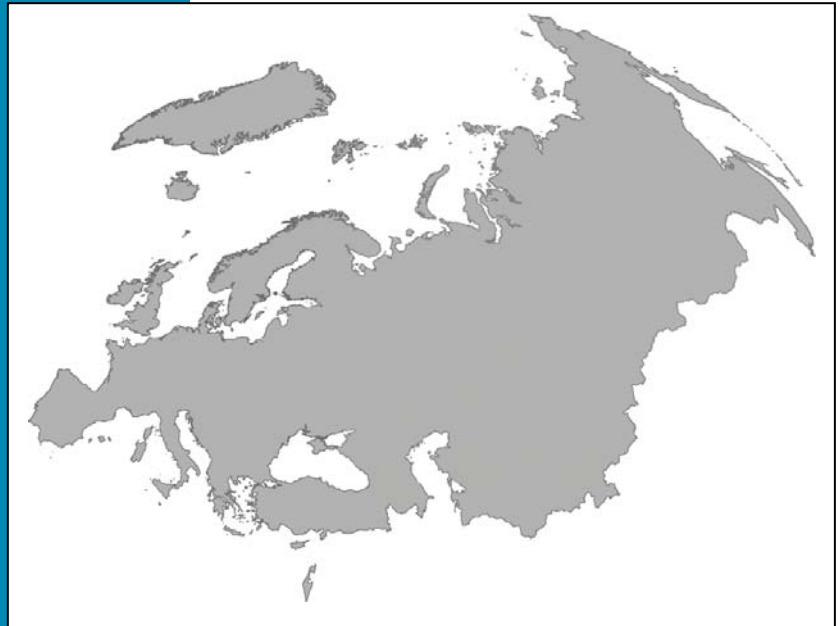




EUROPE



**Implementation of
the Global Plan of Action of
Workers' Health
in the European Region**

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

**Madrid, Spain
14 - 16 October 2008**



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ABSTRACT

The Sixth Meeting of the European Network of WHO collaborating centres for Occupational Health was held in the European Institute of Health and Social Welfare, Madrid, Spain, 14-16 October. The theme of the meeting was "*How to Implement the WHO Global Plan of Workers' Health in the European Region*". The members of the Network reviewed the progress since the Buxton meeting, and adjusted the work plans in line with the regional implementation of the Global Plan of Action. The WHO Biennial Collaborative Agreement activities in the Member States, sub-regional initiatives (e.g., Baltic Sea Network, South Eastern Europe Network, CIS countries) and selected topics (e.g., maritime health, nanotechnology, workplace health promotion) were discussed. The meeting agreed on the contents of European Work Plan for Implementation of the Global Plan of Action on Workers' Health for the period of 2009-2012 as guidance for future works of the WHO collaborating centres in occupational health. The collaborating centres agreed to present the adjusted workplans to the Global Network Meeting in 2009. The meeting adopted six general conclusions and recommendations on how to implement GPA effectively and efficiently in the European Region.

Keywords

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Abbreviations

BAuA	German Federal Institute for Occupational Safety and Health
BCA	Biennial Collaborative Agreement
BOHS	Basic Occupational Health Services
CIS	Commonwealth of Independent States
DALY	Disability Adjusted Life Years
DIDERAF	Development of Public Health Indicators for Reporting Environmental/Occupational Risks related to Agriculture and Fishery
EASOM	The European Association of Schools of Occupational Medicine
EC	The European Commission
ENWHP	European Network for Workplace Health Promotion
EU	The European Union
EU-OSHA	European Agency for Safety and Health at Work
FIOH	Finnish Institute of Occupational Health
FOLIC	On line training for Counsellors
GOHNET	Global Occupational Health Network newsletter
GPA	Global Plan of Action on Workers' Health 2008-2017
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HSL	Health & Safety Laboratory
ICPS	Centre for Pesticide Safety and Health Risk Prevention
ICOH	International Commission on Occupational Health
ILO	International Labour Organization
IOE	International Organizations of Employers
ITUC	International Trade Union Confederation
MoE	Ministry of Employment
MoH	Ministry of Health
MoL	Ministry of Labour
MRI	Magnetic Resonance Imaging
NIOSH	The National Institute for Occupational Safety & Health
OHS	Occupational Health Services
PRIMA-EF	Psychosocial Risk Management – Excellence Framework
SEE	South East Europe
TLV's	Threshold Limit Values
WHA	World Health Assembly
WHO	World Health Organization
WHP	Workplace Health Promotion

Executive Summary

1. The Sixth European Network Meeting of the WHO collaborating centres in Occupational Health was convened with 54 participants from WHO collaborating centres in Occupational Health, European Agency on Safety and Health at Work, and the International Trade Union Confederation at the European Institute of Health and Social Welfare in Madrid, Spain, 14 – 16 October 2008. The agenda of the meeting was “How to implement the WHO Global Plan Action of Workers Health (GPA) in the European Region”.
2. The first Marco Maroni Memorial Lecture was delivered by Dr Manolis Kogevinas, Barcelona Municipal Institute of Medical Research with the title, “Burden of occupational and environmental cancers in Europe”. The meeting reviewed progress of work in the Collaborating Centres and WHO Secretariat since the Fifth Meeting (Buxton, 2007). WHO Secretariat reported the situation analysis of the baseline survey in the European Region, and outcomes of the First Meeting of the National Focal points for Workers’ Health (Helsinki, 2008). A proposal of the US National Institute for Occupational Safety and Health (NIOSH) to intensify research collaboration between the US and European Collaborating Centres were welcomed unanimously. The participants were informed about the achievements of WHO Regional Office for Europe in implementing Biennial Collaborative Agreement (BCA) activities in the selected Member States and strengthening sub-regional initiatives in the Baltic Sea Network and the south-eastern European Network.
3. Working groups discussed priority projects for five respective GPA objectives, and five centres specialized in maritime health discussed work plans in line with GPA objectives.
 - Objective 1: to devise and implement policy instruments on workers’ health
 - Objective 2: to protect and promote health at the workplace
 - Objective 3: to improve the performance of and access to occupational health services
 - Objective 4: to provide and communicate evidence for action and practice
 - Objective 5: to incorporate workers’ health into other policies
4. Working groups on the following topic areas discussed possible projects relevant for the implementation of GPA in the Region.
 - Workplace Health Promotion (WHP)
 - Psychosocial risks and mental health at work
 - Work-related musculoskeletal disorders
 - Nanotechnology and workers’ health
 - Maritime health
5. The meeting agreed on the contents of the Regional Plan of Action for the Implementation of GPA in the European Region 2009-2012, which was drafted at the First Meeting of National Focal Points. The collaborating centres agreed to present the adjusted workplans to the Global Network Meeting in 2009. The meeting adopted six general conclusions and recommendations on how to implement GPA effectively and efficiently in the European Region.

Introduction

The European Network of WHO collaborating centres in Occupational Health comprises 30 national institutes and scientific organizations. The fifth meeting of the network in Buxton, March 2007, discussed possible multicentre projects for the European implementation of the GPA. In May 2007, the WHO Global Plan of Action on Workers' Health 2008–2017 (GPA) was adopted as a resolution at the World Health Assembly (WHA60.21). Therefore, as of 2008, urgent needs to adjust the existing work plans of collaborating centres in line with the new WHA resolution appeared.

In this context, the Sixth Meeting of the European Network of WHO collaborating centres for Occupational Health was convened with the theme, "How to Implement the WHO Global Plan of Workers' Health in the European Region" in Madrid, Spain, 14-16 October. The meeting was hosted by the European Institute of Health and Social Welfare.

A total of 54 participants attended the sixth meeting of the European Network of WHO collaborating centres in Occupational Health on implementation of the WHO Global Plan of Action on Workers' Health 2008–2017 in the European Region hosted by the European Institute of Health and Social Welfare in Madrid, Spain.

Ms Belén Prado, Deputy Minister of Health of the Community of Madrid, opened the meeting and briefly described the infrastructure and activities related to health care in the Community, which covered six million people. Dr Max Lum, of the United States National Institute for Occupational Safety and Health (NIOSH), addressed the meeting on behalf of the Global Network of WHO collaborating centres in Occupational Health. He emphasized the role that occupational health and safety experts played in translating research into practice and in raising the profile of occupational health and safety. Dr Rokho Kim, WHO Regional Office for Europe, welcomed participants to the meeting on behalf of WHO. Dr Manuel Peña, President of the European Institute of Health and Social Welfare, thanked the Community of Madrid for the presentation in the opening session, and welcomed all participants to Madrid and to the meeting.

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

Purpose of the meeting

The purpose of this meeting was to review the progress since the Buxton meeting, to update priorities, and to adjust the work plans of collaborating centres to achieve the objectives of the GPA effectively and efficiently. The priorities and process working groups on GPA objectives selected topics. The work plans of the European collaborating centres adjusted at the meeting was expected to direct the future collaborations of the Network after finalization at the Global Network Meeting in 2009.

Special session: the First Marco Maroni Memorial Lecture

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

The First Marco Maroni Memorial Lecture was presented by Dr Manolis Kogevinas, Barcelona Municipal Institute of Medical Research, who was selected by the preparatory group for the meeting. The topic was "Burden of occupational and environmental cancers in Europe." After reviewing the state-of-the-art knowledge on the topic, he concluded that work environments are more secure today than in the past, but that new risks are emerging at work environments. He also pointed out that many workers are still exposed to known occupational carcinogens without appropriate protection. It was recommended that differential diagnosis of cancers as occupational cancers is important for directing the preventive actions at the

workplaces. The presentation raised a lively discussion and was highly appreciated by the participants as informative and relevant to the works of the Network.

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

Reporting progresses

Progress report of the WHO headquarters and Regional Office for Europe

The activities of the Global and European Networks of Collaborating Centres in Occupational Health were reported by Evelyn Kortum (WHO headquarters) and Rokho Kim (WHO Regional Office for Europe), respectively.

The Network creates an arm for the WHO to carry out the Work Plan in the countries, regionally and globally. The designation and re-designation processes currently take place through the e-CC system. It is important to carefully link the Institute Work Plan to the WHO activities in order to indicate how the Collaborating Centre contributes to the WHO programmes. The activities that the Institutes include need to cover the whole 4-year period of the designation. If help is needed for the e-CC system, Matias Tuler of WHO can be contacted (tulerm@who.int). Collaborating Centres' questions or comments concerning the e-CC system were asked to be sent to WHO in order to improve the system.

The discussion at the Planning Committee in Munich on 15–16 September 2008 was reported adjusting of the Work Plan 2006–2010 of the Global Network in line with the five objectives of the GPA. Eighteen participants attended the Munich meeting, WHO headquarters, Regional Office for Europe, Activity Area Managers, Planning Committee, IOHA, and representative of the Trade Unions. The work of the Collaborating Centres' Network needs to be related to the strategic objectives of WHO. The Activity Area Managers reported in the meeting on some positive results, while also recognizing some problems, e.g. lack of personnel, time schedules, and language barriers, just to mention a few. The WHO Medium-term Strategic Goals 2008-2013 need to be taken into account when planning the WHO Collaborating Centre Network activities. Activities that will be taken on the agenda of the WHO Collaborating Centre Network need to have indicators so that we can evaluate the achievement of results by 2012.

The five objectives of GPA create the framework for the Network Work Plan. For each of the 5 objectives, the tasks were assigned to WHO and the Collaborating Centres in the draft Work Plan to implement the Global Plan of Action. Facilitating (coordinating) projects and contributing projects will be added to the Work Plan as the contributions of the Collaborating Centres. The baselines and indicators need to be defined for the Network Work Plan.

The activities of the European Network of WHO collaborating centres in Occupational Health were reported. The progress of the work since the Buxton meeting was summarized along with the history of the establishment of the European Network. In Buxton, in March 2007, 27 Collaborating Centres and 25 National Focal Points attended the Fifth Meeting. A Pledge of the Collaborating Centres was prepared and approved at the Buxton Meeting. The participants of the Buxton Meeting asked the WHO Regional Office to allocate more resources to occupational health. Since then, the partnerships with the ILO, ICOH, and EU were strengthened at the working level. The role of social partners was also emphasized in the development of occupational health and safety. Special milestone events after the Buxton meeting were: Endorsement of the GPA as WHA Resolution, May 2007; Baltic Sea Network on Occupational Health and Safety Annual Meetings, October 2007 and 2008; WHO/ILO/EU Coordination Meeting, November 2007 Vilnius; NDPHS Strategy on Health at

Work, November 2007 Vilnius; ILO-ISSA World Congress – Seoul Declaration June 2008; First Meeting of the National Focal points for Workers' Health, September 2008 Helsinki; Biennial Collaborative Agreements of WHO in Croatia, the former Yugoslav Republic of Macedonia (capacity-building and vulnerable workers) and Serbia (BOHS, national policies), as well as in the Russian Federation. The SEE Network has been established as an important sub-regional platform for exchanging information and experiences in the implementation of the Global Plan of Action. The DGUV-WHO Meeting on the international strategies of WHO, ILO and EU, will be organized in January 2009 in Dresden.

The GPA has offered an opportunity to develop occupational health and safety activities both globally, regionally and at the country level. The inclusion of occupational health and safety in the Medium-term Strategic Goals of WHO is a positive stimulus. Steering and funding mechanisms are not fully developed, and here we would need further strengthening – more stable funding mechanisms need to be looked for. Dissemination and sharing work products should also be improved. Here the role of the Regional Office as the publisher of technical reports could be strengthened. Also, the possibility of co-publishing between WHO Regional Office for Europe and a Collaborating Centre could be looked into. The way forward is as follows:

- the development of the Regional Work Plan;
- the establishment of the European Network for Workers' Health;
- the contribution of the Collaborating Centres to including occupational causes in ICD-11;
- strengthening health systems for workers through country work;
- mainstreaming and linking occupational health with other public health programmes;
- organizing joint events of WHO, ILO and EU;
- implementation, monitoring, evaluation and reporting;
- securing dissemination of information; and
- strengthening the steering and funding mechanisms.

Progress report of collaborating centres

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

- The Centre of Maritime Health and Safety, Denmark, briefly described the Institute's activities. Earlier the staff consisted primarily of medical personnel, now there are more sociologists on board. Filipino seafarers are involved in fewer accidents than Danes, and the aim is to try to find out the reasons for this. Health promotion is now also being carried out. Physical activity, stop-smoking courses, etc. are on the agenda of health promotion.
- In the Gdynia Institute, there are several medical doctors and chemists in the Institute, and teaching is one of its main tasks. Fatalities occurring on board ships are high, and the countries should ratify and enforce the ILO Conventions on Maritime Safety and Health.
- The Institute of Occupational and Maritime Medicine, Hamburg, described that both physical and psychological stress is present in the work of seamen. He also reported on a study that had been carried out by his unit, dealing with the health and safety of 161 seamen (study population). It looked into the coronary heart disease risk factors of the seamen. The studied seafarers had a similar coronary heart risk as the Munster Heart Study (PROCAM) population.
- Norwegian Centre for Maritime Medicine described the background for establishing the Centre: the work environment of seafarers is a risky branch, and the life expectancy of the seafarers is shorter than that of the average population. Telemedicine was seen as an important development target for this branch. The Telemedicine Network aims at an improved service level for seafarers. There are rooms to be improved in the last version of WHO International Medical Guide for Ships for which European network of maritime health could collaborate. The ILO Convention No. 164, Maritime Labour Convention 2006, and respective EC Directive were mentioned as important background documents for the work of the maritime centres.

- Health risks due to fumigants were studied by the maritime centres. The international transport of consumer goods has increased during the past few years. Importing countries require that the freight containers need to be fumigated in order to prevent the pests from distributing worldwide. This has, however, led to fatalities on board the ships. 1100 container air measurements were performed in Hamburg and Rotterdam harbours over 2.5 years (2006–2008). Methyl bromide and other fumigants as well as toxic industrial chemicals were analysed in the air samples. Most of the people are unaware of the existence of these chemicals, but they are odourless and colourless, escaping subjective detection. They have also studied whether there are residues in the goods transported. According to their measurements, there have been residual emissions from the products even after 6 months.
- The maritime centres were expecting opportunities for various collaborative projects and possible inputs to the improvement of the International Medical Guide for Ships (WHO, 2007).
- German Federal Institute for Occupational Safety and Health (BAuA) described the WHO-related activities: ProMenPol (an EU-project on mental health promotion), the Compendium on hearing conservation in music and entertainment sector, IGNIS (a collaborative project with Ethiopia), the Non-binding guide to prevention and good practices in hospitals and the health care sector; the Compendium for the application of ergonomic design criteria, the PRIMA-EF project on psychosocial risks, as well as the examination of the stress of the lumbar spine caused by whole body vibration were mentioned.
- National Centre of Public Health Protection, Bulgaria, described the activities in preparing national profiles 1999–2008. Strengthening of the national policy on occupational health and safety is sorely needed in Bulgaria. It is expected that the GPA will facilitate the preparation of the National Policy. Lack of trained personnel is one of the challenges. The coverage of occupational health services in the country is not precisely known at present. Training of employers and workers was deemed important, as awareness of health and safety at work are at a low level. Diagnostics of occupational diseases should be improved. Bulgaria has launched a National Plan of Environmental Health; this can be utilized in the development of a similar plan for occupational health and safety, but needs to be updated.
- The Institute of Occupational Health, the Former Yugoslav Republic of Macedonia, gave a presentation on her Institute's activities in relation to WHO programmes. The WHO GPA 2008–2017, the current WHO CC Work Plan 2006–2010 and the Biennial Collaborative Agreement (BCA) with the WHO are the main forces guiding the work of the Institute. The BCA activity concentrates on vulnerable workers. A national survey will be carried out to identify the vulnerable groups of workers for further actions. The Government has financially supported the preventive programme on vulnerable workers. EU-OSHA has supported the campaigns related to risk assessment.
- Institute of Occupational and Environmental Medicine, Munich University, Germany, is in the process of being designated as a WHO Collaborating Centre in Occupational Health.
- Occupational asthma and occupational allergies are in the focus of collaboration. Lung disease in agriculture was also mentioned. Exposure to antineoplastic agents among hospital and pharmacy personnel is another project in the Institute. NetWorM – Net based learning in work-related medicine is another activity that was briefly described. A summer school in May 2009 is related to this activity.
- Coronel Institute of Occupational Health, University of Amsterdam, the Netherlands, mentioned the training in evidence-based medicine and also the new ICOH Initiative on professional education and training for BOHS.
- ISPESL, Italy, reported collaborates in several activities related to the WHO Work Plan. Main topics are: child labour, National analysis of Disability Adjusted Life Years (DALY) in relation to occupational diseases and injuries, stress at work in connection to the PRIMA-EF project and a joint training programme in Mediterranean countries (METRONet). Finally, the “NanOSH Italy” project to develop innovative methodologies and techniques for risk assessment of occupational exposure to nano materials.

- ICPS, Italy, described the activities of the Clinica de Lavoro. Several projects were described, e.g. on pesticides and on bullying at work. The DIDERAF project was also briefly described. Master's in risk assessment and risk analysis training has been commenced. Risk profiles on pesticides exposure are produced that aim to provide a synthesized exposure index.
- Department of Occupational Health, University of Milan, Italy, described the activities on agricultural settings. The Lodi Declaration of 2006 is an important background document. In Colombia, a follow-up for the Lodi Congress will be organized in 2009.
- TNO, The Netherlands, mentioned workplace health promotion activities, and development of policy instruments. There are no regular funds for research on occupational health services. Evidence is produced through research for psychosocial risks, physical burden, injury prevention, chemicals management and innovation. He reported that there has been a policy change in the Ministry of Health; earlier money was invested more on health care and cure rather than on health and prevention. Now it has been understood that health is influenced by many activities outside the Ministry of Health. More emphasis is being placed on 'parallel interests'. For workers' health, the interests of employers, health insurance companies and social security agencies are relevant.
- IACP, Italy, described the project on workers over 45; the FOLIC project. Older workers are not a burden to the company or to society. This project has been funded by the Leonardo da Vinci Programme. WHO collaborating centres in Occupational Health were invited to the second phase of the FOLIC project, translating the book into local languages, and to the e-learning training programme coordinated by IACP (azucconi@iacp.it). The copies of FOLIC project book recently published on the subject in English and in Italian were available at the meeting for those interested.
- Nottingham, United Kingdom, briefly described the activities of the Institute of Work, Health, and Organization (I-WHO). The PRIMA-EF project was mentioned as one central collaborative project. It started in the Stockholm meeting of the European Network in 2004. Stress, violence, bullying at the workplace were mentioned as topics of mutual interest for several institutes involved in the project. Fact sheets on several topics have been produced within the PRIMA-EF Project, and will be available at the web site: <http://prima-ef.org/default.aspx> in due course.
- In the Institut Universitaire Romand de Santé au Travail, Switzerland, nanotechnology is one of the topics of collaboration. Several Collaborating Centres are involved in this activity. Teaching occupational hygiene in Benin and the development of a core curriculum in occupational health with Serbia, Croatia and Macedonia would be carried out within the framework of the WHO GPA.
- Occupational Health and Safety Institute, Turkey, has contributed to several WHO activities. The national pneumoconiosis prevention action plan was mentioned, as was also the campaign on occupational safety and health in mining and in construction sectors. Several upgrading projects were carried out recently: laboratories, OSH in Turkey, and mobile occupational health units. Additional information is available from n.vidinli@csbg.gov.tr.
- National Institute of Public Health, Czech Republic mentioned the National OSH profile and prevention of asbestos hazards. The trend of diagnosed occupational diseases was currently declining. A success story of the declining numbers of Hepatitis B in health care personnel was presented. In 2007, only a couple of cases were diagnosed. However, Hepatitis C is on the increase.
- Institute of Occupational Health, Ukraine, reported on the projects carried out in the Ukraine within the WHO GPA. A great deal of research work has been carried out to develop a National Programme on OSH. Prevention of occupational noise and vibration exposures was also mentioned as well as preparing the strategy on providing safe and healthy working conditions, and developing the diagnostic criteria of coal workers' pneumoconiosis.
- HSL, United Kingdom, referred to Activity Area 2 of the WHO Collaborating Centre Work Plan 2006–2010 where the HSL, Jo Harris and Ed Robinson have served as Activity Managers. He

mentioned that the systematic work has improved the links to funding agencies and resulted in the interest of the funding agencies in supporting occupational health and safety activities.

- FIOH, Finland, presented some of the activities in which FIOH has been active: nano safety – the international conference on 26–29 August 2009, work-place health promotion, as well as the development of occupational health services, including basic occupational health services. The Cochrane collaboration is also an important work, and all interested centres are invited to join in order to improve the evidence base in occupational health. Additional information: www.cohf.fi.
- Occupational Health Centre, Spain, described the activities of the Barcelona OHS that are closely related to the WHO Global Plan of Action. Health surveys were carried out regionally and nationally. The Catalan Plan of Women's policies (working conditions) were mentioned as examples of projects being carried out at present.
- European Institute of Health and Social Welfare, Spain, described the development of training materials in the Institute. In addition, an effectiveness evaluation system was mentioned as another project, and she also reported on the organization of a Euro-American Occupational Health Forum to foster the collaboration among European and Latin American countries as one example of global collaboration.
- Leibniz Research Centre for Working Environment and Human Factors (previously Institute for Occupational Physiology at the University of Dortmund), Germany, provided a brief description of his Centre activities for information. The Centre has contributed to the Bladder cancer documentation of causes -project which is expected to be published in 2009. Another activity has been the preparation of the guideline on shift work and health impacts: guidance for occupational health experts, employers and employees in collaboration with several WHO collaborating centres. It has been circulated for evaluation and comments.
- ITUC thanked the WHO for its efforts in inviting trade unions to the meetings of WHO also at the regional level. The trade unions are users of science, and sound science is of utmost importance to the policy-making decisions. Workers' health and employers' economic interests should be combined in an effective way. It is a challenge for future work to secure cooperation among different ministries at the country level, and to involve social partners in the multi-stakeholder process. This approach could facilitate the implementation of the WHO GPA.
- EU-OSHA drew attention to the large number of projects presented during the day, and he pointed out that there is a need for coordination. He informed the participants that EU-OSHA is very interested in joining the proposal of NIOSH to widen the scope of collaboration to cover various research areas. He also mentioned about the further aim of strengthening the collaboration among WHO, ILO and EU-OSHA.

Report on the First Meeting of the National Focal points in Helsinki

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

Proposal to enhance collaborations between USA and European centres

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

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

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

The meeting participants welcomed the proposal by the US NIOSH to enhance the international research collaboration among US and European Collaborating Centres in Occupational Health.

Report on baseline situation of GPA implementation

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

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

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

Proposed regional work plan for GPA implementation

The regional goals of the GPA implementation, expected results, the process, the establishment of the European Network for Workers' Health (Focal points, Collaborating Centres, International Partnerships, Sub-regional initiatives, collaboration with key stakeholders), implementation at the national level, and coordinating projects and collaborating projects were presented by the WHO Regional Office for Europe. It was emphasized that the GPA implementation should be monitored, evaluated and reported according to GPA timeline. The first progress report to the World Health Assembly should take place in 2013. Therefore, all the documentation of activities carried out and achievements made needs to be ready by the Regional Committee in 2012. This means that the progress report of WHO collaborating centres and Focal Points should be submitted to the WHO Secretariat by the end of 2011.

Summary of Discussion

Working group discussions on the GPA objectives

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

Group 1 made some modifications to the title of the first priority adding social partners. Development of good communication and exchange of information among the Collaborating Centres, National Focal points and Ministries at the national level, and including all stakeholders in the meetings held at the national level was

seen as important for developing national policy framework and national action plans. Strengthening of the enforcement system at the national level was also proposed. Concerning the silica-related diseases, the Group discussed the comparison of X-ray and MRI results in diagnostics. In diagnostics of asbestos-related diseases new technologies should be developed and used. The risk assessment of substitutes for asbestos fibres should be conducted. Risk assessment of all asbestos in the buildings, including homes, should be carried out. Concerning the health of the health care workers, studies should be carried out to evaluate the national programmes on immunization. For Action 8 and 9, no priority projects were proposed. Networks were proposed to be established to exchange information. More attention needs to be paid to vulnerable groups of workers; also age and gender need to be taken into account. Elimination of child labour and the health of unemployed people need to be taken onto the agenda.

Objective 2: To protect and promote health at the workplace

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

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

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

Objective 4: To provide and communicate evidence for action and practice

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

Table 1: A hypothetical example of the matrix

Actors	MSDs	Nanotech	Stress
EU	x	xxx	xx
US NORA	xx		

Japan	xx	xxx	
Australia	x	xx	xx

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

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

Objective 5: To incorporate workers' health into other policies

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

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

Table 2: Policies not mentioned in the GPA

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

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

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

Relevant policies not yet mentioned in the WHO Plan of Action	Suggested future activities of WHO-CCs and/or policy bodies.
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Specific aspects of employment policy: (can be added to Action 26) ¹ Access to work of unemployed people Working times	Research on the relevance of health/disease factors for access to employment ² Research on the impact of longer working times (and potential legislative changes therein)
Social security	Research showing the importance of prevention for reducing compensation costs International studies to assess the impact of different social security systems on health Comparison of the relative budgets needed for occupational and work-related diseases and for the prevention and promotion of work health in various social security systems Research on <i>perverse incentives</i> ³ in compensation systems
Product development	Development and promotion of standards and good practices in product and process development (taking health aspects into account) Development of methodologies for risk assessment in the early stages of R&D, including design of workplaces and work processes, to facilitate proactive health management and anticipation of risks
Policies and activities of the insurance sector	Exploration of the ethical aspects of promoting healthy behaviour (where health promotion may turn into 'blame the victim') Identification and use of the interests of the insurance sector in prevention, to reduce the costs of ill health and health treatment Development of evidence for insurers that it makes sense to invest in better working conditions
Transport policies	Development of methodologies for health and safety impact assessment e.g. for construction and use of new roads (for environmental impact this is normal practice!).

Special group on Maritime Health

Most of the projects of maritime health centres fit into Objective 2 of GPA. Knowing the causes of fatalities and occupational diseases is important for preventive purposes. Stress and fatigue in seafaring and other maritime industries was the first new proposal to be added to the projects. This could be implemented as a joint work for several Collaborating Centres. Prevention of occupational asthma is another project to be added. Strategies to prevent this disease are important because it is prevalent in most countries. One additional project proposed was telemedicine. Establishment of an international working group for the utilization of telemedicine to reduce health risks of seafarers was proposed. Limited actions in this field have so far been carried out by the Norwegian Institute. They are building up a network in telemedicine, which would expand the activities in the field of maritime health, and would also fit into Objective 3 of the GPA. The International Medical Guide

¹ Confusingly, there are presently two actions number 26

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

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

for Ships was also discussed, and it was concluded that it is more intended for teaching, than for practical use onboard a ship. An annex could be added to the Guideline. The Group asked WHO to include two additional centres to the Network of Collaborating Centres of Maritime Health. Once after fulfilling two-year collaboration period, the process of designation of collaborating centres can be initiated in 2010.

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

Working group discussions on five selected topics

Group 1: Workplace Health Promotion (WHP)

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

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

Group 2: Psychosocial risks and mental health at work

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

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

Group 3: Work-related musculoskeletal disorders

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

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

Group 4: Nanotechnology and workers' health

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

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

Group 5: Maritime health

The priorities chosen for future work were: Stress and fatigue (M. Oldenburg as a responsible person), loss of lives at sea – we should need to know the causes of these fatalities. A national register on deaths at sea was proposed. How to translate this evidence and information into practice was also called for. Promotion of health was deemed as an important issue in seafarers' occupational health.

Conclusions and Recommendations

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

Coordination and leadership

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

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

Collaboration at the International, Regional and National Levels

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

The meeting participants welcomed the proposal by the US NIOSH to enhance the international research collaboration among US and European Collaborating Centres in Occupational Health. The intention was to establish a Committee that would select topics for collaboration, structured by the research agendas of the partners, but innovative in nature and aiming at responding to the strategic challenges in occupational health and safety in the countries.

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

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

In countries where there is neither a Collaborating Centre nor a Focal point for Workers' Health, the active

role of the WHO Regional Office in putting occupational health and safety higher on the national agenda was deemed crucial. The growing gap between and within sub-regions and countries needs to be narrowed. This should be carried out in close collaboration with ILO and other relevant organizations. The joint work of the Network should result in providing models and good practices that would also be applicable to those countries not represented in the Network.

Dissemination of information and communication

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

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

Funding

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

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

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

Contents of work for 2008–2012

The Working Groups, based on the five Objectives of the Global Plan of Action, integrated their plans and proposals to the 2008-2012 Draft Work Plan for implementation of the Global Plan of Action on Workers' Health. The five objectives are:

- Objective 1: To devise and implement policy instruments on workers' health
- Objective 2: To protect and promote health at the workplace
- Objective 3: To improve the performance of and access to occupational health services
- Objective 4: To provide and communicate evidence for action and practice
- Objective 5: To incorporate workers' health into other policies

Five additional working groups on various key topics also discussed and surveyed the current activities of the European Collaborating Centres in Occupational Health. These were:

- Group 1: Workplace Health Promotion (WHP)
- Group 2: Psychosocial Risks and Mental Health at Work
- Group 3: Work-related Musculoskeletal Disorders
- Group 4: Nanotechnology and Workers' Health
- Group 5: Maritime Health

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

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

The Meeting participants considered one of the most urgent activities to be responding to the WHO's request to contribute to the ICD11 on the part of occupational health. Institutes with clinical competence were invited to contribute to the work on adding occupational causes of diseases into ICD-11. The WHO Regional Office for Europe will provide updated status report on this activity of WHO headquarters.

Annex 1 Programme

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANIZATION
REGIONALBÜRO FÜR EUROPA



ORGANIZATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Sixth Meeting of the European Network of WHO collaborating centres for Occupational Health - How to Implement the WHO Global Plan of Workers' Health in the European Region

Madrid, Spain, 14-16 October 2008

TUESDAY 14th OCTOBER 2008

9:00-9:30 Registration and putting posters

All CCs are requested to put a poster on their activities and display publications.

Opening Session

9:30–10:00 Opening and welcoming address

- Manuel Peña, President, European Institute of Health and Social Well-being
- Belén Prado, Vice-Minister of Health, Community of Madrid
- Max Lum, NIOSH, Representative of Chair, Global Network of WHO collaborating centres
- Rokho Kim, WHO Regional Office for Europe

Election of meeting officers, adoption of agenda, and organizational information

The First Marco Maroni Memorial Lecture

10:00–10:10 Remembering our friend, Marco Maroni

Claudio Colosio, University of Milan

10:10–10:50 Burden of occupational and environmental cancers in Europe

Manolis Kogevinas, Barcelona Municipal Institute of Medical Research (IMIM)

10:50–11:00 Discussion

11:00-11:30 COFFEE BREAK

Progress report 1

11:30–12:30 Report from WHO Secretariat

Activities of Global Network of WHO CCs

Evelyn Kortum, WHO headquarters

- Designation and re-designation process through e-Work web site

- Adjusted workplan 2006-2010 in line with GPA at the Munich meeting, 15-16 Sep 2008

Activities of European Network of WHO CCs

Rokho Kim, WHO/Europe

12:30-13:30 LUNCH

Progress report 2

13:30–15:30 Major achievements of WHO CCs

All WHO CCs are requested to present the progress of work plan activities with 3 slides in 4 minutes.

- **Reports on major projects of WHO CCs relevant to Workplan 2006-2010**
- **Special reports of centres on maritime health**
 - Health promotion in maritime industry Xaver Baur
 - Central register of human loss in maritime work-site P.S. Nielsen/F. Knudsen
 - Risk of coronary artery disease among seafarers B. Jaremin
 - Telemedicine cooperation networks in Europe M. Oldenburg
 - Health risks due to fumigants and toxic chemicals in freight containers A. M. Homeland
 - L.T. Budnik

15:30–16:00 COFFEE BREAK

16:00–16:20 Report on the First Meeting of WHO Focal points for Workers' Health in Helsinki
Harri Vainio, Finnish Institute of Occupational Health

16:20–17:00 Proposal for enhancing research collaborations between European and US centres

Max Lum, NIOSH, Representative of Chair, Global Network of WHO CCs for OH

European Situation and Proposed Work Plan for GPA Implementation

17:00–18:00 Situation of workers' health, and European work plan for GPA implementation
Rokho Kim, WHO/Europe

20:30 SOCIAL EVENT AND DINNER

WEDNESDAY 15th OCTOBER 2008

Activities of WHO CCs to achieve GPA objectives 2009-2012

9:00–9:10 Introduction to parallel session on regional work plan for GPA implementation

9:10–12:30 Parallel session: Five groups discuss the priorities of work plan 2009-2012

Each group will elect a facilitator and a rapporteur, and discuss work plan 2009-2012 linked to GPA objective. Focus on priorities, key deliverables, and how to disseminate the results.

- Group for Objective 1: to devise and implement policy instruments on workers' health
- Group for Objective 2: to protect and promote health at the workplace
- Group for Objective 3: to improve the performance of and access to occupational health services
- Group for Objective 4: to provide and communicate evidence for action and practice
- Group for Objective 5: to incorporate workers' health into other policies
- Group for Maritime Health: Maritime health centres discuss activities in line with GPA

12:30–13:30 LUNCH

13:30–14:30 Reporting to the plenary

14:30–15:30 Discussion on the priorities, joint activities, and timeline

15:30–16:00 COFFEE BREAK

Parallel session: Collaborative activities on special topics

16:00–16:10 Introduction to parallel session on special topics

16:10-18:00 Parallel session: current and future collaborations on special topics

Each group will elect a facilitator and a rapporteur, and discuss ongoing CC activities on the topic. Multicentre projects formulated in each group will be reported to the plenary.

- Group 1: Workplace Health Promotion (WHP)
- Group 2: Psychosocial risks and mental health at work
- Group 3: Work-related musculoskeletal disorders
- Group 4: Nanotechnology and workers' health
- Group 5: Maritime health

20:30 SOCIAL EVENT AND DINNER

THURSDAY 16th OCTOBER 2008

Reporting of special topic groups

9:00–10:00 **Reporting of groups to the plenary**

10:00–10:30 **Discussion on possible multicentre projects**

10:30–11:00 ***COFFEE BREAK***

Conclusion and recommendations

11:00–12:30 **Conclusion and recommendations**

- Next “Marco Maroni Memorial Lecture”
- Adoption of European Work Plan of GPA implementation
- GPA implementation mechanism in Europe
 - Advisory group
 - European Network for Workers’ Health
 - Monitoring and evaluation
- Funding opportunities

12:30–13:00 **Follow up actions**

- Preparing the meeting report
- Next meeting in 2010
- Announcement of upcoming events

13:00-13:10 **CLOSURE OF MEETING (followed by optional lunch)**

Annex 2 List of Participants

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



WELTGESUNDHEITSORGANIZATION
REGIONALBÜRO FÜR EUROPA

ORGANIZATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Sixth Meeting of the European Network of WHO collaborating centres for Occupational Health – How to implement the WHO Global Plan of Action of Workers Health in the European Region

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Annex 3 Proposed plan of regional implementation of Global Plan of Action on Workers' Health 2009-2012

Background

All the Member States of WHO in the European Region share the common value of the highest attainable standard of health as a fundamental human right; as such, each country shall strive to enhance the performance of its health systems to achieve the goal of improved health on an equitable basis, addressing particular health needs related to gender, age, ethnicity, and income.⁴

Employment and working conditions have powerful effects on health and health equity.⁵ When these are good they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards. Improved occupational health has major implications for the achievement of Millennium Development Goal 3. Workers' health is one of the key policy areas linking health, human rights, social cohesion and wealth. Workers represent half of the world's population and are the major contributor to the economic and social development of contemporary global society.

In 1996, the World Health Assembly endorsed the Global Strategy on Occupational Health for All and urged Member States to devise national programmes to provide occupational health services for all workers and particularly for high risks sectors, vulnerable groups and underserved populations (Resolution WHA 49.12).⁶ New policy initiatives such as the World Summit on Sustainable Development and a number of regional ministerial conferences in the area of health, labour and environment called for further strengthening WHO action on occupational health and linking it to the promotion of public health. In addition, several WHA Resolutions have urged the Member States and WHO to take action on specific health topics which include protection and promotion of health at work.

In May 2007, the WHO Global Plan of Action on Workers' Health 2008–2017 (WHA60.26, a.k.a. GPA) was endorsed as a follow up to the WHO Global Strategy on Occupational Health for All.⁷ It addresses different aspects of workers' health, including primary prevention of occupational risks, protection and promotions of health at work, addressing work-related social determinants of health, and improving the performance of health systems. The Regional Committee of WHO/Europe in September 2007 recommended that WHO/Europe adopt and implement the Global Plan of Action on Workers' Health in the Region.

In June 2008, the Tallinn Charter on Health Systems for Health and Wealth committed Member States of the WHO/Europe to improving people's health by strengthening health systems, while acknowledging social, cultural and economic diversity across the Region. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health. The Tallinn charter reaffirmed that health systems should include disease prevention, health promotion and efforts to influence other sectors to address health concerns. Strengthening of occupational health systems through improved stewardship, creation of resources, financing, and delivery of occupational health services and primary health services became a priority of WHO according to the above committal strategic documents.

⁴ The Tallinn Charter on Health Systems for Health and Wealth (2008), <http://www.euro.who.int/document/e91438.pdf> accessed 10 September 2008

⁵ The Final Report of the Commission on Social Determinants of Health (2008) http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf accessed 10 September 2008

⁶ WHO, Global Strategy on Occupational Health for All: The way to health at work http://www.who.int/occupational_health/globstrategy/en/ accessed on 25 May 2008

⁷ WHO, Workers' health: global plan of action, http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf accessed on 25 May 2008

There are approximately 400 million workers in 53 Member States of the WHO European Region. The processes of socioeconomic transition and globalization over the last decades have brought about changes in the world of work which provide new opportunities and challenges to protecting and promoting health at work in the Region. WHO European Regional Office prepared this work plan to provide a roadmap for the implementation of GPA with the support of the WHO focal points of the Member States, and WHO collaborating centres in the European Region.

Burden of Occupational Diseases and Injuries

The burden of disease expressed as disability-adjusted life years lost from specific risk factors provides policy-makers with valuable information in the priority-setting of public health policies in their countries. According to the World Health Report of WHO on global burden of disease, hazardous exposure at the workplace is one of the most important risk factors affecting the burden of disease in Europe, claiming 2.5% of the total disability-adjusted life years (DALYs) in the region.⁸ Occupational diseases and injuries are a significant cause of ill health often affecting young and productive members of the society.

Fig. 1. Burden of disease due to major risk factors in the European Region

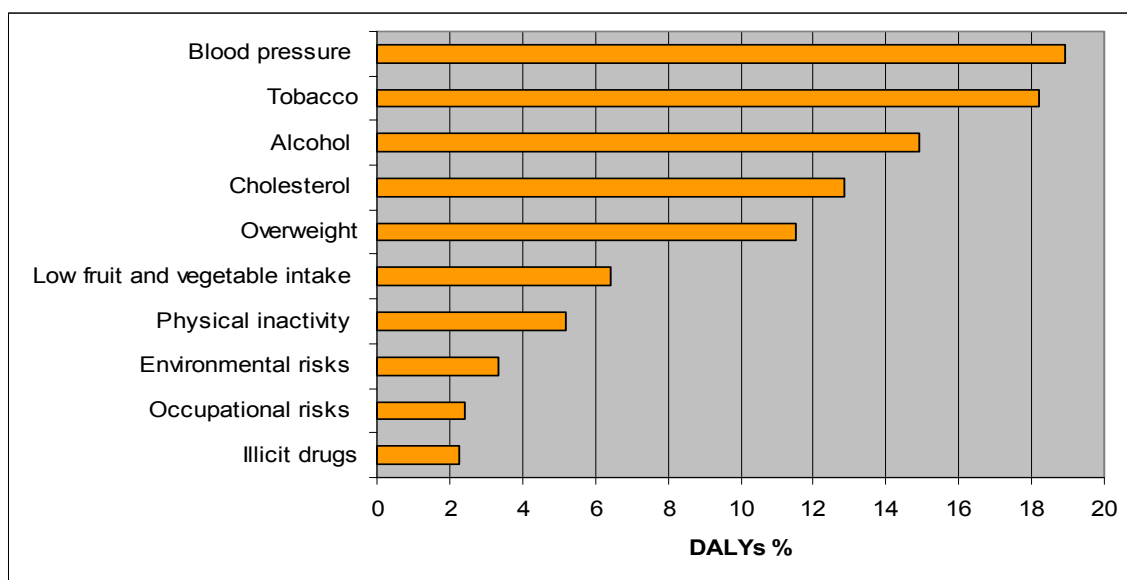


Fig. 1 and Table 1 show the magnitude of burden of disease from occupational risk factors as compared with burdens from other high priority risk factors in public health practice in the European Region. It should be noted that only major occupational risks were considered in the calculation of occupational burden of disease.

Table 1. Comparison of occupational burden of diseases to other factors in the European Region (unit: thousand DALYs)

<i>Risk factor</i>	<i>DALYs in the European Region</i>
Selected occupational risks	2483
Occupational injuries	1000
Carcinogens	443
Airborne particulates	409
Ergonomic stressors	97

⁸ WHO, World health report 2002 – Reducing Risks, Promoting Healthy Life, <http://www.who.int/whr/2002/en/> accessed on 25 May 2008

Noise	634
Urban air pollution	859
Illicit drug use	2332
High Blood Pressure	19349
Alcohol	15261
Tobacco	18613

The occupational burden of disease is much smaller than the burdens from high blood pressure, alcohol drinking or tobacco smoking. However, it is comparable to, or slightly greater than the burdens from illicit drug use, which is one of the priority risk factors in most European countries. It is interesting to note that occupational burden of disease is four times greater than the burden from urban air pollution. Overall, occupational factors are the ninth most important burden of disease in the European Region.

According to the ILO estimates, approximately 300,000 persons die of occupational or work-related diseases, and 27,000 persons die of occupational accidents in the European Region.⁹ Occupational diseases and injuries result in approximately 4% loss of GDP. If we take into account the sufferings of the families and friends as well as the loss of economic productivity, the total occupational burden of disease is huge in terms of health and economic terms.

Challenges in the Region

Traditionally, the protection of employees' health and safety from the workplace hazards has been the primary responsibility of the employers, although the government played the role of regulatory control and stewardship through the labour laws and standards on working conditions. The success of primary prevention approaches resulted in a remarkable decrease in the incidence of serious occupational diseases in western European countries. However, the Member States of European Region are facing new and old challenges in the 21st century.

Need for integrated approach

Workplace is now recognized as a setting for health promotion and disease prevention in many European countries. Workers' health became an important policy area for health ministries as well as of labour ministries reaching the half of general population for effective and efficient public health interventions.¹⁰ The leadership role of health and labour ministries in addressing the topics of workers' health has become more critical in the 21st century. The cooperation and collaboration between labour and health ministries need to be improved in the development and implementation of integrated approaches to workers' health in many countries.

Health inequalities

Occupational health issues of the vulnerable workers and high-risk sectors are often invisible due to lack of effective surveillance system, and thus, not well protected even in the developed world. Access to basic occupational health services is not equal within and between countries. For example, the occupational health services coverage varies from 90% of the working population in several countries, but less than 10% in many countries in the European Region.

Globalization

⁹ ILO. Global Estimates of Fatal Work Related Diseases and Occupational Accidents, World Bank Regions 2005. http://www.ilo.org/public/english/protection/safework/accidis/globest_2005/index.htm accessed 25 May 2008

¹⁰ Vanhoorne MN, Vanachter OV, De Ridder MP. Occupational health care for the 21st century: from health at work to workers' health. [Int J Occup Environ Health](http://www.occupationalhealth.com). 2006 Jul-Sep;12(3):278-85.

The globalization of capital and labour market coupled with rapid population growth in low income countries assures an unending supply of cheap labour, allowing limited attention to hazard control, thereby impeding progress in occupational health and safety.¹¹ The occupational illness is generally less visible and not adequately recognized as a problem in low income countries. Those outside the workplace can also be affected through environmental pollution and poor living conditions.¹² Health of migrant workers has become one of priority issues in the European Region in relation to the EU enlargement and the globalization of labour market. Impact of globalization on workers' health is a challenge even in developed countries because new employment patterns and working conditions can adversely affect cardiovascular and mental health of the working population and their families.

Economic transition

In the central and eastern part of European Region, many countries experienced a transition from planned economy to market-oriented economy in recent decades. This had a huge impact on the health and safety of workers as well as on the occupational health systems in those countries. The position of occupational health in the public health and labour policies is often weakened in the process of social and economic transition. It is a challenge for WHO European Regional Office to assist the transfer of knowledge, know-how and experience in occupational safety and health policy and services from the established market economies to the countries in socioeconomic transition and the establishment of long-term East-West partnerships between the relevant national institutions.¹³

Emerging risks

There is a gap in the information and knowledge on the occupational health impacts of new technologies (such as nanotechnology) and work organization at the workplaces. Psychosocial risk management has emerged as one of the priorities in many European workplaces. The impact of climate changes on workers' health is an issue that the governments will have to address in developing national action plans on climate changes.¹⁴ The aging of working population is another challenge for the policy-makers of many European countries.

Re-emerging and remaining problems

Many old problems of the 20th century are not resolved. Workers in the informal economy, small- and medium-sized enterprises, agriculture, and migrant and contractual workers remain vulnerable, with lack of essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries. Hazardous forms of child labour are not eliminated in some part of the European Region. For example, there are serious concerns about children working in the cotton field during the cotton-picking season.

New international instruments

Responding to the challenges of the 21st century in the health and safety at work, international organizations have developed strategies at the global and European levels. WHO was requested by the World Summit on Sustainable Development (Johannesburg, South Africa, 2002) to strengthen WHO action on occupational health linked to public health¹⁵. At the global level, the Promotional Framework for Occupational Safety and

¹¹ Gochfeld M. Occupational medicine practice in the United States since the industrial revolution. [J Occup Environ Med.](#) 2005 Feb;47(2):115-31.

¹² Rene Loewenson. Globalization and occupational health: a perspective from southern Africa Bulletin of the World Health Organization, 2001, 79: 863–868.

¹³ WHO European Regional Office. Health development action for South Eastern Europe: occupational health services. http://www.euro.who.int/stabilitypact/projects/20060906_24 accessed 25 May 2008

¹⁴ WHO European Regional Office. Heat-health action plans. 2008
http://www.euro.who.int/InformationSources/Publications/Catalogue/20080522_1 accessed 25 May 2008

¹⁵ Plan of Implementation of the World Summit on Sustainable Development. Document A/Conf.199/20, Annex.

Health Convention, 2006 was adopted by the General Conference of the ILO.¹⁶ At the Regional level, the EU has adopted the second EU Strategy on Health and Safety at Work covering the period of 2007–2012.¹⁷

WHO Response: Global Plan of Action on Workers' Health

The WHO Global Plan of Action on Workers' Health 2008–2017 is a response of WHO Member States to the above challenges. It provides a framework for concerted action by all health and non-health actors for protecting and promoting the health of workers, establishing political momentum for primary prevention of occupational and work-related diseases, and ensuring coherence in the planning, delivery and evaluation of health interventions at the workplace.

In particular, this plan recommends a number of action to be taken by the Member States and by WHO with the objectives to: (1) devise national policy instruments on workers health; (2) protect and promote health at the workplace; (3) improve the performance of and access to occupational health services; (4) provide and communicate evidence for preventive action; and (5) address workers health through other policies.

The plan of action provides guidance to the Member States and WHO in their activities on workers health over the period 2008–2017. It will stimulate the development of policies, infrastructure, technologies and partnerships for improving the health of all workers. In such a way it will contribute towards achieving a basic level of health protection in all workplaces throughout the world. The implementation of the plan will be facilitated by a Global Steering Committee. Its mid-term and final evaluation will be reviewed by WHO governing bodies in 2013 and in 2017.

European situation of workers' health

The 60th World Health Assembly in 2007, endorsing the WHO Global Plan of Action on Workers' Health 2008 – 2017, requested WHO to promote its implementation at the national and international levels with definite time line and indicators. A country survey was performed in 2008 to collect information from countries about the current state of affairs with regards to the activities under the Global Plan of Action. The information will be used to establish a baseline and to set global targets and indicators of achievement to monitor the implementation of the Global Plan of Action. A questionnaire was sent to WHO focal points for workers health in the national ministry responsible for occupational health in June-September 2008. Where appropriate and according to established national practice, the ministry of health consulted the national ministry responsible for labour (employment) as well as other ministries and organizations dealing with occupational health, e.g., ministries responsible for economic sectors and finance, organizations of employers, workers, academics, occupational health professionals and social insurance. Questions were about the national policy instruments, workplace health protection and promotion, occupational health services, evidence base for action, workers' health in non-health policies.

The majority of the replies came from the Ministries of Health, but also Ministries of Labour and other organizations active in occupational health and safety. Of the 54 countries in the Region, 34 countries had replied by mid-September.

For Objective 1: to develop and implement policy instruments on workers' health, questions asked about actions of the countries' national policy frameworks. A large number of the countries already have a national policy and an action plan on occupational health. According to the survey, the Ministries of Health have relatively good capacities to provide leadership in the area of workers' health. The national OSH profiles have been published between 2000 and 2008, most of them in 2006–2007. The main occupational diseases in the

¹⁶ ILO Promotional Framework for Occupational Safety and Health (2006)

<http://www.ilo.org/public/english/protection/safework/promoframe.htm> accessed 25 May 2008

¹⁷ EU Strategy on Health and Safety at Work (2007)

http://ec.europa.eu/employment_social/news/2007/feb/commstrat_en.pdf accessed 25 May 2008

Region include musculoskeletal disorders, followed by respiratory diseases, noise-induced hearing loss, and skin diseases.

For Objective 2: to protect and promote health at the workplace, several aspects were examined, such as improving assessment and management of health risks at work, basic sets of occupational health standards, capacities for primary prevention of occupational hazards, health promotion and prevention, prevention of malaria, HIV/AIDS, and avian influenza. A number of the countries have management of chemicals and smoke-free workplaces programmes available.

Objective 3 deals with the improvement of the performance of and access to occupational health services. It emphasizes the universal access to basic occupational health services. The development of human resources for occupational health was deemed important. Of the 34 countries 14 have set standards for the coverage of services. Also, programmes on post-graduate training were requested.

Strengthening the systems for surveillance, research, communication and awareness-raising were included in Objective 4. Twenty-two countries have information systems for registering occupational diseases; however the level of registration is insufficient. Awareness-raising will continue to need attention in the future.

Objective 5: incorporating workers' health into other policies means collaboration between the different sectors of the public domain, i.e. ministries. Also, economic development, employment and trade policies need to integrate health issues into their policies and programmes. The role of primary and secondary education was also emphasized. In replies, environment and employment policies were the main policies where health issues were already integrated on the basis of replies from the countries.

Targets

Goals

To prevent work-related illness and injury and to promote workers' health and well-being

To strengthen occupational health systems in the Member States

Objectives

The Member States carry out a combination of actions, adapted to national specificities and priorities, needed to meet the GPA objectives through well-coordinated efforts of society as a whole, under government leadership and with substantial participation of workers and employers.

The WHO work with the Member States to implement GPA, with support of its network of Focal Points and Collaborating Centres and in partnership with other international organizations.

Expected results by 2012

More than two third of 53 Member States of WHO European Region should have strengthened health systems for workers' health as measured by the indicators reported to the WHO Secretariat through the biennial surveys. The following results are expected in more than 35 Member States:

- improved policy instruments on workers' health;
- improved protection and promotion of health at the workplace;
- improved occupational health services;
- improved surveillance, research, and communication on workers' health;
- improved cooperation between different ministries for workers' health policies.

WHO should have performed the following activities:

- promoting and engaging in partnership and joint action with ILO, EU, organizations of employers, trade unions and other stakeholders in civil society and the private sector in order to strengthen international efforts on workers' health;
- contributing to the adoption and implementation of international labour conventions and WHA resolutions related to workers' health;
- supporting policy development for framing national agendas for workers' health based on best practices and evidence;
- providing technical support for specific health needs of working populations and building core institutional capacities for action on workers' health;
- monitoring and addressing trends in workers' health;
- establishing scientific and advisory mechanisms to facilitate action on workers' health.

Process

Development of regional work plan

The first step is to develop a regional work plan to be agreed between the key stakeholders. An initial proposal of work plan will be reviewed at the first meeting of the network of WHO focal points on workers health in Helsinki, Finland, on 22–23 September 2008, hosted by the Finnish Ministry of Social Affairs and Health. The European Network of WHO collaborating centres will review and further refine the work plan at the network meeting in Madrid, Spain, on 14–16 October 2008, hosted by the European Institute of Health and Social Welfare. By the end of 2008, the regional work plan of GPA implementation will be distributed to the WHO focal points and collaborating centres in the Region. The international partners such as ILO and EU, organizations of employers, trade unions and other stakeholders in civil society and the private sector will also be consulted.

The final draft of regional work plan will be presented at an international meeting in Dresden, Germany, on 28–30 January 2009, where the steps towards a successful implementation of international and national strategies on occupational health will be discussed between WHO, ILO, and EU with invited delegates from the Member States. The latter meeting will be hosted by the German Statutory Accidents Insurance (Deutsche Gesetzliche Unfallversicherung, DGUV).

During the process of work plan development, the Member States will be encouraged to share experiences and perspectives together within the sub-regional initiatives such as Baltic Sea Network (BSN) on Occupational Health and Safety, South-eastern Europe (SEE) Network on Workers' Health. Mediterranean countries will be encouraged to form a sub-regional network of WHO Focal Points.¹⁸

Establishment of European Network for Workers' Health

In order to support the Member States and WHO Secretariat for the effective and efficient implementation of GPA, it is proposed to establish European Network for Workers' Health for which WHO European Regional Office will serve as secretariat. This "umbrella" network will be composed of the members of following component networks that are key stakeholders in the Region.

European Network of WHO CCs for Occupational Health

European Network of WHO Focal Points for Workers' Health

BSN (Baltic Sea Network); NDPHS

¹⁸ ISHST (Portugal), INSHT (Spain), INRS (France), ISPESL (Italy) are already collaborating through the Mediterranean Network for Training and Research in Occupational Safety and Health (METRONet) since 2002.

SEE (South East Europe) Network

PEROSH (Promotion for European Research in Occupational Safety and Health)

EUROSHNET (research, standardization, experimentation and certification activities)

ENWHP (workplace health promotion)

ENETOSH (education and training)

EASOM

ETPIS (European Technology Platform on Industrial Safety; partnership for technological and organizational improvement in view of coordinating Risk Management research)

METROnet (Mediterranean Training and Research in Occupational Safety and Health)

NIVA (Nordic Countries, training and education in OSH)

Others

In addition, international partners (ILO, EU-OSHA, ICOH) and social partners (ITUC and IOE) will be invited to join.

European Network of Collaborating Centres for Occupational Health

WHO CCs are key institutions with relevant expertise distributed throughout the world. In the European Region, there are more than 30 WHO CCs for occupational health. They represent a valuable resource and an extended and integral arm of WHO's capacity to implement its mandated work. The WHO CCs are a highly valued mechanism of cooperation in which relevant institutions are recognized by WHO as assisting the Organization in implementing its mandated work by supporting the achievement of its planned strategic objectives at the regional and global levels; enhancing the scientific validity of its global health work; and developing and strengthening institutional capacity in countries and regions. The biennial meeting of European Network of WHO CCs serves as a platform to monitor the progress and plan the GPA implementation at the national and regional levels.

WHO CCs have terms of references agreed with WHO Secretariat, and also "Work plan 2009–2012" aligned with GPA Objectives. The Planning Committee in Munich, 15–16 September 2008, reviewed the work plan, and prioritized activities under each GPA objectives (Annex 2). The terms of reference for WHO CCs relevant to GPA implementation are summarized in Box 1.

According to WHO rule, functions of WHO collaborating centres are:

- collection, collation and dissemination of information;
- standardization of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures;
- development of evidence-based technical guidance tools and resource materials on various topics;
- development and application of appropriate technology;
- provision of reference substances and other services;
- participation in collaborative research developed under WHO's leadership, including the planning, conduct, monitoring and evaluation of research,
- evaluation of WHO interventions in countries, as well as promotion of the application of the results of research;
- training, including research training;
- coordination of activities carried out by several institutions on a given subject;
- capacity-building work at country level; and

- provision of monitoring, preparedness and response services to deal with disease outbreaks and public health emergencies.

Box 1. The possible role of CCs in the implementation of the GPA

- Provide direct technical support to own governments; to governments and national institutions in targeted Member States in:
 - maintenance and analysis of the surveillance systems
 - assessment of national situation
 - training and education, capacity building and development of occupational health services
 - research and knowledge production and synthesis
- Offer scientific advice and technical support to WHO Secretariat/HQ, Regional and Country Offices in:
 - developing standards, guidelines, practical tools, and good practices
 - assessing the available evidence
 - systematic reviews (e.g., Cochrane OH Field)
 - benefit and ROI estimations of OSH activities
 - monitoring and addressing trends in workers' health
- Develop an evidence base for action and practice in workers' health, incl.:
 - assessment of emerging occupational health risks
 - occupational burden of disease
 - effectiveness of essential preventive interventions
- Promote the GPA and its implementation in:
 - global, regional, and sub-regional congresses, conferences and workshops
 - networks and communities of practice
 - international projects and initiatives
 - cooperation of networks and coordination of research
 - mobility of scientists, knowledge transfer

European Network of WHO Focal Points for Workers' Health

In 2005, the WHO European Regional Office requested the Member States to nominate national focal points for WHO in the area of occupational health. Accordingly, 33 nominated national focal points provided inputs to the development of the Global Plan of Action on Workers' Health 2008–2017. The national focal points were requested by WHO to play a key role in the WHO's baseline survey in June-September 2008. The terms of reference for National Focal Points relevant to GPA implementation are summarized in Box 2. At the first meeting of the European Network of WHO Focal Points in Helsinki, 22–23 September 2008, it was agreed to meet every year to monitor progress and plan the GPA implementation at national, sub-regional, and regional levels. The next meeting will be hosted by the former Yugoslav Republic of Macedonia Ministry of Health and Ministry of Labour and Social Policy in September 2009.

Box 2. The possible role of National Focal Points in the implementation of the GPA

priority setting locally for policy & implementation, national/sub-regional interests

resources and funding for research, manpower development and training activities
support for researcher/scientist mobility (nationally, internationally)
infrastructure provision for national indicator systems in OSH
provision for the occupational burden and OSH benefit calculations; cost-effectiveness
support for standardization, harmonization and certification activities (EU and International)
carry out country survey within the Member States to determine the baseline and follow up for implementing GPA every two years
carry out international projects for implementation of GPA as necessary
exchange of experience and knowledge through network meetings and international projects

Partnership with ILO and EU

For the effective and efficient implementation of the WHO, ILO, and EU strategies on workers' health in the European Region, there is an urgent need for a harmonized and coordinated approach. Foreseeing this need, the WHO European Regional Office organized a coordination meeting of the responsible officers of WHO, ILO, and EU in Vilnius, Lithuania, 14 November 2007. It was confirmed that the international strategies of WHO, ILO and EU have commonalities in their objectives and approaches. The expectations of the Member States were reviewed and the possibility of coordinated actions was explored. A list of joint actions at the national, multinational, and pan-European levels in 2008–2009 were presented as conclusion and recommendations of the meeting.

WHO and European Agency for Safety and Health at Work (EU-OSHA) had a meeting in Bilbao, June 2008, and exchanged mutual interests. WHO, both Headquarters and European Regional Office have a strong interest in strengthening links with EU-OSHA and collaborating in areas of mutual interest. It was underlined that cooperation between occupational health actors at the international level sets an example and gives an important signal for achieving such collaboration at the national level. Several areas of collaboration were identified at this meeting. However, the outcomes of these meetings did not lead to the formal commitments at top managerial levels of WHO and EU. It is important to consolidate coordination and collaboration between WHO, ILO and EU on specific topic areas of international strategies in 2009–2012.

Partnership with sub-regional networks

Baltic Sea Network on Occupational Health and Safety

Northern Dimension for Public Health and Social Well-being (NDPHS)

SEE and CIS Network

Mediterranean Network based on METRONet

Partnership with social partners and professional NGOs

Trade unions and employer organizations

Collaboration with ICOH (International Commission on Occupational Health), IOHA (International Occupational Hygiene Association)

Regional networks of professional organizations such as ENWHP, ENETOSH, EASOM...

Horizontal inter-sectoral cooperation (MoH, MoL, MoE)

Partnerships with high-education bodies

Universities and research institutions capable of reinforcing the research and knowledge-base formation for OSH

Partnership with public health/ community health bodies

Country Strategy: Implementation at the national level

National Network for Workers' Health

Responsible officer in the Ministry of Health or Ministry of Labour (or National Institute affiliated with the Ministry) is encouraged to establish the National Network for Workers' Health if there does not exist an equivalent network committed to GPA implementation in the Member States. If occupational health is a high priority in the country, and WHO support is needed, the Ministry of Health may request to WHO/Europe for Biennial Collaborative Agreement (BCA). The National Network for Workers' Health should include the representatives of trade unions and employers as well as the occupational health experts as recommended by GPA. The WHO Focal Points and WHO CCs should play a coordinating role in the National Network. After the national profiling and situation analysis vis-à-vis GPA recommendations, National Strategy and/or Action Plan on Workers' Health might be developed and implemented through multi-sectoral cooperation as recommended by GPA. Involvement of the National Network in the sub-regional and regional network activities to implement GPA will be encouraged to exchange good practices as well as knowledge and experiences.

WHO Country Support Activities through Biennial Collaborative Agreements (BCAs)

WHO European Regional Office will implement GPA following the Country Strategy of WHO/Europe and through bilateral collaborations with the Member States where occupational health is prioritized and WHO support is formally requested by the Ministry of Health. The countries of economic transition are the priority for WHO because there are urgent needs to strengthen occupational health systems. Biennial collaborative agreements (BCAs) were signed between the Regional Director of WHO European Regional Office and the Ministers of Health in the Republic of Croatia, the former Yugoslav Republic of Macedonia, the Republic of Serbia, and the Russian Federation in 2008–2009. WHO has been providing technical and policy support to the national counterparts for the implementation of GPA tailored to specific needs of the working population in these countries. These existing mechanisms of country support within WHO will be the basis for the GPA implementation at the national level. For sustainable capacity building beyond biennium, it is important that the work area of GPA implementation is prioritized in the Mid-term Strategic Planning for the period of 2008–2013. The key strategy of implementation is to work with the WHO collaborating centres and National Focal Points in occupational health in the development of national strategies and action plans aligned with the WHO global plan. GPA implementation activities should be integrated with other WHO activities in the country such as NCD, HIV/AIDS, Mental Health, Cancer, Tobacco/Alcohol programmes, following the recommendations of GPA. The progress of GPA implementation in the country with WHO support will be reported to the World Health Assembly in 2013 as mandated by GPA.

Objectives-specific expected results, indicators, and priority activities in 2009–2012

Summarized in the table in Annexes

Advisory and coordination mechanism

The WHO Regional Office for Europe will invite representatives of relevant stakeholders to be involved in the Advisory Committee. The Committee is composed of 13 members, i.e., WHO, ILO, EU, ICOH, employers (IOE), workers (ITUC), one CC representative, six National Focal Points representing Northwest, South East, and South European sub-regions (two countries from each sub-region). Surveillance, monitoring and national profiles will be the priority areas of coordination for the Committee. The Committee will advise on harmonization and standardization of national activities, and collection of good practices for OSH organizations for vulnerable groups (e.g., SMEs, agriculture, 'low-income' settings, children and young workers, informal sector, migrant workers).

Monitoring, evaluation and reporting

Progress in implementing the plan of action will be reviewed and monitored using a set of national and international indicators of achievement. WHO and Member States will report to the Health Assembly through the Executive Board at its 132nd (2013) and its 142nd (2018) sessions on progress made in the implementation of the global plan of action. The implementation of regional work plan at the national level should be reported to the WHO Regional Office for Europe by end of August 2012 in order to be reflected in the report to the WHA in 2013. The progress in the Member States will be evaluated by biennial country reports based on indicators and national profiles.

Appendix

Table 1. Expected results, indicators, and activities in 2009–2012

Objective 1: to develop and implement policy instruments on workers health (Actions 6–10)

Expected Result	Indicators of Achievement
<i>Advice and support provided to targeted Member States to strengthen national capacities to develop and implement policies, programmes and initiatives for workers' health and primary prevention of priority occupational diseases</i>	<p>Number of targeted Member States receiving technical support from WHO and CCs to develop national profiles and action plans on workers' health</p> <p>Number of targeted Member States that have developed national programmes for occupational health and safety of health care workers' with WHO and CCs support</p> <p>Number of global, regional and country initiatives to eliminate asbestos- and silica-related diseases and to immunize health care workers against HBV carried out with WHO and CCs support</p> <p>Number of guidelines and information materials published and disseminated by WHO and CCs about minimizing inequalities in workers' health</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Formulate national policy frameworks (Action 6)</p> <p>legislation</p> <p>inter-sectoral collaboration</p> <p>institutional capacities</p> <p>funding and resource mobilization</p>	<p>Develop policy options, model framework legislation and inventory of good national practices (jointly with ILO)</p> <p>Develop a guide for devising national plans of action on workers' health (jointly with ILO)</p>	

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Elaborate national action plans on workers' health (Action 7)</p> <p>national profiles and priorities for action objectives, targets and actions</p> <p>mechanism for implementation, monitoring and evaluation</p> <p>human and financial resources</p>	<p>Prepare guidance on workers' health profiles to be used by countries in conjunction with the ILO occupational safety and health profiles</p> <p>Undertake joint missions with ILO at the request of targeted Member States to review national practices and to provide recommendations for strengthening the national capacities and overall management of workers' health</p>	<p>Develop national profiles on workers' health</p>
<p>Develop national approaches for prevention of priority occupational diseases and accidents (Action 8)</p>	<p>Prepare fact sheets on priority occupational diseases, such as:</p> <ul style="list-style-type: none"> cancer musculoskeletal disorders respiratory diseases noise-induced hearing loss skin diseases infections poisonings 	<p>Develop national reports on occupational diseases and work accidents</p> <p>Organize conferences and seminars, prepare information materials and advocate for prevention of priority occupational diseases</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
	<p>Carry out a global campaign on elimination of asbestos-related diseases, including:</p> <p>Development and dissemination of information products on asbestos-related diseases – media advisories, information kit (brochures, posters, leaflets, personal stories, picture gallery)</p> <p>Preparation of a guide for estimating the burden of asbestos-related diseases</p> <p>Technical assistance to targeted Member States in developing and implementing national programmes for elimination of asbestos-related diseases</p> <p>Establishing a global alliance of intergovernmental and international organizations and champions for elimination of asbestos-related diseases</p>	<p>Develop evidence-base and prevention tools and raise awareness for the elimination of asbestos-related diseases</p> <p>Establish linkages between ongoing and planned national and international research projects related to asbestos</p> <p>Carry out international estimates of the burden of asbestos-related diseases</p> <p>Carry out risk assessment of asbestos substitutes</p> <p>Develop economic and social arguments for elimination of asbestos-related diseases</p>
	<p>Carry out a global campaign for immunization of health care workers against Hepatitis B, including:</p> <p>development and dissemination of an aide memoir on immunization of health care workers against hepatitis B</p> <p>carrying out demonstration projects in targeted Member States</p> <p>providing assistance to targeted Member State in implementing projects on prevention of needlesticks, including burden of diseases estimates.</p> <p>updating the toolkit on needlestick injuries</p>	<p>Carry out studies, develop tools and information materials about immunization of health care workers of HBV</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
	<p>Implement ILO/WHO global programme for the elimination of silicosis, including:</p> <p>preparation of an outline for development of national programme on elimination of silicosis (jointly with ILO)</p> <p>carrying out a global estimate of the burden of silica-related diseases</p> <p>train the trainers in using silica essentials</p>	<p>Develop evidence-based interventions for primary prevention and surveillance of silicosis</p> <p>Provide evidence for global estimate of the burden of silica-related diseases, including lung cancer</p> <p>Carry out training on silica essentials</p> <p>Support the update of the international X-ray classification</p>
<p>Establish specific programs for occupational health and safety of health care workers (Action 9)</p>	<p>Prepare an outline for development of national programmes for occupational safety and health of health care workers</p> <p>Pilot the development of national programmes for OH&S of health care workers in targeted Member States</p> <p>Prepare a report on good practices in managing OH&S in health care establishments</p>	<p>Develop evidence-based and demonstration projects for national programmes on OH&S of health care workers</p>
<p>Take measures to minimizing gaps between different groups of workers: (Action 9)</p> <p>high risk sectors</p> <p>vulnerable groups (younger, older and migrant workers)</p> <p>gender aspects</p>	<p>Prepare a guide on occupational risks for children</p> <p>Prepare a guide on managing the health of migrant workers</p> <p>Disseminate WHO publications on gender at work</p>	<p>Establish situation analyses and recommendations for occupational health risks for children and younger workers</p> <p>Review evidence on health problems and preventive interventions related to ageing workers</p> <p>Prepare situation analyses and recommendations for migrant workers</p> <p>Develop strategies to mainstream gender into workers' health activities)</p>

Objective 2: to protect and promote health at the workplace

Expected Result	Indicators of Achievement
<p><i>Guidance, minimum requirements and practical tools for protection and promotion of health at the workplace developed and made available with providing technical support to targeted Member States for their implementation</i></p>	<p>Number of global and regional guidelines, minimum requirements and practical tools for protection and promotion of health at the workplace developed with WHO, WHO Focal Points and Collaborating Centres' active participation</p> <p>Number of targeted Member States receiving technical support from WHO Focal Points and Collaborating Centres to implement practical tools for assessment and management of occupational health risks</p> <p>Number of regional and sub-regional networks and initiatives on healthy workplaces and workplace health promotion supported by WHO, WHO Focal Points and Collaborating Centres</p> <p>Number of global and regional guidelines and information materials regarding occupational aspects of HIV/AIDS, TB, malaria and avian influenza developed and disseminated with active participation of WHO, WHO Focal Points and Collaborating Centres</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Improve assessment and management of health risks at work, including: (Action 11)</p> <p>essential interventions for prevention occupational hazards</p> <p>integrated management of chemicals</p> <p>elimination of second-hand tobacco smoke from all indoor workplaces</p> <p>health impact assessment of new technologies, processes and materials</p>	<p>Develop, publish and disseminate widely practical tools for assessment and management of occupational health risks, including control banding</p> <p>Organize training of trainers in practical tools, including control banding</p> <p>Develop guide for smoke-free workplaces</p>	<p>Define cost-effective essential interventions for prevention and control of mechanical, physical, chemical, biological and psychosocial risks, including practical tools, such as control banding</p> <p>Develop guidance and good practices for integrated management of chemicals at the workplace</p> <p>Develop an evidence-base and raise awareness for the elimination of second-hand tobacco smoke from all indoor workplaces.</p> <p>Develop methodologies and organize training for assessment of potential health impacts of new technologies, processes and materials</p>

<p>Adopt a basic set of occupational health standards (Action 12)</p> <p>minimum requirements for health and safety protection</p> <p>enforcement and inspection</p>		<p>Provide an evidence-base for the establishment of (minimum requirements for health and safety protection, enforcement and inspection</p>
<p>Build capacities for primary prevention of occupational hazards, diseases and injuries (Action 13)</p> <p>methodologies</p> <p>training of workers and employers</p>	<p>Collaborate with ILO, employers and trade unions in developing programmes for training, for example WIND and WISE approaches</p>	<p>Develop training programmes for workers and employers for primary prevention of occupational hazards, diseases and injuries (Action 13)</p>
<p>Establish mechanisms to stimulate the development of healthy workplaces (Action 13)</p>	<p>Prepare global framework and guidance on healthy workplace programmes</p>	<p>Review the effectiveness of existing programmes for healthy workplaces</p> <p>Develop tools for healthy workplaces</p>
<p>Stimulate health promotion and prevention of non-communicable diseases at the workplace: (Action 14)</p> <p>diet and physical activity</p> <p>mental health</p> <p>family health</p>	<p>Develop guidance for employers and trade unions on prevention of non-communicable diseases at the workplace</p>	<p>Implement programmes for workplace health promotion</p> <p>Carry out research and reviews of evidence on prevention of non-communicable diseases through workplace interventions:</p> <p>cancer</p> <p>cardiovascular diseases</p> <p>respiratory diseases (asthma and COPD)</p> <p>diabetes</p>

Prevent and control HIV/AIDS, malaria, TB, avian influenza at the workplace (Acton 14)	Develop of guidance for prevention and control of TB, malaria, HIV/AIDS; and avian influenza at the work-place.	
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Objective 3: to improve the performance of and access to occupational health services (Actions 16–19)

Expected Result	Indicators of Achievement
<p><i>Basic packages, information products, tools and working methods, models of good practice for basic occupational health services (BOHS) as well as programmes for building human and institutional capacities developed and made available along with technical support to targeted Member States for their implementation.</i></p>	<p>Number of global, regional and sub-regional guidance materials on essential interventions, working methods, and organization of BOHS developed and disseminated with active participation of WHO, WHO Focal Points and Collaborating Centres</p> <p>Number of global, regional and sub-regional efforts for building human and institutional capacities for delivery of BOHS implemented with support from WHO, WHO Focal Points and Collaborating Centres.</p> <p>Number of targeted Member States receiving technical support from WHO, WHO Focal Points and Collaborating Centres for developing and implementing policies for strengthening the delivery of BOHS</p> <p>Number of national organizations and universities implementing WHO-led initiatives to provide support for the delivery of BOHS</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Improve coverage and quality of occupational health services including: (Action 16)</p> <p>linkage to national health strategies and health sector reforms</p> <p>standards for organization and coverage</p> <p>mechanisms for pooling resources and financing of the delivery</p> <p>sufficient and competent human resources</p> <p>quality assurance systems</p> <p>Provide access for all workers to basic occupational health services (Actions 16)</p>	<p>Develop strategy for the delivery of basic occupational health services as part of Primary Health Care</p> <p>Develop package of working methods and interventions for basic occupational health services, including:</p> <p>basic packages</p> <p>information products, tools and working methods</p> <p>models of good practice</p> <p>Provide assistance to targeted Member States to develop and implement national programmes for providing basic occupational health services</p>	<p>Review the standards for coverage of occupational health services</p> <p>Collect good practices for organization and delivery of occupational health services for underserved populations (informal economy, agriculture, remote areas) and for low-income settings</p> <p>Prepare a global review of the effectiveness of occupational health services</p> <p>Review the effectiveness of different models for financing the delivery of occupational health services</p> <p>Prepare a global instrument for measuring the coverage of occupational health services</p> <p>Organize international forums for exchange of experience in basic occupational health services</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
Build core institutional capacities – national and local levels (Action 17) service delivery dissemination of information specialized expertise	Create a global information portal targeted specifically to basic occupational health services	Exchange of experience and practices in providing specialized support to the delivery of occupational health services, e.g. by centres of excellence, reference laboratories and back-up consultations
Develop of human resources for occupational health: (Action 18) post graduate training capacities for basic occupational health services workers' health in the training of primary health care staff	Stimulate international initiatives for capacity building for basic occupational health services Prepare training materials on basic occupational health	Develop global recommendations for professional profiles for curricula for OH experts; Organize and carry out international courses and online training Support the establishment of national training programmes in low- and medium income countries

Objective 4: to provide and communicate evidence for action and practice (Actions 20–22)

Expected Result	Indicators of Achievement
<i>Methods, indicators, criteria and information systems for surveillance of workers' health developed and made available along with technical support to targeted Member States and major stakeholder groups for improving the evidence base for action and practice and raising awareness about workers' health.</i>	Development and dissemination of global and regional reports on workers' health status and trends. Number of global, regional and sub-regional studies on the occupational burden of disease Number of international mass media citation of action by WHO, WHO Focal Points and Collaborating Centres in workers' health implemented in partnership with major stakeholders Number of global, regional and sub-regional workers' health indicators developed and tested in targeted Member States

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
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Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Design systems for surveillance of workers' health: (Action 20)</p> <p>national information systems</p> <p>workers' health indicators</p> <p>capacities to estimate burden of diseases and injuries</p> <p>registries of exposures, diseases and accidents</p> <p>early reporting, diagnostic and exposure criteria of occupational diseases</p> <p>occupational causes of diseases in ICD11 (Action 23)</p>	<p>Develop a set of global indicators for workers' health</p> <p>Prepare global report on workers' health</p> <p>Incorporate occupational causes of diseases in the alpha version of ICD11</p> <p>Collaborate with ILO on updating the list of occupational diseases</p>	<p>Review evidence for diagnostic and exposure criteria for occupational diseases</p> <p>Collect and analyse existing indicators for workers' health</p> <p>Provide evidence for burden of diseases studies</p> <p>Generate and review evidence and prepare recommendations for incorporation of occupational causes of diseases into the 11th revision of the ICD</p>
<p>Strengthen research on workers' health: (Action 21)</p> <p>special agendas</p> <p>practical and participatory research</p>	<p>Develop global research agenda for workers' health</p>	<p>Provide good practices and support the development of a global priority research agenda for workers' health: (Action 21)</p>
<p>Communication and awareness raising (Action 22)</p> <p>workers and employers</p> <p>policy-makers, media</p> <p>health practitioners</p>	<p>Develop and disseminate global newsletter on workers' health targeted to major stakeholders</p>	<p>Develop and implement international initiatives for communication and awareness raising among workers and employers, policy-makers, media, and health practitioners</p>

Objective 5. to incorporate workers' health into other policies

Expected Result	Indicators of Achievement
<p><i>Guidelines, tools and initiatives created in order to enable the health sector leadership to influence policies in other sectors so as to tackle health im-</i></p>	<p>Production by WHO, WHO Focal Points and Collaborating Centres and promotion in targeted Member States of sector specific guidance and tools for assessment of impacts on workers' health and economic costs and benefits in</p>

<p><i>pacts of workers of economic development, employment, trade, environmental protection, and education, and sectoral policies of priority branches of economic activity (agriculture, construction, transport, energy and industry)</i></p>	<p>priority branches of economic activity</p> <p>Number of network and partnerships with active participation of WHO, WHO Focal Points and Collaborating Centres to drive change in specific sectors, including an outreach communication strategy.</p> <p>Number of global, regional and national events conducted with WHO, WHO Focal Points and Collaborating Centres' technical support for improving policies related to workers' health in priority braches of economic activity</p> <p>Number of projects on workers' health developed with WHO, WHO Focal Points and Collaborating Centres' support that are being implemented under economic development, poverty reduction, trade, employment and environmental agendas of targeted Member States</p>
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Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Incorporation of workers' health into developmental policies (Action 24)</p> <p>economic development policies and poverty reduction strategies</p> <p>collaboration with private sectors to avoid international transfer of risks</p> <p>national plans and programmes for sustainable development</p>	<p>Prepare report “Making Workers’ Health a Part of Economic Development: Strategies and Solutions”</p> <p>Prepare guidance for workers' health impact assessment of economic development project</p>	<p>Carry out studies on economic benefits of workers' health</p> <p>Collect and disseminate good practices in incorporating workers' health in poverty reduction strategies</p> <p>Study workers' health practices and services in informal economy</p>
<p>Consideration of workers' health in the context of trade policies (Action 25)</p>		<p>Carry out analysis on international transfer of occupational risks and the relations between workers' health and international trade policies</p>
<p>Health impact assessment of employment policies (Action 26)</p>	<p>Carry out an analysis on linkages between employment and decent work agenda and global public health agenda as develop an action plan by 2015</p> <p>Prepare set of measures for implementing the recommendations of the Commission on Social Determinates of Health in the area of employment</p>	<p>Carry out international studies and develop methodologies and tools for health impact assessment of employment policies, for example labour migration</p> <p>Collect and disseminate good practices on mainstreaming health into employment and decent work agenda</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Environmental protection in relation to workers' health (Action 26)</p> <p>strategic approach to International Chemicals Management</p> <p>multilateral environmental agreements: Rotterdam, Basel, Stockholm</p> <p>environmental management systems</p> <p>climate change</p> <p>emergency preparedness and response</p>	<p>Develop measures to implement the occupational health and safety activities under the plan of action of the SAICM</p> <p>Develop guidance on using multilateral environmental agreements for protecting workers health</p> <p>Develop analysis of workers' health impacts of climate change and set of recommendations for action</p> <p>Prepare a concept for health security at the workplace</p>	<p>Study and analyse workers' health impacts related to climate change</p> <p>Review good practices and prepare recommendations on the occupational health and safety aspects of priority chemicals</p>
<p>Workers' health policies for economic branches with highest health risks (Action 27)</p>	<p>Prepare a package of measures and recommendations to protect and promote workers' health in agriculture in collaboration with FAO and ILO</p>	<p>Develop specific recommendations on protecting and promoting the health of workers in high-risk economic branches, such as agriculture, construction, transport.</p>
<p>Primary, secondary and higher level of education and vocational training (Action 28)</p>	<p>Stimulate the development of demonstration projects on youth training in occupational health and safety</p>	<p>Prepare methodologies and training materials for teaching pupils and students about occupational health and safety in the course of primary, secondary and higher level of education and vocational education.</p>

Appendix table 2. GPA Priority Initiatives and Total Project Numbers reviewed at the Planning Meeting of WHO CCs, Munich, 15–16 September 2008

	Total GPA Projects and Current Projects for each Priority Area
<p>GPA1: Devise and implement policy instruments on workers' health Responsible for Objective 1: Claudina Nogueira</p> <p>Priority: Develop guidance for national action plans on workers' health, including vulnerable groups (Action 1.9). Projects include inventory of action plans, evaluation of national plans and lessons learned. <i>CC Initiative Leader:</i> <i>WHO/Regional/HQ lead:</i></p> <p>Priority: Develop and disseminate evidence-based prevention tools and raise awareness for the elimination of silica-related diseases (Action 1.10). Projects include interventions for primary prevention, and training on silica toolkits. <i>CC Initiative Leader:</i> <i>WHO/Regional/HQ lead:</i></p> <p>Priority: Develop and disseminate evidence-based prevention tools and raise awareness for the elimination of asbestos-related diseases (Action 1.10). Projects include mapping what exists in various countries, gaps (including legislation and enforcement) and tools for countries and development banks. <i>CC Initiative Leader:</i> <i>WHO/Regional/HQ Initiative Leader: Ivan Ivanov</i></p> <p>Priority: Conduct studies and develop evidence-based tools and information materials for the comprehensive protection and promotion of health for health care workers, emphasizing HBV immunization. (Action 1.10). Projects include guidance documents, assistance to countries for implementing programs, and training on national programs. <i>CC Initiative Leader:</i></p>	44

<p><i>WHO/Regional/HQ responsible: Susan Wilburn</i></p>	
<p>GPA2: Protect and promote health at the workplace Responsible for Objective 2: Stavroula Leka and Aditya Jain</p> <p>Priority: Develop practical tools for the assessment and management of occupational risks (with a focus on chemical, physical and psychosocial risks) (Action 2.11). Projects include inventory, framework document, mapping of use and types of tools, evaluation, and definition of toolkits.</p> <p><i>CC Initiative Leader:</i> <i>WHO headquarters lead:</i></p> <p>Priority: Develop a global framework and guidance on healthy workplaces (Action 2.13). Projects include review of effectiveness of existing programmes for healthy workplaces, and development of tools for creating healthy workplaces.</p> <p><i>CC Initiative Leader:</i> <i>WHO headquarters responsible: Evelyn Kortum</i></p> <p>Priority: Develop sectoral toolkits for the assessment and management of occupational risks in the most hazardous sectors (with a focus on agriculture, construction and transport) (Action 2.15). Projects include guidance on best practices for assessment and management of occupational risks and development of sector specific training materials and programmes.</p> <p><i>CC Initiative Leader:</i> <i>WHO headquarters responsible: Evelyn Kortum</i></p>	<p>43</p>
<p>GPA3: Improve the performance of and access to occupational health services Responsible for Objective 3: Timo Leino</p> <p>Priority: Establish basic occupational health services that are relevant, accessible, acceptable, affordable and of good quality.(3.16), including: collection of good practices for organization and delivery of BOHS for underserved populations, review of financing models, hosting international forums, and adaptation and dissemination of informational products.</p> <p><i>CC Initiative Leader: Timo Leino</i></p>	<p>48</p>

<p><i>WHO Regional//HQ responsible: Ivan Ivanov</i></p> <p>Priority: Create or participate in national and regional stakeholder coalitions and exchange practical and scientific support to expand the delivery of basic occupational health services (Action 3.17). Projects include conferences, participation in existing programs, best practices documents, and GeoLibrary.</p> <p><i>CC Initiative Leader:</i></p> <p><i>WHO headquarters lead:</i></p> <p>Priority: Adapt and disseminate curricula and training for international capacity building in occupational health, including for basic occupational health services (Action 3.18). Projects include technical assistance to countries, organizing and conducting international courses and online training, and establishment of national training programmes in low and medium income countries.</p> <p><i>CC Initiative Leader: Leslie Nickels</i></p> <p><i>WHO headquarters responsible:</i></p>	
<p>GPA4: Provide and communicate evidence for action and practice **</p> <p>Responsible for Objective 4: Jo Harris-Roberts and Ed Robinson</p> <p>Priority: Encourage practical research on emerging issues, nano-materials and climate change (Action 4.21). Projects include communication with low and medium income countries of interventions to ensure worker health.</p> <p><i>CC Initiative Leader:</i></p> <p><i>WHO/Regional/HQ lead:</i></p>	39
<p>GPA5: Incorporate workers' health into non-health policies and projects***</p> <p>Responsible for Objective 5: Wendy Macdonald</p> <p>Priority: Collate and conduct studies to clarify the economic benefits of workers' health (Action 5.24)</p> <p><i>CC Initiative Leader:</i></p>	18

<p><i>WHO/Regional/HQ lead:</i></p> <p>Priority: Develop specific and relevant recommendations to manage risks associated with the effects of globalization on workers' health (Action 5.24). Projects include guidance for development banks and non-health sector entities to improve workers' health and safety.</p> <p><i>CC Initiative Leader:</i></p> <p><i>WHO/Regional/HQ lead:</i></p>	
<p>Total AA Projects</p>	<p>192</p>

** One project will call together experts to assist WHO to assess and plan incorporation of occupational risks into the ICD11 update.

*** One project will call together experts from health and non-health sectors to contribute to strategies and solutions of WHO GPA priorities.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
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IMPLEMENTATION OF THE GLOBAL PLAN OF ACTION OF WORKERS' HEALTH IN THE EUROPEAN REGION - REPORT OF THE SIXTH MEETING OF EUROPEAN NETWORK OF WHO COLLABORATING CENTRES IN OCCUPATIONAL HEALTH,

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