Global and regional initiatives

Occupational health for all: the strategy of the World Health Organization

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Introduction

The constitutional objective of the World Health Organization is the “attainment by all peoples of the highest possible level of health.” Based on this general objective, WHO’s goal of “Health for All” has been adopted by the World Health Assembly in 1977, and since that time “Health for All” has become an aspirational goal for all countries. It made an important contribution to the achievements of better health throughout the world. During the last decade, improvements in basic health indicators have been observed: for instance, increase in life expectancy, decrease in infant mortality, and better access to basic health services. Striving with diseases, WHO continues to give high priority to the control, elimination and eradication of preventable diseases.

Introduction to Occupational Health

Eradication, elimination and control of epidemics have a positive impact on occupational health since the working population constitutes the largest segment of the world’s population. However, going back to the specific problems of occupational health in a historical perspective, one should admit that lessons learned in this area have not been appreciated and acknowledged properly by the world society. The major part of the working population is still not covered by appropriate occupational health services. Millions of workers throughout the world, particularly in small enterprises, do not benefit from the available knowledge and experience in occupational health.

Occupational health global burden

“Silent” epidemics of work-related diseases - some of which have been known since Ramazzini’s time - with the most tragic human cost involved, still occur worldwide.

The estimated annual global figures of occupational illnesses, which include the whole range of occupational diseases, as defined by WHO, is 160 million cases. These estimates have been made on the basis of available statistics from Member States, and extrapolated on the global labour force. According to the last estimates from the International Labour Organization based on the present world labour force, there are worldwide 125 million injuries per year with 3 days or more absence from work, including 10 million cases of serious injuries with more than one month absence from work, the majority of which lead to a reduction in working capacity or permanent disability. Every year, about 220,000 fatalities due to workplace accidents occur in the world.

What kind of illness is related to occupational hazards?

A priority list of ten major work-related illnesses (by NIOSH/USA) is based on three main criteria: frequency of occurrence; severity in individual cases; and potential for prevention.

With all the changes in working life that have been observed at the end of this century, the role of occupational risk factors, such as psychosocial factors, mental overload, etc., in the development of the so-called multi-factorial health disorders, is increasing. These work-related diseases of public health importance together with the combined occupational and non-occupational risk factors, as defined by a WHO expert committee, are shown below:

1. Behavioural and psychosomatic disorders. Risk factors: overload, underload, shift work, role in the organization, inter-individual relationship, lifestyle factors (smoking, alcohol abuse, etc.).


established since the creation of the World Health Organization. Based on the general objective of the organization, the mission of WHO's Occupational Health Programme has been formulated as “to assist WHO Member States in ensuring the health, well-being and safety at work of all workers, enabling them to live a socially and economically productive life”.

Ten global strategy objectives

On the basis of a situation analysis using available indicators, the global strategy identifies the most evident needs for the improvement of occupational health and safety, including priority areas both at the national and international level, and lists the following ten major priority objectives for action:

1. Strengthening of international and national policies for health at work and developing the necessary policy tools. Major traditional as well as new occupational health needs to be related to rapid changes in economic structures; technologies and demography should be taken into consideration in developing public policies. Countries should prepare and implement an occupational health promotion programme with appropriate legal and other provisions, and develop the necessary infrastructure for its implementation as part of integrated community health services. Occupational health programmes should be considered essential components of socio-economic development.

2. Development of a healthy work environment. Achievement of the targets for equity in health stipulated in the WHO health-for-all strategy requires intensive action to ensure better work environments in virtually every country. Most hazardous conditions at work can in principle be avoided and primary prevention is stressed as the most cost-effective strategy for their elimination and control. Criteria and actions for the establishment of healthy and safe work environments that are conducive to physical, mental and social well-being should be considered.

3. Development of healthy work practices and promotion of health at work. The development of healthy work practices requires knowledge of health hazards at work and ways to mitigate or avoid them. Health promotion aimed at introducing healthy lifestyles and healthy behaviour, together with a healthy work environment should effectively be undertaken. Combined effects of lifestyle risk factors and occupational risk factors should be avoided. Health promotion should be a component of occupational health programmes.

4. Strengthening of occupational health care and services. The emerging problems of occupational health call for further development and strengthening of occupational health care and services as an integral component of community health services for all workers in all sectors of the economy. Full coverage of the working population by multi-disciplinary occupational health services within the framework of occupational health systems should be made the ultimate objective of the national programme on occupational health in every country.

5. Establishment of appropriate support services for occupational health. Effective occupational health practice requires input from expert advisory and analytical services of occupational hygienists, ergonomists, psychologists, safety engineers and toxicologists; and these services should be made available within the framework, for example, of a national institute of occupational health or other national centre.

6. Development of occupational health standards based on scientific risk assessment. To ensure basic levels of health and safety at work, standards are needed which are derived from scientific risk assessment and specify safe levels of various exposures and other conditions of work. Standard-setting should be a task included in national programmes on occupational health. Standards also serve as a reference for assessing the results of work environment monitoring, and provide guidelines for planners.

7. Development of human resources for occupational health. Occupational health is a broad expert activity that utilizes the basic knowledge of several disciplines. Training curricula for the professions concerned, occupational physicians, occupational hygienists and occupational nurses in particular, should be modified to correspond to the new conditions of working life. There is a universal need for training in occupational health at all levels.

8. Establishment of registration and data systems, development of information services for experts, effective transmission of data and raising of public awareness through public health information. Determination of health impact in work-related hazards analysis, establishment of trends in occupational health, and definition of priorities at a national and local levels, all require an effective surveillance system on occupational health, with national statistics. Awareness of the needs and objectives of occupational health among the public at
large, decision makers, politicians, employers and workers is of the utmost importance for ensuring that the necessary political decisions and practical measures are taken.

9 Strengthening of research. Research is a crucial prerequisite for administration and planning, training and education, risk identification, assessment and practice in occupational health.

10 Development of collaboration in occupational health with other organizations. Successful implementation of the WHO Global Strategy for Occupational Health for All and the World Health Assembly Resolution (WHA 49.12) on this subject requires close collaboration between WHO, other United Nations bodies, especially the ILO, and including UNEP, UNDP and other inter-governmental and non-governmental organizations, such as the Commission of the European Union, the International Commission on Occupational Health, the International Ergonomic Association and the International Occupational Hygiene Association.

Role of industry

Industry is a major partner interested in contributing to occupational health and safety. Personal protective equipment, protective devices, instruments for identification and monitoring of occupational hazards are basic elements for health protection at the workplace.

The WHO Programme on Occupational Health has a very limited interaction with occupational health and safety industry, however collaboration between these two parties is needed. WHO channels can be used to improve access to the information on protective equipment, devices and instruments. WHO can promote the best equipment and make it affordable to developing countries and countries with transitional economies. Therefore, the dialogue between inter-governmental and non-governmental organizations on occupational health and national and international federations of manufacturers and distributors of personal protective equipment and other safety instruments should be strengthened.

Further reading