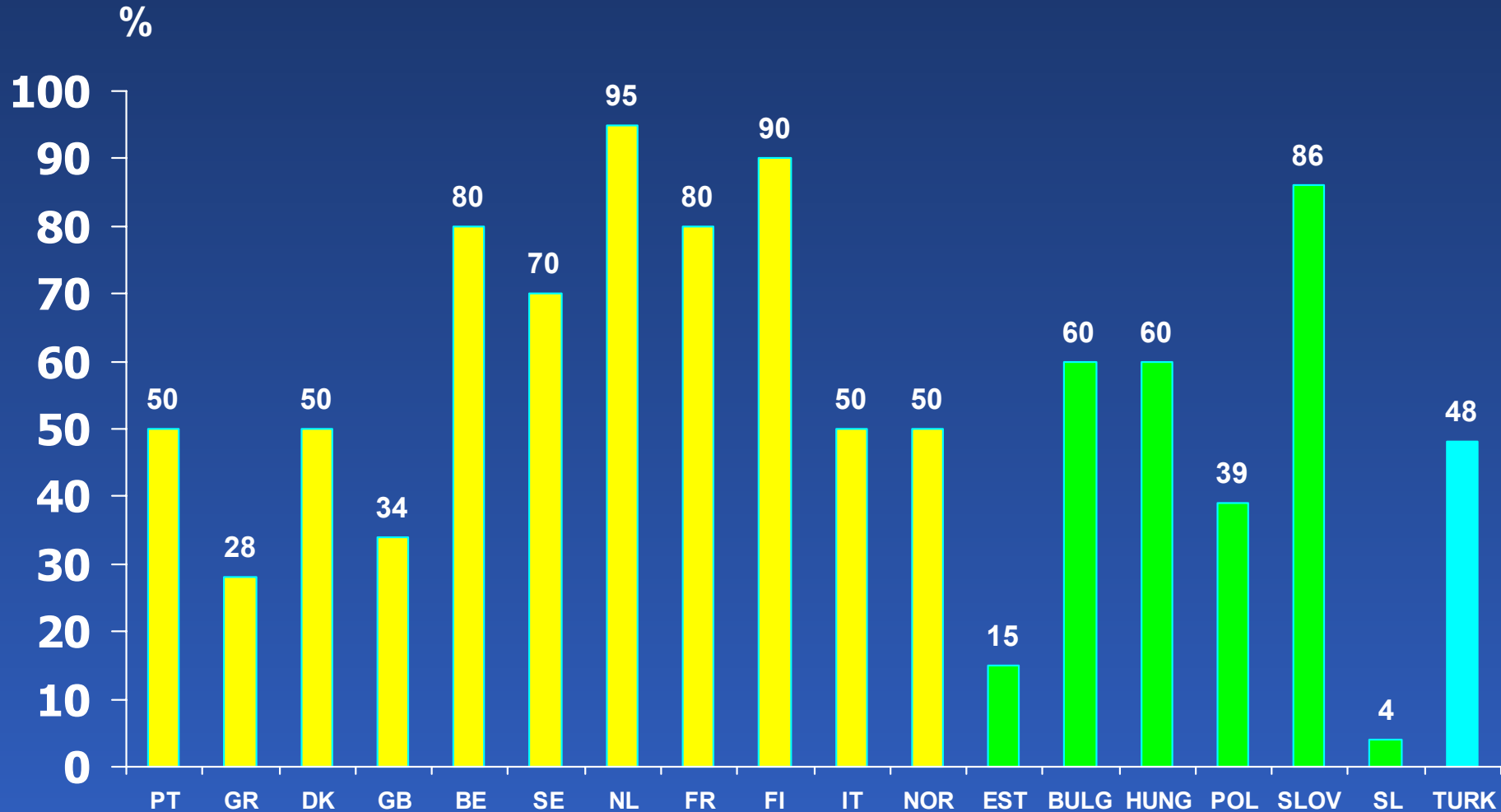


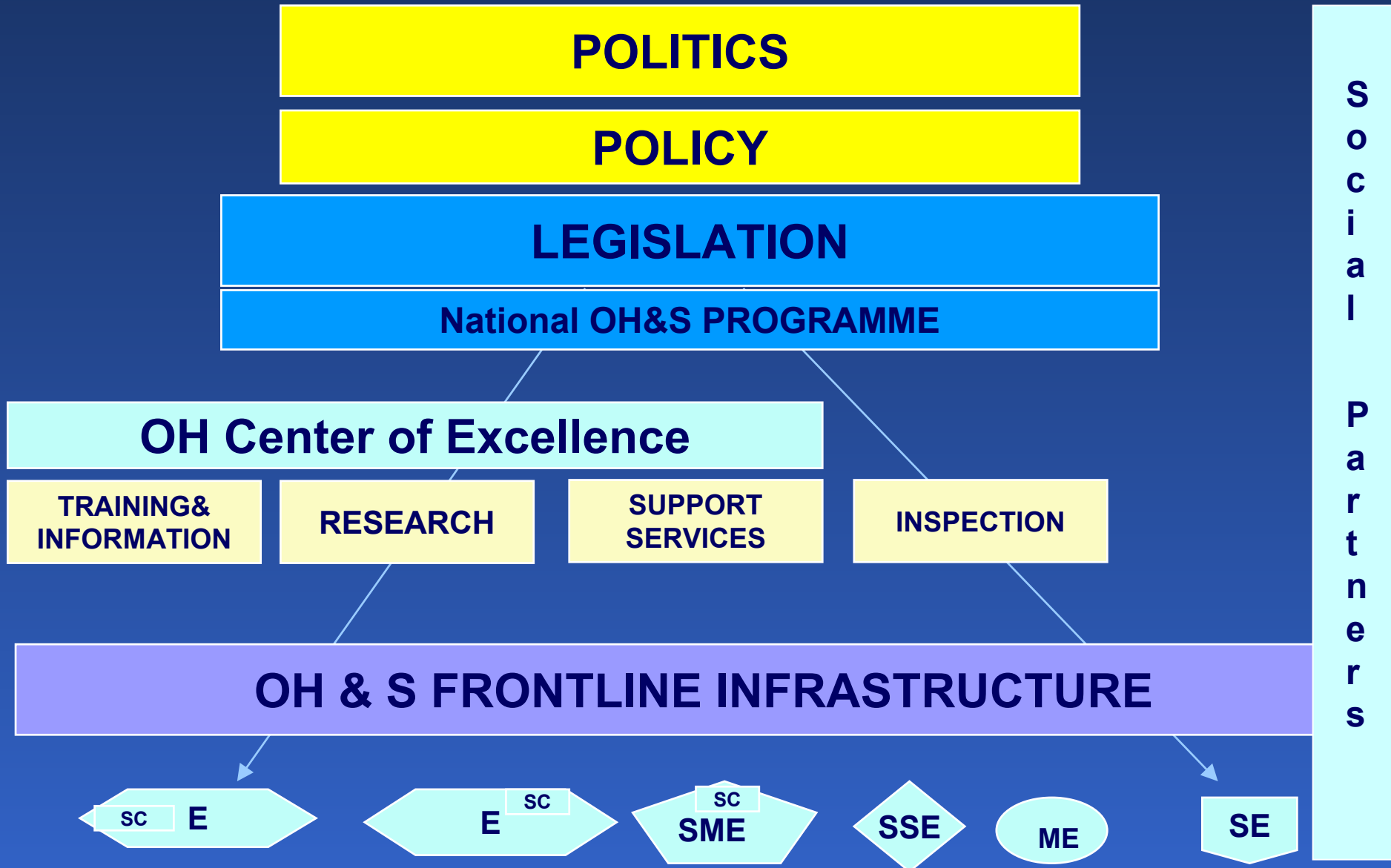
Workers covered by OHS in Europe

(Source: Hämäläinen et al 2001, Rantanen 2002)



A MODEL FOR NATIONAL OH&S SYSTEM

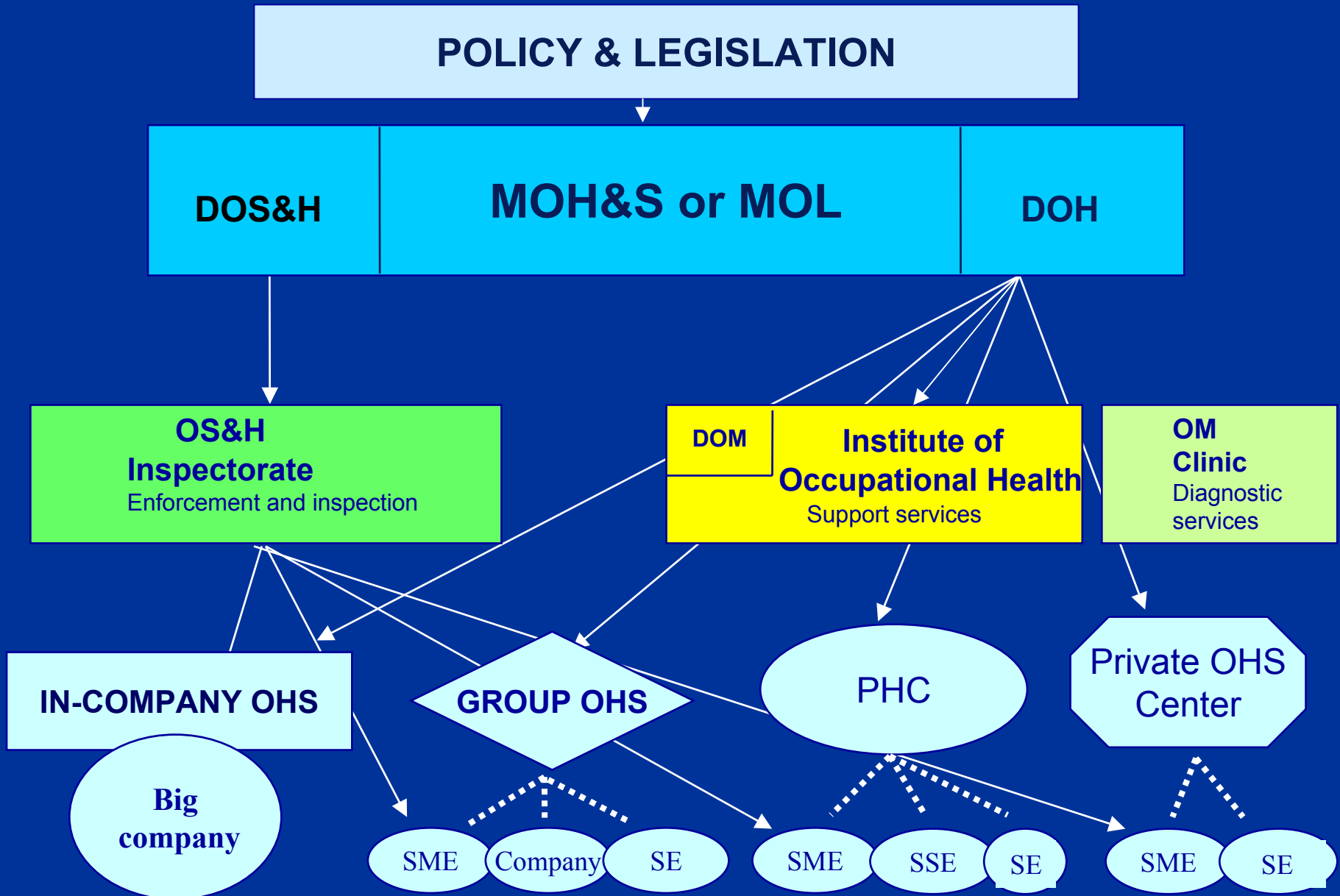
(Rantanen 2000)



Minimum requirements at national level

1. Policy
2. Legislation
3. Competent authority (enforcement)
4. National programme
5. Services infrastructure
6. Human resources (multidisciplinary)
7. Information systems
8. Support and advisory services
9. Training
10. Tripartite collaboration and participation

INFRASTRUCTURES FOR OHS



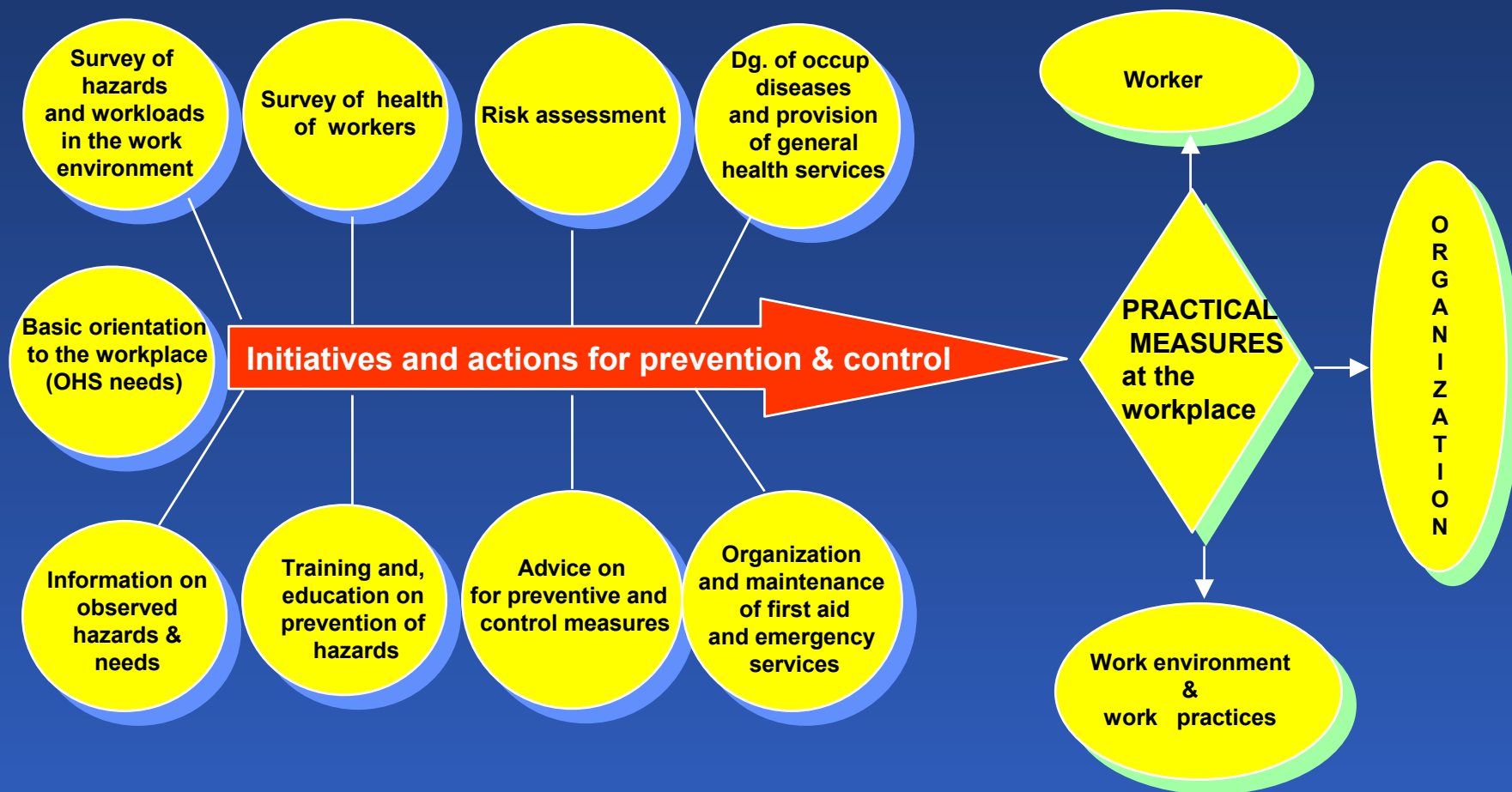
Why basic occupational health services for all?

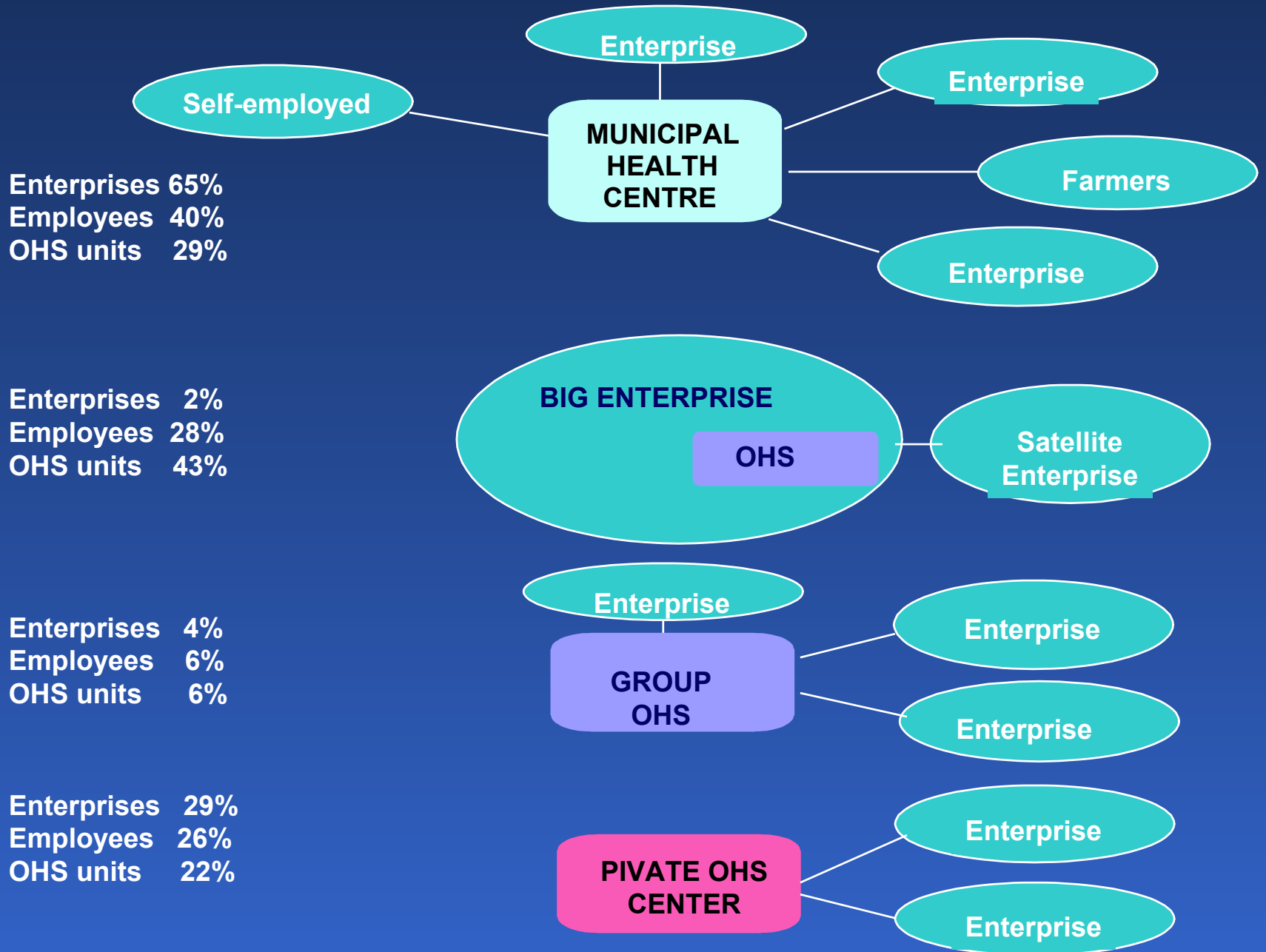
1. **Occupational health arguments:** 30 to 75 % of workers exposed to severe health hazards, all in need of OHS
2. **Public health reasons:** 50 - 60 % of population belong to workforce, largest target population for PH policies
3. **Socio-economic reasons:** Still enormous loss of work days and working capacity, high social security costs.
4. **Quality of life:** Quality and conditions of work are key elements of quality of life of people in any society.
5. **Sustainability:** Healthy and productive workforce constitutes a key factor for sustainable development and in poverty elimination
6. **Equity**

Core content of OHS

- Surveillance of **working conditions** for health and safety aspects at work
- **Assessment of risks** to health and safety, risk of overload and stress
- **Surveillance of health** of workers and identification of work-related and occupational diseases
- **Information of workers and management** on health hazards at work and on how to prevent them including advice on safe and healthfull working practices
- Advice on **actions for preventive measures**, control and risk management actions and for improvement of workers' health
- Organization and maintenance of **first aid readiness** at the workplace

Operational flow-scheme of the core BOHS activities

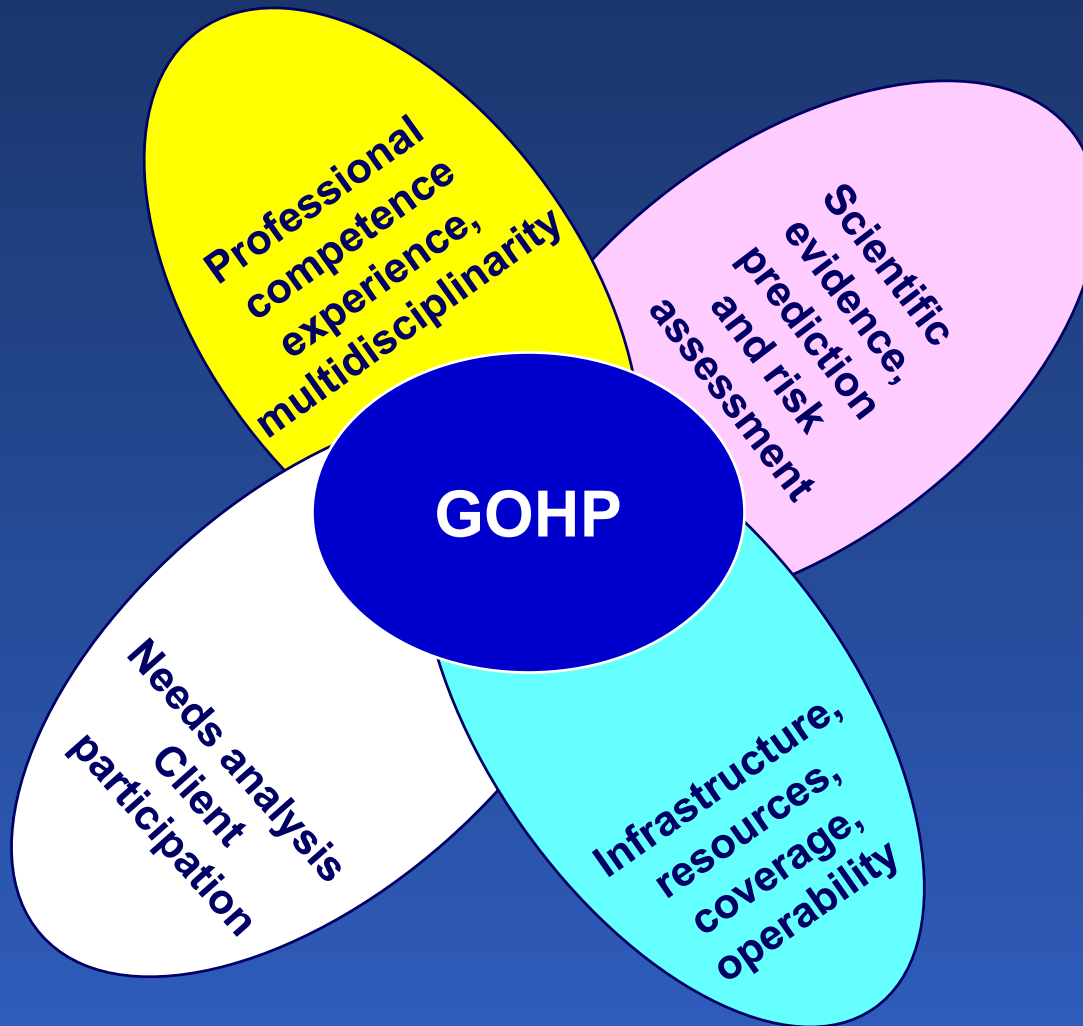




Assessment of different OHS-models

Model	Typical field of application	Typical size of the client enterprise	Multi-disciplinarity	Spec. competence in OH	Impact capacity	Integration with safety services	Integration with general health services	Cost-effectiveness
1. In-plant service	One company	Large	+++	High	+++	+++	±	+++
2. Group service	Numerous enterprises with high variation of activities	SMEs	++	High	++	+	±	++
3. Trade service	Numerous enterprises with one or a few types of activities	All sizes	+++	High	+++	+++	±	+++
4. PHC-unit	Numerous enterprises with high variation of activities	SMEs	±	Not always high	+	±	+++	++
5. Private phys.	One or a Few enterprises	Large or small	-	variation	+	±	-	+

Good occupational health practice (GOHP)



What has been done

- Launching the BOHS concept
- A number of model projects available: PAHO, SEARO, EU/PHARE, FIBELC, SALTSA
- ILO WISE and WIND models ISSA surveys
- Participating in the Global ILO/WHO/WHO Euro document preparation
- Conceptualization of indicators
- 30 Country profiles, a few local profiles
- Economic appraisal models
- BSN Network activity
- Actions toward EU / Bilbao, the Bretton Woods and other Development Banks

Conclusions

- Great variation in coverage, resources, content, organisation and financing
- 1/4 - 1/3 of workers in ICs and 2/3 in DCs exposed to traditional hazards
- New hazards and problems affect 50 - 70 % of workforce
- Universal shortage of trained personnel
- Basic OHS the only realistic option as a starting point
- Financing by the employers and for certain target groups by the public sector
- With certain strategic choices it is not unrealistic to set and objective on BOHS for all by the year 2015

Joint Activities for BOHS

- Producing a joint ILO/WHO State of the art-document: Basic OHS
- Drawing up a Model National Programme (with options)
- Analysing situation in own country (indicators, profiles, models)
- Operationalising Primary Health Care model
- Training experts (ILO/WHO joint training courses)
- Disseminating information (GOVs, Social Partners, Branches etc. e.g. Fact Sheet)
- Carrying out OHS-relevant research (Health services research, economic appraisal)
- Participating in Regional Programmes (e.g. PHARE/TACIS, Bilbao, Fogarty, World Bank, Asian Development Bank etc.)

Recommendations

- Joint international ILO/WHO/ICOH Action (Target date 2015)
- ILO and WHO instruments into use (creative application)
- Regional programmes
- National model programme
- Minimum basic content for all as a starting point
- Several alternative services provision models
- Ensuring human resources (joint training, PHC training)
- Supported by intensive information campaign

Proposal

- Principles now
- Action plan as a joint activity
- Implementation completed by 2015

Comprehensive OHS&MWA Project at Dahlbo Co

(Source: Näsman and Ahonen 1999)

Input costs
300 000 FIM/Yr

Benefits: 10-fold

**Reduction of sickness leave costs
200 000 FIM/Yr**

**Increased productivity
1,200 000 FIM/Yr**

**Reduction of work disability pension costs
1, 600 000**

Correlation between individual aspects of the working environment and productivity

(Source: Kuusela and Luonteri, 1995)

