A Global Approach to Promoting Health at the Workplace

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There is a strong, and growing, interest among multinational employers to globalize their workplace health promotion (also known as wellness or well-being) strategies and programmes. Yet very few employers have successfully developed and implemented strategies on a broad, global basis. The benchmarking study “Winning Strategies in Global Workplace Health Promotion - A study of leading organizations” investigated organizations that have achieved success in this area.

Over the past five years, the authors have led significant research into the global prevalence and associated trends of employers’ health promotion strategies through the study: A Global Survey of Workplace Wellness and Health Promotion Strategies. This research builds upon the global survey, delving to a deeper level with a hand-selected group of organizations recognized as leaders in global health promotion, in order to surface insights, advice and success factors that can benefit others seeking similar success.

Thirteen multinational employers were selected to participate in the research and data was collected through a series of interviews. All of the participating organizations have implemented global strategies and have been offering comprehensive programs to their employees worldwide for a number of years. Many of these employers are known as leaders in health promotion, receiving international awards for their activities and documented successes. All have achieved admirable results by refining the strategy over time based upon measured outcomes coupled with hard work in promoting health and wellness throughout their organizations.

It was encouraging to see that most participating organizations had addressed all four avenues of influence of the WHO Healthy Workplace Model for Action: the physical work environment, psychosocial work environment, personal health resources and enterprise-community involvement. Programs addressing the psychosocial work environment seemed the least mature but employers recognized their necessity and value (see no. 5 under the recommendations below). It was pointed out that this type of integrated approach and awareness did not exist from the outset:

The findings can be summarized in the following eight recommendations, based on successful strategies of the participating organizations:

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1. Adequate time and effort should be spent explaining to employees the reasons, goals and benefits for providing a health promotion programme. Employers should recognize that not every employee accepts the notion that their employer should provide such programs, especially in some countries where it is a new concept.

2. A global strategy should be driven by a central or corporate function that provides guidance and technical support to local sites and business units.

3. Local resources should be engaged for cultural adaptation and implementation. Local health professionals should also be utilized to help drive strategies regionally and function as a link between corporate and local sites and business units.

4. All sites should be provided access to a core level of health promotion programmes and policies.

5. To improve mental health and well-being of employees – one of the biggest health promotion challenges of the 21st century – employers must analyze and address the psychosocial working environment, including work organization.

6. A shared global value proposition should be established, in alignment with key business goals. Metrics should be globally consistent and locally relevant.

7. The value proposition for health promotion should not solely be justified on a financial business case, especially outside the U.S. Equal emphasis should be placed on health and well-being factors.

8. Employers should establish a healthy workplace index and/or menu of services, toward which all sites should strive, and eventually be held accountable for.

While this study focused on large enterprises the provided recommendations also apply to small and medium-sized enterprises, given that the actual implementation of a global strategy will differ.
Climate Change and Workers’ Health

Climate Change and Occupational Health and Safety in a temperate climate: Potential impacts and Research priorities in Quebec, Canada

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In the upcoming decades, the global context of climate change (CC) is likely to impose major changes in some industries and occupations worldwide. According to hazards prevalence and intensity, climatic factors and economic development, CC will most probably have occupational health and safety (OHS) impacts in both developed and developing countries. A recent study was directed by researchers from the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) to provide an overview of the potential negative impacts of CC on OHS in Quebec, Canada, and to identify national research priorities.

A review of the scientific literature published between 2005 and 2010, focusing on the negative impacts of CC on OHS in a region with a temperate climate, was carried out using several bibliographic databases and websites of international agencies. This review was presented to a working group of international and national experts and Quebec’s stakeholders from several industrial sectors (mining, fisheries, forestry, construction, farming, transportation, municipal, wind power research and public health). The working group validated and completed the literature review findings to help identifying gaps in the knowledge of CC and OHS and suggested research avenues. Finally, a modified Delphi approach was used to gather the opinions of the members of the working group with the aim of producing specific Quebec research priorities among about thirty research avenues suggested.

The main findings are that, five categories of hazards could have direct negative impact OHS in Quebec:
- heat waves/increased temperatures,
- air pollutants,
- UV radiation,
- extreme weather events, and
- vector-borne/zoonotic diseases.

Five other hazards could modify the working environment and, therefore, negatively impact OHS:
- change in production/harvest methods in agriculture and breeding;
- change in harvest/working methods in fishing;
- disruption of forest ecosystem/change in the distribution of toxic plants;
- deterioration of built environment infrastructure, and
- emerging green industries.

Finally, twelve Quebec research priorities were retained through the consultation process. These priorities can be grouped in the following categories: 1) Knowledge acquisition on hazards, target populations and methods of adaptation; 2) Surveillance of diseases, accidents and hazards; and 3) Development of new adaptation strategies.
and methods. The full report of this project is available (in French) online at: http://www.irsst.qc.ca/media/documents/PubIRSST/R-733.pdf

For more information on this research and other projects addressing related topics, please contact Dr Joseph Zayed at Joseph.Zayed@irsst.qc.ca.

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**Other related Activities in Countries**

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**Occupational Health Intervention among Nutmeg Processing Workers in Grenada**

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The Grenada WHO Collaborating Centre on Environmental and Occupational Health in the Department of Public Health and Preventive Medicine, has partnered with the nutmeg industry in Grenada to evaluate the occupational health problems and to help improve health of nutmeg production workers. The nutmeg industry is a major contributor to Grenada’s economy. Grenada was the world’s second largest nutmeg producer. Unfortunately in 2004, Hurricane Ivan destroyed 90% of the nutmeg trees. After Ivan, the industry did not recover at all but went to the worst. Therefore, this project focused on activities including Occupational Health and Safety (OHS) for nutmeg workers, and assessment of nutmeg replanting efforts to address land degradation. This project funded by Global Environmental Facilities (GEF) and supported by Centers for Diseases Control and Prevention (CDC), National Institutes for Occupational Safety and Health (NIOSH)

Health and exposure assessments showed that occupational health problems, especially respiratory and musculoskeletal problems, were remarkably high among nutmeg processing workers. The plant used the traditional methods for processing nutmegs, which limits the economic benefits and increases occupational risks for workers. After the assessment, we installed a solar dehydrator for the nutmeg processing plant, which served to increase the productivity and reduce occupational exposures such as mold, dust, and pesticides. The OHS train-the-trainer program was also tailored for the nutmeg industry. Four workers from two nutmeg processing plants and one from the Grenada Cooperative Nutmeg Association participated in the training. The training consisted of several classroom sessions and a practical session at the nutmeg plant. All five trainees successfully completed the training. Three months after the initial training, one of the trainees served as a trainer and conducted the first OHS training to nutmeg workers at one of the plants. A total of 53 workers participated the training. At the pre-training evaluation, 43% of workers associated OHS with hazards in the environment such as dust and noise and 21% reported OHS as taking precautions. 36% of the workers were unable to describe OHS. At the post-training evaluation, 83% of workers reported that OHS was related to protecting workers from hazards in the environment.
One of the project goals was to address land degradation that has been linked with Hurricane Ivan’s destruction of the nutmeg trees and farming areas. This intervention program for the Grenada Nutmeg industry, involving the planting of over 1700 nutmeg trees on around 40 acres identified as vulnerable to land degradation. Farmers benefit from assistance with land preparation provision of nutmeg trees, as well as a stipend to plant and support each tree. The nutmeg industry and indeed Grenada is therefore on the rebound through this project.

**SESI’s ongoing activities**

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1 - As part of toolkit of National Safety and Health Construction Industry (CI), SESI² published a broad study on OHS for the construction sector, “Occupational Safety and Health in the Construction Industry in Brazil - Diagnosis and recommendations”. The report focuses on prevention of accidents at work and identifies the distribution of lost work days (LWD) for work accidents. In 2007, it was 941.348 LWD meaning 9,3% of total LWD in Brazil. In this context, we launched the “100% Safe” Series with 100 educational movies promoting safety behaviour, preventing occupational accidents in construction industry. We, furthermore, launched an integrated action plan to promote safety and health in the physical work environment and to monitor working conditions in the area of occupational and personal health resources, which are adapted to the reality of the Construction Industry.

The "Fall Prevention Diagnostic" tool and "Awareness Program regarding the prevention of accidents" in the Construction Industry were launched too. 42 companies just finalized the Fall Prevention Diagnostic and are in the implementation phase. In addition, 32 companies implemented the Awareness Program.

2 - Following the same good practice examples, SESI plans a National Program that focuses on slaughterhouses and the mining industry. A broad study on OHS for slaughterhouses was finalized and being published.
3 - SESI is developing a knowledge Center for Quality of Life and Welfare to avoid absenteeism, since in Brazil the three first causes of absenteeism are injuries, musculo-skeletal diseases and psychosocial factors, there will be a focus on these issues.

4 - SESI Cozinha Brasil is a National Program and its initiative combines three key ingredients to healthy and nutritious eating: economy, quality and taste. Conscious consumption of food is a key pillar of the program with a focus on workers and their families. This program has produced significant social, economic and financial impact through proven performance and adaptability. Therefore, the initiative is already being exported to other countries such as Mozambique, Uruguay, El Salvador, Honduras and Guatemala.

5 – SESI developed a General Index Lifestyle (GIL) which was created to express concurrent exposure to nine key indicators of lifestyle. The higher the value of GIL, the healthier is the lifestyle of workers. This is one index that allows comparison of the situation observed in a company or certain sectors of the company. Besides the analysis index, this can be categorized into four levels of risk depending on the number of negative factors identified in the lifestyle assessed in workers: low risk, average low risk, medium risk and high risk high. These indicators are: physical inactivity; physical inactivity during travelling; smoking; abuse of alcohol; sun exposure without protection; negative perception of stress management; negative perception in relation to interpersonal relationships; low consumption of fruits and vegetables, and excessive consumption of soft drinks and artificial juices.

6 – On 28 April 2012, SESI launched a new Educational Campaign to promote awareness for Occupational Health and Safety issues and Healthy Lifestyles.
increasingly complex and changing healthcare environment, we need a renewed commitment to achieve further progress," the authors write.

**Steps to safety:** The plan’s recommended actions include:
- Improving sharps safety in surgical settings
- Reducing exposure risk in non-hospital healthcare environments
- Involving healthcare workers in safety device selection
- Improving the range and design of available safety devices
- Enhancing worker education and training.

**Renewed commitment:** For more than two decades, UVA’s International Healthcare Worker Safety Center has played a critical role in advocating for healthcare worker protections from needlesticks and others potentially life-threatening occupational exposures to blood. The center provided evidence-based data to support the Needlestick Safety and Prevention Act, and Jagger has long been a key advocate for engineering safer medical devices. “While we celebrate the progress we have made,” the center’s new action plan concludes, “we must acknowledge the gaps that exist and redouble our efforts to ensure that all healthcare workers, regardless of the setting in which they practice or the procedures they perform, are offered the same level of protection from sharps injuries and exposures to bloodborne pathogens.”

**List of organizations endorsing the Consensus Statement on Sharps Safety:**
Academy of Medical-Surgical Nurses; Academy of Neonatal Nursing; AdvaMed (medical device industry trade association); American Academy of Ambulatory Care Nursing; American Association of Critical-Care Nurses; American Association of Nurse Anesthetists; American Association of Occupational Health Nurses; American Nurses Association; Association of Occupational Health Professionals in Healthcare; Association of peri-Operative Registered Nurses; Association of Rehabilitation Nurses; Center for Phlebotomy Education; Infusion Nurses Society; International Healthcare Worker Safety Center, University of Virginia; National Association of Neonatal Nurses; Nurses Organization of Veterans Affairs; Organization for Safety, Asepsis, and Prevention; Premier healthcare alliance; Wound, Ostomy, Continence Nurses Society

The consensus statement can be viewed at:
www.healthsystem.virginia.edu/internet/safetycenter/
www.healthsystem.virginia.edu/internet/epinet

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**Networks advancing the Global Plan of Action**

**The Mongolian Network for Workplace Health Promotion**

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Since August 2009 the Millennium Challenge Corporation has been financing a large technical assistance project on the prevention and control of major non-communicable diseases (NCDs) and road traffic injuries in Mongolia targeting 95% of the Mongolian population aged 15-64 years of age. The project is entitled “Prevention and Control of Major Non-Communicable Diseases and Injuries (NCDIs) in Mongolia” and it is a 5-year. The short term objective is to increase access to information and services about NCDIs and the long term objective is to increase the adoption of behaviors aiming to reduce NCDIs among target populations and to improve medical treatment and control of NCDIs to increase the productive lives of Mongolians. The priorities identified for the project are hypertension, type II diabetes, breast and cervical cancer, smoking and drinking amongst youth myocardial infarction, stroke and injuries related to road traffic accidents. Specific risk factors targeted are physical inactivity, unhealthy nutrition, smoking and alcohol abuse.
The WHP component of the project focuses on guiding employer and employee representatives to create healthier workplaces through technical assistance, resources and financial assistance via a small grants program. Initially an assessment of the situation with regards to WHP was conducted among 36 companies and institutions and results were presented to a wider audience comprising the participants and other stakeholders. A toolkit for WHP was created drawing from different good practice tools and the overarching guidance of the WHO Healthy Workplace Framework. Support is provided to companies and institutions in applying these tools.

While WHP is a new concept in Mongolia and only a small number of companies have been proactively investing in the health of their employees, some good practices are to be found. The Railway Hospital, Erdenet Mining Company and Newtel (telecommunications company) are examples of employers with defined objectives and active programs. A milestone for the development of the WHP field in Mongolia was reached when the Mongolian Network for Health-Promoting Workplaces was founded in 2011. At the end of 2011, a Steering Committee (SC) was elected, which since meets monthly to discuss and organize the activities of the network. The SC has three working groups: 1) Capacity Building; 2) Information Dissemination & Advocacy, and 3) Resource Mobilization. Initially a network strategy, action plan, and detailed workplan for each SC group were developed, discussed and approved in the meetings. The SC also created a Monitoring and Evaluation Group (auditing committee). Key stakeholders that further strengthen the role and influence of the network are the Mongolian National Chamber of Commerce, the Association for Mongolian Human Resource Management, the Trade Union Federation and the Mongolian Employer Federation. The MCA Health Project provides support through an advisory group with participation of MCA Mongolia PIU, WHO, GIA DoH (Government implementing Agency Department of Health), the Ministry of Health and the technical contractor EPOS Health Management. Further training for network members is planned in WHP through a Training-of-Trainers (ToT) programme and to support them in their attempts to raise funds for the network.

The network sub-committees were successfully established in four provinces (aimags) and they collaborate with other healthy settings such as kindergartens, schools and hospitals. All sub-committees encourage their members to become health-promoting workplaces.

So far two newsletters have been published by the Network SC and EPOS Health Management staff and sent to all members of the National WHP Network by e-mail. The newsletter was also uploaded on the project website, www.ncdi.mn which has a special subsection for network members.

Figure 1: Structure of Mongolian Network
By the end of June 2012, 304 members registered for the Mongolian Network for Workplace Health Promotion: 174 from aimags and 130 from Ulaanbaatar. In September 2012, members of the SC plus a number of other company representatives and officials participated in a study tour on WHP to the United States East Coast visiting leading programs at Johnson & Johnson, Hersheys, Hood College, Frederick Memorial Hospital, Federal Occupational Health as well as the Chamber of Commerce. The SC is interested to get in touch with other networks to share experience with other good practice examples to further strengthen their knowledge on workplace health promotion.

Founding Forum of the Mongolian Network in November 2011

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Knowledge Network on Mining - KNOHMi – launched!

By Erik Jørs, chair KNOHMi, Clinic of Occupational and Environmental Medicine Odense, Denmark, erik.joers@ouh.regionsyddanmark.dk

At the Global Meeting of the Collaborating Centres in Occupational Health (CCs) in Cancun in March 2012, a WHO mining network (KNOHMi) was formed and a board was elected. The purpose of the KNOHMi is to provide a forum for members from the Network of WHO CCs and its NGOs, and other experts, to encourage them to network and to meet in order to promote ideas, and to share knowledge and experiences about individual and workplace health and safety promotion for mining entrepreneurs, including their employees world-wide, not limited to but, with a focus on the most vulnerable group - small-scale miners. The intent is to assist changes in policies and practices, as called for in the 2007 World Health Assembly Resolution 60.26 Global Plan of Action for Workers’ Health. The network direction consists of me, Edith Clarke from Ghana Health Services as co-chair, and Fleur Champion de Crespigny and Paula Filmer from Safe Work Australia as secretaries. The network uses Govdex, an Australian-based online workspace to share documents and information and new members are very welcome.

The inspiration for me was my involvement in a mercury-free gold mining project in the Philippines together with GEUS (Geological survey of Denmark and Greenland), the NGO Dialogos, the Danish Society of Occupational and Environmental Medicine and the Philippine NGO BANTOX. In this project we have been able to substitute mercury traditionally used for amalgamating the crushed gold ore with soap and borax (a relatively harmless substance) in the gold extraction process. The borax method has not only led to reduced mercury contamination of the miners and the environment, but also proved more effective in extracting more gold than the traditional mercury method. Apart from educating miners and spreading materials about the new method through their cooperatives, materials and education has also been provided to health care workers to make them become aware of intoxications and possible preventive measures. See www.bantoxics.org; www.icoeph.com.

Apart from in the Philippines the borax method has proven successful in Tanzania and South Africa, but has failed in Indonesia. Trials are now taking place to find out why it did not work out there. It may have something to do with the extent of crushing the ore, where too fine particles might escape in the washing/panning process if not
using mercury to trap the gold powder. Together with the Institute for Occupational, Social and Environmental Medicine, University Munich we are now trying to test the process in Zimbabwe and Bolivia as well, if funds for trials can be found. And it is very important to move on this now because of the increasing gold prices making small scale mining more numerous and thus mercury pollution and intoxication a bigger problem day by day (see http://www.boliviaweekly.com/gold-mining-leaves-deforestation-and-mercury/3021/).

Right now small scale mining is the second most important source of mercury pollution worldwide, after the burning of coal, releasing several thousands of tons of mercury into nature every year. http://www.worstpolluted.org/. The mercury will eventually transform into methyl mercury and be able to cause poisoning of humans and the environment as was seen in the Minamata disaster in Japan decades ago (see http://www1.umn.edu/ships/ethics/minamata.htm).

The way forward is promotion of cleaner technologies, organize basic OHS organizations in the mines, and strengthen the miner’s cooperatives and the mineworkers unions to be able to advocate for the use of healthier and more efficient mining technologies among members, employers and politicians.
Training Activities

New: The workershealtheducation Website

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The Executive Summary of the WHO global conference in 2011 on Connecting Health and Labour has as a key message that workers’ health is an integral part of general health. As about 80% of the global working population does not have professional support for their health and safety at work, one solution is to train primary or community health care in basic occupational health knowledge and skills, and to support them with clinical, technical, laboratory and educational experts in occupational health and safety to be able to perform adequately.

The summary ends with a few actions for WHO, the Collaborating Centres for Occupational Health, ILO and others. One is establishing a global online repository of training materials and information for basic occupational health to be spread among primary care teams - doctors, nurses, technicians and community health workers. Already in March 2012 the website www.workershealtheducation.org could be launched in Mexico providing access to high-quality online educational materials. The first reactions were very positive, both from developing and industrialized countries expressing that they are in need of materials, support and communication. Via our website the OHlearning course on asbestos is used in Albania to endorse lessons, and medical students in Romania utilize the site to search for online modules.

Direct link http://www.workershealtheducation.org/ to read the online version of the Newsletter

Post Graduate Training in Pesticide Risk Management

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The Health Risk Management Programme offers a unique post graduate programme on pesticide risk management. This programme has been developed to build capacity for regulators, government officials, inspectors, researchers, intergovernmental organization staff, and others to implement and adhere to the International Code of Conduct on the Distribution and Use of Pesticides. The intention is that students will graduate as pesticide risk managers specifically and chemical risk managers generally. This programme is supported by and teaching inputs received by the United Nations Food and Agriculture Organizations (FAO), the Swedish Chemical Agency (Kemi), and the World Health Organization (WHO). As a WHO Collaborating Centre, the COEHR engages with collaborators and others to contribute to this programme’s course development and/or teaching.

This mixed mode programme entails two weeks of courses at UCT at the start and continued student participation/learning through UCT’s distance learning platform (Vula) part-time for two years. Students are required to complete four core modules which cover policy, legislation, international conventions, toxicology, pesticide chemistry, regulating for acute and chronic effects, ecotoxicology, environmental chemistry, regulating for sensitive ecosystems, alternative management approaches, risk reduction measures, risk communication, regulating around the life-cycle of a pesticide, and regulating for vulnerable/at risk populations. Students take a further two-electives relevant for their work or needs which cover chemical conventions, public health pesticides (developed in collaboration with the WHO), containers and contaminated site management, and obsolete pesticide management. An elective on chemicals management in general is currently under development.

This programme is presently the only tertiary programme which offers holistic training around the complete life cycle of a chemical while focusing on the unique challenges faced by developing countries and economies in transition. UCT’s distance learning platform is practical for professionals who are unable to leave work for full time post graduate training. Furthermore, lecturers from all over the world who are experts in their field are able to teach on this programme without having to travel or interrupt their busy schedules. Students in turn are exposed to a large variety of experts from whom to learn and engage with. The programme also requires students to partake in a bimonthly on-line virtual lecture on a relevant and often current topic. As many students struggle with connectivity issues, this seminar is conducted as a live hour and a half chat session through Vula. This has been an enormously successfully teaching endeavour, while non-students join the discussion as well.

Interested applicants are invited to apply for the whole programme or a relevant module as an occasional student which can later be applied to the full programme. Professionals working in pesticides, as well as general chemicals risk management and risk reduction are encouraged to apply.

For more information and to apply for the programme, go to:
http://www.publichealth.uct.ac.za/students/students_pg_dprm.php

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**Needle Stick Injury Prevention Training for Health Care Workers in the Caribbean**

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In Latin America and the Caribbean, the health care labour force is comprised of approximately 22 million workers (1). The repercussions of work-related injuries and diseases among health care workers have an impact on patient safety, quality of care, and communities at large. Sharp injuries are the most common cause of occupational exposure to blood and the main cause of infection by blood-borne pathogens such as hepatitis. It is estimated that about 90% of occupational exposures occur in developing countries, causing severe illness and death (1). In 2011, the WHO Collaborating Centre in the Department of Public Health and Preventive Medicine (DPHPM) at St. George’s University, Grenada started collaborating with the Pan American Health Organization (PAHO) Caribbean Program Coordinator at Barbados and Centers for Diseases Control and Prevention (CDC), National Institutes for Occupational Safety and Health (NIOSH) to disseminate occupational health training activities for health care workers, focusing on prevention of exposure to blood borne pathogens.

At the first regional workshop 35 participants from nine different Caribbean countries were trained as trainers. Following this workshop, a two-day workshop curriculum
was developed with the aim of disseminating the training throughout the Caribbean region.

With the support from PAHO in 2012 WHO Collaborating Centre in DPHPM continued to conduct regional training programs in the four Caribbean countries of Suriname, Trinidad and Tobago, St. Lucia and Grenada. Each workshop included an understanding of hazards and risks in the healthcare environment, review of policies and safety practices, demonstration of safety devices, workplace assessments, worksite assessments, and, recommendations for reducing risks and hazards. Currently, more than 150 healthcare workers have been trained, 5 regional healthcare centers were evaluated and recommendations made for improving safety practices, safety policies. Additionally, health and safety committees were established in these healthcare institutions in support of the health of healthcare workers. Baseline data revealed an average of 51 (42.1%) workers surveyed in four countries reported sustaining injuries. Data from injection safety surveys conducted by WHO and others show on average four Needle Stick Injuries per worker per year in the African, Eastern Mediterranean, and Asian populations (2). Additionally, there was a gap between sustaining injuries and reporting injuries as among the 51 workers sustaining injuries, 38 (74.5%) reported their injuries. And, of the 38 workers that reported their injuries, 37 (97.4%) of the workers received treatment. The regional training also contributed to the establishment of a network of health and safety committees as well as an increased awareness and review of policies to meet international standards of practice.

References


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As of this year, virtual patients in occupational medicine (OM) developed through the international e-learning project formerly known as NeTWoRM (Net-based-training of work-related medicine) is now distributed free of charge through a newly developed platform: Virtualpatient-Work.Net. This implies the opportunity for students, professionals, classes or companies, to gain free access to an e-learning tool created specifically for the purpose to increase students’ knowledge and interest in OM.

Virtualpatient-Work.Net consists of a continuously growing amount of free virtual patients available in English, Spanish and German, which the user will gain instant access to through a short subscription. To ensure a user-friendly e-learning service that highlights flexibility, services such as creating a personal student course, course evaluation and overall user support remain in the form of an optional paid for add-on. Virtualpatient-Work.Net also comprises a huge amount of virtual patients, which are accessed for a low cost.

In practice, Virtualpatient-Work.Net introduce students and OM professionals to an interactive e-learning environment, in which the user in the role of a health care professional faces fictitious and reality-based scenarios of OM, based on a wide range of different professions and workplaces. Hence, the virtual patients provide users with the often lacking but important opportunity of bedside teaching, and serves as a tool for the introduction to and/or the in-depth learning of OM, as well as the provider of knowledge about current health problems and students’ preparation for exams.

The virtual patients found at Virtualpatient-Work.Net have been reviewed by experts in the field as well as through student-feedback, and have for many years constituted parts of the curriculum of renowned European and Latin American universities in cities like Munich, Zaragoza, Birmingham, Badalona, Timisoara, Strasbourg, Amsterdam, Valdivia, Santiago, Coquimbo, Bogotá and Curitiba, all of which are the engineers behind Virtualpatient-Work.Net.
The predecessor project NeTWoRM received funding from the European Commission’s Lifelong Learning Programme, the Klaus Tschira Stiftung, the German Academic Exchange Service (DAAD) and is one of the WHO collaborating center projects. Distributed online, the virtual patients are regularly updated in line with latest scientific evidence, and constitute the results of nearly a decade of international exchange of knowledge in OM.

Further information and virtual patient access is available on www.virtualpatient-work.net. Virtualpatient-Work.Net virtual patients are distributed on the case-based multimedia learning and author system CASUS®: www.casus.eu

Link to the flyer online: http://www.virtualpatient-work.net/files/flyer_virtualpatient-work.net__updated_2012-09-14_.pdf

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**Conference Reports**

**Latin American Forum of Healthy Companies**

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On 23 and 24 October, the European Institute of Health and Social Welfare (Instituto Europeo de Salud y Bienestar Social) organized the first Latin American Forum of Healthy Companies. As a WHO Collaborating Centre, our main objective was to celebrate an international forum to promote the "healthy workplaces" initiative in Latin American companies, enabling them to develop a sense of the importance of the combined approach to occupational health and health promotion.

The Forum was attended by a large number of international companies involved and interested in developing healthy workplace plans to integrate them into their company’s corporate strategy.

The Forum was chaired by Evelyn Kortum (Coordinator of the Healthy Workplaces Initiative) and Fatima Báñez (Spanish Labor Minister). It provided an important opportunity to

- enhance the union between Latin American countries involved in healthy workplaces projects,
- establish action that involves political authorities,
- strengthen ties between different WHO Collaborating Centres,
- discuss important health impact related to occupational health like hypertension, smoking, obesity, stress, sodium intake, the importance of a healthy diet, emotional management, active aging, healthy lifestyles, etc.

On the first day of the Forum, representatives of WHO Collaborating Centres and other partners presented different projects they develop on healthy workplaces in their respective countries. Contributors included Alberto...
Zucconi (Italy), Sylvia Regina Trindade Yano (Brazil) and Gloria Villalobos (Colombia). This was followed by several companies that presented the results of their experiences implementing healthy workplace programmes.

During the Forum the main results of a study conducted by the European Institute of Health and Social Welfare about the design and implementation of health promotion plans in Spanish companies was presented. Our intention was to analyze the main challenges, strengths, opportunities and threats faced by health officials when they take on the challenge of design and implementation of health promotion plans.

The Forum was an excellent opportunity to present the International Alliance of Healthy Companies Initiative, which allows us to reach companies from different sectors involved in the promotion and application of the concept of a healthy workplace and to create a ‘meeting place’ for reflection and exchange of good practices. We are confident that this Forum will develop and extend the concept of healthy workplaces in Latin American companies.

Link to the press releases (Spanish): http://www.institutoeuropeo.es/dossieres/dossieriberoamericano.pdf

Congratulations to civil society organizations working to improve occupational health and safety – there is a lot to do!

By Erik Jørs, MD, Specialist in OHS, Clinic of Occupational Health, Odense University Hospital, Denmark, erik.joers@oug.regionsyddanmark.dk

This September 2012, I participated in the 25 years birthday of Uganda National Association of Community and Occupational Health celebrated at a conference in Kampala organised in partnership with the Makerere University and with collaboration from the WHO. UNACOH is one of the few civil society organisations working in this field, and the only one in Uganda as far as I know. Globalisation, where production and advanced technologies are moved from North to South and West to East, is boosting industry and agricultural productivity in many developing countries. At the same time it creates more accidents and work-related diseases, making work-related health problems in some parts of the world among the most frequent reasons for disease and death. This puts a pressure on the often scarce occupational health services, and strategies like, for example, introducing Basic Occupational Health Services as promoted by the WHO, and private initiatives such as the NGO UNACOH must be warmly welcomed as all good forces are needed to improve the often alarming working conditions, not to mention the lack of social security when falling ill or becoming pregnant, or the very low wages of only a few dollars per day in many workplaces where consumer goods for worldwide use are produced.

Riding a taxi from my hotel to the conference venue I see a lot to do also here in Uganda, and much can be done with relative little investment, as many OHS problems are obvious and easily visible like, for example, lack of personal protection when farmers spray pesticides, lack of protective shields on running machinery, a
general lack of personal protective equipment in almost whatever job performed, lack of exhaustion to avoid dangerous fumes, lots of noise, heavy loads, etc. The list seems endless.

For us consumers this raises some important ethical questions: Are the cheapest products always the best? Are fair-trade products the way forward? How can we improve control with productions of imported products? Which signs for safe and clean production can we agree upon and who shall certify it? Can we continue with globalisation and all the positive aspects of cultural exchange it brings and at the same time find a new local paradigm for production to protect workers’ health, the environment and local autonomies?

Something is going on, but obviously a lot is lacking. We do have the knowledge, but as a good working environment and clean technology is not a serious competition parameter yet, many industries in the Western world are closing or outsourcing productions without bringing the high-level of OHS standards and pollution control in their existing productions with them to places where cheap labour is available. As an Occupational Health and Safety professional I see the need for taking care of the workers in the world if we want to continue a sustainable growth of productivity and bring welfare to the worlds’ poorest. This means not only providing knowledge, technologies and services making it possible to improve OHS worldwide – but also to establish an effective international control with productions and set up economic sanctions or export restriction for those who do not comply with a set of minimum standards – this is with globalisation more necessary than ever if we want to succeed in having a good standard for OHS, a clean environment and minimum of respect for human rights.

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Dr Lucy Leong, Occupational Safety and Health Division and Amit Verma, Workplace Safety and Health Council Office, Ministry of Manpower, WHO Collaborating Centre for Occupational Health

In order to accelerate improvements of workplace safety and health (WSH) standards in Asia to complement its economic progress, Singapore took the lead in 2010 to provide a platform for leaders to share ideas and push the WSH agenda forward. First held in 2010, the biennial Singapore WSH Conference brings together key stakeholders to exchange best practices and develop innovative WSH solutions. The last Conference was held on 12-13 September 2012 at the Suntec Singapore International Convention & Exhibition Centre (Suntec Singapore) and was attended by more than 700 WSH professionals, business leaders and government officials from some 30 countries.

The Conference, opened by Mr Tharman Shanmugaratnam, Deputy Prime Minister, Singapore succinctly articulated key global challenges, notably, the evolving structure of economic activities, the increasing proportion and participation of older workers in the workforce, and the continuing advance of technology coupled with the global economic slowdown. Highlighting that safety, health and a worker-centred workplace is a competitive advantage, he urged that the stakeholders should join hands to ensure safe, decent and fulfilling work, so that every worker remained employable as they aged, and enjoyed retirement without work-related illnesses. Mr Seiji Machida, director of SafeWork, International Labour Organisation (ILO) highlighted the importance of a strategic approach to occupational safety and health (OSH) and how OSH could be managed systematically at the workplace.

At the macro level, the attendees witnessed examples on how firms enjoyed competitive advantage and were considered favourably for contracts because of their good OSH culture. Numerous speakers debunked the prevalent myth and confirmed that working safely improved productivity and enhanced resources. Dedicated symposia stressed that good prevention translated to good business and a route to achieve it was by access to integrated WSH services.

At a more micro level, speakers emphasised on how a worker-centric workplace helped in reducing employee stress. Speakers underlined that it is important that WSH hazards be designed out at the project conception. To
manage an ageing workforce, one of the coping strategies included active ageing. Numerous case studies on how workplaces could be redesigned to accommodate the needs for the older workers were shared.

Two new initiatives launched during the Conference were CultureSAFE, a comprehensive programme that helps organisations nurture a strong WSH culture, and ergo@work, an interactive, easy-to-use and readily accessible tool mobile application to raise public awareness of good postures at work. The Conference also linked up 10 satellite events with partners covering topics from construction safety to working at heights to incident management. A concurrent OS+H Asia exhibition added to the diversity by showcasing 100 WSH solution providers and consultants. The Conference ended on a high note and call to action by business leaders, worker representatives and government leaders.

More information about the Conference can be found at www.singaporewshconference.sg

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**An International Meeting on Climate, the Workplace and the Lungs**

**New Delhi, 6-8 December 2012**

"An International Meeting on Climate, the Workplace and the Lungs" was organized by the Centre for Occupational Environmental Health, Maulana Azad Medical College, New Delhi, India in collaboration with the US Drexel University, School of Public Health, Collegium Ramazzini, WHO (Headquarters, SEARO and IARC), Indian Government (Ministries of Health, Labour and Environment), and the foundation “Heart of England”. International and Indian participants representing academics, researchers, stakeholders, physicians, students and NGOs discussed global and local health policy agenda related to the health of workers, such as universal health coverage, non-communicable diseases (NCDs), and climate change, as well as strategies for low income countries to achieve universal coverage of workers with essential interventions for prevention and control of occupational and work-related diseases through integration at the primary care level.

The specific contribution to the global NCD agenda was through prevention and control of occupational respiratory diseases, assessing and mitigating risks from electro-magnetic fields, addressing occupational and environmental cancer and the contribution of occupational health to climate change adaptation and mitigation. There was specific discussion on the elimination of lead from paints, exposure to mineral and organic dusts, sleep disorders in occupational health.

The meeting identified opportunities to scale up action in India about elimination of asbestos and other dust related diseases, to phase out the use of lead in paints, and to improve the capacity building in occupational and environmental health. The discussion revealed concerns about the governance of occupational health in India and the need to enhance intersectoral collaboration particularly between health, labour and environment sectors to address the challenges arising from the informal economy, the emerging new technologies and international transfer of occupational health risks.

The Centre for Occupational Environmental Health, Maulana Azad Medical College has been collaborating actively with WHO to implement the global plan of action on workers’ health. A similar conference in 2009 resulted in a number of initiatives to improve workers’ health in India.

More information at http://www.coeh.delhigovt.nic.in/
Announcements

The Summer School "Occupational health crossing borders" will take place in Munich from the 19th to the 30th of August 2013.

Prof Dr Katia Radon, Center for International Health @ Institute for Occupational, Social and Environmental Medicine University, Hospital Munich (LMU), katja.radon@med.lmu.de

The summer school is targeted at occupational safety and health professionals. It provides information about occupational safety and health systems around the world with special focus on Europe. In addition, we will be focusing on Basic occupational health services (BOSH). In small groups, participants will develop cross-country projects in this field. The idea is that these projects will be carried out by the participants after the course.

http://aumento.klinikum.uni-muenchen.de

Here are two interesting meetings for all who wish to develop OH&S and work life in their countries. They are also closely responding to the topics of WHO Global Plan of Action for Workers' Health.

**Well-being and Wealth Conference**

This Conference deals with active ageing and improving well-being at work for everybody.

Link: http://www.ttl.fi/en/international/conferences/work_well_being_and_wealth/pages/default.aspx

**Culture of Prevention**

This Conference deals a lot with how to prevent accidents in our workplaces, occupational and work-related diseases, and loss of work ability.

Link: http://www.ttl.fi/cultureofprevention2013
Open to **ALL** employer organisations (for profit and not-for-profit) in up to three categories:

- **Small and Medium-sized Enterprises (SMEs):** who run exemplary programs addressing all components.
- **Large Enterprises:** with over 250 employees who run exemplary programs addressing all components.
- **Specialized Programs:** employers of all sizes who run a particularly innovative workplace health promotion program in some but not necessarily all of components.

Nominations will be assessed using the four components of the *World Health Organization’s Healthy Workplace Model*.  

**Benefits to Finalists (2 per category)**
Opportunity to present and fully participate at Global Workplace Awards Summit, London, 10th – 12th April, 2013 (travel and accommodation paid).

**Benefits to Award winners**
- Winner of the prestigious Global Healthy Workplace Award.
- Featured as part of a twelve month global healthy workplace promotional program.
- Additional Prize of US$5,000 awarded to winner of the SME category.

For more info visit: [www.globalhealthyworkplace.com](http://www.globalhealthyworkplace.com)

Close of Award nominations:
10th February, 2013

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**Related link:**
http://finchannel.com/Main_News/Jobs/122022_The_Search_Is_On_for_the_Healthiest_Workplaces_in_the_World/

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**Useful Links**
