Good practices at the national level protecting the occupational health of health workers

ILO International OSH Conference
Promoting a Preventative Safety and Health Culture: International instruments, national strategies and good practices

19-21 October 2011 Dusseldorf, Germany
Susan Wilburn, WHO
Outline

1. Background WHO protecting health workers
   • Global burden of disease
   • World Health Report

2. 2010 WHO and ILO Guidelines and Recommendations for National policy and programmes
   – Joint WHO-ILO-UNAIDS policy guidelines for improving health worker access to HIV and TB prevention, treatment, care and support
   – Global framework for national occupational health programmes for health workers

3. Good Practices in Brazil, Colombia, Peru and Venezuela in Latin America as well as in Egypt, south Eastern Europe, South Africa, Tanzania, Thailand and Vietnam

4. The Way Forward - Discussion
1. Background: Global burden of disease from sharps injuries to health workers, 2002

- 3 million exposure incidents/year

In Healthcare workers:
- 37% of Hepatitis B
- 39% of Hepatitis C
- 4.4% of HIV

Are due to needlestick injuries
1. Background: Crisis in HHR

- World-wide shortage of healthcare (HCWs) globally (WHR 2006).
- 57 countries have a critical shortage of health human resources of which 36 of these are in Africa\(^1\)

Without increased access to treatment, an estimated 74 million workers will be lost to the workforce due to HIV/AIDS by 2015.
Global shortage of health workers
57 countries, 36 of which are in Africa
Sub-Saharan Africa:
11% of the world's population, 25% of the global burden of disease, 3% of the world's health workers, <1% of global health expenditure
WHO Global Plan of Action Workers’ Health 2008-2017

1. Devise national policy instruments on workers' health
   ➢ Specific programs for the occupational health and safety of HWs
   ➢ Immunization of HWs against HBV

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

5. Incorporate workers' health into other policies

● Focus on primary prevention;
   – 25% of the Global Burden of Disease
   – due to occupational and environmental risk factors

● Partnerships;
   – ILO, WHPA, Unions, Employers
   – Network of 70 Collaborating Centres on Occupational Health

www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf
ILO/WHO Joint Global Framework for National Occupational Health Programmes for Health Workers

Green Hospitals / Jobs  Biological Hazards  Chemical Hazards  Musculoskeletal Hazards  Psychosocial Hazards  Physical Hazards

Health WISE+
continuous improvement of working conditions
Pilot focusing on maternal services & MDG5
Background: Need for National Action

- WHO, ILO and IOM, note that, "although health workers are at the frontline of national HIV/AIDS programmes, they often do not have adequate access to HIV/AIDS services themselves".

- In 2006 the WHO, in collaboration with the ILO IOM, launched “Treat, Train, and Retain”, to address the impact of HIV on the health workforce.

- European Directive: "Health and safety of workers is paramount and is closely linked to the health of patients. This underpins the quality of care"

- Implementation GAP -

Biological Hazards

- ILO/WHO to develop joint guidelines on health services and HIV/AIDS, 2005
- Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection, 2008
- Recommendation 200: Concerning HIV and AIDS and the World of Work, 2010
- Policy guidelines on improving health workers' access to prevention, treatment & care services for HIV & TB (New)

Health WISE+ Modules
Include stigma & discrimination
Joint WHO-ILO-UNAIDS Policy guidelines for improving health worker access to HIV and TB prevention, treatment, care and support

14 recommendations have been grouped into:

A. National Policies, which include rights, legislation and social protection (3 recommendations),

B. Worksite Initiatives, including Policies, Programmes and Training (8 recommendations), and

C. Budget as well as Monitoring and Evaluation which involve coordinated efforts at both the national and workplace levels (3 recommendations).

- A joint WHO/ILO normative work.
- Supporting advocacy and mobilisation.
- Based on best available evidence.
- Providing clear policy and operational guidance.
- Meant to support technical implementation and adaptation in countries.
- Supporting monitoring and evaluation with basic indicators.
The 2005 ILO/WHO Guidelines on Health Services and HIV/AIDS has 7 comprehensive sections:
WHO-ICN Protecting Healthcare Workers – Preventing Needlestick Injuries project

FROM PILOT PROJECT

- Prevention of needlestick injuries in health care workers, to prevent infection with HIV and Hepatitis B and C, a collaborative effort lead by WHO and ICN, in close coordination with ILO

- Pilot in South Africa, Tanzania, and Vietnam resulting in development of new tool kit, expansion throughout southern Africa, Egypt and Venezuela

- Key elements
  - National collaborative planning (OH, NNA, MOH)
  - Assessment of products, practices then implement surveillance
  - Needlestick prevention committee (using data for prevention)
  - IEC, control measures, supplies (sharps containers, PPE, safer devices)
  - HBV Immunization, PEP and Treatment

TO COMPREHENSIVE PROTECTION OF HW

- South Africa is now implementing the joint HIV-TB guidelines in a pilot project with MoH, MoPH, National Laboratories that includes surveillance and occupational health and safety committees

- Tanzania has incorporated occupational health of health workers into the MoH National Quality Improvement programme
  - Piloted Health WISE
  - Planning for scaling up

- Vietnam Implemented National Preventing Needlestick Injuries Project
  - Pilot Health WISE as part of the implementation of their national occupational health programme for workers
**NATIONAL PLAN TO ESTABLISH HEALTH AND SAFETY PROGRAMS FOR HEALTH WORKERS IN VIETNAM**

**Introduction:**
1. National Program on Labour Protection, OSH up to 2010 was officially approved by PM 2006.
2. MOH approved the plan on enhancement of prevention of occupational diseases 2007-2010.
3. MOH approved the project of worker’s health protection 2009-2011 (the co-operation project with Ministry of Health, Labor and Welfare of Japan in stage 2009-2011 through WHO).
Strengthening activities in occupational diseases and risk factors prevention in the health sector

Activities of component 3:

1. Study on OH and risk factors in the health sector.
   (including occupational stress among HCWs, mercury related accidents).

2. Support implementation of occupational disease prevention for HCWs.
   - Develop and print training material on OSH for HCWs.
   - Organize training courses on OSH for HCWs.
   - Participate international conference, training courses, study tour on OSH for HCWs.
Health and Safety in the Health Sector: Milestones in the Americas

1999

PAHO Regional Plan on Workers' Health

IV Summit of the Americas

2004

PAHO Regional Plan for Human Resources in Health

2006: Year of the Health Worker

WHO Workers' Health Global Plan of Action

2009 World Health Day Safe Hospitals

V Summit of the Americas

2009

PAHO Regional Plan on Workers' Health

2006

2007

2009

2016
D. Generate labor relationships between the workers and the health organizations that promote healthy work environments and foster commitment to the institutional mission to guarantee quality health services for all the population:

**Goal 13:** The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.

**Goal 14:** 80% of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries.
PROTECTING HEALTH CARE WORKERS GLOBALLY

Adapting the WHO tool kit to Latin American HCW

Needlestick train-the-trainer program

Now in
Peru
Venezuela
Colombia
Ecuador
Egypt
Afghanistan

Pilot training in
South Africa
Tanzania
Vietnam
Promoting and protecting the health and safety of health-care workers

Activities
- Training
- Vaccination of HCWs
- Surveillance systems
- Online course for HCWs

Hemispheric meeting for LAC
Pilot Needlestick Project in Venezuela and Partners

Institute of Public Health Advanced Studies Dr. Arnoldo Gabaldon (IAES)

PDVSA Health Centers Network

CORPOSALUD

Venezuelan Social Security Occupational Medicine Direction
**PARTNERSHIP MODEL**

**International Cooperation**
- NIOSH
- WHO
- PAHO

**IAES**
- Ministry of Health

**Hospital Programs**
- Epidemiology, TDs/SIDA
- Maintenance, others

**Healthcare workers**
- OSH committees
- Workers health services
- Personnel physicians
- Prevention delegates

**Government Corporalud**
- Ministry of Health
- Regional Health Directorates and Programs

**Results**
- Implementation of policies to project healthcare workers
- Organization of Occupational Safety and Health Committees
- Organization of Needlestick Prevention Committees
- Epidemiologic Surveillance System development
- Appropriate supplies
- Needles and medical waste proper disposal
- Increase in Hepatitis B vaccination coverage
- Timely access to post-exposure prophylaxis
- Implementation of safe practices for working with sharps objects

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**Academic support in OSH**
- Training of:
  - OSH delegates
  - Facilitators
  - OSH committees at workplaces

**Incorporation of OSH module in the degree programs curricula**
- Technical assistance in conducting research and epidemiological studies

**Technical assistance in conducting research and epidemiological studies**
Indicators of Success

2007
ONE State
4 Hospitals
2 partners

2009
Fifteen states:
600 Healthcare facilities
8 national institutions

Toolkit in use in 8 states Public Health graduate programs curricula, 3 states Epidemiology, 2 OH national universities, 800 students and 500 trainers have received this training.

Estimate 30,000 HCW reached
Peru: 2008 - 2010 Outcomes

- Presidential decree to Immunize Health Workers against hepatitis B Campaign
  - Over 500,000 health-care workers vaccinated
  - Immunization in 34 regions

- Policy Development
  - National Plan on OHS in healthcare sector (2008)
  - National policy and plan on prevention of HIV and TB among health workers (2010)

- Training in OHS
  - 1,200 HCW trained and 7,300 HCWs reached with the toolkit.
Colombia – policy innovation

- April 2010 – Minister of Health creates a national council for occupational health of health workers
- Implements Surveillance for occupational exposure to bloodborne pathogens
- Immunization policy against hepatitis B virus
Policy Initiatives in Brazil

1990s – Hepatitis B Vaccine

PEP for HIV

1996 (06/1996) – CDC (US) Guideline
1996 (06/1996) – Brazilian Guideline
1997 – Rio de Janeiro City Surveillance System
1999 – Sao Paulo State Surveillance System
Policy Initiatives in Brazil

2004 – Reportable Condition – Ministry of Health
Occupational exposures to blood-borne pathogens among HCW as reportable condition (Availability of the System in 2007)

2005 – NR32 – Ministry of Labor and Employment
(Public Comment, 2002) Occupational health and safety of HCWs

2007 – NTE and FAP – Ministry of Social Security
NTEP (2007) = Reversal of the burden of proof
FAP (2010) – Prevention = Tax Benefits
Exposure to blood-borne, airborne and other pathogens

Chemical risks

Ionizing radiation

Waste Management

Nutrition and diet division

Laundry

Housekeeping and Maintenance

Equipment Maintenance

TRIPARTITE

2002 – Public Comment
2005 – Publication
2008 – Safety Devices
2010 - Implementation

PORT N 322, 14/11/2005
THAILAND: Current projects for health of healthcare workers

- SHE (Safety Health and Environment)
- Healthy Workplace
- Risk assessment and management for healthcare workers in hospitals 2009 - 2011
- Pilot Health WISE April 2011
2009-2011 80% of the Thai Hospitals Assessed

Assessment criteria 5 levels according to the hospital activities

- **Level 1** Fair: Hospitals with newly developed of policy and committee for occupational health of healthcare workers

- **Level 2** Starting to improve: Hospitals with few activities on occupational health of healthcare workers e.g. annual health examination, environmental measurements etc.

- **Level 3** Good: Hospitals with main activities on occupational health of healthcare workers e.g. health examination due job risks, environmental measurements, risks control etc.

- **Level 4** Very Good: Hospitals with main activities on occupational health of healthcare workers and good risk management

- **Level 5** Excellent: Hospitals with continuation of main activities on occupational health of healthcare workers, good risk management, and improvements (at least three years continuation)
EU Good Practices

The “Guide to prevention and good practice in the healthcare sector” was contracted in 2008 by the European Commission through PROGRESS, the EU's employment and social solidarity programme, supporting the goals of the Social Agenda as well as the goals of the Lisbon Strategy.

Project management European Commission
Dr. Francisco Jesús Alvarez Hidalgo
Principal Administrator
European Commission
Unit "Health, Safety and Hygiene at Work"-DG Employment F.4
South East Europe Workplace Academy – Health Workers, July 2011 in Zagreb, Croatia

Participants:
- Austria
- Bosnia-Herzegovina
- Croatia
- Finland
- Germany
- Montenegro
- Poland
- Serbia
- Turkey

Topics
- Basic occupational health services (ToT)
- Preventing occupational exposure to bloodborne pathogens and selecting safer devices (ToT)
- Surveillance of blood exposures
- Hazardous Drugs
- Workplace Violence
- National occupational health programmes
United States

Regulatory – OSHA
- Hospital electronic compliance assistance tool (eCat)
- PELs Ethylene Oxide, Formaldehyde

Research and Education – NIOSH
- National occupational research agenda (NORA) health sector council and State of the Sector report
- Health hazard evaluations
- Hazard ALERT: latex allergy, hazardous drugs, needlestick injuries, ergonomics
Egypt – Cairo University Hospital and 8 others serve as National model practice example

- Occupational health services on-site in the hospitals
- Surveillance of occupational exposures
- Training of trainers conducted and reached
- Immunization – achieved over 80% with 3 doses of hepatitis B vaccine
- Health and safety committee
- Implementation of safer needle devices for IV access
- Safe management of health care wastes
Protecting health-care workers in Egypt
Egypt: model health care waste management
Implementation: Partnerships

- Assemble and engage the participation at the national and local level:
  - Minister of Health: Occupational health, infection prevention & control, TB, HIV, Human resources
  - Labour Minister: occupational health and safety, HIV/AIDS, Social Security and Labour health providers
  - Social partners: employers and trade unions
  - Occupational health collaborating centres and University based training programmes

Using the guidance note:

- Assess current policy, implementation and gaps and determine policy needs with consideration for:
  - pre-prof programme immunization, pre-clinical assessment,
  - occupational health services at institutional level,
  - PEP and follow-up for exposure, surveillance,
  - Workers compensation, stigma and discrimination
The Way Forward: Protecting health workers = health systems strengthening!

- 2010 Joint WHO/ILO Policy Guidelines on Improving Health Worker Access to Prevention, Treatment and Care Services for HIV and TB: Focus on IMPLEMENTATION

- Integration of health worker protection into injection safety, human resources, health systems strengthening, health care waste management, IPC, patient safety, HIV, TB, Influenza, Hepatitis (SIGN Plus), etc
  - PEPFAR
  - GHWA: Positive practice environments (PPE)
  - International Commission on Occupational Health
  - Public Services International
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- Carmella Martinez, IAES, Venezuela
- Mr. Bao, NIOEH, Vietnam

Lee-Nah Hsu and Julia Lear, ILO Geneva
Global Framework for National Occupational Health Programmes for Health Workers

Purpose: To strengthen health systems and the design of healthcare settings with the goal of improving health worker health and safety; patient safety and quality of patient care; and ultimately support a healthy and sustainable community with links to greening health sector and green jobs initiatives.

- The Ministry of Health will need to consult and work together with other relevant Ministries on the development of the National Occupational Health Programme for Health Workers such as the Ministry of Labour, Social Security, and/or other organization(s) responsible for the protection and promotion of health worker health and safety in the private as well as public sector.
1. Identify a responsible person with authority for occupational health at both the national and workplace levels.

2. Develop a written policy on safety, health and working conditions for health workforce protection at the national and workplace levels.

3. Establish and provide access to **Occupational Health Services** and allocate sufficient resources/budget to the program, *occupational health professional services*, and the procurement of the *necessary personal protection equipment and supplies*. 
4. Create joint labour-management *health and safety committees*, with appropriate worker and management representation.

5. Provide ongoing (or periodic) **education and training** that is appropriate to all parties, including occupational health practitioners, senior executives, front-line managers, health and safety committees, front-line workers, and the general public.

6. Identify *hazards and hazardous working conditions to prevent and control* them and manage risks by applying the occupational hygiene **hierarchy of controls**, which prioritizes elimination or control at the source.
7. Provide pre-service and ongoing immunization against **hepatitis B** and other vaccine preventable diseases and ensure all three doses of the hepatitis B immunization have been received by all workers at risk of blood exposure (**including cleaners and waste handlers**).

8. Promote exposure and incident reporting, eliminating barriers to reporting and providing a **blame-free** environment.

9. Promote health worker access to diagnosis, treatment, care and support for HIV, TB and hepatitis B and C viruses.
10. Utilize appropriate information systems, to assist in the collection, tracking, analyzing, reporting and acting upon data to promote health and safety of the health-care workplace and health workforce.

11. Ensure that health workers are provided with entitlement for compensation for work-related disability in accordance with national laws.

12. Promote research on issues of concern to health workers, particularly with respect to combined exposures and applied intervention effectiveness research.

13. Promote and implement Greening health sector initiatives.