Workers' Health: Global Plan of Action
Health as a human right

- **WHO Constitution** – entered into force 7 April 1948
  - The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
  - www.who.int

- **United Nations Economic and Social Council:** *The right to the highest attainable standard of health*: 11/08/2000. E/C.12/2000/4. The human right of everyone to the enjoyment of the highest attainable standard of physical and mental health
  - The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health.
  - The right to health contains both freedoms and entitlements. Freedoms include the right to control one’s health, including the right to be free from non-consensual medical treatment and experimentation. Entitlements include the right to a system of health protection (i.e. health care and the underlying determinants of health) that provides equality of opportunity for people to enjoy the highest attainable standard of health.
  - The right to health is a broad concept that can be broken down into more specific entitlements such as the rights to: maternal, child and reproductive health; healthy workplace and natural environments; the prevention, treatment and control of diseases, including access to essential medicines; access to safe and potable water.
  - http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/40d009901358b0e2c1256915005090be?OpenDocument
Antecedents

- WHO Global Strategy on Occupational Health for All – WHA 49 (1996)
- WSSD (2002) Plan of Implementation: strengthening WHO programme on occupational health and linking it to public health
- Regional efforts
  - AMRO workers' health action plan
  - AFRO resolution of RC on occupational health and safety
  - EURO Environment and Health ministerial conferences
  - WPRO/SEARO inter-regional framework for action on workers health
“Social injustice is killing people on a grand scale”
"Social injustice is killing people on a grand scale."

- Improve Daily Living Conditions
- Tackle the Inequitable Distribution of Power, Money and Resources
- Measure and Understand the Problem and Assess the Impact of Action

Knowledge Network on Employment Conditions

- Fair Employment and Decent Work
  - Action Area 3: Improve working conditions for all workers to reduce exposure to material hazards, work-related stress, and health-damaging behaviours.

The Commission recommends that:
- OHS policy and programmes be applied to all workers – formal and informal – and that the range be expanded to include work-related stressors and behaviours as well as exposure to material hazards.

Environmental factors cause over 25% of global burden of disease – important contributions to largest diseases

Source: WHO Burden of Disease statistics
## Available data on work-related NCDs

<table>
<thead>
<tr>
<th>Occupational Risks</th>
<th>Disease outcomes</th>
<th>Deaths (per year)</th>
<th>DALYs (per year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>Mesothelioma; lung cancer; asbestosis</td>
<td>107,000</td>
<td>1,523,000</td>
</tr>
<tr>
<td>Lung carcinogens</td>
<td>Lung cancer</td>
<td>111,000</td>
<td>1,011,000</td>
</tr>
<tr>
<td>(8 selected carcinogens)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukaemogens</td>
<td>Leukaemia</td>
<td>7,400</td>
<td>113,000</td>
</tr>
<tr>
<td>(benzene, ethylene oxide, ionizing rad.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dusts, fumes and gases</td>
<td>COPD</td>
<td>375,000</td>
<td>3,804,000</td>
</tr>
<tr>
<td>Fibrogenic particles</td>
<td>Asbestosis; silicosis; Black lung</td>
<td>29,000</td>
<td>1,062,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>581,000</strong></td>
<td><strong>6,763,000</strong></td>
</tr>
</tbody>
</table>
Health costs climbing faster than health gains – but disease prevention still neglected

Each year from 2000-2008:

• Life expectancy rose 0.5%

• Health costs rose 6%

Source: Estimated from OECD, WHO, and Prevention Institute data
What determines workers health?

Working environment
- Mechanical
- Physical
- Chemical
- Biological
- Ergonomic
- Psycho-social risks

Social factors
- occupational status, employment conditions
- income
- inequities in gender, race, age, residence etc.

Work-related health practices
- individual risk-taking behaviour
- physical exercise, sedentary work
- diet and nutrition
- unhealthy habits – smoking, alcohol

Access to health services:
- preventive occupational health services
- specialized curative care and rehabilitation
- health and accident insurance
Why a WHO Global Plan of Action on Workers Health?

- To provide a framework for concerted action by all health and non-health actors for protecting and promoting the health of workers
- To establish political momentum for primary prevention of occupational and work-related diseases
- To ensure coherence in the planning, delivery and evaluation of health interventions at the workplace
Many public health programmes are related to workers’ health

- Occupational health and safety
- Communicable diseases
- Chronic diseases
- Health promotion
- Mental health
- Environmental health
- Health systems development
From occupational health to workers health

The Labour Approach

Occupational Health
- Labour Contract
- Employer's responsibility
- Only at the workplace
- Only work-related health issues
- Negotiation between workers and employers

The Public Health Approach

Workers Health
- All workers
- Beyond the workplace
- Responsibility of everybody
- All health determinants
- Other stakeholders (health insurance, social security, public health and environment authorities)
- Health protection not subject to collective negotiation
Resolution 60.26
"Workers' Health: Global Plan of Action"

- The Global Plan of Action developed by the Member States for the Member States
- Member States pledged full support and commitment to implement action on workers' health
- Adopted by consensus by all 193 Member States of WHO
- WHA60 endorsed the global plan of action on workers' health (2008-2017)
- WHA60 urged Member States to take an number of measures on workers' health
Arguments for action on workers' health

- WSSD (2002) recommended to WHO to strengthen its programme for occupational health and link it to public health promotion
- Health of workers is determined by occupational hazards, social and individual factors and access to health services
- Interventions exist for primary prevention of occupational hazards and for developing healthy workplaces
- There are major gaps between and within countries in the exposure of workers and local communities to occupational hazards and access to services
- The health of workers is essential prerequisite for productivity and economic development
Workers' Health: Global Plan of Action

Member States urged by the Health Assembly to take a number of measures on workers' health

1. National policies for implementation of GPA
2. Universal coverage with essential interventions and basic services
3. Capacities and evidence for action
4. Local communities affected by industrial and agricultural activities
5. Concerted action by all national health programmes
6. Workers' health in non-health policies
7. Inter-country collaboration
8. Reintegration of sick and injured workers
The global plan of action deals with all aspects of workers' health

- Primary prevention of occupational hazards
- Protection and promotion of health at work
- Employment conditions
- Better response from health systems to workers' health

Actions are to be considered and adapted by countries, as appropriate, to their national profiles and specific circumstances in order to achieve the specific objectives of the plan.
WHO Global Plan of Action on Workers' Health
2008-2017

- Develop national policies and programmes to tackling priority problems
- Improve workplace health protection and promotion
- Scale up access of workers to preventive health services
- Strengthen surveillance and monitoring of workers' health
- Integrate workers' health in policies on climate change and sustainable development
The emerging vision: Renewing PHC through four sets of reforms

- **Universal Coverage Reforms**
  - to improve health equity

- **Service Delivery Reforms**
  - to make health systems people-centred

- **Leadership Reforms**
  - to make health authorities more reliable

- **Public Policy Reforms**
  - to promote and protect the health of communities
Alma Ata Declaration, 1978

"It [Primary health care] is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work,.."

What happened with primary health care at work?
Why primary health care for workers?

- The workplace can be a setting for delivery of essential health interventions
- Health messages delivered through the workplace can reach workers' families
- Sometimes, the workplace is the only way of proving health care, e.g. mining communities, migrant workers
- Improving workers' health can help reduce poverty and meet development goals
- The health of workers is an essential prerequisite for productivity and economic development
Worldwide 85% i.e. 2.2 billion workers do not have access to occupational health services

Coverage of OHS in 21 countries

opportunity for development of basic occupational health services

Adapted from J. Rantanen, 2005
Elements of PHC for workers

- First contact of workers with health system
- Workplace and community based
- Emphasis on primary prevention and promotion
- Active mechanisms for workers' participation
- Sound policy, legal and institutional framework
- Optimal organization and management
- Appropriate human resources
- Adequate and sustainable resources
- Universal coverage and access
Global conference organized by WHO in collaboration with TNO Work and Health and the Dutch Government
The Hague, 29 November - 1 December 2011
Provisional Agenda

1. Factors of success and obstacles for integrating occupational health in primary health care in countries

2. Opportunities and challenges for occupational health arising from primary health care strategies:
   • universal coverage
   • people-centred health care
   • participatory health governance
   • health in all policies

3. Strategic directions for delivery of occupational health services in the context of integrated primary health care
**Implementation**

- **Government leadership with participation of employers and workers**
- **Adaptation to national specificities and priorities**
- **WHO support for implementation:**
  - partnerships – ILO, organizations of employers, trade unions, civil society and private sector
  - standard setting, guidance, contribution to adoption and implementation of international labour conventions
  - articulating policy options for national agendas
  - technical support for specific needs and building core capacities
  - monitoring and addressing trends
  - scientific and advisory mechanisms
- **Review and monitoring**
  - national and international indicators of achievement
  - reporting to WHA in 2013 and 2018
WHO Global Network of CCs in Occupational Health

www.who.int/occupational_health
Objective 1: to develop and implement policy instruments on workers' health

- National policy frameworks
  - legislation
  - intersectoral collaboration
  - funding and resource mobilization
  - strengthening the ministries of health

- National action on workers' health (taking into consideration also ILO Promotional Framework for OSH Convention)
  - national profiles and priorities for action
  - objectives, targets and actions
  - mechanism for implementation, monitoring and evaluation
  - human and financial resources

- National approaches for prevention of priority occupational diseases and accidents

- National programs for occupational health and safety of health care workers

- Minimizing gaps – high risk sectors, vulnerable groups, gender aspects

- WHO assistance to strengthen the capacities of ministries of health; global campaigns: elimination of asbestos-related diseases and immunization of healthcare workers against HBV
Priority GPA1.4   PROTECTING HEALTH CARE WORKERS GLOBALLY

Adapting the WHO tool kit to Latin American HCW

Needlestick training program

Now in
- Peru
- Venezuela
- Colombia
- Ecuador
- Egypt
- Afghanistan

Pilot training in
- South Africa
- Tanzania
- Vietnam
Objective 2: to protect and promote health at the workplace

- Improving assessment and management of health risks at work:
  - Essential interventions for prevention occupational hazards
  - Integrated management of chemicals
  - Elimination of second-hand tobacco smoke from all indoor workplaces
  - Health impact assessment

- Basic set of occupational health standards
  - Minimum requirements for health and safety protection
  - Enforcement and inspection

- Capacities for primary prevention of occupational hazards, diseases and injuries
  - Methodologies
  - Training
  - Healthy workplaces

- Health promotion and prevention of noncommunicable diseases at the workplace: diet, physical activity; mental health; family health

- Prevent and control HIV/AIDS, malaria, TB, avian influenza

- Specific WHO action: practical tools for risks assessment; minimum health requirements and guidelines for healthy workplaces; incorporation of workplace action into programmes on global health threats
GPA 2.1 Risk Management Toolkits (25) in 2009-2012 Workplan
<table>
<thead>
<tr>
<th><strong>Silica Essentials Hazard Guidance Sheets</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QY6</strong></td>
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<tr>
<td><strong>COSHH essentials in quarries: Silica</strong></td>
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<tr>
<td><strong>Dry grinding</strong></td>
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<tr>
<td><strong>Control approach 3</strong></td>
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<tr>
<td><strong>Containment</strong></td>
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<tr>
<td>- Hazard -</td>
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<tr>
<td>- Dust can be harmful to workers' health</td>
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<tr>
<td>- Dust can irritate the respiratory system</td>
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<tr>
<td>- Dust can cause serious health problems</td>
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<tr>
<td>- Dust can cause respiratory tract irritation</td>
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<tr>
<td>- Dust can cause chronic lung disease</td>
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<tr>
<td>- Dust can cause silicosis</td>
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<tr>
<td><strong>Equipment</strong></td>
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<tr>
<td>- Use dust control equipment</td>
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<td>- Use respiratory protection equipment</td>
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<td>- Use personal protective equipment</td>
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<td>- Use local exhaust ventilation</td>
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<tr>
<td><strong>Access and premise</strong></td>
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<tr>
<td>- Only allow access to authorized personnel</td>
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<td><strong>Main points</strong></td>
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| **BK3**                                      |
| **COSHH essentials in brick and tile making: Silica** |
| **Facing green bricks with sand**             |
| **Control approach 2**                        |
| **Engineering control**                       |
| **Hazard**                                    |
| - Dust and fumes can be hazardous              |
| - Dust and fumes can cause respiratory tract irritation |
| - Dust and fumes can cause chronic lung disease |
| - Dust and fumes can cause silicosis           |
| **Equipment**                                 |
| - Use dust control equipment                  |
| - Use respiratory protection equipment        |
| - Use personal protective equipment           |
| - Use local exhaust ventilation               |
| **Access and premise**                        |
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| **Main points**                               |
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*From the U.K. Health and Safety Executive
Workers' Health: Global Plan of Action
International Chemical Control Toolkit


- Qualitative risk management
- Simple guidance to control exposures
- Assist small businesses and informal sector

IOHA/WHO/ILo/IPCS
Objective 3:

**to improve the performance of and access to occupational health services**

- Coverage and quality of occupational health services:
  - 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

- Universal access to basic occupational health services

- Building core institutional capacities – national and local levels

- Development of human resources for occupational health:
  - Post graduate training
  - Capacities for basic occupational health services
  - Workers'-health in training of primary health care
  - Attracting and retaining human resources

- **Specific WHO action**: develop tools and working methods, models and good practices for occupational health services; build human and institutional capacities
Training Courses and Materials for Courses

2,000 OSH Materials
www.geolibrary.org

200 Road Safety Materials
www.roadsafetyatwork.org
Objective 4: to provide and communicate evidence for action and practice

- Systems for surveillance of workers' health:
  - National information systems
  - Capacities to estimate burden of diseases and injuries
  - Registries of exposures, diseases and accidents
  - Early reporting and detection

- Research:
  - Special agendas
  - Practical and participatory research

- Communication and awareness raising
  - Workers and employers
  - Policy makers, media
  - Health practitioners

- Specific WHO action: indicators for workers' health; incorporation of occupational causes of diseases in ICD11; diagnostic and exposure criteria for occupational diseases
Priority 4.1: Practical research nanotechnologies

- **Deliverables:** Numerous expert nanotechnology research programs
  - Primarily in highly developed nations

- **Gaps:**
  - Worldwide limitations in understanding and experience with solutions for workers handling nanomaterials
  - Communication system to inform low-income countries of nanomaterials risks and solutions
  - WHO guidance for handling nano-materials for low-income countries
Objective 5: to incorporate workers’ health into other policies

- Economic development policies and poverty reduction strategies
- Collaboration with private sectors to avoid international transfer of risks
- National plans and programmes for sustainable development
- Consider workers' health in the context of trade policies
- Assess health impacts of employment policies
- Environmental protection in relation to workers' health:
  - Strategic approach to International Chemicals Management
  - Multilateral environmental agreements: Rotterdam, Basel, Stockholm
  - Environmental management systems
  - Emergency preparedness and response
  - Climate change mitigation and adaptation
- Sectoral policies for branches with highest health risks
- Primary, secondary and higher level of education and vocational training
NEW:

Sectors

Construction
Plasterers
Tilers
Carpenters
Bricklayers
WHO and ILO have primary roles to improve global workplace safety and health
Thank you

WHA resolution 60.26 "Workers' Health: Global Plan of Action" Resolution

http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf

For further information workershealth@who.int