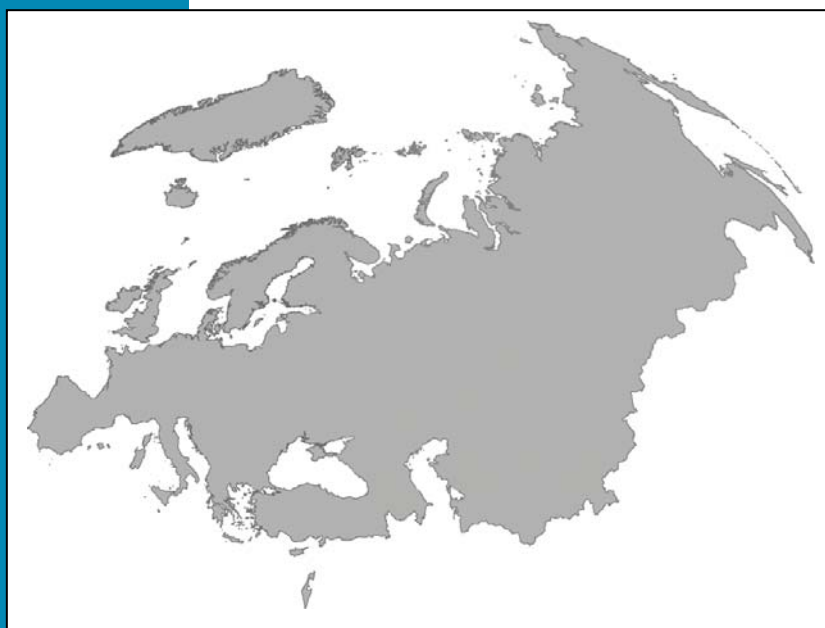




EUROPE



**National profiles and priorities
in occupational health
systems development in the
European Region**

**The Second Meeting of
National Focal Points on
Workers' Health**

Meeting Report

**Struga, The Former Yugoslav Republic
of Macedonia
28–29 September 2009**



National profiles and priorities in occupational health systems development in the European Region

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ABSTRACT

The Second Meeting of the Network of WHO Focal Points on Workers' Health reviewed national profiles of Finland, France, Germany, and United Kingdom. Recommendations for the development of occupational health systems were proposed based on the lessons learnt in these countries. The meeting also reviewed the assessment report of occupational health situation in South East Europe (SEE) Countries, and made suggestions for further revision. After reviewing possible topic areas to strengthen occupational health systems in 2010-2012, the participants recommended five priorities: quality assurance of occupational health services; impact of global financial crisis on protection of underserved/vulnerable groups (migrants; unemployed; informal sector; young, ageing and female workers); capacity building for modernization and harmonization of curricula for occupational physicians and nurses (FOHNEU, ENSHPO, EUMS, EASOM) and information system; sub-regional system for training and education such as the Balkan training programme based on the model of the Nordic experiences; and Networking.

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Acknowledgement

The meeting in Struga was hosted by the Ministry of Health and the Ministry of Labour and Social Policy of the Former Yugoslav Republic of Macedonia. Particular thanks are extended to Dr Jovanka Karadzinska-Bislimovska and Dr Jorma Rantanen for co-chairing the meeting, and to Dr Diana Gagliardi for preparing this meeting report as rapporteur of the meeting. The following interns of WHO/Europe Bonn office contributed to the preparation of the meeting: Ms Anu Anele, Mr Daniel Grünes and Ms Zheng Zheng.

Abbreviations

BAuA	German Federal Institute for Occupational Safety and Health
BCA	Biennial Collaborative Agreement
BOHS	Basic Occupational Health Services
BSN	Baltic Sea Network on Occupational Health and Safety
DG	Directorate General
DGUV	Deutsche Gesetzliche Unfallversicherung (German Social Accident Insurance)
EASOM	The European Association of Schools of Occupational Medicine
EC	The European Commission
ENSHPO	The European Network of Safety and Health Professional Organizations
EU	The European Union
EU-OSHA	European Agency for Safety and Health at Work
EUMS	The European Union of Medical Specialists
FOHNEU	Federation of Occupational Health Nurses within the European Union
GPA	Global Plan of Action on Workers' Health 2008-2017
ILO	International Labour Organization
NDPHS	Northern Dimension Partnership for Public Health and Social Well-being
OHS	Occupational Health Services
SEE	South East Europe
SEEHN	The South eastern Europe Health Network
SHILWA	Social Inclusion, Healthy Lifestyles and Work Ability
WHO	World Health Organization

Executive Summary

1. The Second Meeting of the Network of WHO National Focal Points on Workers' Health was held in Struga, the former Yugoslav Republic of Macedonia, 28-29 September 2009. The topic was "National and sub-regional profiles as policy instruments on workers' health". The representatives of ILO Sub-regional Office for central and eastern Europe, and the European Agency on Safety and Health at Work participated as partners of WHO Regional Office for Europe in the implementation of Global Plan of Action in the Region.
2. The meeting reviewed national profiles on occupational health systems of Finland, France, Germany, and United Kingdom. Based on lessons learnt from these Member States, recommendations were formulated for development of occupational health policies in other Member States. The assessment and recommendations for occupational health systems in South East Europe (SEE) was presented by WHO consultant, Professor Jorma Rantanen. Participants provided corrections and comments to revise the draft report. The meeting formulated priorities for the development of occupational health systems at national, sub-regional and regional levels, based on the national profiles and on the SEE report. Possible projects to strengthen occupational health systems in 2010-2012 were proposed.
3. Five priorities were identified for future activities of the Network
 - Quality assurance of occupational health services;
 - Global financial crisis and protection of underserved/vulnerable groups (migrants; unemployed; informal sector; young, ageing and female workers);
 - Capacity building for modernization and harmonization of curricula for occupational physicians and nurses (FOHNEU, ENSHPO, EUMS, EASOM) and information system;
 - Sub-regional system for training and education such as the Balkan training system based on the model of the Nordic experiences; and
 - Networking.

Introduction

Diseases and injuries related to occupational risks represent a loss of 4-5% of GDP per year in the Region, and rank the 9th place within the Global Burden of Diseases. Good practices of occupational health can improve health and safety of the working population, almost the half of general population in the Region. WHO and key stakeholders at the national, sub-regional and regional levels are cooperating to implement the five priorities of the WHO Global Plan of Action on Workers' Health 2008-2017 (GPA). The Network of WHO National Focal Points on Workers' Health was first established in Helsinki, Finland, September 2008, as an important mechanism for the stakeholders in the governance to contribute to the GPA implementation. The Second Meeting of the Network was held in Struga, 28-29 September 2009, hosted by the Ministry of Health, the former Yugoslav Republic of Macedonia.

Opening of the meeting

Professor Jovanka Karadzinska-Bislimovska and Professor Jorma Rantanen were elected as co-chairs, and Dr Diana Gagliardi, Dr Ardita Tahirukaj and Dr Sasho Stoleski as rapporteurs of the Meeting. The Programme of the Meeting is attached as Annex 1 and List of Participants as Annex 2 to this Summary Report.

The Ministry of Health of the former Yugoslav Republic of Macedonia, represented by Mrs. Snezana Cicevalieva, opened the meeting welcoming all participants who are national focal points and representatives of WHO partner organizations.

The European Agency for Safety and Health at Work (EU-OSHA), represented by Dr Zinta Podniece, explained the key areas of Agency's activity and the upcoming Agency's campaigns on risk assessment for 2010-11 "Safe maintenance" and 2012-13 "Better health and safety through prevention". The International Labour Organization Budapest office, represented by Dr Kenichi Hirose, explained the ILO activities on occupational safety and health and decent work. EU-OSHA and ILO confirmed that they are contributing to the implementation of Global Plan of Action on Workers' Health in Europe.

Purpose and process

The meeting focused on the first objective of the GPA: "to device and implement policy instruments on workers' health". The national profiles of occupational health system in Finland, France, Germany, and United Kingdom as well as the mission report of Professor Jorma Rantanen on the situation in South eastern Europe were reviewed. The participants of the meeting exchanged their knowledge and experiences of good practices, and discussed the various models of occupational health systems in different countries. The possibility of multinational projects was explored in partnership with EU, ILO and other key stakeholders.

Presentation of national profiles

In 2009, WHO European Centre for Environment and Health carried out a project on national profiles of Finland, France, Germany, and United Kingdom in collaboration with the national focal points and consultants in these countries. The project was financially supported by the Ministry of Labour, the Republic of Korea. The preliminary reports were presented.

The Finnish Institute for Occupational Health presented the Finnish national profile, showing data on employment rates and on occupational accidents and diseases; the main characteristics of the National Health System and of the Occupational Health System; the legislative framework; models for service provision with number of professional figures involved in the system. Recommendations from Finnish experience were to use International Instruments (ILO Convention 187 and WHO GPA on Workers' Health); to prepare a National OSH Profile as baseline activity; to draft a comprehensive OSH Policy; to identify the needs for development of OSH; to ensure high level political support; to provide the legislative basis; to involve all relevant actors; to develop OSH training, information support and research through National Centre(s) of Excellence; to network, share and learn from others; to collaborate at International level.

French national profile was presented by WHO consultant, Professor Janine Praga Bigaignon of Strasbourg University. The Occupational health and safety system was illustrated with data on employment rates and on occupational accidents and diseases, the governance system and the legislative framework. Practically universal occupational health access and coverage was considered as a good practice model, even if the strong emphasis given to medical approach was considered a point of weakness. Recommendations for developing countries were the suggestion of a political driving force concretized by financial implication; the development of specific occupational health services structures, organization, regulations, inspectorate; the professional occupational health services multidisciplinary workforce development and vocational training; the specific training for employers and employees; the early occupational health services awareness during initial professional training and at school; the development of OSH culture largely in the general public (communication campaigns); the identification of occupational health services problems and priorities; the development of accidents and occupational diseases chart, evaluation, compensation systems; the institution of common data bases and availability of epidemiological studies; the implementation of preventative measures, good practices. In France, the number of occupational physicians decreased since 15 years ago. However, a special programme for occupational health nurses was started, creating a pool of personnel able to help physicians in taking care of minor issues and leaving the occupational doctors more time to dedicate to particular issues.

Federal Institute for Occupational Safety and Health (BAuA) presented the German national profile showing data on employment rates (highlighting the deep reduction of the number of workers in the agricultural sectors against a fast increase of the employment rates in the services sector and of the temporary workers); the system of governance of occupational health and social security systems with their points of strength (good infrastructures, good communication and networking, wide and compulsory coverage) and points of weakness (musculoskeletal diseases and work-related stress management). Recommendations for developing countries were of a good political will; good infrastructures; good collaboration at all levels; sufficient and qualified manpower; good data; good evaluation of action/programs; strong role of the national institute(s) for Occupational Health, especially in research, knowledge management and networking; referral to international instruments of ILO and WHO for guidance, reinforcement, moderation of change and improvement.

German Social Accident Insurance (DGUV), federation of the statutory accident insurance and prevention institutions, illustrated the insurance system in Germany, underlining that services of the accidents insurance are oriented to: prevention; rehabilitation (either occupational and social, through medical benefits); and compensation (through financial benefits). In Germany there are 11 BG clinics (9 for accidents and 2 for occupational diseases) which serve almost 100,000 of

workers per year. There are about 70 occupational diseases listed but there aren't any specific law or regulations for work-related cardiovascular diseases, stress and psychosocial disorders. The list, anyway, is not a closed one, meaning that any kind of disease for which is possible to demonstrate the linkage with working activity might raise the worker's right for treatment and compensation. Finally, the commitment of Government and DGUV to the Joint German OSH Strategy was highlighted. The main tasks are the fulfilment of international obligations derived from ILO conventions ratification, and the achievement of EU Strategy 2007-2012 target (25% reduction in the total incidence rate of accidents at work per 100.000 workers in the EU-27). Recommendations for developing countries were to combine Health and Safety in Prevention System, measures and surveys; implement consultation of employers and employees, which is more effective than control and enforcement of laws; include in the process the figures who are affected by employers and employees; practice work share with all capacities available (e.g. statutory accident and health insurance, state labour inspectorates, professional associations); educate and train "multipliers" well and regularly; national institute(s) for Occupational Health can be a key player, even though their function and impact should not be overestimated; international instruments of ILO and WHO can be a driving force in politics in order to achieve goals.

Health and Safety Laboratory presented the national profile of United Kingdom illustrating data on employment rates, occupational accidents and diseases and sickness absence. Legislative framework on occupational health and safety was explained and indicators for occupational health illustrated. Preliminary recommendations for developing countries were to identify the issue/problem; record what is good practice in existing situation; establish robust principles for collecting and disseminating information; identify the weaknesses and gaps in existing situation; identify the strengths in existing situation; seek out viable options; produce an action plan; keep focused; raise awareness, even through constant communication; evaluate and adjust as needed.

Assessments and recommendations for SEE countries

The preliminary report on the situation of occupational health system in the SEE Countries based on the mission of Dr Jorma Rantanen in June – July 2009 was presented. There are similarities of size of the countries, socio-political structure, legal structures, demography, languages, socioeconomic transition, and institutional capacities, even though there have been independent developments and adaptations during the transitional period in the past two decades. All SEE countries have strong political will to modernize occupational health systems.

Assessment of occupational health situation of the SEE countries can be summarized:

1. There is a political commitment towards EU accession with variation in the degree of harmonization and inconstant presence of clear occupational health services policies;
2. Virtually all countries have challenges in implementation;
3. Services and infrastructures need a systematic development to raise position of Occupational Health Services (OHS) in health system and to include preventive services;
4. The gaps between the needs and the services coverage represent a great challenge;
5. Human resources capacity building is urgent in the area of training and education, curricula development for various professional profiles taking into consideration of generation shift;
6. Information systems are needed at all levels and sectors for effective and efficient policy-making and implementation process;
7. Notification and registration of occupational accidents and diseases is underdeveloped;

8. Genuine networking is well established in the SEE region, and proven to be an important instrument for national and regional implementations and active international collaboration;
9. WHO BCA mechanism is often an important trigger for development.

Recommendations for the SEE Countries can be summarized:

1. Priority status of occupational health services should be elevated at policy-making level either through active campaigns by professional communities and considering EU accession as a driver. For this reason health sector reforms should not reduce occupational health services but increase its priority position in the health systems;
2. OHS cannot be developed systematically without legal basis: legal provisions should be drawn in every country;
3. Institutes, their staff and infrastructures including laboratories should be strengthened taking into account the need of multidisciplinary approach;
4. There is a need of development of human resources in quantity (establishment of occupational health nurses' profession) and in quality (modern approach, see recommendation 5 below). Joint training programmes through "Balkan version of NIVA" might represent a good model of education and training of occupational health professionals;
5. Substantive and modern contents of occupational health services should be oriented towards comprehensive occupational health services, including prevention, control and promotion of health conditions, protection of work ability and well-being at work;
6. OHS should have a stronger workplace orientation, evolving from Occupational Medicine to Occupational Health;
7. Basic Occupational Health Services could fill the coverage gaps;
8. Public health approach to occupational health is required and might be realized by population surveys, work environment surveys, targeted surveys, population level interventions;
9. Registration and notification of occupational accidents and diseases should be implemented;
10. Sufficient financing must be assured. For employed population the occupational health services should be financed by the employer (through special insurance). Self-employed, underserved groups and informal sector might be served by public service provision;
11. BCA is a critical prerequisite for development of occupational health services. Joint WHO and EU programmes should represent a guide for development of occupational health services as a part of GPA implementation and EU accession. WHO should give higher priority to occupational health services while EU should consider occupational health services as an important development target in the accession process;
12. Collaboration between Ministry of Health and Ministry of Labour should be tightened;
13. Regional collaboration should be strengthened.

Summary of discussion

Need for a reliable pan-European information system

ILO pointed out the problem of underreporting of occupational diseases and injuries. Participants from Finland, Germany, and Norway confirmed that underreporting was still a problem in spite of various measures to increase the reporting rate. In some countries, doctors are given

incentives for accurate and timely reporting. The economic incentives for small and medium enterprises could be considered.

There are difficulties to compare the numbers of occupational accidents and diseases because the systems of reporting are different between the countries. The participants urged that WHO, ILO and EU should prepare a joint template of national profiles with harmonized indicators. In the long run, pan-European information system based on comparable indicators should be developed. Networking is a good instrument to implement information system as well as training and education. It would be important to take advantage of electronic data collection with harmonized definitions from the very beginning of development. There is a need of international networking for information and communication systems, although EU-OSHA products and tools are useful for EU Member States.

Situation in the new EU Member States

The situation in the new EU Member States is in need of strong international guidance and support to implement the new legislations and standards ratified through EU accession process. Unfortunately, the national capacity is weakened during the transitional period in the past decade. For example, in Bulgaria, the National Institute for Occupational Health closed occupational health department. It is very important to educate and train young people in the area of occupational health up to the international standards. Future new projects should be considered in new EU Member States – including Bulgaria and Romania – to monitor and evaluate the impacts of EU accession on the improvement of workers' health. In Bulgaria, the national insurance system covers sickness, pensions, unemployment and occupational accidents and diseases. The national health system separately covers public health services. Unfortunately, occupational health service is a not covered area of public health. Most laws on occupational safety and health reflected the 89/391 EU directive. Occupational health services are provided mostly by private suppliers. Agriculture sector and self-employed business are not covered.

Situation in the South East Europe

Weakened capacity during the transitional period

Before its collapse, the Yugoslav Republic had advanced occupational health system incorporating both curative and preventive aspects. This strong tradition of public health approach to occupational health has been weakened during the transitional period. For example, the number of occupational physicians decreased dramatically because many of them changed their role to general practice in the general health system during the transition period. Occupational health services are provided by private suppliers without strict quality management.

Need for coordination between health and labour sectors

Coordination of laws and regulations implemented by the Ministry of Labour and the Ministry of Health is important in the governance for workers' health. In Albania, occupational health system is controlled by the Ministry of Health on one hand, through the Public Health Office, the Public Health Institute and 36 Districts, and by the Ministry of Labour on the other hand, through the Inspectorate of Labour. In Turkey, the Ministry of Health can't serve enterprises with more than 50 employees, and should obtain permission from Ministry of Labour for health issues such as services, inspection, data collection etc. The Ministry of Health plans to integrate

BOHS into the primary health care (PHC) system in the coming years with the support of the Ministry of Labour and Social Security in Turkey.

Special needs in the United Nations Administered Province of Kosovo

Professor Khevat Shkodra presented the occupational health situation in the United Nations-administered province of Kosovo. Before the war there were a number of specialized occupational physicians and specialists in occupational health. At present, many activities in the field of occupational health are pursued by general practitioners and family physicians. The regional recommendations presented by Professor Rantanen would be highly welcomed for rebuilding capacity.

Mainstreaming into public health and involving social partners

In the spirit of mainstreaming occupational health into public health services, the SEE Network on Workers' Health needs to join the SEE Health Network. Key stakeholders including the representatives of employers and employees should be involved in the preparation of national profiles and developing national strategies.

Contribution of national focal points to the Parma Conference

It was proposed to organize a side event for WHO National Focal Points during the Parma Conference for Health Ministries, which will be held in Parma, Italy, in March 2010. Since the Ministerial Conference on Environment and Health was held in Frankfurt in 1989, occupational health has been an important work area. However, from the Budapest Conference, focus was on child labour issues. Because environmental ministers are not responsible for occupational health, it is important to establish a separate process of involving labour ministries in the WHO activities. Otherwise, the work area of occupational health will be marginalized in the European Environment and Health Process. One of the topics in the Parma Conference was health inequity in environmental health. The greatest inequity is that all the good research carried out in this field doesn't minimally impact general life and general health issues. Basic Occupational Health Services and the concept of provision of primary care through occupational health system were derived from the Alma Ata Declaration of 1979. It was agreed that a side event will be organized on the topic of health inequities of occupational health, child labour, and women workers during the Parma Conference.

Sharing experience in the Northern Dimension countries

The Occupational Health and Safety (OSH) subgroup of the Experts Group on Social Inclusion, Healthy Lifestyles and Work Ability (SHILWA) in Northern Dimension on Public Health and Social Well-being (NDPHS) collected data and prepared country reports on OSH in the Northern Dimension area, including Estonia, Finland, Latvia, Lithuania, Norway and the Russian Federation in collaboration with the Baltic Sea Network (BSN) in 2006- 2008. Main problems during the work were represented by lack of reliable information sources, lack of social dialogue involving social partners and lack of cooperation between different ministries. The results of the SHILWA activity can be found at the web site, www.ndphs.org.

Quality assurance of occupational health services

Considering the gaps in the quality of occupational health services between different suppliers within and between countries, an international programme of quality assurance of occupational health services could be considered. A number of good instruments already exist, such as WHO resolutions and national profiles that can be used as models of good practice. For this reason he suggested to implement and disseminate all this instruments. Examples of activities might be represented by development of regional channels of communication and by realization of twinning programmes, and capacity building.

Capacity building

Three areas of capacity building were identified to strengthen occupational health system: 1) to strengthen the capacity of labour inspection services; 2) to provide good training for occupational health professionals; and 3) to strengthen the role of governance in implementing the laws and regulations on occupational health and safety.

There is a need to introduce the modern curriculum to train occupational health personnel in many NIS and SEE countries, because the old models of periodical medical examination at the workplaces are still predominant features in those countries. Two phases were proposed to build human capacity. The first stage is to create "Occupational Medicine" specialty in the post-graduate medical education. The second stage is to expand the scope to preventive aspects of "Occupational Health" which includes "Industrial Hygiene".

Training of general practitioners on basic aspects of occupational health should be important for better coverage of occupational health services. However, it is also important to maintain an advanced training programme to produce highly-qualified occupational health specialists. Reducing the duration of residency training period from four years to two years is not recommended in this context.

The idea of establishing "Balkan training programme" of the SEE Network following the model of the NIVA was welcomed by the participants. This would mean to start rebuilding bridges which already existed between Balkans Countries. Training courses can also be dedicated to employers, employees, social partners.

Conclusions and recommendations

The meeting concluded that the following topics should be considered as priorities for collective work of the national focal points in the Region:

- quality assurance of occupational health services;
- attention to underserved and vulnerable groups (self-employed and unemployed, informal sector, migrants, female, young and ageing workers);
- information system;
- infrastructures for Basic Occupational Health Services;
- capacity building, including modernization and harmonization of curricula (e.g., occupational nurses education, FOHNEU, ENSHPO, EUMS, EASOM);
- networking;
- BIVA (Balkan training system based on the model of the NIVA);
- harmonization of national profiling, through common template of ILO, WHO and EU;

- contributions to the Parma Conference for Health Ministries, possibly on the topics of social inequalities and female work;
- propose and carry on research on climate change and its impact on working environments;
- evaluation of global financial crisis and of its impact on occupational health;
- research of EU funding channels.

After further discussion and elaboration of each topic, the followings were recommended as priority areas for future projects:

1. Quality assurance of occupational health services (interest of Norway and the Netherlands)
2. Global financial crisis and underserved/vulnerable groups such as migrants; unemployed; informal sector; young, ageing and female workers (interest of Germany, Serbia and EU-OSHA)
3. Capacity building, including modernization and harmonization of curricula, nursing education (FOHNEU, ENSHPO, EUMS, EASOM) and information system (interest of France, Serbia and Croatia)
4. Balkan training programme based on the model of the NIVA (Finland and Croatia);
5. Networking (Macedonia, Serbia and Finland).

The participants agreed to continue the national profiling work in more countries, explore the impacts of climate changes on occupational health, and utilize the funding mechanisms of European Union such as PROGRESS of DG Employment, Social Affairs and Equal Opportunities. A side event on the health inequities of occupational health will be organized with the participation of national focal points during the Parma Conference in March 2010.

Annex 1 Programme of the meeting

MONDAY 28 SEPTEMBER

8:30–9:00 Registration

Opening session and progress reports

09:00–09:10 Opening addresses

09:10–09:30 Introduction of the participants, election of meeting officers, adoption of agenda

09:30–10:00 Reports of the European partners for Workers' Health (ILO, EU, ISSA, ITUC, IOE)

10:00 – 10:30 Report on international and national implementation of Global Plan of Action on Workers' Health in European Region (WHO)

10:30 – 11:00 *Coffee/tea break*

Good practices in devising and implementing policy instruments

11:00 – 11:15 Finland

11:15 – 11:30 France

11:30–11:45 Germany

11:45- 12:00 United Kingdom

12:00- 12:30 Discussion

12:30 – 1:30 *LUNCH*

Assessment and recommendations for occupational health systems in South East Europe (Special mission report of Dr Jorma Rantanen)

- 13:30–13:45 Albania
- 13:45–14:00 Bosnia and Herzegovina
- 14:00–14:15 Croatia
- 14:15–14:30 Montenegro
- 14:30–14:45 Serbia
- 14:45–15:00 The former Yugoslav Republic of Macedonia
- 15:00–15:15 Turkey
- 15:15–15:30 United Nations Administered Province of Kosovo
- 15:30 – 16:00 *Coffee/tea break*

Challenges and opportunities in strengthening occupational health systems

- 16:00–17:30 Discussion on priorities for action at national, sub-regional and regional levels
- 19:00 *Reception provided by the hosting country*

TUESDAY 29 SEPTEMBER

Working Group discussion: Implementing GPA through the national and international projects

Three Working Groups will develop the international, national, or twinning projects for possible fund-raising activities. Each Working Group will elect a facilitator and a rapporteur.

- 09:00–11:00 Formulation and elaboration of projects
- 11:00–12:00 Reporting back from the Groups to the plenary
- 12:00–13:00 *LUNCH*

Conclusion and recommendations

13:00–14:20 Discussion on conclusion and recommendations

14:20 – 14:30 Announcement of upcoming events, and closing of the meeting

Annex 2 List of participants

National focal points on workers' health and temporary advisers

Dr Luzati Arben
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Public health Institute, Tirana, Albania

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Professor Emilia Ivanovich
National Centre for Public Health Protection, Sofia, Bulgaria

Professor Jadranka Mustajbegovic
Andrija Stampar School of Public Health, Zagreb, Croatia

Dr Pavel Urban
National Institute of Public Health, Prague, Czech Republic

Ms Kristiina Mukala
Ministry of Social Affairs and Health, Helsinki, Finland

Professor Jorma H. Rantanen
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Ms Suvi Anneli Lehtinen
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Dr Xhevat Shkodra
WHO temporary advisor, United Nations Administered Province of Kosovo

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World Health Organization

Regional Office for Europe

Dr Rokho Kim

Dr Ardita Tahirukaj

Dr Marija Kisman

Ms Deepika Sachdeva

The WHO Regional Office for Europe

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Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

NATIONAL PROFILES AND PRIORITIES IN OCCUPATIONAL HEALTH SYSTEMS DEVELOPMENT IN THE EUROPEAN REGION, THE SECOND MEETING OF NATIONAL FOCAL POINTS ON WORKERS' HEALTH

MEETING REPORT

STRUGA, THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA , 28–29 SEPTEMBER 2009

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