



Implementing the Global Plan of Action on Workers' Health in the WHO European Region

**Report of the National workshop on occupational
health services for vulnerable workers and the
fourth meeting of the South-eastern European
Network on Workers' Health**

**Institute of Occupational Health, WHO Collaborating
Centre
Skopje, the former Yugoslav Republic of Macedonia
24–25 November 2008**

ABSTRACT

The National workshop on occupational health services for vulnerable workers and the fourth meeting of the South-eastern European (SEE) Network on Workers' Health were held at the Institute of Occupational Health, WHO Collaborating Centre for Occupational Health, Skopje, the former Yugoslav Republic of Macedonia, on 24 and 25 November 2008. The theme of the workshop was how to identify vulnerable groups in need of basic occupational health services.

The aim of the National workshop was to identify high-risk sectors, vulnerable groups and underserved populations in need of basic occupational health services, and to draft policy recommendations on improving the quality of and access to those services.

The members of the SEE Network on Workers' Health agreed that the Network should play a proactive role and have specific tasks in the implementation of the WHO Global Plan of Action on Workers' Health 2008–2017 in the SEE subregion. The outcome of the National workshop and the SEE Network meeting should provide further guidance for implementation of the Global Plan of Action in south-eastern Europe and the WHO European Region.

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Executive summary

1. A total of 57 participants, including 48 key stakeholders representing the Ministry of Health, the Ministry of Labour, the State Labour Inspectorate, the Sanitary and Health Inspectorate, the University Medical Faculty, the School of Public Health, the trade unions, the employers' confederation, the Republic Institute for Health Protection, the Institute of Occupational Health, the Society of Occupational Medicine Specialists and the Safety at Work Association of the former Yugoslav Republic of Macedonia, and representatives of 9 member countries of the South-eastern European (SEE) Network on Workers' Health attended the intersectoral National workshop on occupational health services for vulnerable workers at the Institute of Occupational Health, WHO Collaborating Centre for Occupational Health, in Skopje, the former Yugoslav Republic of Macedonia on 24 November 2008.
2. The theme of the meeting was how to identify vulnerable groups in need of basic occupational health services, and the agenda included a presentation of the workplan for the implementation of the WHO Global Plan of Action on Workers' Health 2008–2017 (GPA) in the European Region in the period 2008–2012, a presentation of the activities conducted under the Biennial Collaborative Agreement (BCA) between the Ministry of Health of the former Yugoslav Republic of Macedonia and the WHO Regional Office for Europe concerning vulnerable workers, in the framework of GPA Objective 1, a report on the Government's preventive programmes on occupational health for unemployed workers and agricultural workers, reports on the preliminary results of aspects of the preventive programme for unemployed workers, the national survey to identify vulnerable workers, and the availability of occupational health services. The SEE Network members also presented the views and experiences of SEE countries. In addition, the working groups discussed selected thematic areas in detail to identify needs and priorities at national and regional levels, and policy recommendations for improving the quality of and access to occupational health services for vulnerable workers.
3. The fourth meeting of the SEE Network on Workers' Health was held on 25 November 2008, with the participation of representatives of 9 SEE countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia, and Turkey. The meeting recommended that the Network, which is supported by the European Centre for Environment and Health of the WHO Regional Office for Europe, should take an active role in GPA implementation in the European Region and the south-eastern European subregion.
4. In addition to the reports and recommendations of the working groups, the participants approved general conclusions and recommendations.
5. The participants expressed their warm gratitude and appreciation to the Institute of Occupational Health, WHO Collaborating Centre for Occupational Health, Skopje for the excellent organization of and arrangements for the National workshop on occupational health services for vulnerable workers and the fourth meeting of the SEE Network on Workers' Health.

National workshop on occupational health services for vulnerable workers

The intersectoral National workshop on occupational health services for vulnerable workers was held at the Institute of Occupational Health, WHO Collaborating Centre for Occupational Health, in Skopje, the former Yugoslav Republic of Macedonia on 24 November 2008. A total of 57 participants, including 48 key stakeholders representing the Ministry of Health, the Ministry of Labour, the State Labour Inspectorate, the Sanitary and Health Inspectorate, the University Medical Faculty, the School of Public Health, the trade unions, the employers' confederation, the Republic Institute for Health Protection, the Institute of Occupational Health, the Society of Occupational Medicine Specialists and the Safety at Work Association, and representatives of 9 member countries of the South-eastern European (SEE) Network on Workers' Health, attended the workshop.

Dr Musa Semsî, Director of the State Health and Sanitary Inspectorate, Ministry of Health of the former Yugoslav Republic of Macedonia, opened the meeting on the behalf of the Ministry, expressing his pleasure at being able to welcome the participants. Workers' health had an important place on the Government's European agenda and the meeting was a real opportunity for national experts and stakeholders, as well as experts from the SEE countries, to share experience and knowledge on the issue.

Dr Marija Kisman, head of the WHO Country Office, welcomed the participants, thanking the WHO Collaborating Centre, the Institute of Occupational Health, for hosting the meeting. The WHO Country Office strongly supported the host institution in the successful implementation of the activities planned under the BCA.

On behalf of the WHO Regional Office for Europe, Dr Rokho Kim, occupational health programme manager at the European Centre for Environment and Health, welcomed the participants. He thanked the Institute of Occupational Health and the WHO Country Office for organizing the meeting, and looked forward to two productive days of work. He underlined the significance of the event in promoting joint activities to support the implementation of the WHO Global Plan of Action on Workers' Health (GPA) at national and subregional levels.

Professor Jovanka Karadzinska Bislimovska, Director of the WHO Collaborating Centre in Skopje, introduced the agenda of the two-day meeting.

Professor Karadzinska Bislimovska chaired the meeting, Dr Rokho Kim was vice-chair, and Dr Roza Naumoska, of the occupational health services at Prilep Health Centre, was rapporteur. The programme of the meeting and the list of participants are attached as Annex 1 to this report. *Basic occupational health services*, by Professor Jorma Rantanen, translated into Macedonian, and the GPA also translated in Macedonian are added as separate documents.

Scope and purpose of the meeting

The GPA was endorsed by the Sixtieth World Health Assembly in May 2007. It addresses different aspects of workers' health, including primary prevention of occupational risks, protection and promotion of health at work, work-related social determinants of health, and improving the performance of health systems. At its fifty-seventh session in September 2007, the

WHO Regional Committee for Europe recommended the adoption and implementation of the GPA in the WHO European Region. The first objective of the GPA is “to devise and implement policy instruments on workers’ health”; the Plan notes that national policy frameworks should include measures to minimize gaps between different groups of workers such as those working in high-risk sectors, vulnerable groups (younger, older, female and migrant workers) and underserved populations.

The Ministry of Health of the former Yugoslav Republic of Macedonia and the WHO Regional Office for Europe agreed on the inclusion of implementation of the GPA in the country’s BCA because the provision of basic occupational health services (BOHS) to vulnerable groups was a priority for the public health services in 2008–2009. In that context, the Institute of Occupational Health carried out a survey to identify vulnerable groups in need of BOHS, and organized the National workshop on occupational health services for vulnerable workers.

The aim of the workshop was to identify high-risk sectors, vulnerable groups and underserved populations in need of BOHS, and to draft policy recommendations to improve the quality of and access to those services.

The fourth meeting of the SEE Network on Workers’ Health was held the following day, to allow SEE Network members to share recent advances in the area of occupational health. The participants discussed the next steps to be taken in common tasks, notably in the area of policy recommendations (GPA Objective 1) and professional capacity building in BOHS (GPA Objective 3).

The outcomes of the National workshop and of the SEE Network meeting should provide further guidance for implementation of the GPA in south-eastern Europe and the European Region.

How to identify vulnerable groups in need of basic occupational health services

Dr Rokho Kim described the key points of the occupational health situation in countries in the WHO European Region, and presented the main elements of the workplan for GPA implementation in the Region in 2008–2012. Three documents were milestones at European level: the *Tallinn Charter on Health Systems for Health and Wealth* (2008), the report of the WHO Commission on Social Determinants (2008) and the GPA (2007). He presented the *WHO Global Plan of Action on Workers’ Health 2008–2012: workplan for implementation in the European Region*, which focused on the specific problems of vulnerable workers.

Occupational risks were among the top 10 factors contributing to the burden of disease in the WHO European Region, and demanded an integrated approach: health inequalities were obvious, globalization and economic transitions were emerging, old problems were still in evidence, and new international instruments provided guidance for work in the area. The GPA represented an opportunity to develop occupational health and safety activities at global, regional and country levels. It was important to have government leadership in the implementation of the GPA, with the participation of employers and workers. Programmes needed to be adapted to national specificities and priorities. Vulnerable workers and high-risk sectors were target groups specified in Objective 1 of the GPA. WHO headquarters and the regional offices had a key role to play in providing a support system to help countries improve workers’ health. The BCAs between health

ministries and the WHO Regional Office for Europe offered a great opportunity for joint activities in the countries in SEE subregion: Croatia (capacity building and strengthening the system); Serbia (BOHS, national policies); and the former Yugoslav Republic of Macedonia (capacity building and vulnerable workers). The active role of the SEE Network on Workers' Health could be crucial in organizing joint activities to implement the GPA in both SEE countries and the European Region as a whole.

Professor Karadzinska Bislimovska presented Objective 1 of the GPA: to develop and implement policy instruments for workers' health, with special emphasis on vulnerable workers (Action 9), through an account of the BCA activities in the former Yugoslav Republic of Macedonia. The national policy framework included measures to minimize gaps between different groups of workers such as those in high-risk sectors, vulnerable groups (younger, older, female and migrant workers) and underserved populations. There were three main areas of action: the national health policy, the European Union (EU) agenda, and the relevant WHO documents; the BCA activities 2008–2009 focused on the main goal of achieving a strengthened health system to address the occupational health risks of vulnerable groups. The results of the National survey to identify vulnerable workers and the availability of occupational health services, to be presented during the meeting, would form the basis for recommendations on occupational health services for vulnerable workers. There was a need for further development of legislation and standards in health and safety at work, and the introduction of new models of occupational health services, including the concept of BOHS, in order to improve quality and availability. Over the previous three years, the preventive occupational health programmes aimed at vulnerable workers (unemployed and agricultural workers), supported by the Ministry of Health and covered by the Government budget, represented a substantial step forward in health protection and promotion for the working population of the former Yugoslav Republic of Macedonia.

On behalf of the Ministry of Health, Dr Jovanka Kostovska, head of the preventive department, appreciated the contributions of the Ministry of Health, the Institute of Occupational Health and the WHO Collaborating Centre, Skopje to the successful development and strengthening of the national occupational health policy. She started by explaining the main concept behind the strategic planning of health care development, oriented to better health for all, led by the Ministry of Health. One of the milestones in the process was the health care and prevention programme, with 23 separate areas of work in specific fields of public health, covered by the Government budget. In the framework of the programme, the Government had, in 2007, for the first time, adopted special preventive programmes focused on health prevention and health promotion for specific vulnerable groups/sectors of workers: the preventive programme to evaluate the health condition and work ability of the unemployed, and the programme for analysis and prevention of occupational risks in the rural population.

They represented a significant step forward in national public health policy, with the unemployed and agricultural workers recognized as very important vulnerable groups needing societal and institutional support. The programmes also promoted the availability of occupational health services through the BOHS concept and supported the Institute of Occupational Health, a WHO collaborating centre, in the implementation of WHO activities at national level.

Dr Snezana Risteska-Kuc, also from the Institute of Occupational Health in Skopje, presented the main lines of the preventive programme for unemployed workers and the public occupational health network in the former Yugoslav Republic of Macedonia. Unemployment was a serious problem, especially in developing countries and countries in sociopolitical and economic transition, including the former Yugoslav Republic of Macedonia, which had an unemployment level of about 35%. She explained the importance of the programme in the country, focusing as it did on occupational health with a public health approach (adoption of the first preventive occupational health programme in 2007, the coordination and functioning of the public occupational health services) and national aspects of its implementation (demonstration of Government commitment to a healthy working population). The programme implementation and results were presented, with specific reference to detection of the main health risks in the unemployed population in the country (cardiovascular and neurotic disorders), and to prevention and health promotion activities. The National public health network on occupational health services, led by the Institute of Occupational Health, played an important role in programme activities promoting the new model of occupational health services in the country.

Dr Jordan Minov described the main points of the preliminary report of the National survey to identify vulnerable workers and the availability of occupational health services. The survey had taken the form of a questionnaire-based study, and included different stakeholders and key players in the process of improving health and safety at work: representatives of the Ministry of Health, the Ministry of Labour, the State Labour Inspectorate, the Sanitary and Health Inspectorate, the University Medical Faculty, the School of Public Health, the trade unions, the employers' confederation, the Republic Institute for Health Protection, the Institute of Occupational Health, the WHO Collaborating Centre, the Society of Occupational Medicine Specialists and the Safety at Work Association. The questionnaire had been developed in collaboration with WHO, and considered the informal sector, the unemployed, female workers, workers aged under 18, workers aged over 55, and workers in the construction, agriculture, textile and health care sectors as vulnerable groups/sectors. For most of the questions, the Likert scale method was used, and the study subjects were instructed to use their professional opinion in completing the questionnaire. All groups/sectors examined were evaluated as being at high risk of occupation-related health problems by over 70% of the respondents. Construction, agricultural and older workers were evaluated as being at highest risk of such problems, as well as having poor health status. All the groups/sectors examined were considered to have good availability of primary health care services, while agriculture, the unemployed, the informal sector and young workers were evaluated as having poor availability of occupational health services. The results of the study indicated that incorporating the BOHS concept into the public primary health care system would be a good way of improving health and safety at work for the vulnerable groups/sectors in the country.

Dr Vera Basarovska presented the research conducted in autumn 2007 as part of the preventive programme to evaluate the health condition and work ability of the unemployed, focusing on chronic stress and unemployment. Unexpected job loss could provoke an acute reaction of stress, but long-term unemployment could cause chronic stress, which leads to poor health. The aim of the study was to define the conditions that can cause chronic stress, to assess the effects of stress on health and to determine the level of stress among the unemployed. The study included N= 200 male subjects: 150 unemployed and a control group of 50 oil refinery workers.

The study questionnaire consisted of three instruments: a questionnaire for evaluating the influence of unemployment on health (Institute of Occupational Health, Skopje), a stress event

questionnaire, and *What is your stress index?* (Canadian Mental Health Association). The data showed that the most stressful circumstances are: long duration of unemployment (84%), and financial problems in the following order: difficulty in paying bills: 79.3%; lack of money for food and household expenses: 73.3%; lack of money for medical expenses: 72%. The study suggested that the unemployed are strongly exposed to chronic stress, which provokes significantly more frequent psychological (more than 60%) and cardiovascular (38%) health problems than those found in a control group of workers.

Views and experiences of SEE countries

The representatives of the SEE countries presented their views and experiences.

Dr Hajdar Luka from the Occupational Health Unit, Public Health Institute, Tirana, Albania spoke about occupational health and safety, which, in Albania, came under the remit of the Ministry of Health and the Institute of Public Health.. The organization and implementation of occupational health and safety was guaranteed in the Constitution, and the Government was obliged to protect health and provide safety in the workplace. The Labour Court laws guaranteed safety in the workplace, made the reporting of accidents at work compulsory, listed hazards at work, regulated the maintenance of good working conditions and safe equipment, and established norms for air pollution, vibration and radioactivity levels. Current activities focused on exposure and risk assessment, preventive health examinations, workplace promotion, general surveillance, health data, education and quality assurance. Many guidelines and proposals had been introduced to implement the provisions of International Labour Organization (ILO) conventions and directives. Future steps included the development of occupational safety and health standards, the introduction of a national law on occupational safety and health, collaboration with the other international organizations, and training for inspectorate staff according to international standards.

Professor Nurka Pranjic, of the Department of Ecology and Occupational Health, Medical Faculty, Tuzla, Bosnia and Herzegovina emphasized that the high unemployment and poverty in Bosnia and Herzegovina meant that almost all working groups were considered vulnerable. Outdated facilities and equipment, ageing workers, poor economic conditions, outdated standards in occupational health, and the lack of any strategy for the development of occupational health and safety were the main problems. Bosnia and Herzegovina had a long tradition of occupational health but the most vulnerable groups were still those at the highest risk: construction and industrial workers, miners and probably agricultural workers, although there were no proper data on the latter. Around 75% of the working population was at high risk, exposed to well known hazards at work; health disorders resulting from noise and vibrations, allergies and musculoskeletal disorders were leading work-related diseases. Globalization and new jobs created new risk factors: violence, bullying, stress, etc., that affected the mental health of the workers. The current challenges in Bosnia and Herzegovina were: lack of an adequate system for risk assessment and monitoring, inadequate government support, absence of preventive measures, lack of training courses for workers on safety at work, lack of regular inspections, and shortage of capacities and teams in the occupational health services. The aim was to use a multidisciplinary approach to develop a new strategy for health with priorities for all workers.

Professor Emilija Ivanovich, National Centre of Public Health Protection, WHO Collaborating Centre, Sofia, Bulgaria focused on the implementation of the GPA in Bulgaria, after the

restructuring of the workers' health system and the harmonization of national legislation, which had given rise to difficult new problems. The current situation needed to be evaluated and new policy priorities implemented on the basis of a revised national profile. The global economic crisis meant that unemployed workers were a vulnerable group, along with workers in the informal sector, and both older and younger workers. Bulgaria was concentrating its activities on GPA Objective 1, revising and developing new instruments, minimizing health gaps in terms of high risks, and considering ageing workers. According to indicators such as accidents at work, occupational diseases and increasing compensation fees for ageing workers, the number of fatal accidents had increased, indicating a shortcoming in the preventive culture of workers' awareness of health and safety on many levels. Another focus of attention was stress at work. Compared to other countries, in terms of organization and pace of work, and job content, Bulgaria had a higher percentage of workers in high-risk sectors, highly centralized organization of work and a low level of worker autonomy. A study of the effects of ageing in workers with high levels of stress at work showed that cardiovascular risks and complaints were significantly higher among older workers, and that not only the worker's health status but the psychological components too could be taken as predictors for work ability.

Dr Milan Milosevic, Department of Environmental and Occupational Health, Andrija Stampar School of Public Health, Medical Faculty, Zagreb, Croatia presented the findings of a five-year survey of 2900 health care workers, on stress at work, work ability and life quality of health care workers as vulnerable group. The high level of responsibility, ethical dilemmas, care for patients, shift work, the 24-hour on-call system, the biological and physical hazards, and the lack of trained personnel were all characteristics that made the group vulnerable. The aim was to assess and monitor work-related stress, quality of life and work ability among health care workers in Croatian hospitals, using the Occupational stress assessment questionnaire for hospital health care workers and the Work ability questionnaire, the short WHO quality of life assessment (WHOQOL-BREF) questionnaire, and the Quality of life assessment. The work ability index was higher for men, younger workers and more highly educated workers.

The focus was on psychosocial factors at work and the stressors considered were workplace organization and administration, primarily: inadequate workplace, lack of communication, work overload, bullying and shift work. The quality of life index was unsatisfactory for environment and workplace (lower than 60%). Significant predictors for better work ability were: male gender, higher intellectual demands, lower exposure to hazards, and younger age.

In order to build a health care system compatible with the psychological, social and physical characteristics of health care professionals, to improve the quality of health care – which was of great importance to the patient's safety – social coherence and democratic sustainability in general, there was a need for a programme and social policies for health care workers, with adequate emphasis on stress prevention and improvement of work ability, prevention of diseases connected with stress, and prevention of early retirement.

Dr Liljana Kezunovic, Department of Occupational Health, Podgorica, Montenegro noted the absence in her country of any state institution to manage the GPA, and of any institutional or financial support. Many infrastructural shortcomings were still unresolved. The draft documents - the National Strategy for Health and Safety at Work and Action Plan were still awaiting official approval. There was great willingness and capability in the country to continue activities based on the long tradition in occupational health, the experience accumulated and the existence of the Department for Occupational Health in the Medical School. The occupational health

service did not cover vulnerable groups or other high risk groups of workers: workers in construction, tourism and agriculture, the unemployed, illegal workers, health care workers, or immigrants. A survey had therefore been carried out to examine the influence of stress on health care workers, taking a representative sample of 6595 employees in the public sector. Another project was planned to look at the Roma workforce, numbering more than 20 000, because of the many specific features of that population group. The migrant workforce, workers in tourism and the unemployed also represented a large group of workers not covered by the system, with poor socioeconomic status, harmful lifestyle habits, unknown medical records and unknown levels of work ability or disability. There was a clear need for collaboration at local and state levels, information to trade unions and employers, collaboration at regional level such as the SEE Network on Workers' Health, collaboration at international level (WHO, ILO, International Commission on Occupational Health (ICOH)) and successful cooperation with the new WHO Country Office in Montenegro (methodological and financial support, workers' health activities under the BCA).

Dr Liliana Rapas, of the Occupational Health Office, Public Health Authority, Ministry of Public Health, Bucharest, Romania discussed occupational health services for vulnerable groups in the country. Of Romania's working population of seven million, vulnerable groups included migrants, women, young people and the disabled. The occupational health specialists also considered workers with chronic diseases or immunodeficiency, and untrained and undertreated workers as vulnerable workers at high risk. The current legislative framework for safety and health considered only women, younger and disabled workers as vulnerable. Those groups did have access to occupational health and external protection services, in accordance with European Union (EU) directive 89/391/EEC. The increasing number of migrants was a new emerging risk. The strategy for social safety of migrants was enforced through local regulations and a commission for the social safety of migrants, established in 2008 with representatives from different ministries, the National Agency for Occupational Health, and national insurance bodies. Occupational health surveillance for younger workers (15–18 years old) was the responsibility of family doctors or the employers' occupational health services, and was regulated by 10 legislative acts. Government information and awareness-raising campaigns on high risks at work had, since 2007, focused on the protection of young workers. The protection of pregnant women at work was regulated by a law from 2003 and other norms from 2004, in accordance with the ILO maternity protection convention. Workers aged over 60 received the same occupational health surveillance as other workers and retired workers had beneficial health and social provision. Special focus was put on ergonomic design for disabled workers. However, there was still a gap between legislation and implementation that needed to be more directly addressed in the future.

Professor Petar Bulat, Institute of Occupational Health and Radiological Protection, WHO Collaborating Centre, Belgrade, Serbia presented the situation of occupational health in the country and the activities of the Institute for Occupational Health under the BCA with the WHO Regional Office for Europe. Established in 1953, the Institute of Occupational Health became a teaching part of Belgrade University in 1960. It was designated a WHO collaborating centre in 1984, joined the Clinical Centre in 1986, and should become independent in 2009. Its staff comprised around 140 employees, a number expected to continue to increase, and 30 medical doctors. The BCA started in 2008 and the current focus was on improving occupational health capacities and the coverage of vulnerable groups. Blood monitoring of Roma children in Kosovska Mitrovica because of lead exposure had continued. Workplace risk assessment in the health care sector was another ongoing project for the Clinical Centre in Serbia, covering about

7500 employees; it aimed to identify risks and propose controls. Other activities included developing a national policy and action plan, and completing the occupational health capacities survey and the national health and safety profile. More than 90 parallel activities had been undertaken in the context of the BOHS, and a new register of occupational diseases and injuries was being developed at the Institute for Occupational Health, with the intention of changing the position of medical doctors in the registration system. Their field of action was to expand to include environmental problems.

Dr Buhara Onal, Department of Occupational Health, Ministry of Labour, Ankara, Turkey gave a general description of the occupational health situation in Turkey, the legislative framework, and future studies and steps. The organization of BOHS in Turkey was governed by the Labour Law, and was obligatory for employers with more than 50 employees, who were required to establish occupational health care units at enterprise level. However, approximately 85% of the working population had no access to such services and half of the working population was employed in the service sector. The majority of women and young people worked in agriculture and the informal sector. Subregulations of the Labour Law took into consideration workers in high-risk sectors, making worker's health examinations and health reports compulsory. The BOHS had since been recognized by the Government and some activities had already been undertaken. In 2007, a meeting on BOHS was organized and coordinated with ILO, WHO, ICOH, the Ministry of Health, the Ministry of Labour, the Social Security department and other social partners. The fifth International occupational health and safety conference on the unique model of BOHS had been held earlier in the year. Its recommendations were aimed at improving national policy and strategy, stakeholder participation, legislation and implementation, effective inspection and best practices. A draft act on the occupational health services had already been prepared in accordance with EU directives, specifying the vulnerable risk groups as women, younger, older and disabled workers, and proposing coordination with the Ministry of Health.

In the discussion, participants debated the various questions concerning vulnerable workers, high-risk sectors and underserved populations, and offered possible solutions. They agreed that, though discussion and exchanges of opinions and experiences, the working groups in the parallel sessions could provide relevant recommendations for improving the quality of and access to occupational health services for vulnerable workers.

Identification of needs and priorities at national and regional levels and policy recommendations for improving the quality of and access to occupational health services for vulnerable workers

The plenary session was followed by the three parallel sessions aimed at identifying the needs and priorities at national and regional levels and producing policy recommendations for improving the quality of and access to occupational health services for vulnerable workers. The three working groups, consisting of both national and international participants, focused on three main issues related to vulnerable workers/sectors:

- legislation and policy framework in occupational health focusing on vulnerable workers;
- BOHS models and activities in respect of vulnerable workers; and
- health promotion in the workplace: how to raise awareness of occupational health and safety issues among vulnerable workers.

Working group 1: legislation and policy framework in occupational health focusing on vulnerable workers

The first working group consisted of representatives of the Ministry of Health, the State Health and Sanitary Inspectorate, the trade unions, the employers' confederation, and the occupational health services, as well as experts from SEE countries.

The main priorities identified by the group were the development, reviewing and updating of national occupational health and safety legislation, on the basis of ILO conventions and EU regulations, focusing on vulnerable workers/sectors and underserved populations. Occupational health policy development at national level in all SEE countries should be focused on BOHS and their improvement in terms of capacities, effectiveness and efficiency; the accessibility of occupational health services should be extended to cover vulnerable groups, the unemployed and the informal sector; and the BOHS model at national and regional levels should be accredited by the Ministry of Health, its main emphasis being on the preventive public health approach. Social dialogue and greater involvement of both employers and workers in the development of workers' health were needed. There was an urgent need for cooperation and joint activities between the Ministry of Health, the Ministry of Labour and the Labour Inspectorate. The discussion highlighted the need for financial support from the Government for the implementation of the specific occupational health activities for vulnerable workers.

Recommendations:

- Further develop and update occupational health and safety legislation, policy and system, on the basis of ILO and EU standards, for all workers, including vulnerable groups and sectors.
- Establish a national action plan on occupational health and safety, taking an intersectoral approach.
- Encourage implementation by the Ministry of Health of a special regulation governing accredited occupational health services, and promoting the BOHS concept with a public health approach.
- Introduce national preventive programmes for specific vulnerable groups (unemployed, agricultural, health care workers, etc.).
- Introduce a special act and regulations to promote intersectoral work and cooperation, with integrated management between the ministries, and establish a multistakeholder committee at national level.
- Strengthen the joint activities of the SEE Network on Workers' Health in this respect.
- Encourage greater commitment from WHO and ILO to produce recommendations for government authorities.
- Strengthen the commitment of the Ministry of Health to implement the GPA and the global and European workplans.

Working group 2: BOHS models and activities in respect of vulnerable workers

The second working group was composed of medical doctors specialized in occupational medicine, and representatives of the Society of Occupational Medicine Specialists, the Ministry

of Health, the University Medical Faculty and the Safety at Work Association, together with experts from the SEE countries.

The group considered that occupational health should be a priority on the national agenda, including the establishment and development of the concept and different models of BOHS in the national occupational health system and policy, making use of existing capacities and infrastructure. The concept of BOHS was recognized as being applicable to all workers, especially vulnerable workers and sectors, in all SEE countries, and the SEE Network should promote and disseminate adequate information on the issue. Introducing a public health approach to worker's health/occupational health in the occupational health and safety system was recommended as one way of ensuring equality for workers' health. There was a need for quality assessment, accreditation and quality assurance of occupational health services.

Recommendations:

- Establish and develop the concept and different models of BOHS in the national occupational health system and policy, especially those concerning provision of occupational health services for vulnerable workers.
- Promote multidisciplinary principles (involvement of safety at work engineers in occupational health service activities) and the public health approach.
- Establish a better system for monitoring occupational health services and a quality assurance system, and define minimum requirements.
- Develop special preventive programmes for specific vulnerable groups/high-risk sectors (unemployed, agricultural and health care workers, workers with disabilities, etc.).
- Design and develop a registration method and information system for occupational health and safety.
- Strengthen and develop capacity building for occupational health professionals, and training and education for different target groups.
- Offer the support of the SEE Network for activities to promote exchange of experiences and knowledge, through the organization and development of various educational modules, workshops and seminars in the subregion.
- Encourage participation by the Ministry of Health and the Ministry of Labour in development of the budget and social policy to ensure financial sustainability of services to the benefit of national health care for vulnerable workers and underserved populations.

Working group 3: health promotion in the workplace: how to raise awareness of occupational health and safety issues among vulnerable workers

The third working group consisted of representatives of the Institute of Occupational Health, the University Medical Faculty, the School of Public Health, the Republic Institute for Health Protection, the Society of Occupational Medicine Specialists, the Safety at Work Association, and experts from SEE Network member countries.

The participants discussed health promotion activities in the workplace, concerning all workers and with special focus on vulnerable workers. One of the priorities should be occupational health for all workers, through the provision of health promotion activities in the workplace for

different groups of workers. A national programme should be established to promote health and safety in every workplace. More collaboration between different sectors was recommended. Guidelines for vulnerable groups (young and older workers, agricultural workers, health care workers, the unemployed and migrant workers) should be made available to health professionals and workers. The participants agreed that the SEE Network should play an important and valuable role in establishing and implementing the GPA and health promotion programmes in SEE countries.

Recommendations:

- Develop a national policy in the field of health promotion in different settings for different target groups.
- Establish a national health programme to promote health and safety in every workplace, with special focus on vulnerable groups/sectors of workers.
- Introduce national and local projects and campaigns.
- Plan and carry out multimedia activities (publications, brochures, commercials, documentaries, movies, projections, web pages).
- Organize and conduct round tables, workshops, conferences and seminars by occupational health services, local and national authorities and ministries.
- Include provision for these groups in the curricula of the School of Public Health.
- Organize open social events within companies.
- Recognize the SEE Network on Workers' Health as a good forum for collaboration in the field of health promotion activities in SEE countries

The final plenary session heard the working group reports and, after a lively discussion, concluded with a summary of the recommendations and future steps.

Fourth meeting of the SEE Network on Workers' Health

The fourth meeting of the SEE Network on Workers' Health was held on Tuesday 25 November 2008, with the participation of SEE Network members from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia and Turkey, as well as Dr Rokho Kim of the WHO Regional Office for Europe.

Professor Jovanka Karadzinska Bislimovska, from the WHO Collaborating Centre in Skopje, and Dr Rokho Kim, from the European Centre for Environment and Health, were elected co-chairs of the Meeting, and Dr Snezana Risteska-Kuc of the Institute of Occupational Health, WHO Collaborating Centre in Skopje, was elected rapporteur.

Professor Karadzinska Bislimovska, Coordinator of the SEE Network on Workers' Health, opened the meeting and thanked the Network members for their significant contribution to the previous day's National workshop on occupational health services for vulnerable workers. On the behalf of the Network, she also thanked Dr Kim for his strong support for the Network's activities at national and subregional levels.

Dr Rokho Kim, occupational health programme manager at the European Centre for Environment and Health, WHO Regional Office for Europe was pleased to welcome the participants, and pointed out the continuous progress and outcomes of the Network activities since its first meeting in Skopje, through the Dubrovnik, Tuzla and Groznan meetings. Since 2006, when Dr Kim had joined the occupational health programme, the WHO Regional Office for Europe had expressed great interest in encouraging the ministries of health in the subregion to take action on occupational health issues.

The WHO Regional Office for Europe supported the SEE countries, recognizing their real potential, their mature internal capacities and their human resources capable of making progress through BCA activities (Croatia, Serbia, the former Yugoslav Republic of Macedonia) and in implementing the GPA at national and European levels.

Aim of the meeting

The aim of the fourth meeting of the SEE Network on Workers' Health was to discuss further activities in GPA implementation in the European Region and the south-eastern European subregion, on common tasks, especially in the area of policy recommendations (GPA Objective 1) and professional capacity building in BOHS (GPA Objective 3).

Reports were presented on GPA implementation in the European Region and in south-eastern Europe, considering possible national activities with WHO including under BCAs and in the workplans of WHO collaborating centres in SEE Network member countries, present and future GPA implementation by the SEE Network, and possible funding resources, as well as future events and participation in the SEE Network.

GPA implementation in the European Region and south-eastern Europe: possible national activities with WHO, including under BCAs and in workplans of WHO collaborating centres

Participants from different countries presented their points of view.

Dr Liljana Kezunovic from the Department of Occupational Health, Podgorica, Montenegro presented the national situation concerning occupational health and safety, focusing on specific occupational health problems in the country. She also described the current educational activities of the Department of Occupational Health, Medical Faculty, Podgorica and, specifically, the continuing medical education offered to doctors.

Establishment of a national institution and capacity development (institutional and human resources) in the field of occupational health were national priorities. More effective support was needed from WHO to encourage the Ministry of Health to establish an adequate health system that would address occupational health risks in Montenegro.

Dr Milan Milosevic, from the Department of Environmental and Occupational Health, Andrija Stampar School of Public Health, Medical Faculty, Zagreb, Croatia described the legislative changes that had been made in the area of insurance and the establishment of a separate insurance fund for occupational health. The participants then discussed the advantages and disadvantages of the scheme. Dr Milosevic described the activities conducted under the BCA to strengthen the health system, addressing occupational health risks in Croatia. The Centre for

Health at Work had been established at the University to study occupational health practice. He stressed the problem of the ageing of occupational health specialists and the need to build human resource capacity for the future by promoting occupational health to young medical doctors.

Professor Petar Bulat from the Institute of Occupational Health and Radiological Protection, WHO Collaborating Centre, Belgrade, Serbia agreed that the ageing of occupational health specialists was also a problem in his country, and that the human resources policy in occupational health was inadequate. He emphasized the need for capacity building in occupational health as a milestone in the development of a national occupational health system. He described the BCA activities related to the preparation of the national occupational health strategy, the BOHS concept (on which a meeting had recently been held in Belgrade) and the improvement of workers' health, focusing on vulnerable workers, particularly the Roma population. He also described the preparations for and the importance of the National occupational health and safety congress with international participation, to be held in autumn 2009.

Dr Liliana Rapas from the Occupational Health Office, Public Health Authority, Ministry of Public Health, Bucharest, Romania presented the insurance system in Romania and the changes to occupational health and safety legislation in line with EU standards. She asked for support from WHO in establishing the structure for a future WHO collaborating centre in Romania as a important step in the strengthening of the national occupational health and safety system. The establishment of a national institute for occupational health was another future priority. Specific activities towards GPA implementation focused on health promotion in the workplace and the development of guidance on particular issues such as stress at work or bullying. She emphasized the significance of the project to develop quality assessment of the occupational health services in Romania. She hoped for stronger support from the WHO Country Office in Romania for those activities in the future.

Dr Hajdar Luka from the Occupational Health Unit, Public Health Institute, Tirana, Albania presented the current occupational health issues in the country, including preparation of the new occupational health and safety law in line with EU legislation. There was a need for an adequate occupational health system, policy and services in the country. Strong support from WHO would be welcome for the development of the new occupational health and safety standards and the public health strategy on occupational health. Human resources development was also needed, since there were only 20 specialists in the country. The Public Health Institute had prepared two-month courses and seminars for general practitioners. Joint activities through the SEE Network were particularly important in promoting occupational health issues in the country.

Professor Jovanka Karadzinska Bislimovska from the Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia explained that the success of the planned WHO activities in the country was related to strong political support from the Ministry of Health and continuous technical support from the WHO Country Office. The GPA, the current WHO Collaborating Centre workplan 2006–2010 and the BCA with the WHO Regional Office for Europe were the main forces guiding the work of the Institute and occupational health services in the country. In line with the BCA, a national survey could be carried out to identify the vulnerable groups of workers for further actions in developing the new models of occupational health services (the BOHS concept). The Government had provided financial support for the preventive programmes on vulnerable workers, including research activities in the field. The priority topics were: implementation of the national action plan,

development of the occupational health public health network, strengthening of human resources (new four-year specialization in occupational medicine to attract young medical doctors), and research in the area of climate changes in the workplace.

Dr Snezana Risteska-Kuc from the Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia explained that the Ministry of Health's new preventive programme on agricultural workers would open new perspectives for strengthening occupational health services for vulnerable workers in the country.

Dr Roza Naumoska from the occupational health services at the health centre in Prilep, the former Yugoslav Republic of Macedonia explored the issue of quality assessment of occupational health services in the country. A better monitoring system and minimum requirements were needed and a quality assurance system for occupational health services should be established.

Professor Emilija Ivanovich from the National Centre of Public Health Protection, WHO Collaborating Centre, Sofia, Bulgaria considered the existence of the WHO Collaborating Centre, which had been founded 60 years previously, among the first collaborating centres in Europe, and was currently threatened with closure. Active support was needed from the WHO Regional Office for Europe and Dr Rokho Kim personally, with recommendations for the Government authorities, to solve that urgent problem. A stronger national policy on occupational health and safety was sorely needed in Bulgaria. The GPA was expected to facilitate the preparation of the national policy. Lack of trained personnel was one of the challenges. There were currently 150 occupational health specialists ("occupational hygienists") but they were not well educated and had no clinical experience. New curricula had been introduced in 2002, and there was still a generation gap. Private insurance companies were responsible for organizing health surveillance and were formalizing and commercializing the work. Capacity building was thus a priority and commercialization of services and assessment of the work of occupational health services were needed. The national survey on vulnerable workers carried out in the former Yugoslav Republic of Macedonia could form a starting point for collaboration in SEE.

Professor Nurka Pranjic from the Department of Ecology and Occupational Health, Medical Faculty, Tuzla, Bosnia and Herzegovina explained that the main problem in her country was a lack of political support for occupational health issues. A stronger relationship with the WHO Country Office would help to move things forward. Preventive practice in occupational health was formal and produced no real results. Other important issues were the ageing of occupational health specialists, the lack of continuing medical education for doctors specialized in occupational medicine, and the lack of either a national institution or a national strategy in the field of occupational health and safety. Positive aspects of the situation were the enthusiasm, the human resources and the first textbook on occupational health in the country at Tuzla Medical faculty. Professor Pranjic's contribution to the Network was recognized by the other participants, who also supported the process of designation of the WHO Collaborating Centre in Bosnia and Herzegovina. Professor Pranjic expressed her readiness to work together with other SEE Network members in promoting WHO activities in the subregion.

Dr Buhara Onal from the Ministry of Labour and Social Security, Occupational Health and Safety Centre, Ankara, Turkey, describing the occupational health situation in the country, mentioned the lack of an adequate occupational health infrastructure and the need for capacity building. Stronger intersectoral cooperation was needed between the relevant ministries, and the

occupational health department in the Ministry of Health should be re-established. Current priorities were legislative changes and the amendment of the occupational health and safety act in line with EU standards, to provide new momentum for the development of the national occupational health and safety system. Hospitals, rather than occupational health specialists, were responsible for diagnosis of occupational diseases; that was considered to be against occupational health standards and discriminate against working people. Cooperation with ILO and WHO was very important for the country. Dr Onal had initiated SEE Network research activities, with joint projects in the field of occupational health.

Funding resources

Present and future GPA implementation by the SEE Network and possible funding resources were considered. The Network members agreed on the need for funding resources for further joint activities in the SEE subregion.

Dr Buhara Onal, representing Turkey, described the agreement between the Scientific and Technological Research Council of Turkey (TUBITAK) and the Ministry of Science and Education of the former Yugoslav Republic of Macedonia on technological and scientific collaboration. It had been possible to apply for funding on the basis of the joint project concerning vulnerable workers. Agreements on regional cooperation between Turkey and other Balkan countries were considered useful.

The EU Community programme for employment and social solidarity, 2007–2013, could be a source of funding for the Network's activities. Research support under the EU Seventh Framework Programme or through the EU's Technical Assistance and Information Exchange Unit (TAIEX) was also important.

The participants agreed that the SEE Network tasks should be carried out through the implementation of the GPA, the WHO collaborating centres workplans and BCA activities. Efforts should be made to strengthen collaboration on occupational health issues in respect of specific topics, and to develop and strengthen capacity building through the dissemination of information, new curricula and training materials. The importance of joint research projects in the SEE subregion was recognized and a funding mechanism had to be established. It was agreed that the experience accumulated in the former Yugoslav Republic of Macedonia and the questionnaire developed in respect of vulnerable groups could form a starting point for a common survey project in SEE in the future.

Future events and participation

Special attention was focused on the possible topics for discussion at the second meeting of WHO Contact Persons for Workers' Health in the European Region, to be held in Skopje in September 2009, a very important WHO occupational health event at European level. Dr Rokho Kim opened the discussion and the participants proposed that GPA Objective 1, "to develop national policy instruments for Workers' Health", could cover some of the most important topics relevant to the health of European workers, such as national occupational health and safety profiles, national action plans, gaps between different groups of workers, the problems of health care workers, etc.

Dr Kim provided information on the next event, the Strategy Conference in Dresden from 28 to 30 January 2009, and invited the SEE Network members to attend. The participants discussed the possibility of using TAIEX funds for that purpose. In his concluding remarks, Dr Kim mentioned the meeting's importance in showing that the SEE countries and the Network could work together, which would influence and contribute to the implementation of the GPA. He also recommended that the Network's activities should be further strengthened and its work continued. The WHO Regional Office for Europe had an important supporting role to play in disseminating and sharing work products, publishing technical reports, and coordinating the different intersectoral activities in the field of occupational health and safety.

The way forward lay in: developing the regional workplan; organizing activities of the European Network for Workers' Health; strengthening health systems for workers through country work; and supporting joint activities by WHO, ILO and the EU.

The outcome of the National workshop and the SEE Network meeting should provide further guidance for the implementation of the GPA in south-eastern Europe and the WHO European Region as a whole.

General conclusions and recommendations

- Further develop and update occupational health and safety legislation, policy and system, on the basis of ILO and EU standards, for all workers, including vulnerable groups, sectors and underserved populations.
- Establish and develop the concept and different models of BOHS in the national occupational health system and policy and, specifically, the provision of occupational health services for vulnerable workers, strengthening the steering and funding mechanisms.
- Establish a better system for monitoring occupational health services, as well as minimum requirements and a quality assurance system.
- Introduce national preventive programmes for specific vulnerable groups (the unemployed, agricultural workers, health care workers, etc.).
- Strengthen and develop capacity building for occupational health professionals, and training and education for different target groups.
- Establish a national programme to promote health and safety in every workplace, with particular focus on vulnerable workers.
- Recognize the SEE Network on Workers' Health as a good forum for collaboration in the field of occupational health activities in SEE countries.
- Strengthen the commitment of ministries of health to implement the GPA and the 2008–2012 workplan at both global and European levels.
- Ensure greater WHO and ILO involvement, including recommendations to government authorities.

Annex 1

NATIONAL WORKSHOP ON OCCUPATIONAL HEALTH SERVICES FOR VULNERABLE WORKERS AND FOURTH MEETING OF THE SEE NETWORK ON WORKERS' HEALTH

Skopje, the former Yugoslav Republic of Macedonia, 24–25 November 2008

Scope and purpose

The WHO Global Plan of Action on Workers' Health (GPA) was endorsed by the World Health Assembly in May 2007. 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 should adopt and implement the Global Plan of Action on Workers' Health in the Region. The first objective of the WHO Global Plan of Action on Workers' Health is "to devise and implement policy instruments on Workers' Health" pointing out the actions of the countries' national policy frameworks including measures to minimizing gaps between different groups of workers such as high-risk sectors, vulnerable groups (younger, older, female and migrant workers) and underserved population.

The Ministry of Health of the former Yugoslav Republic of Macedonia and the WHO Regional Office for Europe agreed on Biennial Collaborative Agreement (BCA) on the implementation of GPA because provision of basic occupational health services to the vulnerable groups is a priority in public health services in the former Yugoslav Republic of Macedonia in 2008–2009. In this context, the Institute of Occupational Health in Skopje carried out a survey to identify the vulnerable groups in need of basic occupational health services, and is organizing the "National Workshop on Occupational Health Services for Vulnerable Workers".

The aim of the National Workshop is to identify high-risk sectors, vulnerable groups and underserved population in need of the Basic Occupational Health Services activities, and to draft policy recommendations for improvement of the quality of and access to those Services.

On the second day of the meeting, the Fourth Meeting of SEE Network on Workers' Health will be held with participation of SEE Network members to share recent advances in occupation health area. The SEE Network members will discuss next steps of common tasks, especially in the area of policy recommendations (GPA Objective 1) and professional capacity building in Basic Occupational Health Services (GPA Objective 3).

The outcome of the National Workshop and the SEE Network Meeting should provide the further guidance for the implementation of GPA in south-east Europe and European Region.

Programme

Monday 24 November 2008

8:30–9:00 **Registration**

9:00–9:30 **Opening session**

– Welcoming address

Dr Musa Semsi, Director of Health and Sanitary Inspectorate, Ministry of Health, the former Yugoslav Republic of Macedonia

Dr Marija Kisman, Head of WHO Country Office, the former Yugoslav Republic of Macedonia

– Introduction to the meeting

Professor Jovanka Karadzinska Bislimovska, Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia

9:30–10:00 **WHO Global Plan of Action on Workers' Health 2008–2012: Work plan for implementation in the European Region**

Dr Rokho Kim, European Centre for Environment and Health, WHO Regional Office for Europe, Bonn, Germany

10:00–10:30 *Coffee break*

Plenary session

10:30–10:40 **WHO Global Plan of Action on Workers' Health 2008–2012**

(objective 1): How to minimize the gaps between the different groups of workers – Macedonian BCA activities

Professor Jovanka Karadzinska Bislimovska, Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia

10:40–10:55 **Occupational Health Programmes supported by the Ministry of Health focusing on vulnerable workers in the Republic of Macedonia**

Dr Jovanka Kostovska, Head of Preventive Department, Ministry of Health, the former Yugoslav Republic of Macedonia

10:55–11:10 **Preventive programme for unemployed persons in the Republic of Macedonia**

Dr Snezana Risteska-Kuc, Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia

11:10–11:15 **Unemployment and stress**

Dr Vera Basarovska, Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia

11:25–11:40 **“National survey on identifying vulnerable workers and availability of occupational health services” – Preliminary report**

Dr Jordan Minov, Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia

Monday 24 November 2008 (cont.)

11:40–12:40 **Views and experiences of SEE countries**

Dr Hajdar Luka, Occupational Health Unit, Public Health Institute Tirana, Albania

Professor Nurka Pranjic, Department of Ecology and Occupational Health, Medical Faculty, Tuzla, Bosnia and Herzegovina

Professor Emilia Ivanovich, National Centre of Public Health Protection, WHO Collaborative Centre, Sofia, Bulgaria

Professor Jadranka Mustajbegovic, Department of Environmental and Occupational Health, Andrija Stampar School of Public Health, Medical Faculty, Zagreb, Croatia

Dr Ljiljana Kezunovic, Department of Occupational Health, Podgorica, Montenegro

Dr Liliana Rapas, Occupational Health Office, Authority of Public Health M.B., Ministry of Public Health, Bucharest, Romania

Professor Petar Bulat, Institute of Occupational Health and Radiological Protection, WHO Collaborating Centre, Belgrade, Serbia

Dr Buhara Onal, Ministry of Labour and Social Security, Occupational Health and Safety Centre (ISGUM), Ankara, Turkey

12:40–14:00 *Lunch*

Parallel sessions

14:00–15:30 **Identification of the needs and priorities at national and regional levels and policy recommendations for improvement of quality and access to Occupational health services for vulnerable workers.**

Three Working Groups – each Working Group will elect a facilitator and a reporter.

- WG 1 Legislation and policy framework in OH focused on vulnerable workers
- WG 2 BOHS models and activities for provision Occupational health services for vulnerable workers
- WG 3 Health promotion at the settings –How to raise the awareness of the OH&S issue among the vulnerable workers

15:30–16:00 *Coffee break*

16:00–16:45 Reporting back from the Working Groups to the plenary

The reporters will present suggestions and recommendations as discussed in the WGs

16:45–17:00 Summary of recommendations and future steps

19:30 *Social event/dinner*

Tuesday 25 November 2008

The Fourth Meeting of SEE Network on Workers' Health

- 9:00–9:15 **Introduction to the Meeting**
Dr Rokho Kim, WHO Regional Office for Europe
Ms Snezana Cicevalieva, Chair of the Executive Committee of the SEE Health Network
Professor Jovanka Karadzinska Bislimovska, Coordinator of the SEE Network on Workers' Health
- 9:15–10:30 **GPA implementation in European Region and south-east Europe: Possible national activities with WHO including BCA and WHO collaborating centres Work Plan – SEE Network members' reports and discussion**
- 10:30–11:00 *Coffee break*
- 11:00–12:00 **Present and future GPA implementation of the SEE Network and possible funding resources**
– TUBİTAK and former Yugoslav Republic of Macedonia Ministry of Science and Education Agreement – presented by Turkish and Macedonian representative
– EU funding under the Community programme for employment and social solidarity 2007–2013
- 12:00–12:30 **Future events and participation of the SEE Network**
– The Strategy Conference in Dresden, 28–30 January 2009
– Second Meeting of WHO Contact Persons for Workers' Health in European Region to be held in Skopje, September, 2009 – planned activities and topics
– Seventh Network Meeting of WHO collaborating centres for Occupational Health in European Region to be held in a SEE country, October 2010 – planned activities and topics
- 13:00–14:00 *Lunch*
- 14:00–15:00 **Conclusions of the meeting: How to implement the GPA 2008–2017 in south-east Europe**
Professor Jovanka Karadzinska Bislimovska, Institute of Occupational Health, WHO Collaborating Centre, Skopje, the former Yugoslav Republic of Macedonia
SEE Network Meeting closure

Annex 2

LIST OF PARTICIPANTS

Albania

Dr Hajdar Luka

Head, Occupational Health and Safety Unit, National Institute of Public Health

Dr Arben Luzati

Head, Occupational Health and Safety Unit, National Institute of Public Health

Bosnia And Herzegovina

Professor Nurka Pranjić

Department of Ecology and Occupational Health, Medical Faculty

Bulgaria

Professor Emilia Ivanovich

National Centre of Public Health Protection (NCPHP)

Croatia

Dr Milan Milosevic

University of Zagreb, Department for Environmental and Occupational Health, Andrija Stampar School of Public Health, Medical Faculty

Montenegro

Dr Ljiljana Kezunovic

Department of Occupational Health

Romania

Dr Liliana Rapas

Head, Occupational Health Office, Public Health Authority

Serbia

Professor Petar Bulat

Institute of Occupational and Radiological Health, WHO Collaborating Centre

The former Yugoslav Republic of Macedonia

Professor Jovanka Karadzinska Bislimovska

Institute of Occupational Medicine, WHO Collaborating Centre

Dr Roza Naumoska

Occupational Health Services

Dr Snezana Risteska-Kuc

Institute of Occupational Health, WHO Collaborating Centre

Dr Jordan Minov
Institute of Occupational Health, WHO Collaborating Centre

Turkey

Dr Buhara Onal
Ministry of Labour and Social Security, Occupational Health and Safety Centre

South-east European Health Network

Ms Snezana Cicevalieva
Chair of the Executive Committee of the SEE Health Network

World Health Organization

Dr Marija Kisman
Head, WHO Country Office, the former Yugoslav Republic of Macedonia

Ms Svetlana Petrusavska
WHO Country Office, the former Yugoslav Republic of Macedonia

Dr Rokho Kim
WHO Regional Office for Europe Centre for Environment and Health, Bonn, Germany