
INTERNATIONAL LABOUR
ORGANIZATION

**Thirteenth Session of the Joint ILO/WHO
Committee on Occupational Health**

Geneva, 9-12 December 2003

Report of the Committee



International Labour Office

Geneva



World Health Organization

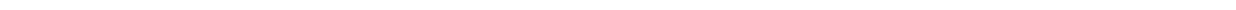


International Labour Office

Geneva



World Health Organization



Summary report

1. The Thirteenth Session of the Joint ILO/WHO Committee on Occupational Health was held at the ILO headquarters in Geneva, from 9 to 12 December 2003. The meeting was attended by committee members and observers, as listed in the annex.
2. The agenda of the meeting, as determined by the Governing Body, and with the agreement of the World Health Organization (WHO) was as follows:
 1. Integrated approach to occupational safety and health.
 2. Occupational safety and health management systems.
 3. Advice on priority fields in occupational health.

Opening addresses

3. Mr. Kari Tapiola, ILO's Executive Director of Standards and Fundamental Principles and Rights at Work, welcomed all participants to the meeting on behalf of the ILO. Mr. Tapiola referred to the concept of decent work which now expressed the overall aims of the ILO and focused on the promotion of rights at work, employment, social dialogue and social protection, which include health and safety at work. The ILO's basic function had always been to formulate international labour standards, and as a result of applying the standards many industrialized countries had seen a clear decrease in serious work-related injuries and diseases.
4. The International Labour Conference in June 2003 discussed the issue and a report on an integrated approach to standards-related activities in occupational safety and health (OSH), in order to increase the coherence, relevance and impact of OSH standards. The Conference recommended the launch of national OSH strategies and programmes, endorsed by the highest government authority, and national OSH programmes which should promote continual national improvements. Concerted action was now needed to ensure that priority is given to OSH in national agendas. Mr. Tapiola concluded by emphasizing the importance of the integrated or strategic approach within the agenda of this Joint ILO/WHO Committee.
5. Dr. Kerstin Leitner, Assistant Director-General, Sustainable Development and Healthy Environments, WHO, responded, agreeing with Mr. Tapiola and pointing out that although the relevance of occupational health was still largely underestimated, some good progress was being made. She provided examples of successes of some employers regarding

HIV/AIDS treatment programmes and the extension of health and safety measures down the supply chain. Dr. Leitner noted that in developing countries, however, only a small percentage of the population has access to health services. She encouraged the Committee to identify the greatest challenges to occupational health and where future research should be directed. She suggested that long-term targets could be set; for example, targets to reduce the global burden and the economic costs due to occupational safety and health risks by 2015.

The election of Chairperson and officials

6. Dr. Magdalene Chan, Director, Occupational Health Department, Ministry of Manpower of Singapore, was elected as Chairperson of the meeting, and Mr. Constantine Todradze, Director, All-Russia Centre of Occupational Safety and Health, was elected as Vice-Chairperson, both of them unanimously. Subsequently, Dr. Zhi Su, Deputy Director-General, Department of Health Legislation and Inspection, Ministry of Health, China, was unanimously elected as Committee Reporter.

Introductory statements

7. Dr. Jukka Takala, representative of the ILO Director-General, gave a brief history of how occupational safety and health had been organized within the ILO since 1919, leading to the setting up of Occupational Safety and Health Division, which still exists today albeit with a different name and a slightly different function. A first World Health Assembly was held in Geneva in July 1948, and it was recommended that a joint expert committee be set up in conjunction with the ILO. In 1950 the first Joint ILO/WHO Committee on Occupational Health convened.
8. In the last 12 sessions, the Committee had covered a variety of topics including education and training in occupational health, safety and ergonomics, scope and organization of occupational health, reporting of occupational diseases and occupational exposure assessment and establishment of permissible limits. Of the agenda items for this Thirteenth Session, those of the integrated (or strategic) approach and of occupational safety and health management systems were very important, and reflected the need to promote safety and health as an essential function of good management. These also reflected changes in member States, particularly the industrialized countries, from the prescriptive style of occupational safety and health legislation towards the more goal-setting standards and voluntary initiatives.
9. Dr. Maged Younes, representative of the WHO, spoke of the WHO Global Strategy on Occupational Health for All which provided a blueprint for action and included such major objectives as: strengthening of international and national policies for health at work; promotion of a healthy work environment and work practices; strengthening of occupational health services and standards; and development of appropriate human resources.
10. The WHO's work in the field of occupational health focused on three major elements: (1) the provision of evidence for policy, legislation and support to decision-makers; (2) the provision of tools and support for infrastructure development, including capacity building, human resources development and information dissemination; and (3) activities aimed at protecting and promoting workers' health. The WHO's work was guided by the principle of moving from knowledge to action.

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11. Challenges that lay ahead included the need adequately to address health and safety in the informal economy, the needs of agricultural and migrant workers and vulnerable groups of workers such as women and adolescents, protecting illiterate and uneducated workers, preventing injuries at work including road traffic injuries, developing effective approaches to address preventable occupational diseases such as silicosis and chemical poisonings and the development and application of practical preventive approaches such as control banding. A particularly important issue from the WHO perspective was the need to protect health-care workers. Dr. Younes emphasized that by working together in a coordinated and complementary fashion, the ILO and the WHO could make a significant difference to making healthy workplaces a reality.

Review of the ILO activities in OSH since 1995

12. It had recently been estimated that every year there were between 1.9 to 2.3 million work-related deaths globally. Of this figure, it was believed that around 355,000 were workplace accidents, 1,574,000 were diseases and 158,000 were commuting accidents. It was estimated that the cost of all work-related accidents and diseases amounted to about 4 per cent of the world's GNP.
13. Dr. Shengli Niu described SafeWork's overall goals within the wider context of the Decent Work Agenda, to strengthen the capacity of the member States to ratify and apply ILO standards and guidance. This was achieved through technical cooperation and assistance, research and the dissemination of information. Since 1995, several OSH Conventions and Recommendations had been adopted, including the Safety and Health in Mines Convention, 1995 (No. 176), the Safety and Health in Agriculture Convention, 2001 (No. 184), the List of Occupational Diseases Recommendation, 2002 (No. 194), and the Protocol to the Occupational Safety and Health Convention, 1981 (No. 155). New guidance included some on health surveillance, ambient factors, synthetic fibre wools and occupational health and safety management systems.
14. Technical cooperation activities included building and strengthening national OSH infrastructures and services, protecting workers in hazardous occupations and sectors, extending OSH to vulnerable groups of workers, improving OSH performance, etc. Guidelines had also been prepared in collaboration with other organizations such as IAEA on radiation protection or UNECE and OECD on classification and labelling of chemicals.

Review of the WHO activities in OSH

15. Dr. Gerry Eijkemans spoke of the goal of the WHO global programme "Occupational Health for All". The programme focused on workers in developing countries who were not covered by occupational health services, emphasizing primary prevention and improving the capacity of governments, businesses and workers to manage OSH better. Several WHO projects were mentioned.
16. The WHO wanted to renew its attention to areas such as occupational injuries, development of national plans and policies and basic occupational health services. The WHO/ILO joint effort on OHS in Africa was an example of interagency collaboration based on information sharing and capacity building among others, another was the global campaign on silicosis. The WHO had also established formal relationships with centres around the world, thus creating a global network of collaborating centres in occupational health. Partnerships within the global occupational health community were now dynamic and growing stronger, projects in priority areas were under way, and collaboration was

making greater impact possible. However, there was still scope for improvement, particularly in regional coordination and national plans and profiles.

The integrated approach to OSH

17. Dr. Takala presented the ILO's perspective on the integrated approach to occupational safety and health. He stated that the lack of implementation of OSH standards had led to the development of a strategy based on a preventive culture including the sound management of safety and health at work. The major tools needed for this were a framework for promoting ILO instruments, and national action plans and programmes based on sound data. Targets and indicators were a feature of some modern national strategies. For example, the United Kingdom's "Revitalizing health and safety" strategy aimed to reduce the incidence rate of cases of work-related ill-health by 20 per cent over a ten-year period. Clearly, the significant differences between countries had to be taken into account, such as on labour inspection resources or occupational health services.
18. As an example of ILO action, he referred to the Globally Harmonized System for Classification and Labelling of Chemicals (GHS) which had taken over ten years to develop, and to the need for it to be taken up by countries and applied. The European Union had already indicated that it was ready to do that. He concluded by calling for input from the Committee on how best to achieve the aims of this strategy.
19. Dr. Greg Goldstein, for the WHO, in response to Dr. Takala's presentation, commented that the model presented for integrated work on health and safety was a valuable one. He noted that WHO used an integrated approach in programmes of workplace health management which involved workers and management in changes to work organization and environment, and in encouraging the promotion of a healthy lifestyle. He referred to models of good practice and guidelines based on an integrated model both in Europe and in Asia, citing the example of the "Shanghai model" which has led to the reduction of occupational diseases.
20. Dr. Maritza Tennessee, regional adviser from PAHO/WHO, presented a detailed example of fruitful collaboration between the WHO, through its Regional Office for the Americas, PAHO, and the ILO.
21. The subject was opened up for discussion. Consultation and cooperation with social partners gave greater credibility to these programmes, and the question was raised as to the extent to which employers' and workers' organizations were involved in some of them; also how much the ILO and WHO collaborated at regional level. Several participants stated that WHO should collaborate more with workers' and employers' organizations. It was acknowledged that interaction between WHO and the ILO was sometimes not visible, and that social partners had not always been involved – these were areas for improvement. In the same vein, national ministries of labour and of health also needed to cooperate more often.
22. Further clarification of the integrated approach was requested. It was explained that the approach envisaged the use of several tools (promotion and advocacy, technical cooperation, knowledge services and international cooperation) in an integrated manner – it was in effect a new strategy.

Occupational safety and health management systems (OSH-MS)

23. Mr. Seiji Machida, ILO SafeWork, explained that, after the introduction of the systems approach by the International Organization for Standardization (ISO) for managing quality and the environment, there was a view that the same approach could be used for managing OSH. Because of its tripartite structure, the ILO was considered to be a more appropriate body than the ISO to work on this subject. In cooperation with the IOHA, key elements in existing standards were identified, following which a draft Guideline was prepared and reviewed by international experts. The ILO Guidelines on OSH-MS (ILO-OSH 2001) were adopted in April 2001 and published in December 2001. A number of countries started to develop a national framework on OSH-MS and the Guidelines were translated into over 15 languages.
24. The OSH-MS Guidelines can be adapted to national conditions and specific needs of organizations, and their application as a part of national OSH strategies and programmes is very much to be encouraged. The Guidelines have five main sections: Policy, Organizing, Planning and implementation, Evaluation, and Action for improvement. One particular challenge for OSH-MS is in reaching small enterprises. Development of tailored guidelines could help in meeting this challenge.
25. In response, Dr. Ivan Ivanov, regional adviser, EURO/WHO, spoke of the many health gains that the Guidelines brought, and their value in the development of national strategies. The Guidelines also help the training of labour and health inspectors, workers, employers and OSH specialists.
26. It was considered that, for the promotion of implementation of the Guidelines at enterprise level, stronger political will by national governments is important to facilitate the implementation of the Guidelines at enterprise level. For small enterprises, it was suggested that they needed more practical tools and they could perhaps have fewer prescriptive requirements to meet. The Guidelines were intended to apply to a range of different types of enterprise including contractors. Further help in applying the Guidelines was considered to be useful, and here it was suggested that guidance from other sources than the ILO and the ISO could help; national publications could help, for example.

Discussion on priority fields in occupational health

Priority areas for the global strategy

27. The Committee considered that there were three priority areas for joint activities of the ILO/WHO:
 - Clear goals and strategies were needed for occupational health, with a systematic setting of priorities by member countries.
 - Instruments needed to be implemented effectively by member countries, which was a question of national OSH strategy.
 - The need for a higher level of ratification of ILO Conventions was recognized; support by the WHO and by other sectors (like social security) would assist.
28. The Committee noted that a concept for a promotional framework for OSH had been accepted at the ILO Conference in June 2003, and it could contain the following points:

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- Each country should develop its own national OSH programme. The framework should not be prescriptive and could be adapted to take into account each country's own needs.
 - The programme should be developed on a tripartite basis with employers' and workers' organizations and with all relevant ministries.
 - Initiatives should focus on fostering a preventative culture.
 - The programme should recognize the principles of hazard identification and management, applying these at a workplace level.
 - OSH information and advisory services should be developed and made available for all workplaces, with particular attention given to the needs of SMEs and businesses in the informal economy.
 - Worker participation should be an essential element of OSH in workplaces.
 - An effective enforcement regime should be implemented and maintained.
- 29.** The Committee considered that political support at the highest level in national governments was needed for the successful implementation and management of an OSH strategy. Good cooperation between ministries of labour and health was essential. The WHO/ILO were asked to provide examples of countries where there were models of ministerial cooperation. A conference for ministers of health and labour, as well as other relevant ministers, such as education and environment, was suggested to discuss how OSH strategies could be developed together at national levels.
- 30.** It was considered that one reason why OSH was not high on political agendas was that there was a lack of understanding of the economic benefits of OSH, although some were not convinced that sufficient evidence existed. Reference was made to some Finnish studies that demonstrated the positive economic impact of preventive measures. If it could be demonstrated that the benefits of OSH served the interests of different ministries, social security agencies and social partners, they might be persuaded to work more collaboratively on the subject.
- 31.** Enforcement of OSH legislation was also considered to be a key issue, particularly in developing countries and amongst SMEs and businesses in the informal sector. However, labour inspectorates sometimes lacked resources, and labour inspectors were sometimes not well trained, lacked an in-depth knowledge of occupational hazards and had insufficient enforcement powers. Nevertheless, labour inspectorates were often aware of what approaches and techniques were most likely to be successful in tackling OSH problems effectively at a practical level.
- 32.** The concept of a "bottom up" procedure from national to regional level was introduced, by which governments worked with local authorities and institutions such as WHO collaborating centres, to help shape regional and subregional policies. WHO collaborating centres are an important resource; their role is to undertake research and economic studies in collaboration with workers, employers and their organizations and to provide information.
- 33.** The Committee concluded that it was essential for the ILO and WHO to work collaboratively on occupational health, both at international and at regional/national levels. Their task was not only to steer but also to assist and help national institutions and OSH representatives on occupational health, and to help strengthen collaboration between

ministries of health and ministries of labour. The WHO and ILO should jointly involve other stakeholders such as the International Social Security Association at international level, and at national level, ministries of health and ministries of labour, the labour inspectorates, the education sector, trade associations and workers' compensation insurance companies and bodies, as well as employers' and workers' organizations.

34. The Committee proposed that the ILO and WHO work together to provide models for the organization of OSH at national or provincial levels. The models should be comprehensive with respect to occupational health, and include activities beyond the enterprises for people such as former workers who had developed work-related diseases, support services such as laboratories, information services, compensation and research.
35. The Committee proposed that WHO and ILO headquarters and their regional offices should be actively involved in annual events or campaigns (world day or safety and health week) aimed at raising widespread awareness of the importance of OSH and the need to improve it.
36. The Committee discussed the use of indicators in determining country profiles. One approach had three parameters – the prerequisites, working conditions and outcomes – by which overall OSH performance could be measured and “mapped”. The mapping done in this way could be used to help set national priorities and promote OSH awareness more generally. However, caution was needed in basing indicator measurements on some official data, as the results might be seriously misleading. For example, official compensation figures, along with inadequate reporting and registration, generally underestimate the true burden of occupational injuries and diseases.
37. The Committee noted that there was a general lack of information available to workers; also of education and training on OSH issues directly affecting them. It was suggested that the ILO and WHO should work together to raise worker awareness of OSH and of their rights with respect to it.
38. The Committee considered that information useful to workers, employers and professionals was essential, and here the work done on chemicals provided an example of practical guidance. The Internet provided one means of getting this information out, and other means are required for those who did not have access to it, such as short summaries of risks and how to avoid them.
39. The Committee concluded that there should be more focus on awareness-raising campaigns, as mentioned in paragraph 35 above. It is proposed that workers who had suffered some work-related illness or injury could act as “champions”, to publicize the harm they had received and speak about how it might have been prevented. Such campaigns could be powerful in mobilizing workers and employers to gather information on hazards and risks and how to eliminate them and in enabling the community to become aware of the benefits of promoting a preventative culture.

Priority areas for the development and implementation of instruments

40. Flexibility in the choice of tools for tackling OSH problems was important, and the lengthy process of adopting Conventions was not the only way forward. The need for coherent policies between the ILO and WHO was addressed. One example of another approach was that of the EC agreement with social partners on teleworking; another example was the ongoing collaboration on chemical safety between international organizations. Guidelines

and information on best practices were also important tools that could also be used, depending on circumstances.

41. The Committee agreed that machinery guarding, ergonomics and biological hazards were priorities for new instruments, as identified at the ILO June Conference. The Committee then discussed the importance of work-related psychosocial issues and violence at work.
42. The Committee felt that information was needed as to what kind of approaches had already worked well, particularly on a regional level – on the elimination of silicosis and the African Joint Effort for example. The information would be useful in deciding how to update the list of occupational diseases. There was general consensus on the need for each region to be able to identify their own priorities.
43. A list of mechanisms for collaboration was proposed, which consisted of: regular meetings, special meetings on specific subjects, co-sponsored activities, sharing staff, joint projects (documents or projects), joint access for information, including Internet discussion groups, and participation in each other's events.

Priority areas for field collaboration and research

44. The Committee concluded that joint collaboration between the ILO and WHO increased the chances of achieving results. The areas where much could be achieved jointly were in developing country profiles and programmes and a core set of indicators, producing practical guidance on specific topics, a global Internet portal, developing an awareness-raising instrument for the promotion of occupational health, and tools to determine cost benefits at country and enterprise levels.
45. The need for “ownership” of projects and programmes on OSH at regional and national levels was emphasized by the Committee, suggesting this could be achieved by discussing priorities together and taking decisions in consultation with major stakeholders.
46. The Committee supported the need for action by the ILO and WHO as follows:
 - To ensure implementation at country level, there was a need for a formal mechanism to show strong support and coherent policies at the highest levels in both the WHO and ILO. Both organizations should report the conclusions and recommendations of this meeting to their Executive Board or Governing Body respectively, with a request for endorsement and a formal statement issued at the highest level. Further, a statement should be addressed to ministers of labour and health, signed by the Directors-General of both the ILO and WHO.
 - A high-level joint meeting involving ministers and the executive bodies of the two organizations could be held. Also, the respective head offices should give explicit instructions for cooperation at all levels. The ILO and WHO could send copies of the meeting report to its regional directors, with the request that its conclusions be taken into account in their actions and funding.
 - While the joint actions had a global aspect, there was a need to allow for flexibility at a regional level, to ensure efficiency, ownership and bottom-up involvement in the actions. Horizontal networking at regional levels was required as well as vertical networking.

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- Some concrete examples of collaboration needed to be included. Strengthening cooperation on updating the list of occupational diseases was an area for joint work. Working with vulnerable groups of workers was another area for joint work.
 - Sustainability was also an important issue, therefore joint forward planning was needed that involved allocation of time and resources.
 - Examples of the kind of successes that could be achieved, for large, medium and small enterprises, could be worked up and made available on the proposed global portal. There was also a need for access to information, apart from through the Internet.

Priorities for promotion of occupational safety and health management systems (OSH-MS)

47. One participant raised the issue of the desirability of occupational safety and health management systems standards, prepared by the International Organization for Standardization (ISO). However, the Committee reaffirmed that the ILO, because of its tripartite structure, was a more appropriate organization than the ISO in the development of guidance on this subject.
48. The Committee agreed that there were several elements required for effective promotion of ILO Guidelines on occupational safety and health management systems. These were: there should be sufficient “drivers” (commitment from governments, employers’ and workers’ organizations, etc.); there should be some good models to follow (success stories); promotional messages should contain clear information and be comprehensive (but not too technical) and the approach should clearly promote healthy workplaces.

Other priority fields

National OSH programmes and profiles

49. Mr. Machida, ILO SafeWork, said that national OSH programmes were a means to create safety culture, placing OSH high on national agendas and improving OSH performance. Programmes should have focal points and targets, and aim at the strengthening of overall national OSH systems. The decision to draft national OSH programmes should be a tripartite one.
50. National OSH profiles should contain analyses of current national systems relevant to OSH and their performance. From these profiles, priorities should then be identified and national programmes drafted, to be endorsed by the highest national authorities. Recent national programmes include ones in Australia, United Kingdom, United States, Japan, Republic of Korea, Hungary and Thailand.
51. The Committee considered that the approach was very useful and that the WHO and ILO should work jointly to support national efforts and to help develop guidance for the preparation of programmes and profiles on occupational health. Some participants thought that the approach could be a focus of the promotional framework on OSH for discussion at the 2005 International Labour Conference.

Control banding

52. Ms. Carolyn Vickers, WHO, introduced the concept of control banding, a scientifically based system that provides simplified guidance to SMEs to assess and control exposures to chemicals. Work is under way to develop the tool kit further and to facilitate its implementation. Guidance sheets can be drafted and tried out in different countries, in SMEs and in large enterprises, and then translated into local languages.
53. Participants suggested that the concept of “substitution” should be introduced into control banding, i.e. using harmless or less hazardous chemicals instead of more hazardous ones. It was also suggested that more education was needed in workplaces so as to inform workers of the risks of chemical exposure and how to avoid them. It was also noted that labels on chemical products differed greatly in length and detail between countries, and it was suggested that labels become more standardized globally. The participants suggested that a more informative title replace “control banding”, as the current title does not convey an understanding to those unfamiliar with the system. A caution was noted that when there are not adequate data, exposure measurements should be used. It was also stressed that the information needs to be user-friendly so that workers and managers can use it easily.
54. Control banding was working in some countries and WHO collaborating centres in developing countries were eager to pilot it. The International Social Security Association had produced guidelines on avoiding risks when mixing chemicals, and these were commended.

Basic occupational health services

55. Professor Jorma Rantanen, International Commission of Occupational Health, said that basic occupational health services should be available for everyone for many reasons. These included arguments relating to occupational health and public health, socio-economic reasons and quality of life. The core content of basic occupational health services should include surveillance and assessment of OSH risks, surveillance of individual worker health, informing workers and managers on health hazards at work and providing preventative advice on safe practices.
56. At national levels, there should be clear policies on occupational health services, with legislation and competent authorities to promote and enforce their provision. National programmes should include infrastructures for such services and adequate training be provided. ILO/WHO instruments on occupational services should be implemented, regional and national model programmes be devised and intensive information campaigns be undertaken.
57. The Committee supported the concept of basic occupational health services for all workers, including those excluded workers in the growing informal sector. Participants considered that emphasis should be given to surveillance and to the quality control of occupational health services in order to ensure that they were effective. Different models of occupational health services were needed and an occupational health culture had to be developed that included more information about the costs – health, safety and economic benefits of occupational health.

The WHO/ILO Joint Effort on Occupational Safety and Health in Africa (AJE)

58. Dr. Eijkemans presented this initiative to demonstrate how cooperation between the WHO and ILO worked at a regional level. The purpose of the initiative was to foster partnerships

and serve as a fundraising platform, and to cover all sectors. The process started in 2000 with support from many partners, including the EU, USA, ICOH, WHO and ILO. The initiative concentrated on several areas, including information sharing, capacity building and policy and legislation.

59. Actions so far achieved included training on pesticides and the informal economy, the formation of partnerships with over 100 organizations in more than 20 countries and the setting up of a web site (www.sheafrica.info). Sustainability was a very important matter for the programme and the next steps included the establishment of more collaboration centres, amongst other things. An important factor in the success of this Joint Effort was the letter of intent signed by WHO Regional Directors of AFRO and EMRO and ILO Regional Directors for Africa. The Committee felt that this successful model could be replicated in other regions.

The ILO/WHO Global Programme on Elimination of Silicosis

60. Dr. Igor Fedotov, ILO SafeWork, updated the Committee on work of the joint ILO/WHO Global Programme on Elimination of Silicosis, proposed by the previous session of the Committee in 1995. The immediate objective of this programme was to promote the development of national programmes to reduce significantly the incidence rate of silicosis by the year 2015, whereas the wider objective of the WHO/ILO Programme was to see global elimination of silicosis as an occupational health problem by 2030.
61. Despite many obstacles, the idea of global elimination of silicosis was technically feasible. Positive experiences from a number of countries showed this, and the use of these technologies and methods has proved to be effective and economically affordable. Only through broad international collaboration, with the support of occupational health professionals and of all economic sectors concerned, could the goal of global elimination of silicosis be achieved.
62. The Committee felt that the programme had so far been implemented effectively in some countries, capacity building had been improved – physicians had been trained – and appropriate mechanisms of and platforms were being used. It was suggested that the programme could take the form of a global campaign. Many participants suggested that this programme should be extended to cover respiratory diseases caused by other dusts and fibres.

Work-related psychosocial issues

63. Concerns were expressed about the inclusion of work-related psychosocial hazards and stress in the list of global issues in the conclusions of this report. Although all experts recognize the importance of cooperation between the two organizations in this important issue, an agreement was not reached. The Employer members suggested the inclusion of the wording adopted by the International Labour Conference in June 2003, focusing on consideration being given to further activities on work-related psychosocial hazards without reference to any specific hazard. The Worker members regard related psychosocial hazards and stress as extremely important and also inseparable. Regret was expressed by the Committee that consensus could not be reached on this issue.

Conclusions and recommendations

- 64.** The Committee recognized the need to raise occupational health issues at the global, regional and national levels, and that the development of national OSH programmes was essential to achieving this goal. The Committee called for special attention to be given to the needs of vulnerable groups (for example, migrant workers, children, and the elderly at work and the growing informal sector), and the special needs of women at the workplace.
- 65.** There should be top-level commitment within the WHO and ILO for collaboration between the two organizations on occupational health, and this should be communicated to the regional and national levels.
- 66.** The Committee recommended that WHO and ILO collaboration should focus on the following key areas:
- (1) Guidance and support for national OSH programmes, including:
 - providing models for organizing OSH at national or subnational levels;
 - providing basic occupational health services;
 - promoting OSH management systems and tools, including control banding;
 - developing national profiles and indicators;
 - assessing the cost effectiveness of OSH interventions;
 - establishing effective enforcement agencies.
 - (2) Enhancing regional collaboration and coordination, including:
 - the development and dissemination of models for cooperation, such as the African Joint Effort.
 - (3) Coordination and enhancement of information and educational programmes and materials, such as:
 - the development of a joint Internet-based global portal;
 - statistics.
 - (4) Awareness-raising activities and instruments, through:
 - campaigns;
 - events;
 - special days.
- 67.** The Committee recommended that special attention should be paid to the following global occupational safety and health issues in future ILO/WHO collaboration:
- the elimination of silicosis and asbestos-related diseases;
 - ergonomics;

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- violence at work;
 - list of occupational diseases;
 - occupational injuries.

68. HIV/AIDS should be addressed through the cooperation of both agencies in a global perspective, including occupational exposure.

Adoption of the report

69. After examining the draft report, the members of the Committee adopted it as amended.

Geneva, 12 December 2003.

(Signed) Dr. Magdalene Chan,
Chairperson.

(Signed) Dr. Constantine Todradze,
Vice-Chairperson.

(Signed) Dr. Zhi Su,
Reporter.

Annex

List of participants

Members

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- Prof. David Rees, National Centre for Occupational Health, 25 Hospital Street, P.O. Box 4788, Johannesburg 2000, South Africa. **(WHO)**
- Dr. Kathleen Rest, Deputy Director, National Institute for Occupational Safety and Health (NIOSH), Centres for Disease Control and Prevention (CDC), Humphrey Building, Room 715H, 200 Independence Ave., SW, Washington, DC 20201, United States. **(WHO)**
- Dr. Zhi Su, Deputy Director-General, Department of Health Legislation and Inspection, Ministry of Health P.R. China, South Road Xizhimenwai, 100044 Beijing, China. **(ILO) (Reporter)**
- Mr. Constantine Todradze, Director, All-Russia Center of Occupational Safety and Health, Birzhevaya pl. 1, 101 999 Moscow, Russian Federation. **(ILO) (Vice-Chairperson)**
- Ms. Habiba Zahi, Confédération Démocratique du Travail (CDT), Rue El Mortada 64, Quartier Palmiers, 01 Casablanca, Maroc. **(ILO)**

Representatives of other organizations

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- Mr. Paul Glynn, Adviser of the Directorate General, Employment and Social Affairs of the European Commission, rue de la Loi 200, 1049 Brussels, Belgium.

(b) Non-governmental organizations

International Association of Labour Inspection (IALI)

Mr. Malcolm Gifford, Technical Secretary, c/o SafeWork, International Labour Office, 4 route des Morillons, 1211 Geneva 22.

International Commission on Occupational Health (ICOH)

Prof. Jorma Rantanen, President of ICOH, c/o Finnish Institute of Occupational Health, Topeliuksenk. 41 a A, 00250 Helsinki, Finland.

International Council of Nurses (ICN)

Ms. Susan Wilburn, Nurse Consultant, 3 place Jean-Marteau, 1201 Geneva.

International Maritime Health Association (IMHA)

Dr. Sebastiaan A.J.J Rikken, Bethanielaan 11, 3701 EK Zeist, Netherlands.

International Social Security Association (ISSA)

Mr. Walter Eichendorf, Deputy Director-General, National Federation of Industrial Employment Accident Insurance Funds, HVBG, Alte Heerstrasse 111, D-53754 Sankt Augustin, Germany.

Ms. Patricia Weinert, Programme Manager, International Social Security Association, 4 route des Morillons, C.P. 1, 1211 Geneva 22.

International Organisation of Employers (IOE)

Ms. Barbara Perkins, Assistant to the Secretary-General, International Organisation of Employers, 26, ch. de Joinville, P.O. Box 68, 1216 Cointrin, Geneva.

Secretariats

ILO

Mr. Kari Tapiola, Executive Director, International Labour Office, Geneva.

Dr. Jukka Takala, Director of InFocus Programme on Safety and Health at Work and the Environment (SafeWork), ILO, Geneva.

Dr. Shengli Niu, Senior Specialist on Occupational Health, SafeWork, ILO, Geneva.

Mr. Seiji Machida, Coordinator, Occupational Safety Cluster, SafeWork, ILO, Geneva.

Mr. Malcolm Gifford, Senior Specialist on Labour Inspection, SafeWork, ILO, Geneva.

Dr. Igor Fedotov, Senior Specialist on Occupational Health, SafeWork, ILO, Geneva.

Ms. Christine Allsopp, English Committee Secretary, ILO, Geneva.

Ms. M.-J. Cabanel, English Committee Secretary, ILO, Geneva.

Ms. Chantal Dufresne, English Committee Secretary, ILO, Geneva.

Ms. Janet Pennington, Committee Clerk, ILO, Geneva.

Ms. Véronique Rey, Committee Clerk, ILO, Geneva.

Ms. Chantal Katsilis, Committee Clerk, ILO, Geneva.

Ms. Sirena Liu, Committee Clerk, ILO, Geneva.

WHO

- Dr. Kerstin Leitner, Assistant Director-General, World Health Organization, Geneva.
- Dr. Margaret Chan, Director, Protection of Human Environment, WHO, Geneva.
- Dr. Gerry Eijkemans, Scientist, Occupational Health Programme, WHO, Geneva.
- Dr. Marilyn Fingerhut, Coordinator, WHO Collaborating Centres, WHO, Geneva.
- Dr. Greg Goldstein, Scientist, Occupational Health Programme, WHO, Geneva.
- Ms. Evelyn Kortum-Margot, Scientist, Occupational Health Programme, WHO, Geneva.
- Ms. Carolyn Vickers, Scientist, International Programme on Chemical Safety, WHO, Geneva.
- Dr. Maged Younes, Coordinator, Occupational and Environmental Health, WHO, Geneva.
- Mr. Thebe Pule, Regional Adviser on Occupational Health, WHO Regional Office for Africa (AFRO), Brazzaville, Congo.
- Dr. Maritza Tennessee, Regional Adviser on Occupational Health, WHO Regional Office for the Americas (AMRO), Pan-American Health Organization (PAHO), Washington, DC, United States.
- Dr. Said Arnaout, Regional Adviser on Occupational Health, WHO Regional Office for the Eastern Mediterranean (EMRO), Cairo, Egypt.
- Dr. Ivan Ivanov, Regional Adviser on Occupational Health, WHO Regional Office for Europe (EURO), Copenhagen, Denmark.
- Dr. Deoraj Caussy, Regional Adviser on Occupational Health, WHO Regional Office for South-East Asia (SEARO), New Delhi, India.