

IMPROVING WORKERS' HEALTH WORLDWIDE:

Implementing the WHO Global Plan of Action on Workers' Health

GOHNET NEWSLETTER N°24

News from WHO

Caring for all working people

Semnan, Islamic Republic of Iran, 28–30 April 2014

An International Consultation on Interventions, Indicators and Service Delivery for Workers' Health was organized by the WHO Regional Office for the Eastern Mediterranean, the Ministry of Health and Medical Education, Semnan University of Medical Sciences, and in collaboration with the ILO, WONCA, and the ICOH (cont.)



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The 60th Session of WHO/EMRO Regional Committee resolution EM/RC60/R.2 on universal health coverage called upon Member States to ensure that all people have access to essential health services that are of sufficient quality, without the risk of financial hardship, and to progressively expand health coverage to all the population, including deprived groups, rural populations and those working in the informal sector. However, a large proportion of working people in the Region, particularly people in the informal sector and small enterprises and migrant and agricultural workers, still do not have access to the needed preventive, promotive, curative and rehabilitative health services and to social protection against catastrophic health expenditures, occupational diseases and injuries. Therefore, this International Consultation recommended the following actions in order to achieve the goal of universal health coverage for working people in the Region:

Strengthen governance

1. Ensuring political commitment and collaboration between sectors involving major stakeholders for protecting and promoting equitable workers' health. This includes ministries responsible for health, labour, economic sectors, social protection, organizations of employers, workers and civil society.
2. Building institutional and human resource capacity within ministries of health in order to steer national actions on workers' health and its environmental, social and behavioural determinants, equity and access to health services.
3. Including workers' health in national and international policies and initiatives to strengthen universal health coverage and health systems.

Scale up service delivery

4. Defining essential interventions for prevention and control of occupational and work-related diseases and injuries. This could include primary prevention of occupational health risks, detection and case management of occupational and work-related diseases and injuries, and health surveillance of workers, including them into the nationally determined sets of basic health services or essential health packages for universal health coverage.
5. Devising regulations and capacities for gradually increasing coverage and quality of workers' health services. This can be done through developing basic occupational health services and integrating them with the existing primary health care networks and centres, as well as strengthening the preventive functions of health services provided by large enterprises.
6. Enabling people-centred primary health care services to meet the specific health needs of working people, such as prevention and control of occupational and work-related diseases and injuries, protection and promotion of working capacity and fitness for work.
7. Developing connections and referral pathways between primary health care services and specialized occupational health services and laboratories.
8. Establishing specialized support services for workers' health, such as occupational medicine clinics, occupational hygiene laboratories, and poison control centres and incorporating essential drugs and equipment for diagnosis and treatment of occupational diseases into the national lists of essential medicines and medical equipment.
9. Encouraging large enterprises, as part of their corporate social responsibility, to provide comprehensive preventive, promotive, curative and rehabilitative health services to workers and subcontractors and, as appropriate, to their families and the surrounding communities (cont.)

Expand health financing

10. Devising financial mechanisms for scaling up health coverage of disadvantaged groups of workers according to national specificities, such as migrant, domestic, agricultural and informal sector workers. Health coverage includes preventive, promotive, curative and rehabilitative health services and financial protection.
11. Expanding the coverage of employment injury benefits schemes for compensation for occupational diseases and injuries as part of national social protection floors.
12. Developing mechanisms for full financial protection for preventive, diagnostic, curative and rehabilitative services for occupational diseases and injuries.
13. Introducing methodologies and tools for determining the cost of the essential interventions for prevention and control of occupational and work-related diseases and injuries and the scenarios for their scaling up.

Build up the health workforce

14. Including occupational health in pre-service education and training of physicians, nurses, and community health workers.
15. Establishing in-service occupational health training programmes and career pathways for general and family practitioners and other medical specialists, practice nurses, environmental and public health technicians and community health workers.
16. Creating and expanding programmes for pre-service training, specialization and career pathways and continuous medical education and development in occupational medicine, nursing, hygiene and safety.
17. Training primary care providers to deliver the essential interventions for workers' health in the context of people-centred primary health care.
18. Developing programmes for protecting the occupational safety and health of health care workers.
19. Integrating occupational and environmental health and safety measures into the accreditation systems of hospitals and other health care facilities.

Improve health information

20. Including workers' health indicators into national health information systems, and improving the registration and recording of occupational diseases and injuries.
21. Introducing and applying indicators and mechanisms for measuring and monitoring coverage with essential interventions and basic occupational health services for prevention and control of occupational and work-related diseases and injuries.
22. Strengthening research and access to knowledge on the coverage, quality and effectiveness of occupational health services, interventions and work capacity (cont.)

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Workers' health and the forthcoming Sustainable Development Goals

In June 2014 the UN Open Working Group released the zero draft on the Sustainable Development Goals (SDGs) that are proposed to guide the world until the year 2030. The SDGs will be further negotiated and agreed upon by the UN General Assembly at its next regular session starting in September 2015.

It is very encouraging and stimulating to see that several of the proposed goals and targets are related to protecting workers' health as a prerequisite for sustainable development:



Proposed goal 1. *End poverty in all its forms everywhere*

1.3: by 2030, fully implement nationally appropriate social protection measures including floors, with a focus on coverage of the poor, the most marginalized and people in vulnerable situations.

1.4: by 2030, achieve equal access to productive employment and decent work for all, including the poor, persons with disabilities, and other people in vulnerable situations as well as women and young people.

Proposed goal 3. *Attain healthy life for all at all ages*

3.6: achieve universal health coverage (UHC), including financial risk protection, with particular attention to the most marginalized and people in vulnerable situations.

Proposed goal 5. *Attain gender equality, empower women and girls everywhere*

5.5: ensure women's equal access to full and productive employment and decent work, and equal pay for work of equal value.

Proposed goal 8. *Promote strong, inclusive and sustainable economic growth and decent work for all*

8.13: end child labour by 2030, protect the rights and ensure safe and secure working environments of all workers, including migrant workers and those in precarious employment.

8.14: promote formalization of informal sector activities and employment.

Workers' health and the forthcoming Sustainable Development Goals (cont.)

WHO's work on implementing the Global Plan of Action on workers' health (2008-2017) contributes directly to achieving the proposed SDGs through (cont.)

- ◆ Scaling up the access of workers, particularly in agriculture, small and medium enterprises, informal economy and migrants, to the essential interventions and basic health services for prevention and control of occupational and work-related diseases and injuries
- ◆ Developing indicators and methodologies to measure health coverage in occupational health
- ◆ Building capacities to address workers' health at the primary care level of health systems and expanding basic and multidisciplinary occupational health services
- ◆ Developing and disseminating cost-effective tools for protecting and promoting workers' health in low-resourced settings, such as micro and small enterprises, urban slums and informal workplaces.
- ◆ Developing global indicators for workers' health to measure progress in ensuring safe and healthy working environments and decent work for all and to measure the overall health impacts and benefits of employment in collaboration with ILO.

Global Network of WHO Collaborating Centres

The 10th meeting of the global network of WHO collaborating centres for occupational health, scheduled for **June 2015 in South Korea**, will discuss the strategic actions for WHO and its partners to contribute to the achievement of the SDGs.

The zero draft is available at: <http://sustainabledevelopment.un.org/focussdgs.html>

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Technical Consultation on Workers' Health Western Pacific Regional Office, Manila, Philippines: March 2014

Building on the WHO Regional Framework for Action for Occupational Health 2006-2010 and 2011-2014, and on health promoting workplaces, a technical consultation on workers' health was convened in March 2014 in Manila.

The consultation brought together a group of experts to discuss how WHO can better help countries address the issue of workers' health, identify and share innovations, best practices, policy instruments and strategic actions, and delineate an integrated approach to protect and promote the health of workers. A key issue raised during the discussion was how to adapt the models presented, which originate from developed countries, for developing countries with lower levels of resources, political interest and infrastructure. The low- and middle income countries experience poorer working conditions and higher exposure risks from both work-related hazards and poor lifestyles. Stigmatization based on gender and race remains widespread at the workplace. Rural workers are increasingly marginalized. Globalization facilitates the inequities in working conditions, such as when hazardous manufacturing processes are exported to low-income countries. Collaborative approaches through multi-sectoral partnerships need to augment and complement government directives for true progress and impact on workers' health outcomes, well-being and productivity (cont.)

Technical Consultation on Workers' Health, Manila, Philippines (cont.)

During the consultation there was general consensus among participants that working conditions and the nature of work are rapidly changing and that the determinants of workers' health extend beyond the workplace. Thus, while the "healthy workplace" model continues to provide a convenient and opportunistic entry point for health, even for traditional occupational health and safety services, a more relevant model is needed to address the evolving health needs and situation of workers.



Conventional occupational health and safety (OHS) approaches and infrastructures need to be expanded to incorporate health promotion, non-communicable disease (NCD) prevention and well-being. Alternative strategies need to be explored for difficult-to-reach worker groups, including workers in the informal economy, rural workers, and those in small and medium-sized enterprises. Importantly, the case for moving towards an integrated approach needs to be made in a language that other stakeholders can understand and identify with. In particular, the business case for investment in an integrated workers' health initiative must be made to compel stakeholder buy-in.

Within WHO, effort is needed to ensure workers' health is addressed across the various categories of work. WHO also needs to foster greater multi-sectoral collaboration across the various relevant UN agencies and to utilize its convening power to promote intersectoral dialogues at the national level.

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Best-practice tools for Pacific healthy workplaces

Report prepared for the WHO Western Pacific Regional Office

A manual with practical hands-on healthy workplace tools was developed for strengthening the success of Pacific Governments in guiding workplaces in the improvement of workplace health promotion and protection. Whilst the concept of healthy workplaces is not new, the unique Pacific culture is seldom considered. This new manual addresses the Pacific culture and conditions often found in Pacific places.

Information was collected from stakeholders involved in workplace and occupational health in Fiji during a mission by staff from the World Health Organisation, Ministry of Health staff and an external consultant in August and November 2013. Further information

was sought from stakeholders placed in Vanuatu, Tuvalu, Tonga and Kiribati.

Research indicates that healthy workplace programmes are most effective and sustainable when integrated into the occupational health, as well as in the overall health system. It is, therefore, proposed to move away from the health promotion approach focussing largely on non-communicable disease (NCD) health screenings and health promotion action, towards a more comprehensive "healthy workplace approach" combining occupational health and safety, health promotion and primary prevention, as well as health protection in the workplace setting (cont.)

Best-practice tools for Pacific healthy workplaces (cont.)

For this purpose, it is recommended that the Ministry of Labour and the Ministry of Health in the different Pacific islands establish joint committees for the advancement of healthy workplaces in the region.



The poster (above) summarizes the content of the manual for the best-practice tools for healthy workplaces in the Pacific. It won first prize at the “Wellbeing at Work” conference in Copenhagen, May 2014.

The manual consists of two modules of which Module 1 presents background information on the importance of the workplace setting for health promotion and protection in the Pacific region, and Module 2 contains hands-on tools for the facilitation and implementation of healthy workplace programmes.

Tailored posters, pamphlets, creative signage and electronic newsletters can promote health if adapted to the context of the workplace. It is suggested to include various communication channels, i.e. electronic communication (health newsletters via email), informative posters and creative signage. The tools are designed as cost effective approaches for workplace health promotion. Email communication is often available in office-based Pacific workplaces and is the most cost-effective approach of promoting health to employees. Regular electronic health tips are recommended to be sent to all employees. Printouts are recommended to extend health promotion services to communities.

All four key avenues of influence, identified by WHO, are addressed through the tools. Examples include a workplace assessment guide, a workplace health promotion evaluation tool, a healthy workplace policy example, a sample of a healthy workplace action plan, a healthy meeting guideline, healthy eating cards and educational material, tools to increase physical activity levels (stair use, breaking sitting time, standing meetings), a sample for performance awards, and more.

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Towards the elimination of asbestos-related diseases in the WHO European Region

More than 107,000 people worldwide die every year from asbestos exposure at work. All forms of asbestos are carcinogenic to humans, and may cause mesothelioma and cancer of the lung, larynx and ovary (1). Asbestos exposure is also responsible for other diseases, such as asbestosis (fibrosis of the lungs), pleural plaques, thickening and effusions. Exposure to asbestos occurs through inhalation of fibres in air in the working environment, ambient air in the vicinity of point sources such as factories handling asbestos, or indoor air in housing and buildings containing friable (crumbly) asbestos materials (2). The most efficient way to eliminate asbestos-related diseases is to stop the use of all forms of asbestos (cont.)

Towards the elimination of asbestos-related diseases in the WHO European Region(cont.)

Asbestos is one of the most potent occupational carcinogens with serious environmental implications due to its widespread and extended use in building and household materials in the WHO European region. It is responsible for half the fatal occupational cancers. To tackle asbestos-related diseases, representatives from 16 Member States of the WHO European Region and experts in occupational health and cancer registries met in Bonn, Germany from 10 to 11 June 2014. Discussion dealt with the progress made since the 2010 Parma Declaration adoption by the ministries of health and environment. The meeting also identified priorities and technical assistance from WHO regarding the development of national profiles and programmes on asbestos.

Based on policy survey conducted in 2014 among 53 Member States of the WHO European Region, 37 countries have banned the use of all forms of asbestos, following on WHO and ILO recommendations. However, an estimated 300 million people are still exposed to asbestos at work as well as off work. In some Member States indeed, asbestos still exists, is produced, traded and used.

During this meeting, participants highlighted the need to establish proper national registers on occupational diseases and on cancers, in order to:

assess national situations, promote the need for action and take appropriate measures, raise awareness on the issue amongst policy-makers and the general population. Training of health care practitioners concerning the diagnosis and reporting of asbestos-related diseases should be introduced or strengthened to gather proper data.

Issues related to asbestos removal were also discussed and led Member States to ask for support concerning the development of waste management strategies and to request information on asbestos substitutes.

Attending Member States (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Montenegro, Russian Federation, Serbia, Tajikistan, The former Yugoslav Republic of Macedonia, Turkmenistan and) were fully involved and did demonstrate their wish to work towards the elimination of asbestos-related diseases and to share their experiences and feedback. WHO will support the organization of future activities related to the identified priorities.

References

(1) International Agency for Research on Cancer. *Asbestos (chrysotile, amosite, crocidolite, tremolite, actinolite, and anthophyllite)*. IARC Monogr Eval Carcinog Risks Hum. 2012;100C:219–309

(<http://monographs.iarc.fr/ENG/Monographs/vol100C/index.php>, assessed 30 April 2014

(2) WHO asbestos web site, http://www.who.int/ipcs/assessment/public_health/asbestos/en/, assessed 24 June 2014

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New WHO Fact Sheet “Protecting Workers’ Health”

WHO Media Centre issued a fact sheet to alert the global health community and the public at large about the key facts and challenges for protecting workers’ health. The document also outlines the strategy of WHO for working with countries to improve health coverage of workers. See the full text of the fact sheet at <http://www.who.int/mediacentre/factsheets/fs389/en/>.

WHO calls for scaling up health coverage of disadvantaged workers

On the occasion of this year’s World Day for Safety and Health at Work WHO issued a call to all countries to scale up health coverage of workers.

The particular focus is on disadvantaged groups of workers who do not have access to basic and multidisciplinary occupational health services and social security, such as including farmers and artisans, as well as contractual and migrant workers in the informal sector. See full text of the call at http://www.who.int/occupational_health/mediacentre/2014-worldday-safety-health/en/

News from WHO collaborating centres and partners

Musculoskeletal discomfort at work? Let’s ask the people

A longitudinal study on workers’ perceptions of their quality of life at work is taking place in Lima, the industrial capital of Peru. The research initiative is part of the WHO Collaborative Center in Occupational Health at the University of Massachusetts Lowell. The Centre undertook an evaluation of perceived musculo-skeletal discomfort among labor-intensive tasks performed by industrial workers at a large manufacturing firm in Lima. The study is an outcome of an academia-industry partnership established in September of 2011.

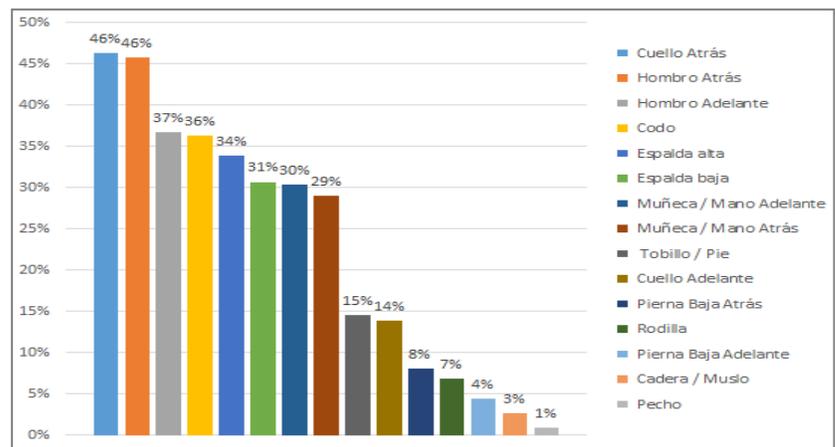
The musculo-skeletal discomfort tool used was adapted to the target population consisting of approximately 170 blue-collar workers from the jewelry section. They participated in the assessment by filling out the assessment tool during a span of ten days. The tool had two main sections. In the first section workers had to indicate the area of their own body where they perceived discomfort due to their job tasks. A picture of a human body was provided to help workers determine this. In the second section workers indicated the magnitude of such perceived pain via a three-point scale, modified from the original ten point scale. Instead of numbers, the tool presented three faces representing three levels of discomfort; happy face – no pain/discomfort, serious face – moderate pain/discomfort, and sad face – intense pain/discomfort.

While close to 50% of the workers reported musculo-skeletal discomfort in the neck and shoulder areas in particular, results of the assessment indicated that workers generally perceived most discomfort in the shoulders, neck, back, elbows, and hands and wrists throughout the day. This brief report highlights how the assessment of data is driving workstation re-designs and other improvements to reduce musculo-skeletal discomfort (cont.)

Musculoskeletal discomfort at work (cont.)

Data collected support directed efforts to teach workers about correct postures while performing job tasks, the importance of stretching exercises, and the inclusion of ergonomic breaks/pauses during the shift.

Finally, it is important to mention that all workstation improvements were accomplished due to the use of a worker participatory approach where workers completed assessment tools, helped analyzed the results and most importantly, offered suggestions for improvements through simple and practical solutions.



“[...] workers generally perceived most discomfort in the shoulders, neck, back, elbows, and hands and wrists throughout the day “

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Occupational health, infection control and TB control

Working together to prevent the transmission of TB in public hospitals in Free State, South Africa

The spread of tuberculosis (TB), including multiple drug resistant TB (MDR-TB) and extremely drug resistant TB (XDR-TB) in South African hospitals is a major concern for patients and healthcare workers alike (1). Combatting this epidemic requires a collaborative, multi-disciplinary approach, yet in reality, it is rare for occupational health, infection control and TB professionals to work together on a regular basis.

On 19 March, 2014 a full-day workshop was organized in Bloemfontein, South Africa to bring together these three groups of healthcare workers from all regions of the Free State Province. Sixty participants received instruction on how to complete a comprehensive workplace assessment/inspection for TB infection control. Interestingly, 56.7% of participants reported that they had never lead or participated in a TB infection control workplace assessment that was initiated in response to a case of TB in a healthcare workers in the past 2 years. It is anticipated that following up on cases of TB among healthcare workers will become routine practice after this training session (cont.)

Occupational health, infection control and TB control (cont.)

As part of the workshop, healthcare workers participated in a role-play activity to assess understanding of key concepts and to allow more interactive engagement. The research team has successfully utilized similar role-play techniques in this setting in the past (2). Participants were divided into groups of five to six. Each group was assigned a different scenario and had 30 minutes to decide on the details of their case, assign roles, discuss how the scene will play out, and complete the relevant forms. Each group was then allotted three minutes to present the role-play scenario, and the reporter presented the key issues that arose during discussion. An example scenario is below.

Example Role Play Scenario:

"You decide to undertake a workplace assessment. You discover that there are no N95 masks available in the unit where the healthcare worker who developed TB works. In your role, create a role play scenario to demonstrate the workplace assessment, how you report your findings, etc."



Workshop participants preparing their role-play scenario

References

- (1) Basu, Sanjay, et al. "Prevention of nosocomial transmission of extensively drug-resistant tuberculosis in rural South African district hospitals: an epidemiological modelling study." *The Lancet* 370.9597 (2007): 1500-1507.
- (2) O'Hara LM, Bryce EA, Scharf S, Yassi A. Innovative training for occupational health and infection control workplace assessment in healthcare: Necessity as the mother of invention. *American Journal of Health Education*. January/February 2012:43(1).
- (3) Global Health Research Program, University of British Columbia. 2013. Available from: <http://ohasis.fs.gov.za/rct/Documents/WPA-TB-Checklist-Version1.pdf>
- (4) Yassi A, O'Hara LM, Engelbrecht MC, Uebel K, Nophale LE, Bryce EA, Buxton JA, Siegel J, Spiegel JM. Challenges in Preparing a Randomized Population Health Intervention Controlled Trial: Lessons from a South African-Canadian Partnership to Improve HIV and Tuberculosis Prevention and Care for Health Workers. *Global Health Action*. 2014, 7: 23594 - <http://dx.doi.org/10.3402/gha.v7.23594>

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NIOSH Total Worker Health™ leaders present in Copenhagen, Denmark, and invites further dialogue at its Symposium in October

In 2014, the National Institute for Occupational Safety and Health's Office for [Total Worker Health™](#) Coordination and Research Support (TWH Office) has experienced great opportunity to engage the international community in the discussion around worker safety, health, and well-being. Building on this momentum, the TWH Office will host the 1st International Symposium to Advance Total Worker Health this fall, which will provide a forum for continuing the dialogue as well as informing directions for future research.

Director of the TWH™ Office, Dr L. Casey Chosewood, and Senior Science Advisor Dr Anita Schill were invited to provide one of the keynote presentations at the [Third International Well-being at Work Conference](#), which took place in Copenhagen, Denmark on May 26-28. Their conversational, talk-show style presentation, entitled "Advancing Well-Being in the USA - The NIOSH Total Worker Health Program," drew between 350 and 400 attendees interested in learning about efforts in the United States to advance well-being. The conference as a whole provided representatives of the Total Worker Health program an opportunity to dialogue with thought-leaders from across Europe, and exchange ideas for creative and innovative ways to protect worker safety and health, promote health and wellness, and advance well-being in the workplace.

The TWH Office plans to continue fostering global thinking and exchange of ideas surrounding workplace safety, health, and well-being, through its inaugural International Symposium to Advance Total Worker Health in Bethesda, Maryland on the National Institutes of Health campus October 6-8, 2014. The Symposium will cover a range of issues including ergonomics, aging and younger workers, conceptualizing well-being, psychosocial working conditions in relation to obesity, workplace violence prevention, and industry-specific concerns. One very special opportunity available at the forthcoming Symposium will be a series of Town Hall-style meetings to review, discuss, and provide input on a National Research Agenda for Total Worker Health.

In addition to the learning traditionally found at such symposia (i.e. through plenaries, workshops, concurrent sessions, and posters) participants will have multiple opportunities to experience activities that promote "total worker health"—massages, group exercise classes, and guided stretching have been planned to help demonstrate how well-being can be enhanced throughout the work day.

The TWH Office warmly welcomes attendance of all professionals with interests in occupational safety, workplace health promotion, labour, human resources, or general worker well-being at the forthcoming Symposium. For more details and to register, visit: <http://www.eagleson.org/totalworkerhealth>

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Dutch Control Banding Implementation project reveals success and failure factors

Management and workers in small and medium enterprises (SMEs) often find it hard to comprehend the requirements related to controlling risks due to exposure to substances. Control Banding tools support companies in these tasks, such as preparing risk assessments and selecting the proper risk management measures (cont.)

Dutch Control Banding Implementation project reveals success and failure factors (cont.)

Stoffenmanager is a web-based free-to-use instrument that offers both control banding and a validated quantitative model to estimate exposure by inhalation. It has been adopted in the ECHA Guidance on risk assessment and The Dutch Labour Inspection has approved the quantitative model as a reliable tool to assess exposure. In addition to the original Dutch version, English, Finnish and German versions are available. Currently, Stoffenmanager has about 23,500 registered users worldwide with an average increase of about 200 users per month.

However, it has appeared that just 'offering' a tool, without providing any support, does not automatically result in its active use by SMEs, nor in its *proper* use. The developers of Stoffenmanager in the Netherlands - TNO, Arbo Unie and Ernst & Young - recognised the need for a more active support of SMEs. Therefore, an intervention project was started, in which active support was provided to 45 participating companies. We aimed at implementing the use of Stoffenmanager itself, as well as chemical's risk management in a wider sense. In the project, a 7-stage implementation model was developed and used. The aim was, to help each participating company to achieve at least one transition to a higher stage, by providing a mix of individual, collective and online support and training. Most companies were represented by their prevention officers or SHE-managers, and transferring the skills to a wider group of colleagues was achieved by a 'train-the-trainer' approach. The project encompassed three consecutive phases and activities (fig. 1).



Figure 1 – The intervention process

Success and failure factors

Feedback from the participating companies showed that they felt strongly supported by the project, and that chemical's management in the companies is more structured, less 'ad hoc', and, in general, significantly stimulated. Most of the companies moved one or more steps up in the implementation model (fig. 2).

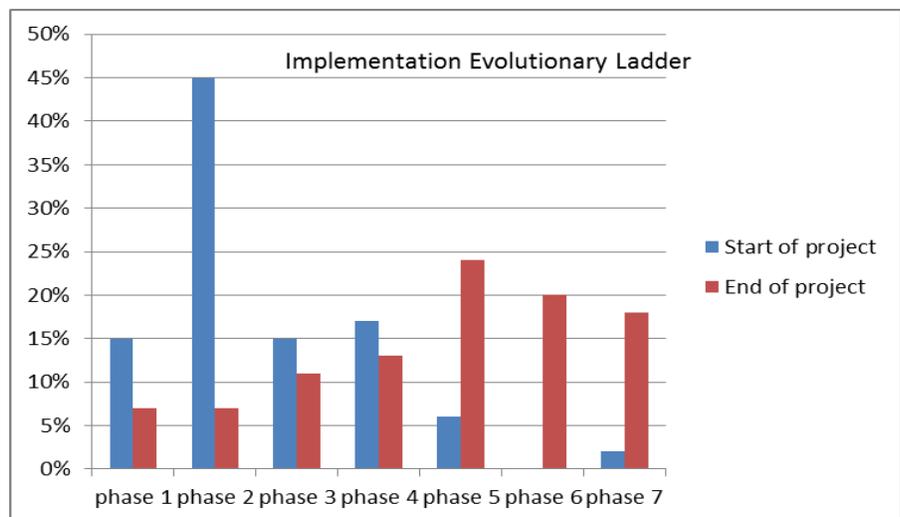


Figure 2 - Percentage of the 45 participating companies in each phase, at the start and at the end of the project

Dutch Control Banding Implementation project reveals success and failure factors (cont.)

A **key success factor** proved to be an intrinsically motivated OHS-professional. Additional success factors were active management support, the acceptance of Stoffenmanager by authorities, and external incentives like audits or visits by authorities.

Barriers identified included the significant time investment needed and the limited availability - in material safety data sheets (MSDSs) - of data needed to perform the risk assessment. In response, more tailor-made guidance was developed, providing among others links to databases with substance data. Additional results will hopefully be presented at the IOHA-2015 in London, as well as in a paper that is to be submitted.

Link: www.stoffenmanager.nl

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Mesothelioma surveillance in Lombardy Region, North-West Italy

In 1992, Italy banned import and use of asbestos (law 257/92). Since 2002, a National Registry of malignant mesothelioma (ReNaM-INAIL), based on Regional Operating Centers (CORs) has been established (1). The COR of Lombardy Region, North-West Italy, the most industrialized and populated Italian region (with about 10 million inhabitants), was implemented in the year 2000 at the Clinica del Lavoro “Luigi Devoto” in Milan, an active WHO Collaborating Centre.

The registry collects all incident cases of malignant mesothelioma (MM) of pleura, peritoneum, pericardium and tunica vaginalis of testis. Cases are actively reported to the Registry by Hospital Departments of pathology, pneumology, surgery and oncology from over 100 hospitals in the region. Coverage and completeness are assured by periodic linkage with pathology, hospital discharge, mortality databases, and with occupational disease records from the National Institute of Occupational Insurance (INAIL). On a weekly basis an expert panel reviews diagnostic accuracy of cases after examining complete clinical records, including

radiology and pathology results. The panel is composed of a pneumologist, an oncologist, a pathologist, an occupational health physician and an industrial hygienist, according to the national guidelines.

For asbestos exposure, a standardized questionnaire is administered by trained interviewers to the patient or his/her next-of-kin. The questionnaire is designed to obtain a complete occupational history, including industrial sectors, plants, jobs and specific task performed. Information regarding residential history, lifestyle habits, leisure activities, and the work history of subjects that have been living with the patient are also collected. All information is stored in a dedicated database that is periodically sent to the National Registry.

From 2000 through 2013 the Lombardy Registry collected more than 5,000 verified cases of MM (about 340 cases/year), with an incidence rate of 5.1 x 100,000 person-years in males and 2.1 x 100,000 in females, both higher than average national rates (cont.)

Mesothelioma surveillance in Lombardy Region (cont.)

The median age of cases is 70 years. Pleural cases are 93.4%, peritoneal 6%, and only a few cases involve pericardium and tunica vaginalis of testis.

The most frequent MM histotype is epithelial (70.2%). Biphasic and fibrous MM account for 14.2% and 8.1% of cases, respectively. Survival is poor and 55% of cases die within one year since diagnosis. There is a significant difference in median survival time across histotypes (epithelial: 14.2 months; biphasic: 9.2 months; fibrous: 4.8 months).

Asbestos exposure occurred at workplaces in about 66% of cases. Non-occupational exposure (such as environmental, familial or during leisure

time) was found in 7.5% of cases. In about one fourth of cases no evidence of exposure to asbestos was found. The average length of exposure is 24.5 years while the average latency time was around 50 years. The majority of cases with occupational exposure had been employed in building construction (25%), in metal manufactures (22.7%), and in the non-asbestos-textile industry (14.6%). In the latter sector, the Lombardy Registry first documented an unusually high number of cases and then found asbestos to be present at the workplace (2).

The main findings of the Lombardy Registry are available at the web site:

http://www.policlinico.mi.it/medicina_lavoro1

References

(1) Nesti M, Adamoli S, Ammirabile F, et al. *Linee guida per la rilevazione e la definizione dei casi di mesotelioma maligno e la trasmissione delle informazioni all'ISPEL da parte dei Centri Operativi Regionali. Seconda edizione. Roma: ISPEL. 2003.*

(2) Mensi C, Macchione M, Termine L, Canti Z, Rivolta G, Riboldi L, Chiappino G. *Esposizioni professionali nel settore tessile non-amianto in Lombardia: i dati del Registro Regionale. Epidemiol Prev 2007; 31(SS1): 27-30*

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South Africa on pathway to universal health coverage of workers

The South Africa National Department of Health, together with the World Health Organization and the South Africa National Institute for Occupational Health convened a four-day national workshop to discuss the new proposal for strengthening the health system's performance in occupational health.

The workshop brought together senior managers and health professionals from the National and Provincial Departments of Health, academics, professional societies and trade unions. The new proposal includes establishing one-stop service units for medical assessments, compensation and vocational rehabilitation of workers with occupational diseases and injuries at the district level (cont.)

South Africa on pathway to universal health coverage of workers (cont.)



Ms M. Matsoso, Director General for Health

(cont.) In addition, the capacities of primary care centres to address the specific health needs of working people will be enhanced through training of environmental health professionals to carry out workplace visits and professional nurses to recognise and refer workers with occupational diseases.

The proposed changes are part of the forthcoming national strategy for reforming the health system in South Africa in terms of financing and service delivery to ensure equity and universal health coverage.

At the opening of the meeting, the Director General of the Department of Health, Ms Malebona Matsoso, stressed that it is not acceptable that

people die or acquire diseases or become injured because of their work and that certain groups of workers do not have access even to basic health care. She declared her support to strengthen occupational health in the country and to help create the appropriate structures and mechanisms for fostering the prevention of occupational diseases and injuries and for extending the needed health services to informal sector workers. The first two groups to be targeted by the new national policy include current and ex-mine workers and healthcare workers. The coverage will gradually expand to other sectors such as agricultural workers and high risk groups in the informal sector.

The National Institute for Occupational Health participates in a WHO multi-country project to assess the delivery of essential interventions for workers' health at the primary care level and the associated costs to the public health system. The Institute also developed jointly with the US NIOSH a package of training materials and practical tools to enhance the capacities of primary care teams for delivery of the essential workers' health package.

“Occupational health is one of the priorities of the new national health policy”

Ms M. Matsoso, Director General for Health

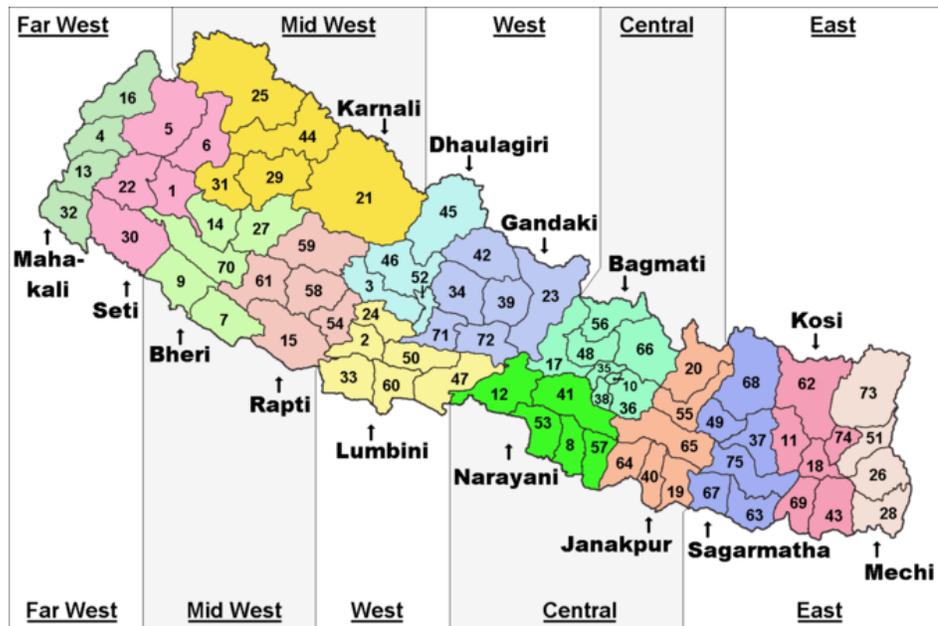
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An Occupational Health and Service Unit (Oshu) in Eastern Nepal

With 26.6 million people, Nepal has a unique set of demographic characteristics and distribution of population. Forty percent of the population is below the age of 15 years, 30% between 15 and 49 years, and 56% between 20-40 years of age. Since 40% of the population is under the age of 15, the rate of growth is expected to increase. The entry of this relatively large percentage of young people into the workforce is both a great opportunity and a considerable challenge.

Nepal is divided into five development regions, 14 administrative zones and 75 districts. The Eastern development region is comprised of three zones: Sagarmatha, Kosi and Mechi. The major cities in this region are Biratnagar, Dharan, Dhankuta, Itahari, Rajbiraj, Birtamod and Damak.



Map of Nepal showing the five developmental regions and fourteen administrative zones

The establishment of the Biratnagar Jute Mill, a major milestone, led to the opening of many other industries in the city and surrounding areas. The expansion of industries resulted in the formation of the Sunsari-Morang Industrial Corridor, the country's first industrial hub. The 28 km industrial corridor comprises more than 500 small and large industries, providing employment to around 100,000 individuals and it accounts for one-third of the country's total production and business transactions.

A memorandum of understanding between the B.P. Koirala Institute of Health Sciences (BPKIHS), one of the biggest tertiary health centres in Eastern Nepal and the Chaudhary group, a multi-industrial transnational co-operative, was signed in July 2012. This led to the revitalization of Shree LunKaran Das Gangadevi Chaudhary Charitable Hospital in Duhabi, an urbanizing village development committee in



Shree LunKara Das-Gangadevi Chaudhary Charity Hospital (COHSA)

the Kosi zone, and was also given the name Comprehensive Health Service Area (COHSA). It is the health providing centre of the Sunsari-Morang corridor and functions under the Department of School of Public Health and Community Medicine, BPKIHS. This is an outstanding example of public private partnership where a prestigious academic institute, BPKIHS, reaches out to the community and serves the needy (cont.)

An Occupational Health and Service Unit (Oshu) in Eastern Nepal (cont.)

The Occupational Health Service Unit (OSHU) of the hospital serves to protect and promote a healthier and safer workplace. It is working in partnership with Strengthening of Environmental Administration and Management (SEAM-N) at the local level in Dharan, Nepal. The main objective of this unit is to deliver occupational health services to industrial employees. A first aid training programme for factory employees was initiated in May 2007. Since then, general health check-up, screening and first aid training are being regularly organized for the working people of the various industries. The general medical check-up has been helpful in assessing the health status of the employees. The management of health services including treatment and devices to the concerned worker has been of immense help to address the identified health problems.

Link: <http://www.bpkihs.edu/>

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Promoting sharing and circulation of scientific information in Occupational Medicine: a voluntary and free contribution

One year ago, the Postgraduate School in Occupational Medicine at University of Siena, Italy developed the Project "Updating Medicina del Lavoro". The plan, carried out mainly by resident physicians, has the purpose of involving medical students, post-graduate students, researchers, professors and physicians worldwide who are interested in Occupational Medicine and to promote an independent and free circulation of scientific information.

As a first step, a free online open access Journal *Updating medicina del lavoro* (ISSN 2283-9917) was born. Just three months ago it was followed by a web site, in both Italian and English, *Updating Medicina del Lavoro*. To date, there are more than 300 professionals involved in health and safety at work from Italy and from all over the world who have visited our site and received issues of the

Journal. In this way we can contribute to the *WHO Global Plan of Action for Workers' Health 2008-2017*. Without any commercial purpose, any potential conflicts of interest and with editorial freedom we hope to share different forms of voluntary contribution (articles, extracts, summaries, case-reports, announcements, requests, suggestions and comments), preferably in English or Italian, and to connect young Occupational Health Physicians from different continents (Africa, America, Asia, Europe and Oceania).

Everyone can help us by submitting materials to the journal. We believe that this worldwide online exchange can help reduce distances and differences between countries and can, in a very concrete way, improve the social consciousness of workers' problems.

Link: <http://updatingmdl.wordpress.com/the-journal-updating-medicina-del-lavoro/>
<http://updatingmdl.wordpress.com/>

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Upcoming events

JULY 2014

29-30

Washington DC, United States

This event will be webcast: register at www.iom.edu/PublicPrivatePartnershipsJuly2014

Approaches to Universal Health Coverage and Occupational Health and Safety for the Informal Workforce in Developing Countries

This global workshop is organized by the Institute of Medicine of the United States, 29-30 July 2014, Washington DC, United States. The goal is to illuminate best practices and lessons learned in the financing of health care for the informal workforce in low- and middle-income countries, as well as best practices in health care delivery models that are especially suitable to meet the needs of the informal workforce.

Using country-level experiences, speakers and participants will examine multisectoral approaches, successes and challenges, and lessons learned on these issues. They will attempt to identify innovative approaches or opportunities for partnerships to improve equitable access to quality services and meet the needs of the informal workforce in resource-constrained settings.

AUGUST 2014

24-27

Frankfurt, Germany

Web site: <https://www.safety2014germany.com/en/programme/symposia.html>

WHO/ILO/ISSA symposium “Health strategies: prevention, promotion and care for all workers” part of the XX World Congress on Safety and Health at Work 2014 “Global Forum for Prevention”

The symposium will highlight key developments in workers’ health worldwide in the context of major global health initiatives, such as universal health coverage and non-communicable diseases.

Presentations will cover access of workers to preventive health services in the context of universal health coverage, prevention and control of occupational cancer and chronic respiratory diseases and development of healthy workplaces in low-resourced work settings, precarious employment, and informal sectors.

SEPTEMBER 2014

9-11

Lausanne, Switzerland

Announcement: http://www.icohweb.org/site_new/multimedia/events/pdf/Conf-WorkSpirit-Flyer-Announcement.pdf

1st International Conference on Work and Spirituality

This conference is supported by the International Commission for Occupational Health (ICOH), by the National Institute for Occupational Safety and Health (NIOSH), USA, and the *Mind & Life Institute* and other worldwide organizations.

Speakers from these supporting organizations and from other renowned institutions will present the new avenues to progress towards a better global health at work through different approaches, and among them examples of “good practices” in management and leadership based on ethics and fundamental values. The contribution of neurosciences in the development of tools to improve mental health and well-being will also be presented.

Upcoming conferences (cont.)

OCTOBER 2014

6-8

Bethesda, Maryland, USA

1st International Symposium to Advance TOTAL WORKER HEALTH™

For more details, and to register, visit:

<http://www.eagleson.org/totalworkerhealth>

OCTOBER 2014

15-16

Bologna, Italy

"Aware, beware, take care! New insights in occupational health surveillance"
Joint meeting of ICOH Scientific Committees on Occupational Medicine and on Health Services Research and Evaluation in Occupational Health

The conference topics include surveillance of work-related diseases, detection of new occupational health risks, new and effective occupational health services, and effectiveness of preventive interventions.

Web site: <http://www.icohbologna2014.it>

MAY 2015

6-9

Atlanta, GA, USA

Work, Stress and Health 2015: Sustainable Work, Sustainable Health, Sustainable Organizations

For more details and to register, visit:

<http://www.apa.org/wsh/index.aspx>

To submit proposals visit: <http://www.apa.org/wsh/competition/call-for-proposals.pdf>.

Useful WHO links

WHO Occupational Health web site:

http://www.who.int/occupational_health/en/

WHO CC web site:

http://www.who.int/occupational_health/network/en/

WHO publications:

http://www.who.int/occupational_health/publications/en/

To join GOHNET:

http://www.who.int/occupational_health/publications/newsletter/en/index.html

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