Basic Occupational Health Services
Examples from various countries

28-3-2017

Frank van Dijk and Peter Buijs
VUmc and LDOH, The Netherlands

International Occupational and Environmental Diseases Congress
Antalya, Turkey
March 2017
The global work force is heavily underserved with professional support

• About 85% of all workers have no access to professional support in OSH – often those most in need - despite our efforts to expand expert-based occupational health services worldwide

• Primary and community health care cover 70-80% of the global population, including almost two billion workers
• WHO Alma Ata-Declaration (1978)
  was a boost for PHC in general, and especially for “... bringing PHC to where people live and work.”

• ICOH-Wonca Statement (Lisbon, 2014)
  concludes to address “... to better integrate occupational health in the primary care setting, to the benefit of all workers and their families”.
Primary Health Care and Workers’ Health

Summary Report of a Special Session at the ICOH 31st International Congress in Seoul, Korea, June 1st, 2015

Frank van Dijk, Peter Buijs

The session was opened by words of welcome and encouragement from ICOH (Jukka Takala, ICOH president 2015-2018), WONCA (Garth Manning, CEO of WONCA) and WHO (Ivan Ivanov, WHO Geneva).

For many years, more than 85% of all workers have no access to professional care for health and safety at work. Therefore, new strategies have to be explored and discussed, especially by involving primary or community health care (PHC) in workers’ health needs because of their coverage of 2014 before the ICOH-WONCA common Statement and Pledge was launched concluding to address jointly “gaps in services, researches and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.” Peter recommended an option to form an international task force.

Orrapan Untimanon reported about the situation in Thailand with 38 million workers, including many informal workers, for example those who working in agriculture. To date more than one third of all Primary Health Care Units in Thailand provide occupational services integrated in PHC. Workers in the community can access such services easily. In-house services are featured with work history interviews, health screening, diagnosis of occupational diseases and treatment, and record keeping. Pro-active services include health education, walk-through surveys, health volunteer training, case investigations, risk assessment and management. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) showed the strengths to be well-developed multidisciplinary teams and the collaboration with local authorities. Weaknesses are the insufficient number of health personnel and limited knowledge about work-related health problems among primary health care staff. Significant international collaboration and a clear policy in some
• Can we benefit from the infrastructure of primary and community health care and the contacts?
• What are considerations in PHC?
• What are preconditions for success?
• Are there good practices?
Some examples in primary health care in Brazil, Thailand, South Africa, UK, Turkey
Challenges and Opportunities of Primary Health Care for the Brazilian Health and Safety at Work
Elizabeth Costa Dias, Thais Lacerda e Silva, Jorge Huet Machado, Jandira Maciel Silva

National Policies on Workers’ Health is part of the Brazilian National Health System - SUS

Primary Health Care coordinates the system and is responsible for Workers’ Health
PHC Coverage - (Family Health Strategy) – BRAZIL

2002

2004

2006

2008

2010

2013

2014
Basic Principles

- Universal access
- Equity in health assistance
- Integrality of assistance
- Under social control (participation of the community)
- Decentralization and regionalization

- Workers Health is responsibility of NHS
- Primary Health Care as the National Health System organizer and care coordinator
Situation analysis of occupational health activities in Thai Primary Care Units

Total population: 65.8 million

58 % informal workers most agriculture

Orrapan Untimanon

Department of Disease control, MoPH, Thailand
Health Services Hierarchy in Thailand

- Central
- Province
- District
- Sub-district

Ministry of Public Health

Provincial Hospital = 96

Community Hospital = 743

Primary Care Unit = 9,770
Data collection: focus group discussion

Evaluation of OHS programme of Primary Care Units in 2014

Bureau of Occupational and Environmental Diseases
OHS Development

Basic Occupational Health Services delivery in PCUs started in 2004

Currently, 3,602 (37%) of all PCUs can provide OHS throughout the country
Components of OHS activities: in-house services

- Work history interview
- Health education and record keeping
- In-house OHS
- Health screening
- Treatment
- Occupational diseases diagnosis
Components of OHS activities: pro-active services

- Walk-through survey
- Health education
- Health volunteer training
- Risk assessment and management
- Case investigation

OHS

Pro-active OHS
Dr Muzimkhulu Zungu

Workers’ health within Primary Health Care in South Africa

Population ~54 million

Economical Active population = 17.7 million

Limited access to specialized OH services
Workers health services within Primary Health Care is in line with health reforms in South Africa

PHC Re-engineering:

• Passive  \textit{Proactive}
• Curative, vertically  \textit{More integrated}
• Individually oriented  \textit{Population-based approach}

• Ward Based PHC Outreach Teams
Community

WARD BASED PHC OUTREACH TEAM

PHC Team Responsible for providing: Primary Health care to 1620 Families/households; Community Outreach Services; preventative, promotive, curative and rehabilitative services;

Professional Nurse
(Team leader)
Health Promoter
Environmental Health Officer

CHW
270 Families

CHW
270 Families

CHW
270 Families

CHW
270 Families

CHW
270 Families
Building an integrated education - research model for General Practitioners committed to occupational health


University of Manchester
Background and aim

• Shortcomings in education and training of General Practitioners (GPs)

• Manchester university provides training for the Diploma in OM to 70-100 GPs per year

• The aim is to build a growing community of GPs with this Postgraduate Training, also engaged in Research in Occupational Health.
THOR-GP Reporting

**Patient Details**
- Diagnosis / 
  
- Symptoms: [ ]
- Gender: [M] [F]
- Age: [45]
- Ref. Number: [1234]
- Job: [baker]
- Industry: [retail]
- Task / event / suspected agent: [flour]

**Fitness for Work**
- Fit for work: [ ] Yes [ ] No
- Days certified sick: [14]
- Do you expect the patient to return to work at the end of this sicknote period: [ ] Yes [ ] No

**Other Details**
- Patient Referral: [ ] Yes [ ] No
- Type of referral: [Hospital consultant]
- Exposure: [ ] Single [ ] Repeated
- Symptom Onset: [Sept] [2014]
- Work-related: [ ] Caused by [ ] Aggravated by
THOR-GP

The Health and Occupation Research Network in General Practice

- About 250 GPs participate in THOR-GP; they yielded >6000 cases for further research and pedagogy.

Data: demography, occupation, industry and task/substance/event associated with each case, diagnosis, sickness absence, rehabilitation advice
• Electronic Experiential Learning, Audit & Benchmarking, EELAB, assists GPs to learn using their own cases
• Contains educational resources of actual cases: asthma, anxiety, back pain, bullying, depression, dermatitis, stress, upper limb disorders, etc.
ESPrIT project
Turkey
2016-2018

Community Health Centres will provide OH care for small companies, self-employed and informal sector
Lessons and preliminary conclusions

1. Examples show **feasibility and progress of primary health care** contributing essentially to **workers’ health**

2. **National governments** are responsible to create favorable conditions for primary health care for workers health; more **international collaboration** is needed

3. A **programmatic or system approach** is necessary including community participation, financial resources, **education**, a support infrastructure by **OSH experts**, **websites**, **referral options**
WONCA Special Interest Group: Workers’ Health

Workers’ Health

A new WONCA Special Interest Group on Workers Health was approved by the WONCA World Council in November 2016. Membership is open to interested family doctors.