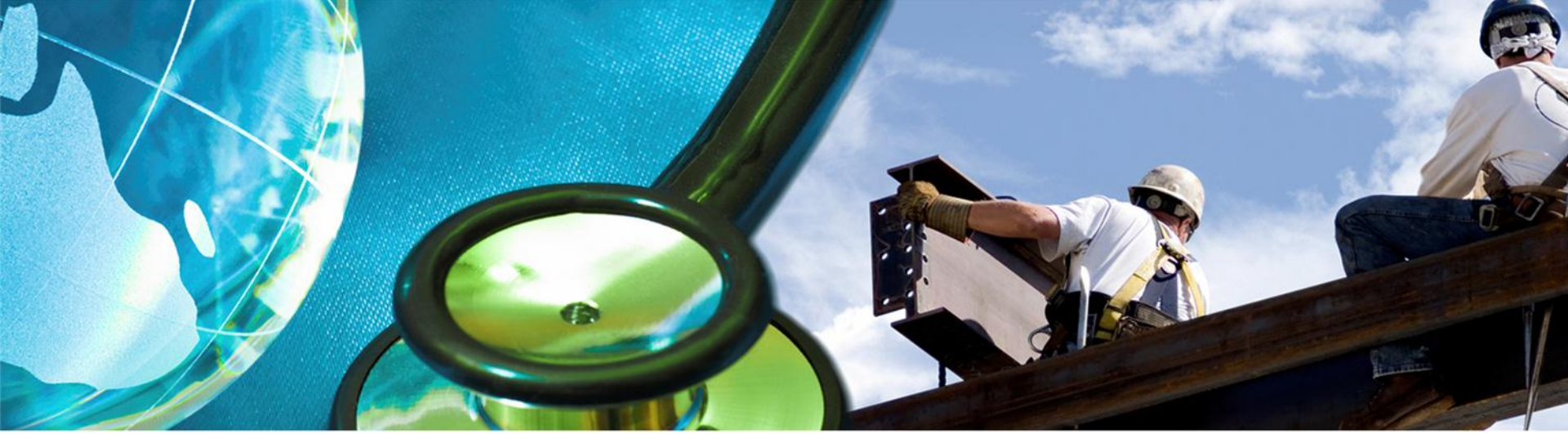


Primary-care based essential interventions for prevention and control of occupational and work-related diseases and injuries

Dr Ivan D. Ivanov
Team Leader, Occupational Health
WHO Headquarters

World Health Organization

WHO POLICIES ON OCCUPATIONAL DISEASES

World Health Organization

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

Strategic objectives for 2008-2017:

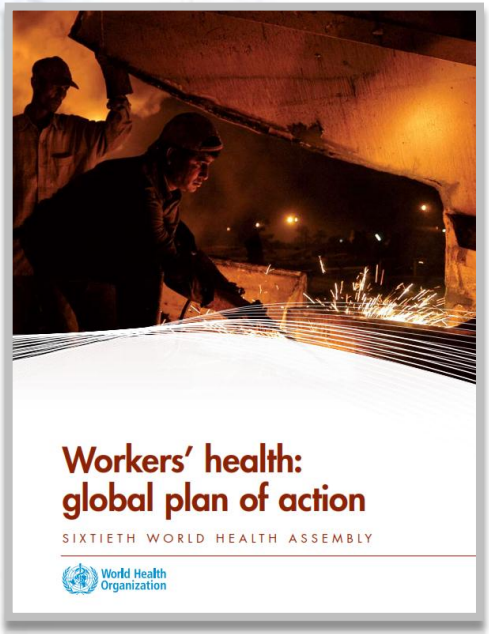
1.to develop and implement policy instruments on workers health

2.to protect and promote health at the workplace

3.to improve the performance of and access to occupational health services

4.to provide and communicate evidence for action and practice

5.to incorporate workers' health into other policies



http://www.who.int/occupational_health/publications/global_plan/en/index.html

Agenda item 12.13 23 May 2007

Workers' health: global plan of action

The Sixtieth World Health Assembly,

Having considered the draft global plan of action on workers' health;[1]

2. URGES Member States:

(2) to work towards full coverage of all workers, including those in the informal economy, small- and medium-sized enterprises, agriculture, and migrant and contractual workers, with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries;

World Health Organization

GLOBAL PLAN OF ACTION ON WORKERS' HEALTH 2008–2017

8. National approaches to prevention of occupational diseases and injuries should be developed according to countries' priorities, and in concert with WHO's global campaigns.

20. Systems for surveillance of workers' health should be designed with the objective of accurately identifying and controlling occupational hazards. This endeavour includes establishing national information systems, building capability to estimate the occupational burden of diseases and injuries, creating registries of exposure to major risks, occupational accidents and occupational diseases, and improving reporting and early detection of such accidents and diseases.

23. WHO will define indicators and promote regional and global information platforms for surveillance of workers' health, will determine international exposure and diagnostic criteria for early detection of occupational diseases, and will include occupational causes of diseases in the eleventh revision of the International Statistical Classification of Diseases, and Related Health Problems.

World Health Organization

Agenda item 13.1
Agenda item 13.2

27 May 2013

Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Policy options for Member States[1]

- Facilitate access to preventive measures, treatment and vocational rehabilitation, as well as financial compensation for occupational noncommunicable diseases, consistent with international and national laws and regulations on occupational diseases.

Actions for the Secretariat

(d) **Norms and standards:** Develop guidelines, tools and training materials (i) to strengthen the implementation of cost-effective noncommunicable disease interventions for early detection, treatment, rehabilitation and palliative care; (ii) to establish diagnostic and exposure criteria for early detection, prevention and control of occupational noncommunicable diseases; (iii) to

WHO ADVISES ON ASBESTOS DANGERS IN INDIA, ASIA

Across India, asbestos exposure puts millions of people, from concrete makers to students, at risk of developing cancer.

WHO is working with officials in India, and with many developing Asian nations, to stamp out asbestos use by promoting awareness and legislation on its cancer-causing risks.

"If countries follow our advice, there will be reductions in cancer," says Dr Habibullah Saiyed, WHO's South-East Asian regional officer for occupational health. "It will take several decades to see the results because cancer takes a long time to emerge, but we must start now."

Asbestos causes an estimated 8000 cancer deaths annually in India and that number could increase if asbestos use continues.

People most at risk of dying from lung cancer and mesothelioma are workers making asbestos-filled concrete and pipes, along with labourers using such products. Many Indian school roofs are made with asbestos, putting students and teachers at risk.

WHO holds workshops across Asia on the dangers of asbestos, bringing together government officials, industry, other UN agencies and nongovernmental organizations.

While calling for an end to the use of asbestos, WHO suggests alternative building materials that industry can use instead of this cancer-causing product.

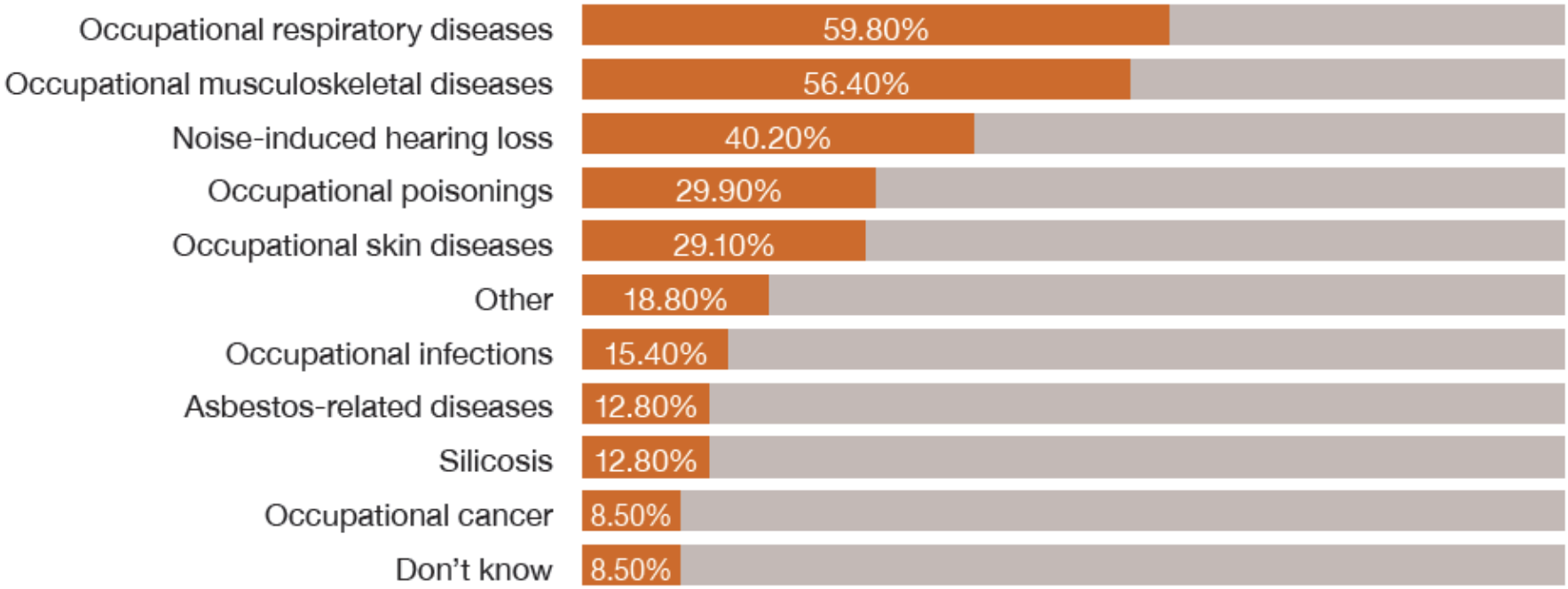
11

WHO'S WORK ON OCCUPATIONAL DISEASES

World Health Organization

Figure (14)

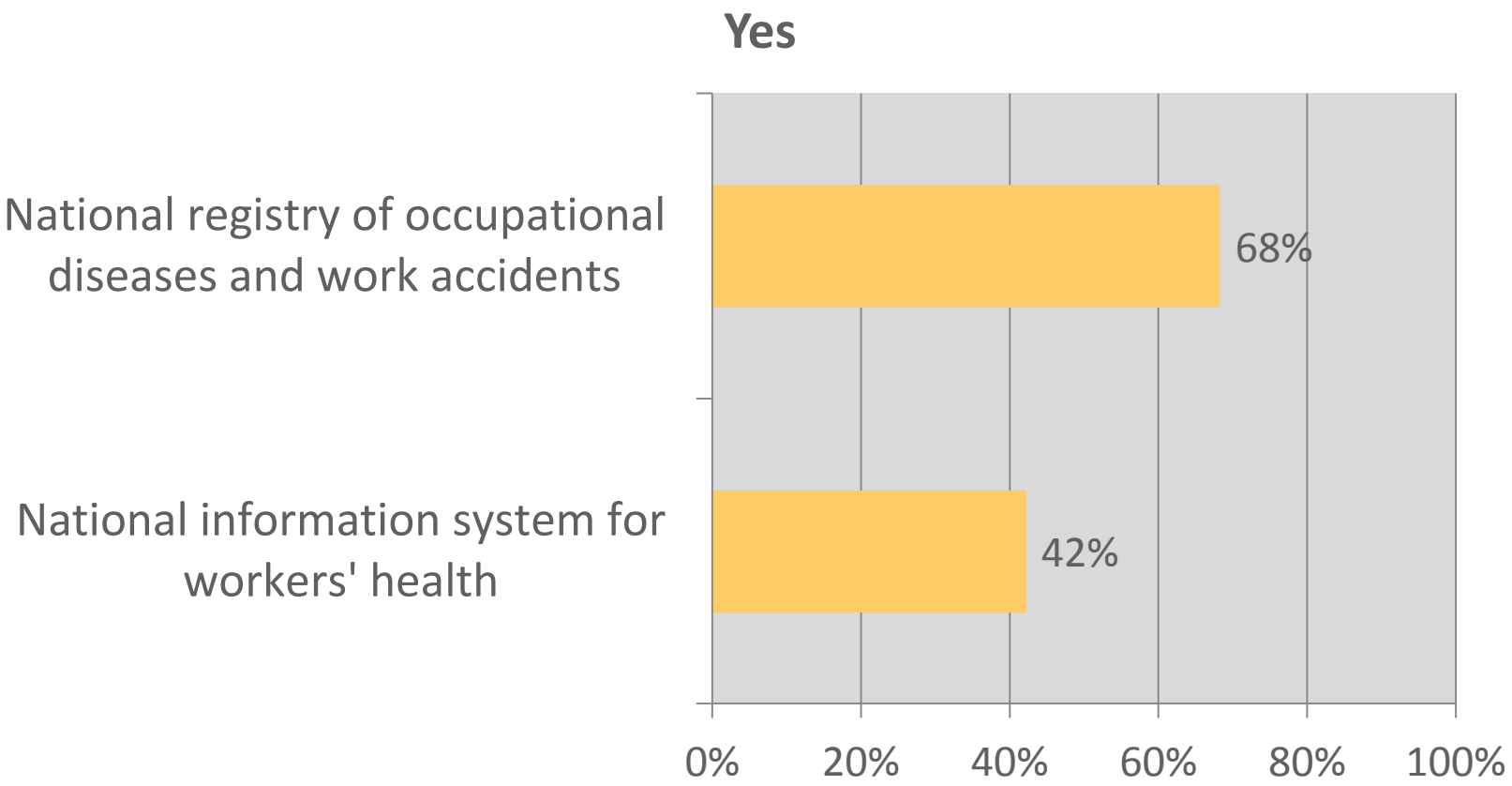
Q6. Which are the three top-priority occupational diseases in your country according to governmental sources?



WHO country survey on the Gloibal Plan of Action on Workers' Health 2008/2020

World Health Organization

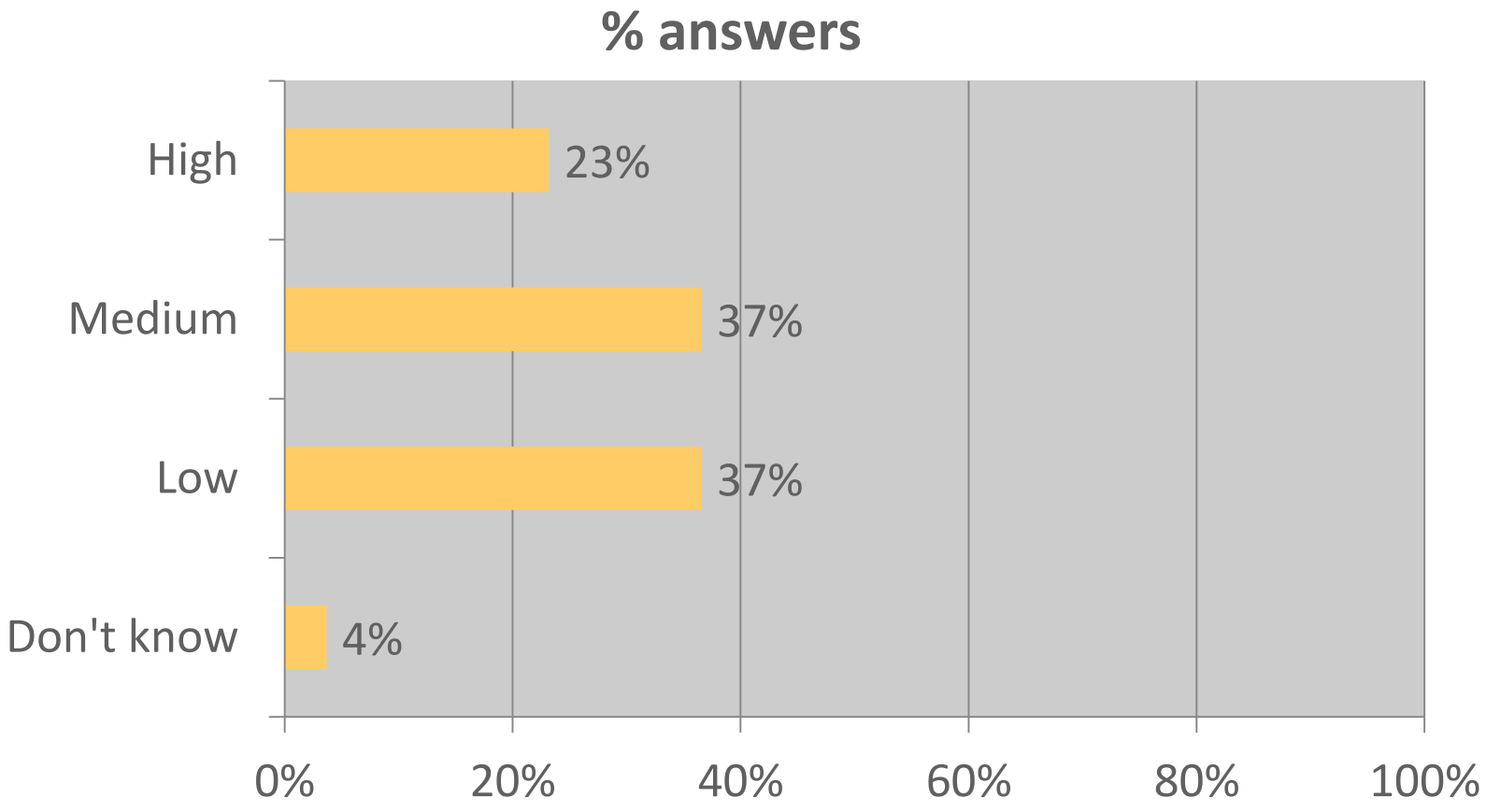
Q 27/28. Does you country have …



WHO country survey on the Gloibal Plan of Action on Workers' Health 2008/2020

World Health Organization

Q28.1. What is the level of registration of occupational diseases and accidents according to governmental sources?



WHO country survey on the Gloibal Plan of Action on Workers' Health 2008/2020

World Health Organization

Burden of disease attributable to selected occupational risks, WHO Comparative Risk Assessment, 2004

Occupational risks	**Diseases**	**Deaths** (000 per	**DALYs*** (000 per year)
Airborne particles	Asthma, COPD, silicosis, asbestos, black lung		6,751
Carcinogens	Mesothelioma, lun cancer, leukae	177.4	1,897
Ergonomic stressors	Low bac	0.9	898
Noise	hearing	0	4,509
Accidents	ries	352	11,612
TOTA		987.3	25,667

UPDATE IN 2014

World Health Organization

ICD-11 Beta Draft - Windows Internet Explorer provided by World Health Organization

http://apps.who.int/classifications/icd11/browse/f/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f1092658552

File Edit View Favorites Tools Help

ICD-11 Beta Draft

ICD-11 Beta Draft

Oct 30 - 22:00 UTC

Search [Advanced Search] Foundation Linearizations Contributions Info

- ICD-11 Beta Draft
  - Infectious diseases
  - Neoplasms
  - Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
  - Endocrine, nutritional and metabolic diseases
  - Mental and behavioural disorders
  - Sleep-wake disorders
  - Diseases of the nervous system
  - Diseases of the eye and adnexa
  - Diseases of the ear and mastoid process
  - Diseases of the circulatory system
  - Diseases of the respiratory system
    - Upper respiratory tract disorders
    - Airway diseases
    - Lung infections
    - Inhalational, occupational and environmental lung disease
      - Pneumoconiosis
        - Pneumoconiosis due to dust containing silica
        - Coalworker pneumoconiosis
        - Pneumoconiosis due to asbestos and other mineral fibres
        - Pneumoconiosis due to other inorganic dusts
        - Unspecified pneumoconiosis
        - Pneumoconiosis associated with tuberculosis
      - Airway disease due to specific organic dust
      - Hypersensitivity pneumonitis due to organic dust
      - Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours
      - Pneumonitis due to solids and liquids
      - Respiratory conditions due to other external agents
    - Certain specified respiratory diseases principally affecting the lung interstitium
    - Pleural, diaphragm and mediastinal disorders
    - Other diseases of the respiratory system

Pneumoconiosis due to dust containing silica

Parent(s)

- Pneumoconiosis

Definition

Interstitial lung disease due to inhalation of silica dust. The accumulation of silica/silicates in lung leads to fibrosis and formation of opacities in uppe

Synonyms

- silicosis

Narrower Terms

- silicotic fibrosis (massive) of lung *

Exclusions

- pneumoconiosis with tuberculosis in A15-A16

Body Site

- Lung structure (body structure)
- Entire lung (body structure)

Body System

- Respiratory System

Signs and Symptoms

- Dyspnea
- Cough
- Wheezing
- Abnormal weight loss
- Asthenia
- Asthenia

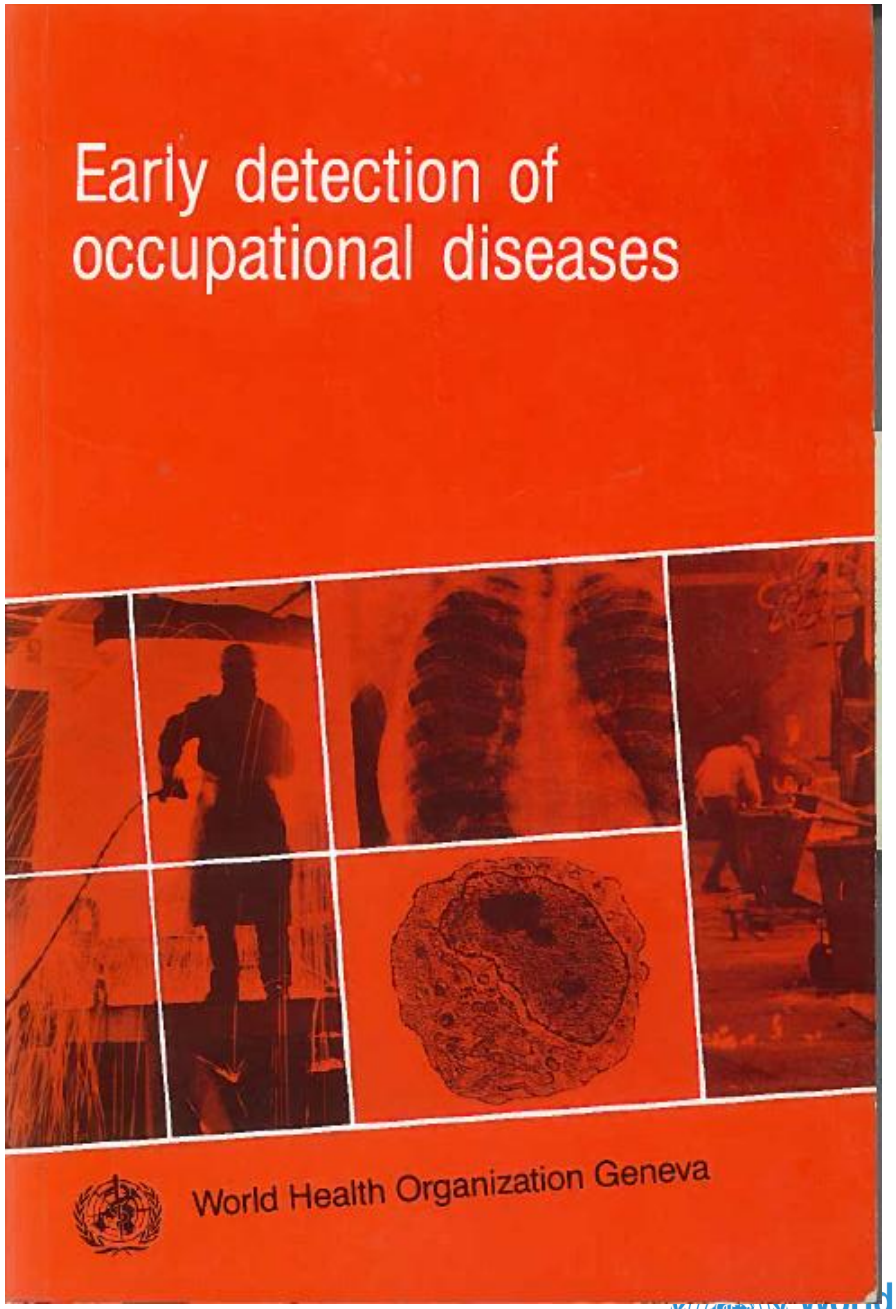
Investigation Findings

- Diagnostic imaging procedure using X-rays

Causal Mechanisms

- Silica dust (substance)

Please read the Caveats



Update

and

second edition

2014-2016

+

Collaboration with ILO

on diagnostic and exposure criteria

for occupational diseases

(joint Working Group)

World Health Organization

World Health Organization

DEPARTMENT FOR PUBLIC HEALTH AND ENVIRONMENT

PROGRAMME ON SAFETY AND HEALTH AT WORK AND THE ENVIRONMENT

Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases

Introduction

"asbestos" designates a group of naturally-occurring fibrous serpentine
current or historical commercial use due to their extraordinary tensile ste
lative resistance to chemical attack. The principal varieties of asbe
al, and crocidolite, amosite, anthophylite, tremolite and

PROGRAMME SUR LA SECURITE ET LA SANTE AU TRAVAIL ET SUR L'ENVIRONNEMENT

Organización Mundial de la Salud

DEPARTEMENT SANTE PUBLIQUE ET ENVIRONNEMENT

Projet pour l'élaboration de programmes nationaux pour l'élimination des maladies liées à l'amiante

ntroduction

ПРОГРАММА ПО БЕЗОПАСНОСТИ И ОХРАНЕ ЗДОРОВЬЯ НА РАБОЧИХ МЕСТАХ И В ОКРУЖАЮЩЕЙ СРЕДЕ

WHO/SDE/PHE/07.02

Всемирная организация здравоохранения

ДЕПАРТАМЕНТ ОБЩЕСТВЕННОГО ЗДРАВООХРАНЕНИЯ И ОКРУЖАЮЩЕЙ СРЕДЫ

Схема разработки национальных программ по ликвидации заболеваний, связанных с асбестом

Введение

Термин "асбест" относится к группе волокнистых серпентиновых или амфиболовых

World Health Organization

PROGRAMA DE SEGURIDAD Y SALUD EN EL TRABAJO Y MEDIO AMBIENTE

DEPARTAMENTO DE SALUD PÚBLICA Y MEDIO AMBIENTE

Esquema para la elaboración de programas nacionales de eliminación de las enfermedades relacionadas con el asbesto

Introducción

El término «asbesto» designa un grupo de minerales naturales fibrosos, serpentinas o anfíboles, que
han tenido o siguen teniendo un uso comercial debido a sus extraordinaria resistencia a la tensión

http://www.who.int/occupational_health/publications/elimasbestos/en/index.html

World Health Organization

THE ROLE OF PRIMARY HEALTH CARE

World Health Organization

Universal health coverage

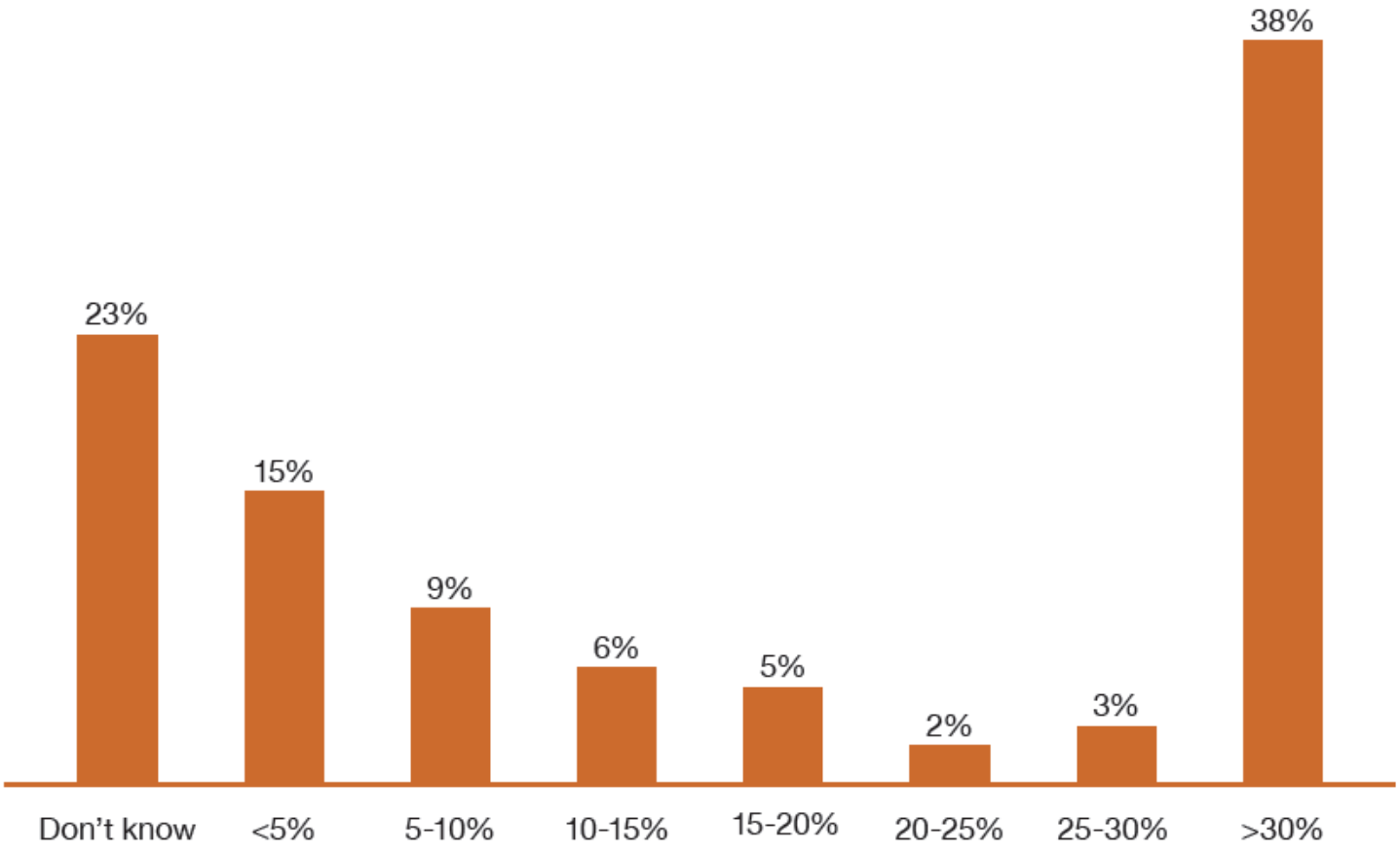
"..[U]niversal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population…"

UN General Assembly, Resolution on Global Health and Foreign Policy, 2012

World Health Organization

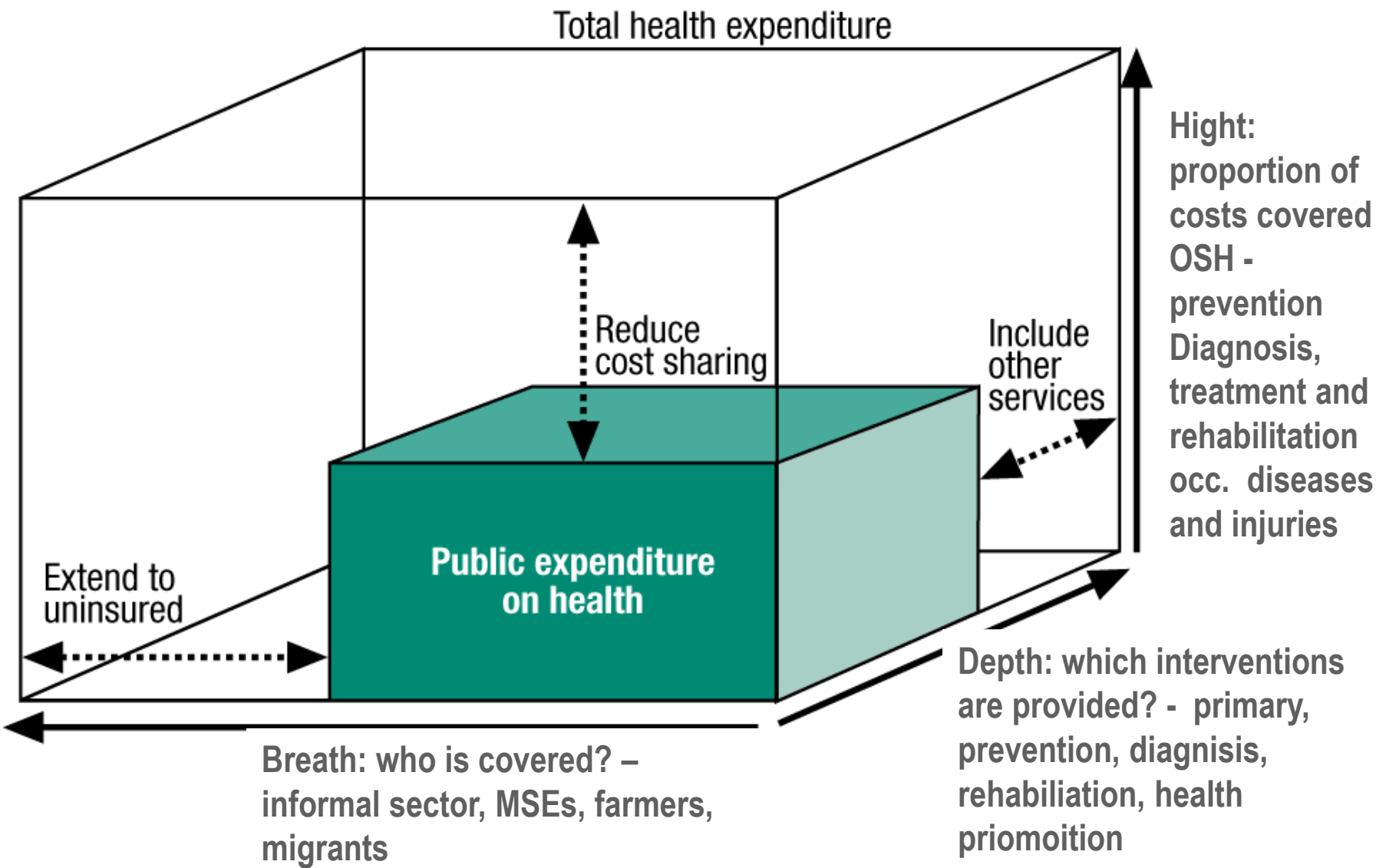
Figure (17)

Q17. What is the current level of coverage of workers in your country with occupational health services according to governmental estimates?



WHO country survey in 121 countries (2008/2009)

Three ways of moving towards universal coverage for workers



THOR Gp Online Case Submission

The Health and Occupation Reporting network

The University of Manchester

Welcome to your portal page

We've made some changes to make it easier for you to find your way around our site.

What would you like to do?

Submit information on new cases

Report a new case

Submit a nil return

Report a case returning for sickness certification

Report a previously reported case

Report a case NOT previously reported

Your CPD modules

Asthma

Back pain

Depression

Dermatitis

Stress/anxiety

WRULD

Your reporting

Your last few reported cases

View your cases in more detail...

Case ID	12932
Diagnosis	dermatitis
Reference	1234
Gender	F
Age	30
Postcode	BR12
Occupation	hairdresser
Industry	beauty
Cause	Hair dye
Fit for work	yes
Days cert. sick	14
Return to work	yes
Other	
Date seen	Sat 1st Oct 2011

Case ID	12931
Diagnosis	asthma
Reference	4545
Gender	F
Age	20
Postcode	SK5
Occupation	baker
Industry	food
Cause	flour
Fit for work	adjustment
Days cert. sick	
Return to work	
Other	
Date seen	Tue 1st Nov 2011

Case ID	12930
Diagnosis	back pain
Reference	9875
Gender	M
Age	35
Postcode	M13
Occupation	gardener
Industry	local authority
Cause	bending, digging, lifting
Fit for work	yes
Days cert. sick	14
Return to work	yes
Other	

Case ID	12870
Diagnosis	stress
Reference	
Gender	F
Age	22
Postcode	WN1
Occupation	teacher
Industry	education
Cause	working relationships
Fit for work	yes
Days cert. sick	30
Return to work	yes
Other	
Date seen	Sat 1st Jan 2011

Interventions for primary prevention of occupational and work-related diseases and injuries

systematic review 2013

Interventions	**Countries (# of studies)**
Environmental interventions - workplace visit, advice for risk management, monitoring, personal protection	Brazil (1), China (1), Indonesia (2), Iran (2), Tanzania (1), Thailand (5)
Behavioral interventions - training of workers, health education, support for worker participation	Indonesia (2), Tanzania (1), Thailand (2)

World Health Organization

Interventions for secondary prevention of occupational and work-related diseases and injuries

systematic review 2013

Interventions	**Countries (# of studies)**
Taking work history - including questionning about past and current occupational exposures	Canada (2), Finland (1), France (3), The Netherlands (1), UK (3), USA (1)
Reporting occupational diseases - including diagnosis, medical certificate and registries	Brazil (1), France (2), S. Africa (1), Singapore (1), Thailand (1), UK (3), USA (1)
Follow up of cases - counselling, referral, sickness absence	Australia (1), Canada (1), Finland (1), France (1), Iran (1), Tanzania (1), Thailand (2), UK (1), USA (2)
Medical surveillance - screening and periodic medical examinations	China (1), Tanzania (1), Thailand (3), USA (1)

The costs of delivery at the primary care level

(results from pilot field studies – OneHealth estimations)

Interventions	Costs for health services per one served worker (in $ PPP)				
	COL	ITA	PHL	THA	ZAF
Prevention of ocupational risks	10	n/a	5.2	2.4	5.7
Control of occupational diseases	18	71	55.3	43.3	9.5
Evaluation of working capacity	n/a	n/a	23	6	n/a
TOTAL	28	71	83.5	51.7	15.2

Barriers for delivery - primary prevention of occuaptional risks

- Reaching out to workplaces in the informal sectorworkplaces
- No mandate to enter private enterprises
- Rapidly changing work practices
- No occupational health training programme for primary care
- Shortage of health workforce
- Lack of knowledge of occupational health hazards among providers
- No time to visit workplace

World Health Organization

Barriers for delivery - diagnosis and control of ocucpational diseases and injuries

- Lack of knowledge about occupational diseases and their causes
- Complex diagnistic and exposure crioteria
- Difficulties with identifying occupational exposures and communicating with employers and OH services
- Fear of repression from employers
- No relation with occupational physicians and no referral parthways
- Need extra time
- Long waiting time for specialists
- Inappropriate denial of workers' compensation
- Refusal of workers to have their case notified

World Health Organization

Strategic directions for workers' health care

- Enable primary care to address workers' health
  - Terms of reference – workers' health in the integrated people centred care, cost recovery
  - Knowledge and skills to respond to the specific health needs c workers
  - Access to consultation and support for occupational health
- Strengthen occupational health services (basic and multidisplinary)
  - Improve on quality, effectiveness, community outreach
  - Provide OH specialized support to primary care
- Increase collaboration between occupational health services and primary care
  - Ensure continuity of care
  - Pathways of referral
  - Functional integration

World Health Organization

SUMMARY

- Health systems can do better on occupational diseases at primary, secondary and national levels:
  - Awareness among GPs, specialists
  - Capacities at the primary care level
  - Reporting instruments

- Barrirers to reporting of ocucpational diseases need to be systematically identified and removed

- WHO and ILO should continue to work together to provide tools, guidance and technical assistance to countries to improve the performance and collaboration of health and labour sectors regarding occupational diseases