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Review of Activities and Accomplishments 1995-2003 to implement the
WHO Global Strategy on Occupational Health for All



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PREFACE

In May 1996, the World Health Assembly (WHA) approved and endorsed the *Global Strategy on Occupational Health for All*. The ultimate goal of the implementation of the *Global Strategy* is to provide and ensure occupational health for all working people in the world. The World Health Organization (WHO) Occupational Health Programme is comprised of activities carried out by Headquarters, the Regions, and the Network of WHO Collaborating Centres in Occupational Health. WHO also collaborates with international organisations such as ILO and UNEP and with selected NGOs, and has official relations with ICOH, IOHA and IEA.

This document compiles the historical background leading to the development of the *Global Strategy on Occupational Health for All*, and records accomplishments to date (particularly over the period 1995 – 2003) toward implementation of the Global Strategy, carried out by Headquarters, the six Regions, and the Network of seventy Occupational Health Collaborating Centers.

INTRODUCTION

Conditions of working life including occupational health and safety have improved substantially during the past few decades in many parts of the world. In spite of this, working conditions for the majority of working people do not meet the minimum standards and guidelines set by the International Labour Organisation (ILO) and the World Health Organization for occupational health, safety and social protection. This need for a global strategy on occupational health was recognised at the beginning of the 1990s, and the initiative was developed by the WHO Occupational Health Programme and the Network of the WHO Collaborating Centres in Occupational Health.

The preparation of the *Global Strategy on Occupational Health for All* was based on a decision of the Planning Group of the Network of WHO Collaborating Centres in Occupational Health in December 1992. The global needs for occupational health and safety were surveyed in the Planning Group; ideas and comments were invited from experts in the WHO Headquarters and Regions, and all the Collaborating Centres had an opportunity to contribute to the document.

The *Global Strategy on Occupational Health for All* was discussed and approved in the Second Meeting of the WHO Collaborating Centres in Occupational Health, held in Beijing in October 1994. The Meeting recommended the Global Strategy to be presented to the Executive Board of the WHO (EB) and the World Health Assembly (WHA) for adoption. Professor Jorma Rantanen introduced the Strategy in the Executive Board Meeting together with Dr. Mikhail Mikheev of the Occupational Health Office of the WHO in January 1996. The response of the EB was highly

positive and it decided to introduce the Global Strategy on Occupational Health for All to the WHA. The WHA endorsed the Global Strategy on Occupational Health for All on 25 May 1996 and gave a Resolution (WHA49.12, Agenda item 17, Annex 1). In the Resolution, there are eight major objectives instead of the ten objectives in the original Global Strategy document. No. 2 (Development of a Healthy Work Environment) and No. 3 (Development of healthy work practices and promotion of health at work) were merged together, and No. 10 (Development of collaboration in occupational health and with other activities and services) was mentioned separately in the Resolution.

In the Plan of Action, the eight major objectives are taken as the starting point for the implementation of the Global Strategy on Occupational Health for All. **The WHA endorsed the global strategy on occupational health for all, proposing the following major objectives for action:**

- **strengthening of international and national policies for health at work**
- **promotion of a healthy work environment, healthy work practices, and health at work**
- **strengthening of occupational health services**
- **establishment of appropriate support services for occupational health**
- **development of occupational health standards based on scientific risk assessment**
- **development of human resources for occupational health**
- **establishment of registration and data systems**
- **strengthening of research.**

When endorsing the Global Strategy on Occupational Health for All, the "WHA urged the Member States to devise national programmes on occupational health for all, based on the global strategy, with special attention to full occupational health services for the working population, including migrant workers, workers in small industries and in the informal sector, and other occupational groups at high risk and with special needs, including child workers.

WHA also requested the Director-General of WHO

1. to promote the implementation of the global strategy on occupational health and occupational safety for all within the framework of the Ninth General Programme of Work (1996–2001), including mobilization of extrabudgetary funds;
2. to invite organizations of the United Nations system, particularly the International Labour Organization, intergovernmental bodies, such as the European Commission, non-governmental and national organizations, as well as social partners, to strengthen their action in this field and their co-operation and co-ordination with the WHO;
3. to encourage Member States to develop updated education and training curricula for developing human resources for occupational health, including both occupational health and safety professionals (occupational physicians, ergonomists, occupational health nurses, occupational hygienists, and other experts) and professionals responsible for the design and management of the

workplace (architects, engineers and managers) and to give them corresponding support;

4. to encourage the Network of the WHO Collaborating Centres in Occupational Health to facilitate and support the implementation of the global strategy, and to make full use of the Network's capacity accordingly;
5. to give special attention to working people by developing appropriate health care in workplaces as a contribution to the attainment of health for all by the year 2000;
6. to report at an appropriate time on progress made in the implementation of this resolution."

The Planning Committee of the Collaborating Centres' Network prepared a first Plan of Action for the implementation of the Global Strategy in 1996. It was revised, updated, and discussed in the Third Meeting of the Network of the WHO Collaborating Centres in Occupational Health in Bogota, Colombia in April 1997, as well as in the Fourth Meeting in Helsinki, Finland in June 1999.

The priorities and activities for 2002-2005 were further discussed and updated by Collaborating Centre representatives and the Planning Committee at the Fifth Meeting of the Network of the WHO Collaborating Centres in Occupational Health in Chiang Mai, Thailand in November 2001. At the Sixth Network Meeting held in Iguassu Falls, Brazil, in February 2003 good progress in implementing workplans and identifying priorities was documented in the updated reports of the relevant task groups, as set out in the Compendium of Projects of the WHO Collaborating Centers in Occupational Health.

EVALUATION OF ACHIEVEMENTS OF THE EARLY 1990s

The WHO is the main actor in the global field of health. Through its regions, headquarters, collaborating centres and collaborating institutions in occupational health, WHO has implemented numerous projects and produced information, standards, guidelines and good practice manuals, to guide the activities of the countries for the improvement of occupational health at the regional and national levels.

During the first half of the 1990s before the adoption of the Global Strategy by the World Health Assembly, the priorities in global occupational health were discussed in the Planning Group of the Network. On the basis of the discussion, nine priorities were chosen. The aim was to cover some of the main problems of countries in various stages of development, i.e. developing countries, newly industrialized countries, countries in transition, and industrialized countries. The priorities identified and chosen were:

- Global information system on occupational health
- Development of human resources for occupational health
- Agriculture
- Small-scale enterprises
- Occupational health practices, especially as a component of primary health care in developing countries

- Reorientation of occupational health and safety systems, especially in the Central and Eastern European countries
- Occupational health of aging workers, especially in industrialized countries
- Newly recognized epidemics among working populations
- Women at work.

As soon as the Global Strategy on Occupational Health for All was endorsed by the WHA in 1996, the priorities were selected to implement the eight strategic areas identified in the Resolution:

Healthy work environment, healthy work practices, occupational health services

- Legislation and models for occupational health
- Occupational health promotion as a part of quality systems
- Global survey on occupational health services
- Good occupational health practice
- Elaboration of the concept *Occupational Health for All* taking into consideration the special needs of small-scale enterprises, the informal sector and agriculture
- Needs for future occupational health developments

Development of health-based standards, development of human resources, research

- Preparation of health-based standards
- Development of human resources in occupational health
- Research in occupational health

Information and data systems, support services for occupational health

- Technical guidelines
- Increasing awareness on occupational health
- Principles in national information systems.

The practical implementation of the Global Strategy objectives was designed by the Planning Committee of the Network, and the practical implementation of the work has been organized by the WHO (Department of Occupational and Environmental Health (OEH)) and the WHO Regional Offices. The activities have been followed up, and new ideas and projects have been discussed and put forward in the Network meetings which occur every two to three years. To increase the exchange of information and to provide models and solutions to others not directly involved in the Network, a Network newsletter is published three times a year.

On the basis of experience during the past ten years, critical prerequisites for the successful implementation of the Global Strategy objectives and the Plan of Action have been identified and include:

- A clear plan of action around the 8 objectives indicated in the Global Strategy to lead the activities of all partners involved, and to allow the WHO/OEH, WHO Regional Offices, as well as the Collaborating Centres and collaborating institutions to contribute to the implementation.
- All the active partners have to be able to give input in the preparation process of the Plan of Action. This guarantees the commitment of the Regional Offices and

Collaborating Centres and ensures that those projects to which they commit themselves will be completed.

- WHO/OEH plays a coordination role in running the Network activities with the help of the Planning Committee.
- The Planning Committee meets regularly (at least once a year), to keep the Plan of Action updated and to follow-up the advances.
- For each specific activity in the Plan of Action, one or two of the Collaborating Centres need to act in the lead role in order to complete the project.
- In order to allow the sharing of information, such as short publications, training programmes, study protocols, etc. that are produced in the various projects, a minimum of reference information, preferably full texts if possible, needs to be compiled in a data base (e.g. on the WHO Network web-pages). A user-friendly template to insert information into the database is required.

TRENDS AND PRIORITY ISSUES FOR WHO GLOBAL ACTIVITIES IN OCCUPATIONAL HEALTH, 2002–2005

Occupational Health in the WHO is located in the Office for Occupational and Environmental Health (OEH) and in the Regions. The work is carried out in partnership with the 70 collaborating centres. Several other international agencies, such as the ILO, the United Nations Environment Programme (UNEP), and the United Nations Development Programme (UNDP), and non-governmental organizations, such as International Commission on Occupational Health (ICOH), International Ergonomics Association (IEA) and International Occupational Hygiene Association (IOHA), also contribute to the work.

WHO has carried out several programmes at the global level to improve the health of the workers in the Member Countries. The focus of the global activities in the development of occupational health has been based on the following approach.

The aim of the WHO activities in Occupational Health has first been to provide evidence for policy, legislation and support to decision-makers. This has aimed at the selection of suitable policies for development of occupational health at the country level. At the same time, a part of the resources has been allocated to infrastructure support and development through capacity building, information dissemination and networking. The successful implementation of these two activities create a basis for the protection and promotion of workers' health which is the ultimate goal.

Focus of Global activities



Figure 1. Focus of the WHO activities in Occupational Health (2)

The WHO supports the Member Countries in their efforts to improve working conditions and to promote workers' health. Because of the relatively limited resources in the WHO Headquarters and the Regions in occupational health, collaboration is needed to extend the information and the services to all working people world-wide. Therefore, the existing multilateral and bilateral collaboration is being further developed to transmit information and sharing of experience between countries and institutions. Networking and twinning arrangements among institutions in developing and industrialized countries increasingly provides a basis and ensures the smooth and equitable progress of countries in different stages of development. This approach has great potential for the transfer of knowledge and practices, for training and for implementation.

Effects of globalization on occupational health

In spite of the positive socio-economic trends in some of the developing countries, the present and predicted development of international economies implies a further diversification in different parts of the world and on different areas of economic activity. Along with such development, working conditions and occupational health and safety standards are at risk of becoming polarized.

Poor occupational health and safety leads, according to ILO and WHO, to 250 million accidents and 335,000 fatalities, and 60–150 million occupational diseases, which altogether result in 1.2 million work-related deaths a year. The adverse and substandard conditions of work constitute an enormous and unnecessary health loss, great suffering and economic loss amounting to 4–5% of GDP of countries.

Globalization has deep-going effects on the working life and the conditions of work everywhere in the world through growing internationalization, competition, changes in the regulatory strategies, major changes in enterprise structures and associated technology changes. Numerous positive effects have been seen and still can be

expected among others in the form of increasing world trade and of growing interaction among countries, which can be expected to promote peaceful relationships between the nations. Strong international trade has a positive effect in that it supports growth and development. The development of new information technologies has contributed to better access to information by all regions that can be expected to improve a strengthening of democracy and thereby the rights of the workers.

The globalizing economy is, however, the economy of the enterprises, and of large multinationals in particular. Here lies a danger that the decision-making power of the national economies (national governments) will be jeopardized. It is increasingly important to ensure consideration of the social dimension in the globalization process. Besides the numerous positive effects of globalization on economic growth, the UNDP and other UN bodies see globalization so far as a process which has led to growing inequality and a lower priority of the social dimension of development in many parts of the world. Globalization can be deemed as truly positive only when it has improved the working conditions and life of all people, including in developing countries.

Traditional hazards and new challenges

In spite of the positive trends in some areas and some parts of the world, traditional hazards of working life still prevail, both in industrialized, newly industrialized and developing countries. The risk of traditional hazards is high in the newly industrialized and developing countries, in particular due to the relatively important role of high-risk sectors in the national economy, such as agriculture, forestry, mining and quarrying, construction, and traditional manufacturing which applies old, often unprotected machines. Chemicals continue to cause many harmful exposures with adverse health effects. The expertise of the International Programme on Chemical Safety needs to be fully utilized. These traditional risks and hazards need to be prevented and controlled by using traditional strategies, such as specific risk assessment, technical preventive measures, inspection by authorities, training of good practices in safety, and capacity building of occupational health and safety professionals, to mention but a few.

In addition to the traditional risks and hazards, globalization brings along many new challenges, such as introduction of new technologies, new forms of work organization, new substances, materials and energy sources, new work practices, and growing mobility. These are associated with new types of diseases and burdens, such as hypersensitivity and allergies, ergonomic problems, musculoskeletal disorders and injuries, infectious diseases, psychological stress, occupational cancer, and reproductive disorders among working people.

Small enterprises in a key role

At present, many large companies are merging to sizes sufficient for global scale operations. The national level enterprises try to increase their flexibility in order to survive in the global competition. However, many of the national level companies are fragmented into smaller independent units that often work in networks, outsourcing

activities to smaller units, subcontracting smaller enterprises, and developing flexible work organizations.

The fragmentation of the working life is likely to grow in the future, and therefore the most important provider of new job opportunities will be the small enterprises and self-employment. The organization of occupational health and safety for small enterprises and for the self-employed clearly deserves more attention. Accordingly, the provision of training, information and guidance in the practical improvements of the work environment and work practices both for the entrepreneurs and the self-employed is an important step in the development of global occupational health.

A number of studies by, for example, the ILO have shown that a proper occupational health programme can substantially improve not only the health of persons who work in small-scale enterprises but also the economic productivity and sustainability of the undertaking.

In order to contribute to this goal, WHO sponsored a meeting in Pretoria in October 2000 on occupational health in the informal sector. From this meeting a plan arose for a new initiative in occupational health in the African region (“The African Initiative on Occupational Health”) under the leadership of the WHO African Regional Office and with assistance from WHO/OEH. At a WHO/ILO Planning Meeting in Harare in March, 2001, with the support and participation of ILO, a WHO/ILO Joint Effort on Occupational Health and Safety in Africa was developed. The overall goal is to improve the conditions and environment of work in Africa, thus reducing the burden of occupational diseases and injuries, through intensified co-ordination of occupational health and safety activities. Following a survey of African countries, to which half replied to indicate what they would want from such an effort, four areas of collaboration were agreed upon. These are: human resource development focused on capacity building; assistance with national policies, programmes and legislation; information, research and awareness raising; and promotion of occupational health and safety in particularly hazardous occupations, vulnerable groups (including informal sector workers and children) and in newly transferred technologies. The approach is to connect the numerous actors in occupational safety and health in Africa and to offer them additional support in these four areas. Involvement of the WHO Collaborating Centres in Occupational Health is sought in 2002 – 2005 for some activities planned for the WHO/ILO Joint African Effort.