



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

**The First Meeting of
National Focal Points for
Workers' Health**

**House of the Estates
Helsinki, Finland**

22–23 September 2008



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

**First Meeting of National Focal Points
for Workers health**

**Meeting Report
House of the Estates
Helsinki, Finland, 22–23 September 2008**

ABSTRACT

The First Meeting of WHO National Focal Points for Workers' Health was convened in Helsinki, Finland, 22–23 September 2008, to establish a regional platform to develop an implementation plan of the WHO Global Plan of Action on Workers Health 2008–2017 (GPA). The meeting discussed and agreed upon the priorities and process of regional implementation plan drafted by the WHO/Europe. The national focal points agreed to contribute to the implementation process with regard to a smooth flow of information, communication and collaboration between stakeholders at national and international level. The meeting recommended that the newly-established Network of National Focal Points for Workers' Health should have regular meetings for monitoring of the implementation, and be advised by key stakeholders and partners such as the International Labour Organization and the European Agency for Safety and Health at Work. The next meeting was proposed to be held in south east Europe.

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2009

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

	<i>Page</i>
Acknowledgement	1
Executive Summary	1
Introduction	2
Objective and process of the meeting	2
Baseline situation in the Member States	3
Activities of international organizations for workers' health	4
Partnership with ILO and the EU	5
Discussion on sub-regional priorities of GPA implementation	6
Priorities in Western and northern Europe	6
South-east European (SEE) and CIS countries	7
Mediterranean countries	8
Discussion on priorities and process of GPA implementation	8
Priorities	8
Process	10
Conclusions and recommendations	11
Annex 1. Final programme of the meeting	12
Annex 2. List of participants	15
Annex 3. Plan of regional implementation of WHA60.26 (draft)	19
Annex 4. Working group reports on subregional priorities of GPA implementation.....	51
Annex 5. Working groups discussion on expected results, activities and indicators.....	54
Annex 6. Report of working group facilitators on regional plan for GPA implementation	58

Acknowledgement

The Finnish Ministry of Health and Social Services provided financial support for the organization of the meeting at the historical venue, the House of Estates in Helsinki. Particular thanks are extended to Dr Matti Lamberg and Dr Harri Vainio who served as Chairpersons, and to Ms Suvi Lehtinen, Finnish Institute of Occupational Health, who prepared this meeting report as Rapporteur of the meeting. The following interns of WHO/Europe Bonn office contributed to the preparation of the meeting: Jeik Byun, Hyo Bum Jang, Soo-young Lyu, Lunchakorn Prathumratana, and Jungwon Yun.

Executive Summary

As an organizational platform to develop a regional plan for the implementation of the Global Plan of Action on Workers' Health (GPA, WHA60.26), the WHO Regional Office for Europe convened the meeting of National Focal Points for Workers' health in Helsinki, Finland, 22–23 September 2008.

The meeting confirmed that GPA provides an important policy framework to increase the priority of workers' health in public health policies of the Ministries of Health and in labour policies of the Ministries of Labour in the Member States. The implementation of GPA at the national and regional level is an opportunity to strengthen health systems to address the occupational health risks more effectively and reduce the health inequities within and between the countries.

It was recommended that the newly-established Network of National Focal Points for Workers' health should take an active role in implementation of the GPA at national and regional levels, along with the Network of WHO Collaborating Centres in Occupational Health. The Network is a platform to support the process of regional implementation, and a resource base for national implementation activities.

It was recommended that the networks of National Focal Points and Collaborating Centres be appropriately linked in order to ensure a smooth flow of information, communication and collaboration. The meetings of the two networks could be organized back-to-back in order to encourage bridging of this planning and implementation activities.

It was recommended that the next meeting of the Network be held in a member state of south east Europe. The Ministry of Health and Ministry of Labour of the former Yugoslav Republic of Macedonia agreed to host the next meeting in September 2009.

Introduction

Dr Paula Risikko, Minister of Health and Social Services of Finland, welcomed the participants representing the WHO National Focal Points for Workers' Health, the WHO collaborating centres in occupational health, and international organizations. She reminded that the main task in occupational health is to prevent health hazards and promote workers' health. The Finnish Government was committed to the WHO strategy of Health for All. Health promotion and occupational health played an important role in the Finnish government's programmes. She pointed out that there were substantial socioeconomic differences in the country despite strong efforts to improve the health of the whole population. Sometimes goals such as health improvements might seem to be in conflict with increased competitiveness and improved effectiveness, at least on a short-term basis. Working conditions and work itself could have adverse effects on the health of workers. The economic losses caused by poor working conditions, occupational accidents and occupational diseases had been estimated to be between 2.8% and 3.8% of gross domestic product. The meeting would provide a forum for exchanging views and experiences and for learning from each other. The WHO initiative to establish a Network of National Focal Points for Workers' Health was an important step forward. Occupational health and safety could be implemented more effectively and efficiently at national level with regional and subregional collaborations.

Dr Rokho Kim, WHO Regional Office for Europe, explained the structure of the two-day meeting. In 2005, the WHO Regional Office for Europe had requested the Member States to nominate national focal points for WHO in the area of occupational health. Thus, 33 nominated national focal points had provided input to the development of the Global Plan of Action on Workers' health, 2008–2017 (GPA). In May 2007, the Sixtieth World Health Assembly had endorsed GPA as Resolution WHA 60.26, and as follow-up to the WHO Global Strategy for Occupational Health for All. The renewal of WHO's strategic commitment to the health of the working population was related to similar moves by the International Labour Organization (ILO) and the European Union (EU) on health and safety at work.

Dr Matti Lamberg, Ministry of Social Affairs and Health of Finland, was elected as Chair of the Meeting, Professor Harri Vainio of the Finnish Institute of Occupational Health as Vice-Chair, and Ms Suvi Lehtinen, Finnish Institute of Occupational Health as Rapporteur. The programme of the meeting is attached to this report as Annex 1 and the list of participants as Annex 2.

Objective and process of the meeting

According to GPA, the Member States are encouraged to develop effective mechanisms for collaboration and cooperation between developed and developing countries at regional, subregional and country levels. Thus, WHO Regional Office for Europe convened the meeting of National Focal Points for Workers' Health in Helsinki, hosted by the Finnish Ministry of Social Affairs and Health. The objective of the meeting was to establish a platform to prepare and implement a work plan for the European Region. The outcome of the meeting, the comments of national focal points on the draft work plan, would be presented for further elaboration at the Sixth Meeting of WHO Collaborating Centres in Occupational Health, to be held mid-October 2008 in Madrid.

The working groups would be divided into five GPA objective, and into discussed possible activities in 2009–2012 on GPA objectives would discuss the possible projects. The countries were divided into the following three groups: Northern Network, South-eastern European Network and CIS countries, and Mediterranean countries.

Baseline situation in the Member States

The results of the 2008 WHO country survey was presented by Dr Ivan Ivanov, the Occupational Health Programme at WHO headquarters, describing the baseline situation in the Region. The survey addressed five GPA Objectives: national policy instruments; workplace health protection and promotion; occupational health services; evidence base for action; and Workers' health in non-health policies. Most of the replies came from Ministries of Health, Ministries of Labour and other organizations active in occupational health and safety. Of the 54 countries in the Region, 42 countries had replied by mid-September. More replies were still expected. The findings of the survey are summarized in Box 1.

Box 1. Summary of baseline situation for GPA implementation (WHO Survey 2008)

GPA Objective 1: to devise and implement policy instruments on Workers' health; action on the countries' national policy frameworks. A large number of the countries already had a national policy and an action plan on occupational health. According to the survey, the ministries of health had relatively good capacities to provide leadership in the area of Workers' health. National occupational safety and health (OSH) profiles had been published between 2000 and 2008, most of them in 2006 or 2007. The main occupational diseases in the Region were musculoskeletal disorders, followed by respiratory diseases, noise-induced hearing loss and skin diseases.

GPA Objective 2: to protect and promote health at the workplace. Several aspects were examined, such as improved 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, and prevention of malaria, HIV/AIDS and avian influenza. A number of countries also had programmes for the management of chemicals and smoke-free workplaces.

GPA Objective 3: improvement of the performance of and access to occupational health services, emphasizing universal access to basic occupational health services. The development of human resources for occupational health was considered important. Of the 34 countries, 14 had set standards for the coverage of services. Programmes of postgraduate training were also requested.

GPA Objective 4: to provide and communicate evidence for action and practice. Twenty-two countries had information systems for registering occupational diseases; however the level of registration was insufficient. Awareness-raising would continue to need attention in the future.

GPA Objective 5: incorporating Workers' health into other policies, to encourage collaboration between the different sectors of the public domain, i.e. ministries. Economic development, employment and trade policies needed to include health issues. The role of primary and secondary education was also emphasized. The survey found that environment and employment were the main areas where health issues were already integrated.

Activities of international organizations for workers' health

The ILO Sub-regional Office in Moscow reported on the collaboration between WHO and ILO in the European Region in the areas of occupational safety and health. ILO's Decent Work Agenda included the development of country programmes. Global estimates indicated that too many lives were lost in occupational accidents. The life expectancy of people in the Russian Federation was deteriorating, creating a challenge for future activities. He also reported on developments within the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) where occupational health and safety was now higher on the political agenda, with the endorsement at the NDPHS Ministerial Meeting in November 2007 of the Strategy on Health at Work. The Baltic Sea Network on Occupational Health and Safety was mentioned as a good example of practical collaboration. ILO Convention No. 187, the Promotional Framework for Occupational Safety and Health, was a new stimulus for countries to systematically improve Workers' health and safety, working conditions, and work life in general. The national profiles on occupational health and safety were the first step in planning and preparing national programmes on occupational health and safety. The Basic Occupational Health Services approach had been revitalized in the Russian Federation. Further collaboration with WHO was needed to link occupational health services to development work at the country level.

The European Agency for Safety and Health at Work (OSHA) described the joint EU-OSHA and WHO activities. Work-related fatalities accounted for 167,000 fatalities caused by occupational diseases and accidents, of which 157,000 could be attributed to work-related diseases. The Community Strategy strongly addressed the need for a reduction in occupational accidents. A target of 25% reduction in accidents by 2012 had been set. That would require smooth collaboration among the international organizations and national actors. Key areas of OSHA's work were network development, information projects and information services. The Agency Network could be utilized in disseminating information and experiences among the countries. The role of the Bilbao Agency in raising awareness and providing good practices was strongly recognized in the Community Strategy. Special emphasis was placed on OSH challenges in the case of vulnerable groups, such as women, immigrants, and young and old workers. Occupational safety and health needed to be taken into consideration in vocational and occupational training. Risk anticipation was also needed, in particular, in relation to new technologies and biological hazards.

President of the International Commission on Occupational Health (ICOH) thanked the organizers for the possibility to address the meeting. The ICOH's home was in Europe: it was founded in 1906 in Milan, Italy and half of its members currently came from Europe. The membership was multidisciplinary, with physicians, nurses, ergonomists, engineers and psychologists, as well as other professionals involved in occupational health and safety. ICOH carried out research, provided training and disseminated information, all combined and bound by ethical issues which were an overarching aspect of all ICOH activities. He also described the five strategic priorities of ICOH: strengthening of training and education in occupational health and safety; development of occupational health services; recognizing new risks; developing good occupational health practices; and developing and strengthening conduct in ethics for occupational health. ICOH had a total of 35 scientific committees (SCs) to which occupational health and safety experts could contribute. Several were relevant to the work of the Network: the SC on Health Research and Evaluation in Occupational Health; the SC on Occupational Health and Development (SCOHDev); and the SC on Occupational Health in Small-scale Enterprises and the Informal Sector. Substantive activities under way included the preparation of guidelines for national profiles, the development of curricula, and the Basic Occupational Health Services

(BOHS) Strategies. The guidelines and pilot projects include training of trainers as a focus of ICOH's training activities. He concluded by stating that ICOH wished to contribute to the work of WHO in the European Region.

The International Trade Union Confederation (ITUC) defined some of ITUC's central concepts, such as unions and confederations. He reported on the development of collaboration between WHO and ITUC, and expressed appreciation of several WHO initiatives, welcoming the GPA. He said that implementation of the GPA was a challenging task and would require more partners to make it a reality, at global, regional, national and enterprise levels. At national level, the collaboration between government, health and labour, as well as employers and unions needed to contribute to its implementation. At the national level its political commitment was crucial. There was a great need to increase knowledge of occupational health and safety in organizations. In order to create ownership, employers and workers needed to be involved in the implementation from the beginning, at both the national and the enterprise levels. At the enterprise level, the occupational health service system could support implementation of the GPA. Some of the priority issues were: the development of policies and action plans including psychosocial and work organization-related diseases, BOHS, and the quality of BOHS. Occupational medicine departments at hospitals needed to have sufficient knowledge and capacity; preventable occupational diseases, such as asbestosis and silicosis should be fought. It was also important to revise the list of work-related diseases, and improve registration and statistics for occupational accidents. He said that there were opportunities to achieve better and closer collaboration and he looked forward to the meeting discussions.

The International Organisation of Employers (IOE) has 40 members in Europe, and 150 members globally. IOE had a good working relationship with businesses in Europe, and social dialogue was an important tool in addressing workers' health. Megatrends in Europe such as restructuring of the economy, "competitive Europe", outsourcing, and focusing on core business, had an impact on workplaces. New technologies and new production models, as well as demographic changes deeply affected work life. Migration in Europe posed new demands and requirements on occupational health. Workers from new EU member states and beyond require instructions in their own languages. If OHS is not taken into account in the production and daily work of enterprises, the enterprises would lose out economically. Various employer initiatives had been launched in enterprises in the European Region. Developing a prevention culture was one of the main goals at the national level. The prevention of traditional diseases and risks needed to be maintained on the agenda, although new risks had been added. The employer was responsible for safety and health at the workplace and needed to be able to choose between the different alternatives for prevention that were most suitable for the company. IOE was very keen to work with WHO in the implementation of the GPA. Joint efforts had already been made in Africa, the United States and the Eastern Mediterranean Region. There had also been collaboration with ILO in the preparation of Convention No. 187. He concluded by saying that the newly-endorsed IOE General Council Statement on Occupational Safety and Health would also guide the collaboration.

Partnership with ILO and the EU

WHO and ILO are actively contributing to the developments within the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). The Strategy on Health at Work was prepared based on the strategies of WHO, ILO and the EU. While referring to the EU-OSHA risk assessment campaign and described the workplace attestation practice in the Russian

Federation. The ILO World Day on Safety and Health, 28 April, had been actively practised and celebrated in the CIS countries. WHO and ILO have a long-standing Memorandum of Understanding. Regular meetings at the headquarters level have been held. The Ministry of Labour was used to working in a tripartite way while WHO was not used to working with employers' and Workers representatives. Nevertheless, that was necessary. All stakeholders needed to be involved as early as from the planning phase.

There are joint activities with WHO, EU and ILO in the information projects, information services and building the links for network development. The existing networks, the EU-OSHA website and the European Risk Observatory exchanged information. However, there was still room for stronger partnerships among the ILO centres in the countries of the Commonwealth of Independent States (CIS), the WHO collaborating centres, and the EU-OSHA focal points. The WHO Regional Office for Europe and EU-OSHA agreed to strengthen collaborations at a meeting in Bilbao, June 2008.

Discussion on sub-regional priorities of GPA implementation

Three working groups based on geographical vicinity of the member states discussed the sub-regional priorities for GPA implementation. Common priorities raised by all three working groups included: inter-sectoral collaboration (between the ministries of education, finance, health and labour), and training/education (including occupational hygienists and ergonomists). Priorities specific to sub-regions were summarized as below.

Priorities in Western and northern Europe

The countries of all the working group participants had the appropriate legislation in place. The group concluded that issues requiring attention included sick leave, getting people back to work and appropriate legislation. Reporting systems, what is reported and to whom could be improved. Health care workers and pregnant women were not well covered, especially in agricultural settings.

Nanotechnology, more emphasis on alcohol and drug problems, improved methods for social dialogue, and issues related to smoking all demanded improved communication. The role of labour inspection should be looked at. Coordination between health and safety should be improved. Who should train employers? The work-life balance issue should be coordinated with public health personnel and occupational health experts. Home workers were a special case. Non communicable diseases were an important issue that should be dealt with in a more general programme, rather than in programmes for specific diseases.

Better systems for monitoring the services were needed, and minimum requirements defined. Service quality assurance was called for, along with an improved system of information dissemination at the basic level. Core institutions should provide services to service providers. Distance learning opportunities should be utilized more than currently.

Differences between occupational diseases and ill-health at work should be clarified. Occupational diseases were currently given priority but the more general impact of work on health was also important. The effectiveness of interventions should also be considered. More collaboration at the national level was needed between national focal points and collaborating

centres for occupational health. Setting priorities according to needs was a guiding principle in research, and research activities should be better coordinated globally, regionally and nationally. A system should be created to allow access to recent research findings. Employers could be more active in emphasizing the benefits of health and safety programmes to the workers. There was a need for greater coordination between the international organizations.

More collaboration between different policies was needed, including through a permanent forum for meetings among the various ministerial-level actors. The Health in All Policies book could be useful. All policies should be evaluated from the point of view of health.

South-east European (SEE) and CIS countries

There was a need for lower-level legislative regulations in OHS. Intersectoral collaboration should be upgraded in consultation with ILO and WHO. Capacities also needed to be upgraded, including through representation of occupational health in the ministry of health. It was important to build cases to show employers that occupational health was important for their businesses. Collaboration between the ministry of health and ministry of labour should be improved. WHO and ILO need to work together while dealing with the countries' ministries, by organising joint missions. WHO, the EU and ILO should prepare common outlines for national OSH profiles. A database of national profiles should be established. Occupational health should be a priority on the national agenda. Vaccination for health care workers must be promoted. A survey of vulnerable groups was called for. Preventive programmes for agricultural workers should be established. A preventive programme for work ability assessment of the unemployed was also called for.

National policies on tobacco, asbestos and chemical safety must be reviewed and updated. Inspections needed strengthening. Primary prevention programmes for workers and employers should be established and improved. It was also essential to establish, develop and improve programmes for workplace health promotion on mental health, diet and physical activity, and to continue activities on HIV and tuberculosis prevention.

BOHS should be provided to all workers according to local conditions. National institutes of occupational health should be established with support from ILO and WHO. The SEE and CIS countries needed to organize training programmes for Workers' health with support from ILO, WHO and the EU.

EUROSTAT methodology must be introduced in the registering of occupational diseases and injuries, and support was needed for the intended changes in ICD-11. Sub-regional research on health care for health care workers should continue. Information materials would be useful for employers, workers and trade unions, and the media should be used to reach target groups.

The number of projects to include occupational health issues in all relevant national strategies should be increased. It was pointed out that SMEs must be supported by public funds. The World Bank and the Organisation for Economic Co-operation and Development (OECD) could be approached in that regard.

Mediterranean countries

Some common problems in the sub-region, e.g. unemployment, were recognized. A multi-stakeholder committee should be established, and its visibility and representativeness ensured. Strengthening the department of occupational health within the ministry of health was deemed crucial. That should strengthen preventive activities at all levels. National approaches for prevention were proposed, and collaboration with WHO on ICD-11 was considered important. In respect of health care workers, it was agreed to wait for the WHO report on the issue, and then take action on the basis of its recommendations. The quality of information systems needed to be improved.

The problem of second-hand smoke as an occupational health hazard must be tackled, and capacities built for primary prevention. Training for primary prevention needed to be strengthened. Health promotion in respect of non communicable diseases should be encouraged.

The capacity of primary care providers should be improved. The main channel for widening the coverage of occupational health services was through general practitioners (GPs). They should be trained to take occupational health issues systematically into account. Nurses and ergonomists should be given the opportunity of training in occupational health. Formal training in occupational health for non-physicians should also be organized.

Evidence bases must be developed; national initiatives should be evidence-based. Best practices in occupational health need to be compiled and national registries on occupational health and safety indicators were needed.

The national databases should be utilized in the development of various policies.

Discussion on priorities and process of GPA implementation

WHO Regional Office for Europe presented the draft work plan for the implementation of the GPA (Annex 3). The new Tallinn Charter on Health Systems for Health and Wealth (2008) and the Report of the Commission on Social Determinants of Health (2008) were referred as a basis for formulating the activities. The following challenges were identified in the regional implementation of occupational health and safety in the countries of the Region: the need for an integrated approach; health inequalities; globalization and economic transition; both emerging and old problems; and new international instruments. The health systems approach to workers' health was emphasized as an expanded concept of occupational health to meet these challenges with government leadership and the participation of employers and workers.

Priorities

The working group for each GPA objective made comments on the work plans proposed at the Planning Committee Meeting of the Global Network of WHO CCs for Occupational Health, and the draft work plan formulating regional goals and objectives, and the expected results following the priority structure of GPA objectives as below. More detailed contents and summary reports of discussion are attached as Annexes 5 and 6.

GPA Priority	Comments and recommendations
Objective 1	<p>All groups agreed that it is essential to review and update the legislation based on ILO Conventions and EU regulations. Social dialogue is an important tool in the development of work life issues. Intersectoral collaboration was strongly emphasized. Multistakeholder committee at the national level needs to be established. Ministries of Health should have a department/unit of occupational health, with the capacity to improve and implement OH&S issues at the national and international levels. WHO, ILO and the EU should see how it is possible to work together to support as many countries as possible. A subregional approach is needed to make the collaboration more effective. The existing networks, BSN + SEE networks, were mentioned as positive examples. Issues such as return to work should also be taken into account. A national programme for health care workers should be established in each country. Vulnerable groups: migrants, unemployed, agricultural workers should be special targets for activities. A common data basis should be available on this information.</p> <p>In the discussion, the establishment of National Action Plans on Occupational Health and Safety was encouraged, with Ministries of Health and Ministries of Labour jointly leading other partners. This would strengthen national collaboration. Elimination of asbestos hazards was also called for as a common goal. Immunization of health care workers was deemed a key issue in ensuring good services for all citizens. These goals should be achievable.</p>
Objective 2	<p>Reducing tobacco-smoking should be considered a priority. Prevention of alcohol and drugs hazards at the workplace should be selected as topics for health promotion and social partners need to be invited to collaborate. Chemicals and elimination of asbestos hazards should also be high priorities. Training programmes for occupational health should be strengthened. Public health issues need to be general programmes, where the workplace is used as an arena. Noncommunicable and infectious diseases need to be solved at the country level. Strengthening interdepartmental collaboration, and more active involvement of social partners needs to be taken onto the agenda.</p>
Objective 3	<p>The problems and solutions are different in various parts of the Region.</p> <p><i>Policy:</i> The priority position of occupational health on the national agenda is the first task; this needs political support. Sufficient information on the OHS system is a starting point for developing the national system.</p> <p><i>System:</i> The system should be monitored nationally. The gaps in coverage can then be found. Minimum requirements for coverage should be defined. BOHS should be provided for all workers in the Region. Support services with the help of the Institutes of Occupational Health were proposed for providing background support for frontline services.</p> <p><i>Content:</i> Call for quality assurance was proposed. No discussion was conducted in the groups as to whether OHS should be preventive only, or both preventive and curative.</p> <p><i>Capacity-building:</i> Capacity-building of the personnel providing the services was deemed by all groups as the most central issue. Training for experts, GPs, non-medical personnel, intercountry collaboration for training of experts, distance learning, e-learning were topics covered in the working groups.</p> <p><i>Information:</i> Information needs to be disseminated to the grassroots level, GPs, OH&S experts.</p>
Objective 4	<p>National OSH profiles can identify gaps and needs in the country. Evidence for the action needed must be acquired. Some actions which have been proven to work in one culture, may not always work in other cultures. The same is true for cost-effectiveness. Cochrane collaboration was mentioned as one way of collecting evidence. Communication and awareness-raising is crucial for all target groups. New media also need to be explored. The WHO Global Report on Workers' Health that is included in the Work Plan of WHO CCs reaches further than the burden of disease. It will cover trends, major problems, challenges, and solutions. It was also stated that actions were needed even though we do not have full evidence. Surveillance systems should be improved – these data should be</p>

	regularly monitored. Concerning the classification of diseases (ICD)-11 – we should also use this opportunity to improve globally the identification of occupational causes of diseases. Concerning the collecting of evidence, it was stated that there are other channels than Cochrane collaboration. The Danish Social Institute and the Institute for Work and Health, Canada, were mentioned as sources of analyses and literature reviews.
Objective 5	More collaboration among various sectors is needed. Networking between different agencies in different countries was deemed useful. ILO Recommendation 198 should be used as a basis for the work dealing with problems of outsourcing, and occupational health should be integrated into employment policies. Data bases that include useful information should be made available to a wide range of users.

Process

The meeting identified the following topics for effective and efficient implementation of GPA in the Region.

Networks

Several networks were mentioned as good arenas for collaboration: the WHO European Network of Collaborating Centres in Occupational Health, the Partnership for European Research in Occupational Safety and Health (PEROSH), the European Network for Occupational Safety and Health experts involved in standardization, testing/certification and/or related research (EUROSHNET), the European Network for Workplace Health Promotion (ENWHP), the European Technology Platform on Industrial Safety (ETPIS), the Baltic Sea Network on Occupational Health and Safety (BSN), the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), the Mediterranean Training and Research in Occupational Safety and Health Network (METRONet), the Nordic Institute for Advanced Training in Occupational Health (NIVA), and the South-east European Network on Workers' health (2006). There were many networks working in the field of occupational health and safety in the European Region. All of them should be fully utilized in the implementation of the WHO Global Plan of Action on Workers' health.

Partnerships

Ministries, international organizations, European Union, nongovernmental organizations, institutions of higher education, and partnerships with public health communities should all be considered at both national and international levels. Activities such as surveillance (profiles, indicators, regular monitoring of exposures), monitoring the effectiveness and cost-effectiveness of OSH activities, the production of biennial and/or triennial country reports, Eurofound surveys and work with the European Risk Observatory in Bilbao should be utilized.

Roles and tasks

The roles of the national focal points needed to be defined. Priority-setting and support for research activities would be among the tasks of the Network.

Meetings

The meetings of the Network could rotate between various geographical subregions. The next meeting could be organized in one of the south-east European countries. Shortly after the meeting, the Ministry of Health and Ministry of Labour of the former Yugoslav Republic of Macedonia invited WHO-EURO to host the next meeting in Skopje in September 2009.

Advisory mechanism

The WHO Regional Office for Europe should explore the various forms of advisory mechanisms. The Regional Office could invite representatives of all stakeholders: WHO, ILO, the EU, ICOH, employers (IOE), workers (ITUC), National Focal Points and collaborating centres to participate in an advisory committee. The task of an advisory committee would be to advise and provide leadership in implementing the work plan.

Conclusions and recommendations

The meeting confirmed that GPA provides an important policy framework to raise the priority of workers' health in public health and labour policies in the Member States. The implementation of GPA at the national and regional level is an opportunity to strengthen health systems to address the occupational health risks and reduce the health inequities within and between the countries. The regional plan of implementation, prepared by WHO Regional Office for Europe, was welcomed as a roadmap to implement GPA in coming five years.

It was recommended that the newly-established Network of National Focal Points for Workers' health should take an active role in implementation of the GPA at national and regional levels, along with the Network of WHO Collaborating Centres in Occupational Health. The Network is a resource base for national level activities.

It was recommended that the work of the above two networks be appropriately linked in order to ensure a smooth flow of information, communication and collaboration. The meetings of the two networks could be organized back-to-back in order to encourage bridging of this planning and implementation activities.

It was recommended that the representatives of key stakeholders be invited to participate in the Advisory Committee in order for the Network of National Focal Points for Workers' health to be able to take on the active role proposed. They should include WHO, International Labour Organization, European Union, International Commission on Occupational Health, International Organisation of Employers, International Trade Union Confederation, and representatives from National Focal Points and WHO Collaborating Centres.

It was recommended that the next meeting of the Network be held in a member state of South East Europe. The Ministry of Health and Ministry of Labour of the former Yugoslav Republic of Macedonia invited WHO-EURO to host the next meeting to Skopje, September 2009.

Annex 1

FINAL PROGRAMME OF THE MEETING

Monday 22 September

9:00–9:30 Registration

Opening Session

09:30–09:40 Opening address
Dr Paula Risikko, Minister of Health and Social Services,
Ministry of Social Affairs and Health

09:40–09:50 Introduction to the meeting, election of meeting officers
Dr Rokho Kim, WHO Regional Office for Europe

Baseline situation in the country and draft work plan for GPA implementation I the WHO Regional Office for Europe

**9:50–10:10 GPA implementation in the European region: Baseline Situation
Results from the 2008 WHO country survey**
Dr Ivan Ivanov, WHO Headquarters

10:10–10:40 Draft work plan for GPA implementation in the European Region 2008–2012
Dr Rokho Kim, WHO Regional Office for Europe

10:40–11:00 Coffee/tea break (Room 10)

11:00–11:45 European partnerships for Workers' health
ILO-WHO partnership, Mr Wiking Husberg, ILO
EU-WHO partnership, Dr Zinta Podniece, EU OSHA
ICOH-WHO partnership, Professor Jorma Rantanen, ICOH
Trade Unions' initiatives, Mr Bjorn Erickson, International Trade Unions
Confederation
Employers' initiatives, Mr Frederick Muia, International Organization of Employers

11:45–12:00 Discussion

12:00–13:00 Lunch (Room 10)

Plenary session: Panning of actions, expected results and indicators of GPA implementation

Each session is composed of 20 minutes of introduction by the facilitator followed by 20 minutes of discussion

13:00–13:40 Objective 1: to devise and implement policy instruments on Workers' health
Facilitator: Professor Jovanka Bislimovska, the former Yugoslav Republic of Macedonia

13:40–14:20 Objective 2: to protect and promote health at the workplace
Facilitator: Dr Margaret Graf, Switzerland

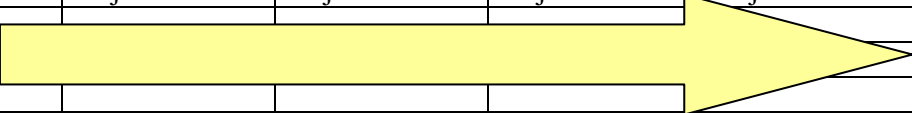
- 14:20–15:00 Objective 3: to improve the performance of and access to occupational health services**
Facilitator: Professor Jorma Rantanen, ICOH
- 15:00–15:20 Coffee/tea break (Room 10)**
- 15:20–16:00 Objective 4: to provide and communicate evidence for action and practice**
Facilitator: Professor Harri Vainio, Finland
- 16:00–16:40 Objective 5: to incorporate Workers' health into other policies**
Facilitator: Dr Liliana Rapas, Romania
- 16:40–17:20 Regional partnership and joint action with ILO and the EU**
Facilitators: Mr Wiking Husberg, ILO, and Dr Zinta Podniece, EU OSHA
- 17:20–18:00 Discussion on overall coordination, monitoring, and reporting**
- 19:00 Dinner at the Government Banquet Hall, Eteläesplanadi 6 (business attire)**
(more information at <http://www.valtioneuvosto.fi/tietoa-valtioneuvostosta/tilat/smolna/en.jsp>)

Tuesday 23 September

Parallel sessions: Implementing GPA through the subregional collaborations

9:00–11:30 Four Working Groups discuss the subregional priorities, process, and outcomes
Each Working Group will elect a facilitator and a rapporteur

11:30–12:30 Reporting back from the Working Groups to the plenary


	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
Group 1					
Group 2	Reporting				
Group 3					
Group 4					

12:30–13:30 Lunch (Room 10)

Conclusion and recommendations

13:30–15:00 Regional work plan for implementing GPA

The facilitators of GPA objectives present recommendations on revision of draft regional work plan based on the conclusions of the previous sessions

	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
Group 1					
Group 2					
Group 3					
Group 4					

- 15:00–15:50** **Mechanisms for implementation**
Establishment of European Network for Workers' health
Roles of the National Focal Points and Collaborating Centres
Advisory mechanisms
Partnerships
Monitoring and evaluation
Future steps (Planning of the Second Meeting in 2009)
- 15:50–16:00** **Closing**

Annex 2

LIST OF PARTICIPANTS

Dr Hajdar Luka

Occupational Health Unit, Public Health Institute, Tirana, Albania

Dr Soso Hovhannisyan, Head

Ministry of Health, State Hygiene and Epidemic Inspectorate, Yerevan Norq, Armenia

Dr Teymur Teymurov

Republican Centre of Hygiene and Epidemiology, Ministry of Health, Baku, Azerbaijan

Dr Andreja Subotic

Ministry of Health and Social Welfare of the Republika of Srpska, Banja Luka,
Republika Srpska, Bosnia and Herzegovina

Professor Emilia Ivanovich

National Centre of Public Health Protection (NCPHP), Sofia, Bulgaria

Dr Vlasta Deckovic-Vukres

Social Medicine Department, Croatian National Institute of Public Health, Zagreb, Croatia

Professor Jadranka Mustajbegovic

University of Zagreb, School of Medicine, Andrija Stampar School of Public Health,
Zagreb, Croatia

Dr Ioanna Grigoriou

Medical and Public Health Services, Ministry of Health, Nicosia, Cyprus

Dr Pavel Urban

Centre of Occupational Health, National Institute of Public Health, Prague, Czech Republic

Ms Kirsten Precht

Danish Working Environment Authority (Arbejdstilsynet), Copenhagen, Denmark

Ms Irma Nool

Occupational Health Department, Health Care Board, Tallinn, Estonia

Dr Matti Lamberg

Ministry of Social Affairs and Health, Helsinki, Finland

Ms Suvi Anneli Lehtinen

Finnish Institute of Occupational Health, Helsinki, Finland

Dr Timo Leino

Finnish Institute of Occupational Health, Helsinki, Finland

Professor Harri Vainio
Finnish Institute of Occupational Health (FIOH), Helsinki, Finland

Dr Mireille Fontaine
General Directorate of Health, Ministry of Health, Youth, Sports and Associations, Paris, France

Dr Anastasia Pantazopoulou
Ministry of Health and Social Solidarity, Directorate General for Public Health, Athens, Greece

Dr Konstantia Theodosiou
Ministry of Health and Social Solidarity, Athens, Greece

Dr Kálmán Kardos
Hungarian Institute of Occupational Health, Budapest, Hungary

Dr Elliot Rosenberg
Department of Occupational Health, Israeli Ministry of Health, Jerusalem, Israel

Dr Diana Cagliardi
Istituto Superiore Prevenzione E Sicurezza Del Lavoro (ISPESL), Rome, Italy

Dr Keneshbek Dzhusupov
Kyrgyz State Medical Academy (KSMA), Bishkek, Kyrgyzstan

Ms Anita Seglina
Division of Health Promotion and Environmental Health, Department of the Public Health,
Riga, Latvia

Dr Ivars Vanadzins
Institute of Occupational Safety and Environmental Health, Riga Stradins University,
Riga, Latvia

Mr Ralph Baden
Department of Occupational Health, Ministry of Health, Luxembourg, Luxembourg

Dr Ljiljana Kezunovic
University of Montenegro, Medical School of Podgorica Occupational Health,
Podgorica, Montenegro

Dr Adrian Weber
Ministry of Social Affairs and Employment, The Hague, Netherlands

Ms Siri Stangeland
Working Environment and Safety Dept, Ministry of Labour and Social Inclusion, Oslo, Norway

Dr Margarida M M Franca
Direccao Geral da Saude – DGS, Lisbon, Portugal

Dr Liliana Rapas
Authority of Public Health M.B. IMRDMI, Bucharest, Romania

Professor Petar Bulat
University of Belgrade, Institute of Occupational Health, Belgrade, Serbia

Dr Milos Janousek
Public Health Office of the Slovak Republic, Bratislava, Slovakia

Dr George Delclos
Spanish Ministry of Health, Barcelona, Spain

Dr Margaret Graf
Department of Labour, Zürich, Switzerland

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

Dr Hinc Yilmaz
Occupational Diseases Hospital, Ankara Meslek Hastaliklari Hastanesi, Ankara, Turkey

Dr Anzhela Basanets
Institute for Occupational Health, Kiev, Ukraine

Observers

Mr Asko Aalto
Ministry of Social Affairs and Health, Tampere, Finland

Ms Marjatta Anttila
Ministry of Social Affairs and Health, Helsinki, Finland

Dr Kari Haring
The Central Organization of Finnish Trade Unions, Helsinki, Finland

Ms Marja-Leena Hiltunen
Ministry of Social Affairs and Health, Helsinki, Finland

Dr Jorma Järvisalo
Social Insurance Institution, Helsinki, Finland

Dr Kari Kaukinen
Confederation of Finnish Industries EK, Helsinki, Finland

Dr Ritva Partinen
Ministry of Social Affairs and Health, Helsinki, Finland

Ms Tuija Perälä
Ministry of Social Affairs and Health, Helsinki, Finland

Ms Maria Waltari
Ministry of Social Affairs and Health Helsinki, Finland

International organizations

Dr Zinta Podniece
European Agency for Safety and Health at Work, Bilbao Bizkaia, Spain

Professor Jorma H. Rantanen
International Commission on Occupational Health (ICOH), Helsinki, Finland

Mr Wiking Husberg
International Labour Organisation (ILO), Moscow, Russian Federation

Mrs Janet Asherson
International Organisation of Employers, Geneva, Switzerland

Mr Frederick Muia
International Organisation of Employers, Geneva, Switzerland

Mr Björn Erikson
Norwegian Confederation of Trade Unions, International Trade Union Confederation,
Oslo, Norway

World Health Organization

Headquarters

Dr Ivan Ivanov

Regional Office for Europe

Dr Rokho Kim

Secretariat

Ms Deepika Sachdeva

Interns

Ms Lunchakorn Prathumratana

Ms Soo-young Lyu

Mr Hyo Bum Jang

Mr Jeik Byun

Ms Jungwon Yun

Annex 3

PLAN OF REGIONAL IMPLEMENTATION OF WHA60.26 (DRAFT)

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.¹

Employment and working conditions have powerful effects on health and health equity.² 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).³ 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.⁴ 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

¹ The Tallinn Charter on Health Systems for Health and Wealth (2008),

<http://www.euro.who.int/document/e91438.pdf> accessed 10 September 2008

² 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

³ 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

⁴ 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

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.

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.⁵ Occupational diseases and injuries are a significant cause of ill health often affecting young and productive members of the society.

Figure 1. Burden of disease due to major risk factors in the European region

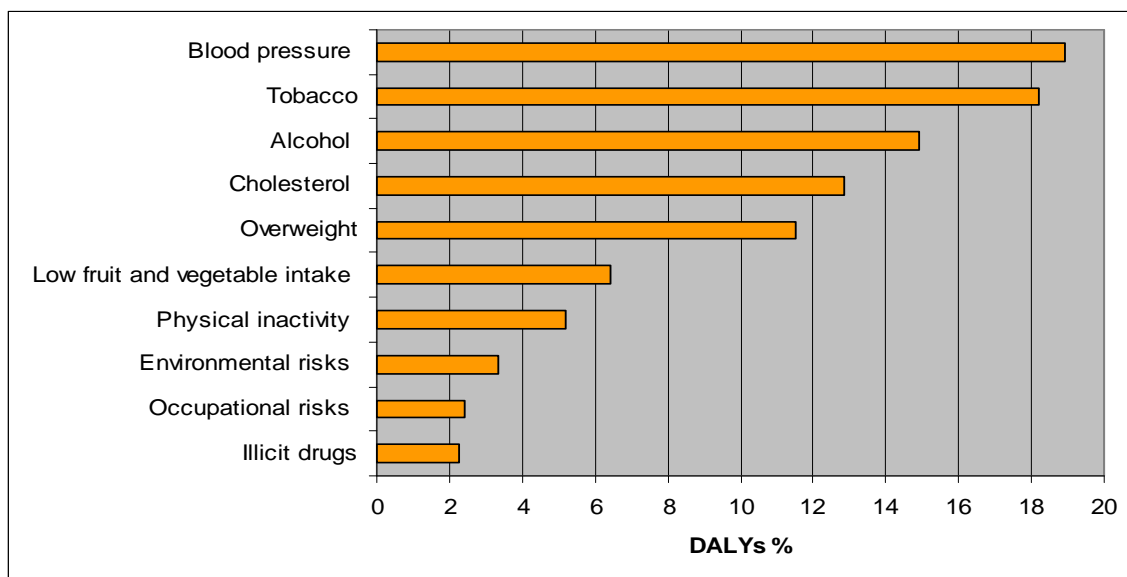


Figure 1 and Table 1 show the magnitude of burden of disease from occupational risk factors as compared with burdens from other high priority risk factors in public health practice in the

⁵ WHO, World health report 2002 – Reducing Risks, Promoting Healthy Life, <http://www.who.int/whr/2002/en/> accessed on 25 May 2008

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
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.⁶ 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.

⁶ 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

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.⁷ 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

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.⁸ 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.⁹ 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.¹⁰

⁷ 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](#). 2006 Jul-Sep;12(3):278-85.

⁸ Gochfeld M. Occupational medicine practice in the United States since the industrial revolution. [J Occup Environ Med](#). 2005 Feb;47(2):115-31.

⁹ Rene Loewenson. Globalization and occupational health: a perspective from southern Africa Bulletin of the World Health Organization, 2001, 79: 863–868.

¹⁰ 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

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.¹¹ 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 health.¹² At the global level, the Promotional Framework for Occupational Safety and Health Convention, 2006 was adopted by the General Conference of the ILO.¹³ At the Regional level, the EU has adopted the second EU Strategy on Health and Safety at Work covering the period of 2007–2012.¹⁴

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.

¹¹ WHO European Regional Office. Heat-health action plans. 2008

http://www.euro.who.int/InformationSources/Publications/Catalogue/20080522_1 accessed 25 May 2008

¹² Plan of Implementation of the World Summit on Sustainable Development. Document A/Conf.199/20, Annex.

¹³ ILO Promotional Framework for Occupational Safety and Health (2006)

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

¹⁴ 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

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 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 wellbeing
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 labor 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 subregional 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 subregional network of WHO Focal Points.¹⁵

Establishment of European Network for Workers' Health

¹⁵ 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.

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
- 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 summarised 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 OHField)
 - 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 subregional 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 summarised 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, subregional, 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/subregional 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 subregional networks

- Baltic Sea Network on Occupational Health and Safety
- Northern Dimension for Public Health and Social Wellbeing (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 intersectorial co-operation (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 multisectoral cooperation as recommended by GPA. Involvement of the National Network in the subregional 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 subregions (two countries from each subregion). Surveillance, monitoring and national profiles will be the priority areas of coordination for the Committee. The Committee will advise on harmonization and standardisation 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
<p><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>	<ol style="list-style-type: none"> 1. Number of targeted Member States receiving technical support from WHO and CCs to develop national profiles and action plans on workers' health 2. Number of targeted Member States that have developed national programmes for occupational health and safety of health care workers' with WHO and CCs support 3. 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 4. Number of guidelines and information materials published and disseminated by WHO and CCs about minimizing inequalities in workers' health

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> <ul style="list-style-type: none"> - legislation - intersectoral collaboration - institutional capacities - funding and resource mobilization 	<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> <ul style="list-style-type: none"> - national profiles and priorities for action - objectives, targets and actions - mechanism for implementation, monitoring and evaluation - human and financial resources 	<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> <ul style="list-style-type: none"> - Development and dissemination of information products on asbestos-related diseases – media advisories, information kit (brochures, posters, leaflets, personal stories, picture gallery) - Preparation of a guide for estimating the burden of asbestos-related diseases - Technical assistance to targeted Member States in developing and implementing national programmes for elimination of asbestos-related diseases - Establishing a global alliance of intergovernmental and international organizations and champions for elimination of asbestos-related diseases 	<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>

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 for immunization of healthcare workers against Hepatitis B, including:</p> <ul style="list-style-type: none"> - development and dissemination of an aide memoir on immunization of health care workers against hepatitis B - carrying out demonstration projects in targeted Member States - providing assistance to targeted Member State in implementing projects on prevention of needlesticks, including burden of diseases estimates. - updating the toolkit on needlestick injuries 	<p>Carry out studies, develop tools and information materials about immunization of healthcare workers of HBV</p>
	<p>Implement ILO/WHO global programme for the elimination of silicosis, including:</p> <ul style="list-style-type: none"> - preparation of an outline for development of national programme son elimination of silicosis (jointly with ILO) - carrying out a global estimate of the burden of silica-related diseases - train the trainers in using silica essentials 	<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>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<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 healthcare workers</p>
<p>Take measures to minimizing gaps between different groups of workers: (Action 9)</p> <ul style="list-style-type: none"> - high risk sectors - vulnerable groups (younger, older and migrant workers) - gender aspects 	<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>	<ol style="list-style-type: none"> 1. 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 2. 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 3. Number of regional and subregional networks and initiatives on healthy workplaces and workplace health promotion supported by WHO, WHO Focal Points and Collaborating Centres 4. 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

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> <ul style="list-style-type: none"> - essential interventions for prevention occupational hazards - integrated management of chemicals - elimination of second-hand tobacco smoke from all indoor workplaces - health impact assessment of new technologies, processes and materials 	<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> <ul style="list-style-type: none"> - minimum requirements for health and safety protection - enforcement and inspection 		<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> <ul style="list-style-type: none"> - methodologies - training of workers and employers 	<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 noncommunicable diseases at the workplace: (Action 14)</p> <ul style="list-style-type: none"> - diet and physical activity - mental health - family health 	<p>Develop guidance for employers and trade unions on prevention of noncommunicable diseases at the workplace</p>	<p>Implement programmes for workplace health promotion</p> <p>Carry out research and reviews of evidence on prevention of noncommunicable diseases through workplace interventions:</p> <ul style="list-style-type: none"> - cancer - cardiovascular diseases - respiratory diseases (asthma and COPD) - diabetes
<p>Prevent and control HIV/AIDS, malaria, TB, avian influenza at the workplace (Action 14)</p>	<p>Develop of guidance for prevention and control of TB, malaria, HIV/AIDS; and avian influenza at the workplace.</p>	

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>	<ol style="list-style-type: none"> 1. Number of global, regional and subregional 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 2. Number of global, regional and subregional efforts for building human and institutional capacities for delivery of BOHS implemented with support from WHO, WHO Focal Points and Collaborating Centres. 3. 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 4. Number of national organizations and universities implementing WHO-led initiatives to provide support for the delivery of BOHS

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> <ul style="list-style-type: none"> - linkage to national health strategies and health sector reforms - standards for organization and coverage - mechanisms for pooling resources and financing of the delivery - sufficient and competent human resources - quality assurance systems <p>Provide access for all workers to basic occupational health services (Actions 16)</p> <ul style="list-style-type: none"> - 	<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> <ul style="list-style-type: none"> - basic packages - information products, tools and working methods - models of good practice <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>
<p>Build core institutional capacities – national and local levels (Action 17)</p> <ul style="list-style-type: none"> - service delivery - dissemination of information - specialized expertise 	<p>Create a global information portal targeted specifically to basic occupational health services</p>	<p>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</p>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<p>Develop of human resources for occupational health: (Action 18)</p> <ul style="list-style-type: none"> - post graduate training - capacities for basic occupational health services - workers' health in the training of primary health care staff 	<p>Stimulate international initiatives for capacity building for basic occupational health services</p> <p>Prepare training materials on basic occupational health</p>	<p>Develop global recommendations for professional profiles for curricula for OH experts;</p> <p>Organize and carry out international courses and online training</p> <p>Support the establishment of national training programmes in low- and medium income countries</p>

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

Expected Result	Indicators of Achievement
<p><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></p>	<ol style="list-style-type: none"> 1. Development and dissemination of global and regional reports on workers' health status and trends. 2. Number of global, regional and subregional studies on the occupational burden of disease 3. 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 4. Number of global, regional and subregional 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
<p>Design systems for surveillance of workers' health: (Action 20)</p> <ul style="list-style-type: none"> - national information systems - workers' health indicators - capacities to estimate burden of diseases and injuries - registries of exposures, diseases and accidents - early reporting, diagnostic and exposure criteria of occupational diseases - occupational causes of diseases in ICD11 (Action 23) 	<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>

Actions by Member States 2008–2017	Activities by WHO 2009–2012	Possible Activities by Focal Points and Collaborating Centres 2009–2012
<ul style="list-style-type: none"> • Strengthen research on workers' health: (Action 21) <ul style="list-style-type: none"> - special agendas - practical and participatory research 	<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>
<ul style="list-style-type: none"> • Communication and awareness raising (Action 22) <ul style="list-style-type: none"> - workers and employers - policy makers, media - health practitioners 	<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 impacts 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>	<ol style="list-style-type: none"> 1. 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 priority branches of economic activity 2. 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. 3. 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 4. 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

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> <ul style="list-style-type: none"> - economic development policies and poverty reduction strategies - collaboration with private sectors to avoid international transfer of risks - national plans and programmes for sustainable development 	<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> <ul style="list-style-type: none"> - strategic approach to International Chemicals Management - multilateral environmental agreements: Rotterdam, Basel, Stockholm - environmental management systems - climate change - emergency preparedness and response 	<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> <i>WHO/Regional/HQ responsible: Susan Wilburn</i></p>	44

<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. <i>CC Initiative Leader:</i> <i>WHO/HQ 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. <i>CC Initiative Leader:</i> <i>WHO/HQ 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. <i>CC Initiative Leader:</i> <i>WHO/HQ 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. <i>CC Initiative Leader: Timo Leino</i> <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. <i>CC Initiative Leader:</i> <i>WHO/HQ lead:</i></p>	<p>48</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 on-line training, and establishment of national training programmes in low and medium income countries. <i>CC Initiative Leader: Leslie Nickels</i> <i>WHO/HQ responsible:</i></p>	
<p>GPA4 :Provide and communicate evidence for action and practice ** 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. <i>CC Initiative Leader:</i> <i>WHO/Regional/HQ lead:</i></p>	39
<p>GPA5: Incorporate workers' health into non-health policies and projects*** Responsible for Objective 5: Wendy Macdonald</p> <p>Priority: Collate and conduct studies to clarify the economic benefits of workers' health (Action 5.24) <i>CC Initiative Leader:</i> <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. <i>CC Initiative Leader:</i> <i>WHO/Regional/HQ lead:</i></p>	18
<p>Total AA Projects</p>	192

** 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.

Annex 4

WORKING GROUP REPORTS ON SUBREGIONAL PRIORITIES OF GPA IMPLEMENTATION

Working group 1: western and northern Europe

Objective 1: to devise and implement policy instruments on Workers' health

The countries of all the working group participants had the appropriate legislation in place. The group concluded that issues requiring attention included sick leave, getting people back to work and appropriate legislation. Reporting systems, what is reported and to whom could be improved. Health care workers and pregnant women were not well covered, especially in agricultural settings.

Objective 2: to protect and promote health at the workplace

Nanotechnology, more emphasis on alcohol and drug problems, improved methods for social dialogue, and issues related to smoking all demanded improved communication. The role of labour inspection should be looked at. Coordination between health and safety should be improved. Who should train employers? The work-life balance issue should be coordinated with public health personnel and occupational health experts. Home workers were a special case. Non communicable diseases were an important issue that should be dealt with in a more general programme, rather than in programmes for specific diseases.

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

Better systems for monitoring the services were needed, and minimum requirements defined. Service quality assurance was called for, along with an improved system of information dissemination at the basic level. Core institutions should provide services to service providers. Distance learning opportunities should be utilized more than currently.

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

Differences between occupational diseases and ill-health at work should be clarified. Occupational diseases were currently given priority but the more general impact of work on health was also important. The effectiveness of interventions should also be considered. More collaboration at the national level was needed between national focal points and collaborating centres for occupational health. Setting priorities according to needs was a guiding principle in research, and research activities should be better coordinated globally, regionally and nationally. A system should be created to allow access to recent research findings. Employers could be more active in emphasizing the benefits of health and safety programmes to the workers. There was a need for greater coordination between the international organizations.

Objective 5: to incorporate Workers' health into other policies

More collaboration between different policies was needed, including through a permanent forum for meetings among the various ministerial-level actors. The Health in All Policies book could be useful. All policies should be evaluated from the point of view of health.

Working group 2: south-east European (SEE) and CIS countries

Objective 1: to devise and implement policy instruments on Workers' health

There was a need for lower-level legislative regulations in OHS. Intersectoral collaboration should be upgraded in consultation with ILO and WHO. Capacities also needed to be upgraded, including through representation of occupational health in the ministry of health. It was important to build cases to show employers that occupational health was important for their businesses. Collaboration between the ministry of health and ministry of labour should be improved. WHO and ILO need to work together while dealing with the countries' ministries, by organising joint missions. WHO, the EU and ILO should prepare common outlines for national OSH profiles. A database of national profiles should be established. Occupational health should be a priority on the national agenda. Vaccination for health care workers must be promoted. A survey of vulnerable groups was called for. Preventive programmes for agricultural workers should be established. A preventive programme for work ability assessment of the unemployed was also called for.

Objective 2: to protect and promote health at the workplace

National policies on tobacco, asbestos and chemical safety must be reviewed and updated. Inspections needed strengthening. Primary prevention programmes for workers and employers should be established and improved. It was also essential to establish, develop and improve programmes for workplace health promotion on mental health, diet and physical activity, and to continue activities on HIV and tuberculosis prevention.

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

BOHS should be provided to all workers according to local conditions. National institutes of occupational health should be established with support from ILO and WHO. The SEE and CIS countries needed to organize training programmes for Workers' health with support from ILO, WHO and the EU.

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

EUROSTAT methodology must be introduced in the registering of occupational diseases and injuries, and support was needed for the intended changes in ICD-11. Subregional research on health care for health care workers should continue. Information materials would be useful for employers, workers and trade unions, and the media should be used to reach target groups.

Objective 5: to incorporate Workers' health into other policies

The number of projects to include occupational health issues in all relevant national strategies should be increased. It was pointed out that SMEs must be supported by public funds. The World Bank and the Organisation for Economic Co-operation and Development (OECD) could be approached in that regard.

Working group 3: Mediterranean countries

Objective 1: to devise and implement policy instruments on Workers' health

Some common problems in the subregion, e.g. unemployment, were recognized. A multistakeholder committee should be established, and its visibility and representativeness

ensured. Strengthening the department of occupational health within the ministry of health was deemed crucial. That should strengthen preventive activities at all levels. National approaches for prevention were proposed, and collaboration with WHO on ICD-11 was considered important. In respect of health care workers, it was agreed to wait for the WHO report on the issue, and then take action on the basis of its recommendations. The quality of information systems needed to be improved.

Objective 2: to protect and promote health at the workplace

The problem of second-hand smoke as an occupational health hazard must be tackled, and capacities built for primary prevention. Training for primary prevention needed to be strengthened. Health promotion in respect of non communicable diseases should be encouraged.

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

The capacity of primary care providers should be improved. The main channel for widening the coverage of occupational health services was through general practitioners (GPs). They should be trained to take occupational health issues systematically into account. Nurses and ergonomists should be given the opportunity of training in occupational health. Formal training in occupational health for non-physicians should also be organized.

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

Evidence bases must be developed; national initiatives should be evidence-based. Best practices in occupational health need to be compiled and national registries on occupational health and safety indicators were needed.

Objective 5. to incorporate Workers' health into other policies

The national databases should be utilized in the development of various policies.

Some common items were raised by all three working groups: intersectoral collaboration (between the ministries of education, finance, health and labour) was sorely needed at country level. Training and education, including for non-medical experts such as occupational hygienists and ergonomists, was a priority.

Annex 5

WORKING GROUPS DISCUSSION ON EXPECTED RESULTS, ACTIVITIES AND INDICATORS

Objective 1: to devise and implement policy instruments on Workers' health

Professor Jovanka Bislimovska, the former Yugoslav Republic of Macedonia, described the draft Work Plan on Workers' health in relation to GPA Objective 1. She pointed out the need to establish a national policy framework on international conventions and resolutions. Legislation, intersectoral collaboration, institutional capacities and funding and resource mobilization needed to be considered. Elaborating further, national action plans on Workers' health should be based on national profiles and priorities for action, include mechanisms for implementation, and ensure human and financial resources. The priorities were to establish special programmes for occupational health and safety for health care workers, and to minimize gaps between different groups of workers, paying particular attention to those at risk and also taking gender aspects into account. The task of the Working Groups was to identify the possible activities for implementation of the GPA.

Discussion: The Work Plan 2009–2012 should identify the most urgent activities and describe the tangible results. WHO was asked to ascertain which legislation had been most successful, the necessary institutional capacities, and the kind of resources needed. That information would be helpful to the countries. The whole process should begin with a national meeting with all stakeholders, where the roles and tasks of all actors should be discussed. Some international instruments, such as ILO Convention No. 187 should be made available. Also, the existing Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001) should be used as a tool in the preparation of national plans. If an OSH profile were prepared first, it would create interest among stakeholders, making it much easier to organize a national tripartite conference. However, in many countries, the profiles already existed, and thus tripartite social dialogue could be initiated already: the national network on occupational health and safety was important for discussions at national level and for implementation of the GPA. The current situation in the countries should be assessed, including legislation and EU *acquis communautaire*, to identify the structures and mechanisms that already existed and build on them. Additional questions could be included in surveys conducted by the European Foundation for the Improvement of Living and Working Conditions (Eurofound), Dublin. WHO was encouraged to collect and describe different methodologies aiming at the same target, to allow countries to choose between the various alternatives according to their needs and situation. Knowledge sharing was crucial for all countries in different stages of development and could also create a basis for benchmarking despite the large social and economic differences in the European Region. Local dimensions were needed, with different policies in different countries. In countries without a public health infrastructure, occupational health personnel needed to be involved in primary health care at the first stage. The lively discussion concluded that social dialogue was needed, governments must be committed to implementation of the GPA, and benchmarking would form a basis for continuous improvement in occupational health and safety.

Objective 2: to protect and promote health at the workplace

Dr Margaret Graf, Switzerland, described the need for tools to convince the decision-makers that protection of Workers' health was not only for the benefit of the workers themselves, but also for the benefit of the enterprises. Inspection would ensure that working conditions were improved. She referred in detail to the actions in the draft Work Plan by Member States agreed to in the GPA.

Discussion: Social partners were only a small proportion of the actors. Stress, psychosocial issues, mental health and well-being were major workplace issues. The role of safety delegates and work environment committees was also important. Reference was made to the expanding place of telecommuting, meaning that circadian rhythm and fatigue should be added to the list of issues to be dealt with in health protection and promotion. The role of agriculture and emerging risks was emphasized. WHO was requested to provide different approaches on the topic. The issue of tobacco smoking was touched upon. All workers had the right to a smoke-free workplace, which was slightly different from banning smoking. Existing frameworks could be identified from legislation. Collaboration between ministries was important. The role of the safety delegates needed to be clarified, as they were already trained in occupational health and safety. The participants proposed adding the prevention of alcohol hazards to the list of issues. Some commuting accidents were also related to drugs and alcohol. The role of OSH inspection was stressed, as it was at risk in some countries. Some countries had good programmes to combat alcohol and drugs at the workplace. It was important to position such issues in general public health programmes, for instance on diet and exercise, with a special chapter on using workplaces as an arena for those activities. Thus, health protection and promotion at the workplace should be regulated by legislation. For practical implementation, cooperation between ministries and social partners was crucial.

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

Professor Jorma Rantanen, ICOH, described Objective 3 on occupational health services. The coverage of occupational health services had not increased in the previous 20 years. There was significant variation in coverage between countries, ranging between 4% and 90%. Service infrastructure was important – underserved groups had many needs but no services available. Occupational health services were becoming more commercial. In countries where market forces took care of the provision of services, that posed no major problems, but public interventions were needed in countries that were sparsely populated. The costs of health losses in the European Region were huge. At the same time, there was a clear lack of occupational health services in the European Region Strategy. WHO's role in the development of OHS was important, because the European Region could not take the lead in the issue. Inspection was necessary but so were services. Services played an important role for small and medium-sized enterprises in particular. The BOHS approach was established to fill the gap where services were lacking for the self-employed and in agriculture, in particular. There were three aspects to occupational health services: promotion of Workers' health, improvement of the work environment, and development of work organization. The improvement of coverage and performance of the services needed to be measured. The service system must be in place before performance could be considered. Performance of OHS could be seen in the long-term in the numbers of occupational diseases and occupational accidents. Indicators were needed. The outputs were basic packages of BOHS, the building of human resources, and knowledge and information management. A model curriculum was under preparation by the ICOH scientific committees. The coverage and quality of the services and the availability of personnel comprised input

indicators. Output indicators were: accident statistics, numbers of cases of occupational diseases, and statistics on sickness absenteeism. Technical support was sorely needed for the development of those activities in the countries. Clustering of several countries according to geographical region such as the Balkan and Baltic Sea regions could prove successful and useful. Building institutional capacities – centres of excellence – in every country was deemed important. In the process of developing occupational health services, support from primary health care was a feasible way of expanding the services in some countries. The prerequisites for good occupational health services were governance systems, national systems for OHS, financing systems, and human resources. He suggested the Nordic Scoreboard method for benchmarking OHS activities among the countries. He posed four questions to the working groups:

1. How can we increase the coverage of OHS in Europe to a level of 70–90%?
2. How can we organize the correct prevention-curative-promotion content for the services?
3. How can we measure performance?
4. How can we ensure sufficient and competent human resources?

Discussion: The services needed to be available. Content and quality issues were also important. Inspection and services were both needed. BOHS was a good tool for working with the service providers and stakeholders in different countries. Technical support was also needed, and the checklist presented by Professor Rantanen was a good tool that should be used. The Member States needed to provide BOHS for all workers, including those in the informal sector. The coverage of occupational health services had been decreasing in some countries, calling for special action. Companies were focusing on selecting the cheapest service provider, often at the cost of content. ILO Convention No. 161 was the starting point for the development of services. That requires a plan for establishing BOHS. Training of experts, such as psychologists or engineers, was a challenge. There was a need for more educated professionals to assist governments in policy-making. BOHS acted as advisers to both employers and employees. The service providers should have a complete integrity. A definition of OHS was requested. The needs of the small and medium-sized enterprises (SMEs) and informal sector enterprises were mentioned, together with ways of clustering them to make it easier to provide basic occupational health services, and integrate BOHS into their business. Long-range planning of primary care was needed for the prioritization of various activities. In developing the activities, information technology should be utilized. He also referred to presenteeism and productivity as arguments for good occupational health services. While coverage was important, the knowledge of individuals was crucial, highlighting the need to develop human resources. The conclusion was that the systems approach needed to be taken into account and, while the public sector had overall responsibility, operational responsibility lay with the employers. Clustering of SMEs – using the ILO Work Improvement in Small Enterprises (WISE) and Work Improvement in Neighbourhood Development (WIND) methods as tools for BOHS – should be fully utilized. Funding of the activities was also important. The primary responsibility for organizing occupational health services lay with the employer. However, public interventions were also needed.

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

Professor Harri Vainio, Finland, introduced the provision of evidence for action and practice. Knowing the effect of work on health was important, but it was also important to know the effect of health on work. Work ability played a central role. He described the hierarchy of scientific evidence, explaining the distinction between the precautionary principle and evidence-based action. Alcohol was taken as an example in looking at the risk of adverse health outcomes.

Measures that could help to prevent alcohol-related effects included: changes in personal behaviour, mini-interventions, community-level action and legislation. More systematic reviews were needed to provide evidence. He described the Cochrane Collaboration in the occupational health field, and concluded by giving a path for making evidence-based decisions: Data → information → evidence → knowledge → wisdom

Discussion: The participants compared evidence-based action to precautionary practices, and talked about randomized trials, noting that a great deal of research was not properly carried out, and study designs were not satisfactory. It was proposed that occupational causes of diseases should be included in the on-going work on the Eleventh revision of the International Classification of Diseases (ICD-11). There was a vast lack of data on the causes of various diseases. The electronic version should include the occupational causes attached to the diagnosis of diseases. More evidence was needed. The ICD classification of diseases could also be utilized for preventive purposes. The model presented for evidence-based information applied to chemical and physical exposures but not mental or psychosocial issues. In the case of waiters, the arrangements related to their work organization had an effect on their working habits and could thereby increase stress and even cause cancer as a health outcome. The question was raised as to whether the objective should be expanded from evidence to prediction, as work life was changing, and evidence was derived from the past. It could be useful to envisage new anticipatory and predictive types of activities. The role of communication and awareness-raising was emphasized as crucial for political decision-making. The conclusion was that scientific evidence was not always necessary for action to be taken; decisions should sometimes be based on the precautionary principle.

Objective 5: to incorporate Workers' health into other policies

Dr Liliana Rapas, Romania, introduced Objective 5. She referred to the recommendations prepared in the expert meetings during the Finnish EU Presidency. Public health, environmental policies, training and education, social inclusion, finance, trade and consumer policies were among the non health policies in which occupational health should be included. She briefly described the activities in the draft Work Plan.

Discussion: It was proposed that employment policies be included. The importance of the social security system was also emphasized. Enterprises must pay for occupational health and safety, and not shift the responsibility on to society. Economic incentives were needed to motivate enterprises to improve their working conditions. In the free trade zones of Mexico, the *maquiladoras* sector, Workers' health had been included in the new North American Free Trade Agreement (NAFTA) terms. The need for incentives through the insurance systems was emphasized, along with the importance of developing international standards.

Annex 6

REPORT OF WORKING GROUP FACILITATORS ON REGIONAL PLAN FOR GPA IMPLEMENTATION

Objective 1: to devise and implement policy instruments on Workers' health

Professor Jovanka Bislimovska, the former Yugoslav Republic of Macedonia

All the groups agreed that it was essential to review and update the legislation based on ILO conventions and European Union regulations. Social dialogue was an important tool in the development of work-life issues. Intersectoral collaboration was strongly emphasized, together with the need to establish a multi-stakeholder committee at national level. Ministries of health should have a department/unit of occupational health, with the capacity to improve and implement OHS issues at the national and international levels. WHO, ILO and the EU should support all countries and look at ways of working together. A subregional approach was needed to make the collaboration more effective. The existing networks – the Baltic Sea Network on Occupational Health and Safety (BSN) and the SEE Network – were mentioned as positive examples. Issues such as return to work should also be taken into account. A national programme for health care workers should be established in each country. Vulnerable groups such as migrants, the unemployed and agricultural workers should be special targets for activities. A common database should be available to provide the relevant information.

The establishment of national action plans on occupational health and safety was encouraged, with the ministries of health and labour jointly leading other partners, thus strengthening national collaboration. The elimination of asbestos hazards was also proposed as a common goal. Immunization of health care workers was deemed a key issue in ensuring good services for all citizens. Those goals should be achievable.

Objective 2: to protect and promote health at the workplace

Dr Margaret Graf, Switzerland

Reducing tobacco-smoking should be considered a priority. Prevention of alcohol and drug hazards at the workplace should be selected as topics for health promotion, and social partners invited to collaborate. Chemicals and the elimination of asbestos hazards should also be high priorities. Training programmes for occupational health should be strengthened. Public health issues needed to be addressed in general programmes, with the workplace taken as an arena. Non-communicable and infectious diseases needed to be addressed at the country level. The strengthening of interdepartmental collaboration and the more active involvement of social partners should both be included on the agenda.

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

Professor Jorma Rantanen, ICOH

The problems and solutions varied in the different parts of the Region.

Policy: The priority position of occupational health on the national agenda was the first task needing political support. Sufficient information on the OHS system would be a starting point for developing a national system.

System: The system should be monitored nationally. The gaps in coverage could then be identified. Minimum requirements for coverage should be defined. BOHS should be provided for all workers in the Region. Institutes of occupational health could contribute to support services, providing background support for frontline services.

Content: A call was made for quality assurance. None of the groups discussed whether OHS should be preventive only, or both preventive and curative.

Capacity-building: Capacity-building of the personnel providing the services was deemed the most central issue by all groups. Training for experts, GPs and nonmedical personnel, inter country collaboration for the training of experts, distance learning and e-learning were topics covered by the working groups.

Information: Information needed to be disseminated widely at grassroots level to GPs, and occupational health and safety experts.

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

Professor Harri Vainio, Finland

Everything should stem from the national OSH profiles; gaps and needs could be identified during the profile work. Evidence for the action needed must be acquired. Actions proven to work in one culture might still need to be demonstrated in local conditions. Cost-effectiveness also needed consideration. The Cochrane Collaboration was mentioned as one way of collecting evidence. Communication and awareness-raising was crucial for all target groups. New media could also be explored for dissemination.

Discussion: The WHO Global Report on Workers' health included in the Work Plan went beyond the burden of disease, to cover trends, major problems, challenges and solutions. Actions were needed even where there was not full evidence. Surveillance systems should be improved – the data should be monitored regularly. ICD-11 should be used to improve the identification of occupational causes of diseases. There were other channels for the collection of evidence in addition to the Cochrane Collaboration. The Danish Social Institute and the Institute for Work and Health, Canada were mentioned as sources of analyses and literature reviews.

Objective 5: to incorporate Workers' health into other policies

Dr Liliana Rapas, Romania

The draft proposal was discussed in detail. More collaboration was needed among the various sectors. Networking between different agencies in different countries was deemed useful. ILO Convention No. 187 should be used as a basis for the work, and occupational health should be integrated into employment policies, for instance. Databases containing useful information should be made available to a wide range of users.

**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
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

E93060
Original: English

IMPLEMENTATION OF THE WHO GLOBAL PLAN OF ACTION OF
WORKERS HEALTH IN THE EUROPEAN REGION
THE FIRST MEETING OF NATIONAL FOCAL POINTS FOR WORKERS' HEALTH

**World Health Organization
Regional Office for Europe**

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18. E-mail: postmaster@euro.who.int
Web site: www.euro.who.int