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".

ICOH Newsletter 2016

Primary Health Care and Workers' Health

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

Frank van Dijk[2], Peter Buijs[3]

The session was opened by words of welcome and encouragement from ICOH (Jukka Takala, ICOH president 2015-2018), WONCA[4] (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.

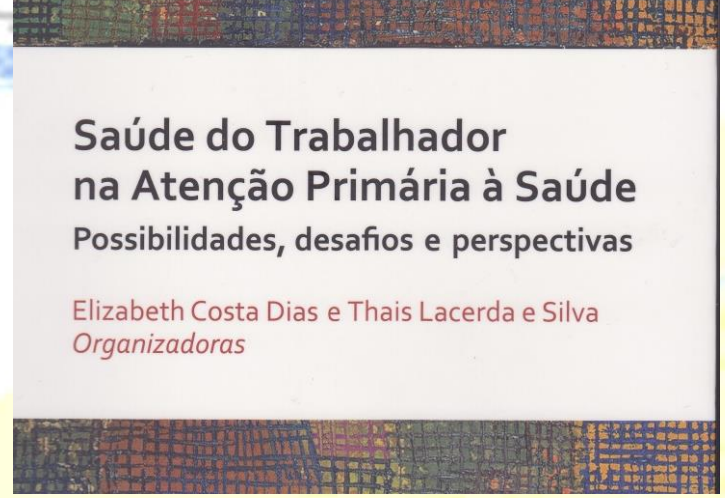
Orrapan Untimanon reported about the situation in Thailand with 38 million workers, including many informal workers, for example those who working in agriculture. To date more than one third of all Primary Health Care Units in Thailand provide occupational services integrated in PHC. Workers in the community 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



Densidade Demográfica
2007

Population 2013: 203,4 m
Work force 101 m
33% with complete OHS protection

Challenges and Opportunities of Primary Health Care for the Brazilian Health and Safety at Work

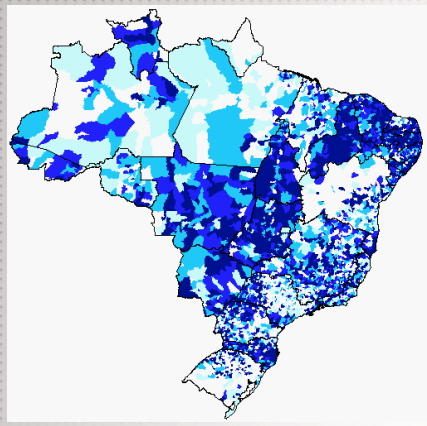
Elizabeth Costa Dias, Thais Lacerda e Silva, Jorge Huet Machado, Jandira Maciel Silv

National Policies on Workers' Health is part of the Brazilian National Health System – SUS

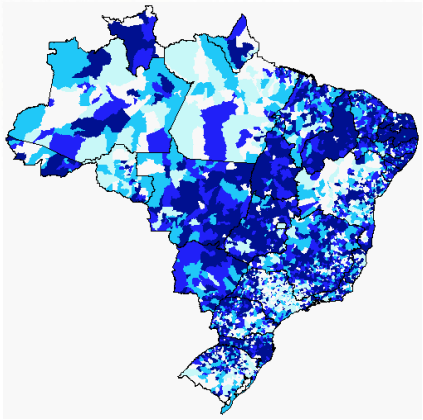
Primary Health Care coordinates the system and is responsible for Workers' Health

PHC Coverage - (Family Health Strategy) – BRAZIL

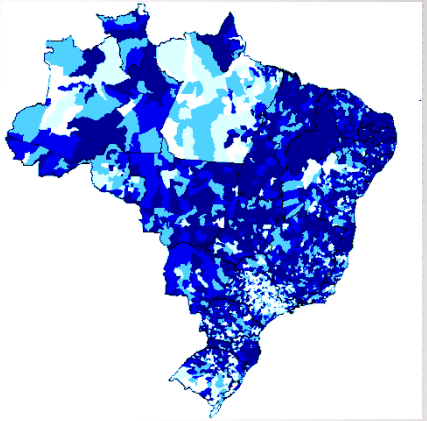
2002



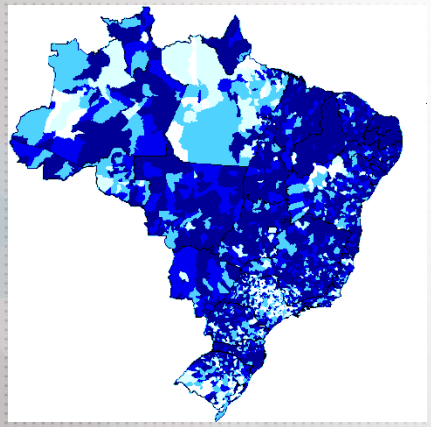
2004



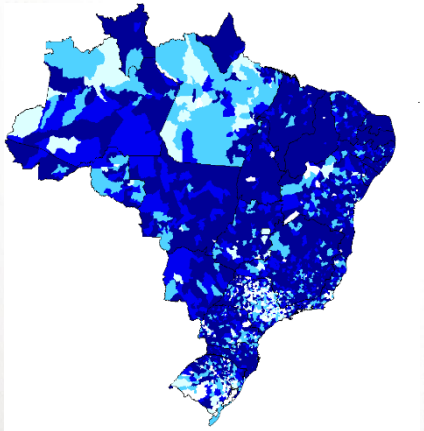
2006



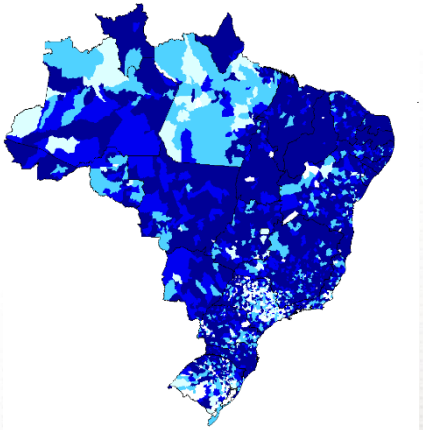
2008



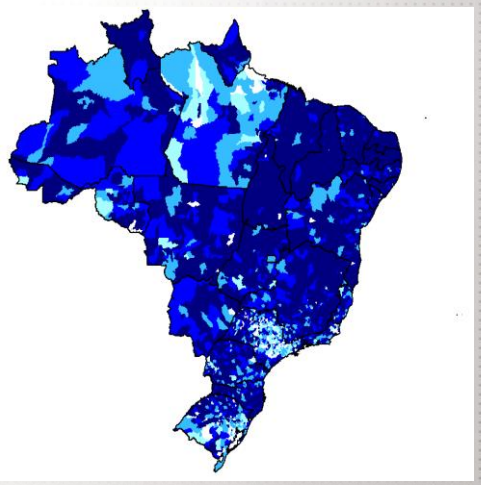
2010



2013



2014



THE NATIONAL HEALTH SYSTEM - SUS

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

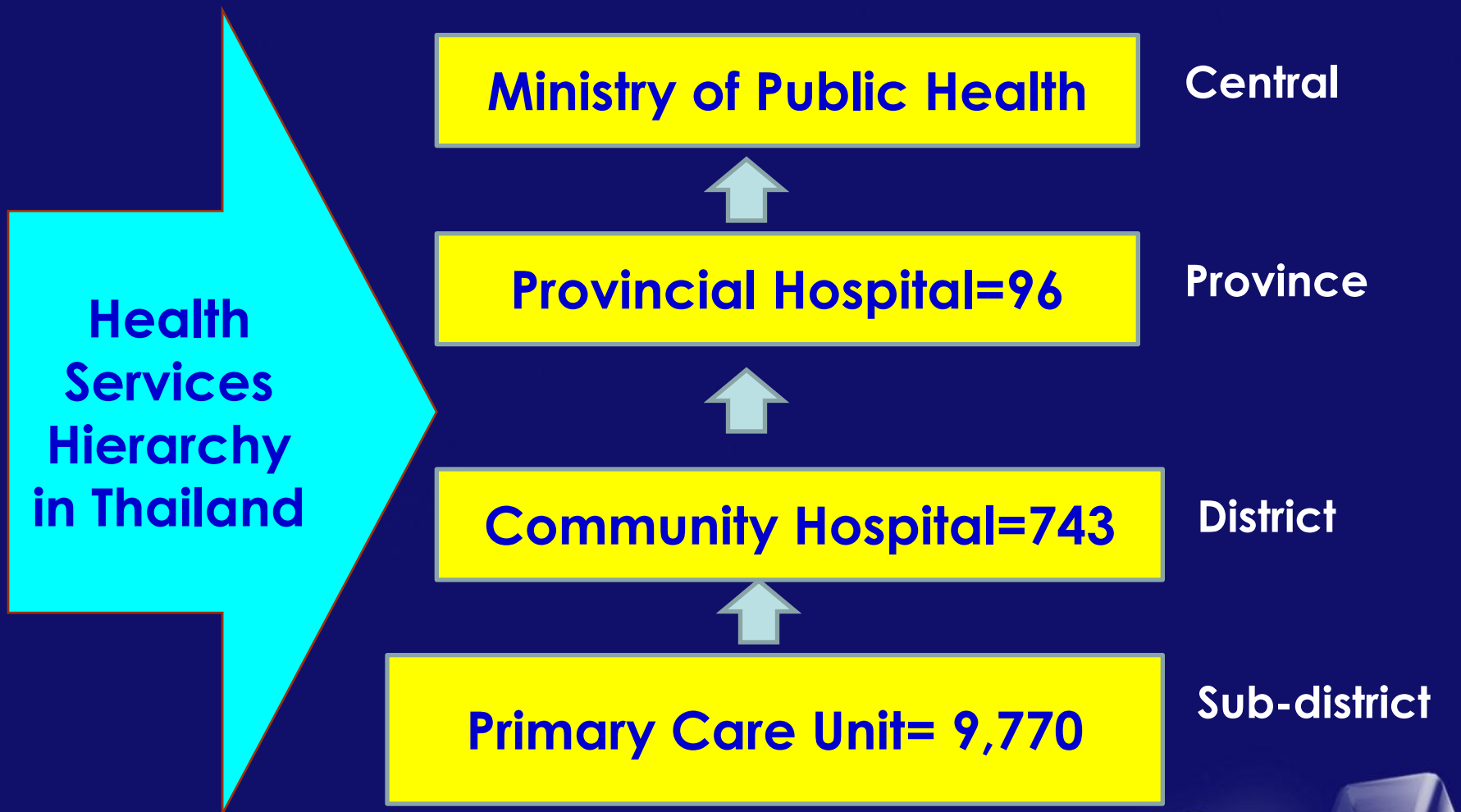
Orrapan Untimanon

Department of Disease control,
MoPH, Thailand

Situation analysis of occupational health activities in Thai Primary Care Units

Total population: 65.8 million

58 % informal workers
most agriculture


Health Services Hierarchy in Thailand
Ministry of Public Health
Central
Provincial Hospital=96
Province
Community Hospital=743
District
Primary Care Unit= 9,770
Sub-district

Data collection: focus group discussion

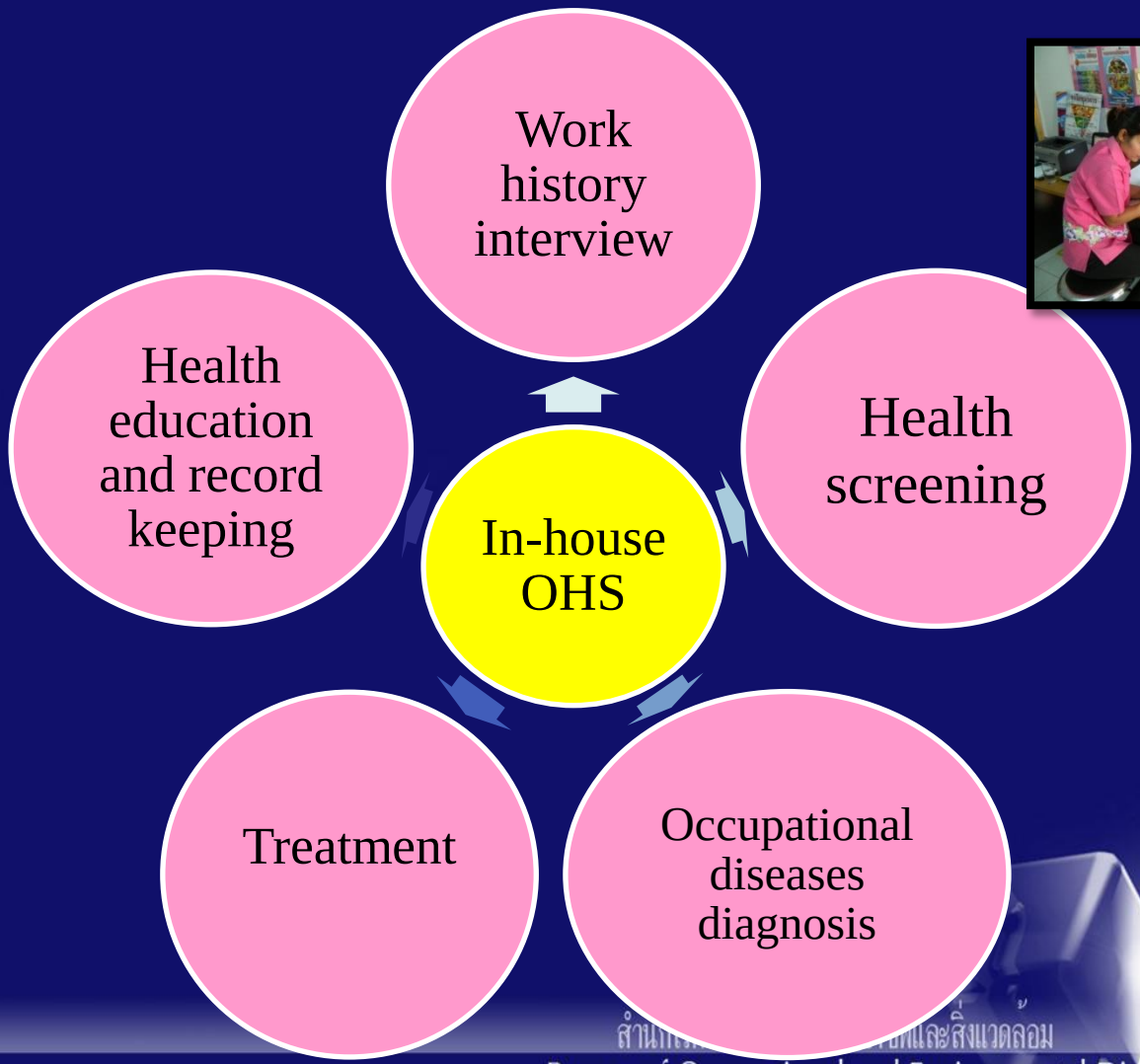
Evaluation of OHS programme of Primary Care Units in 2014

OHS Development

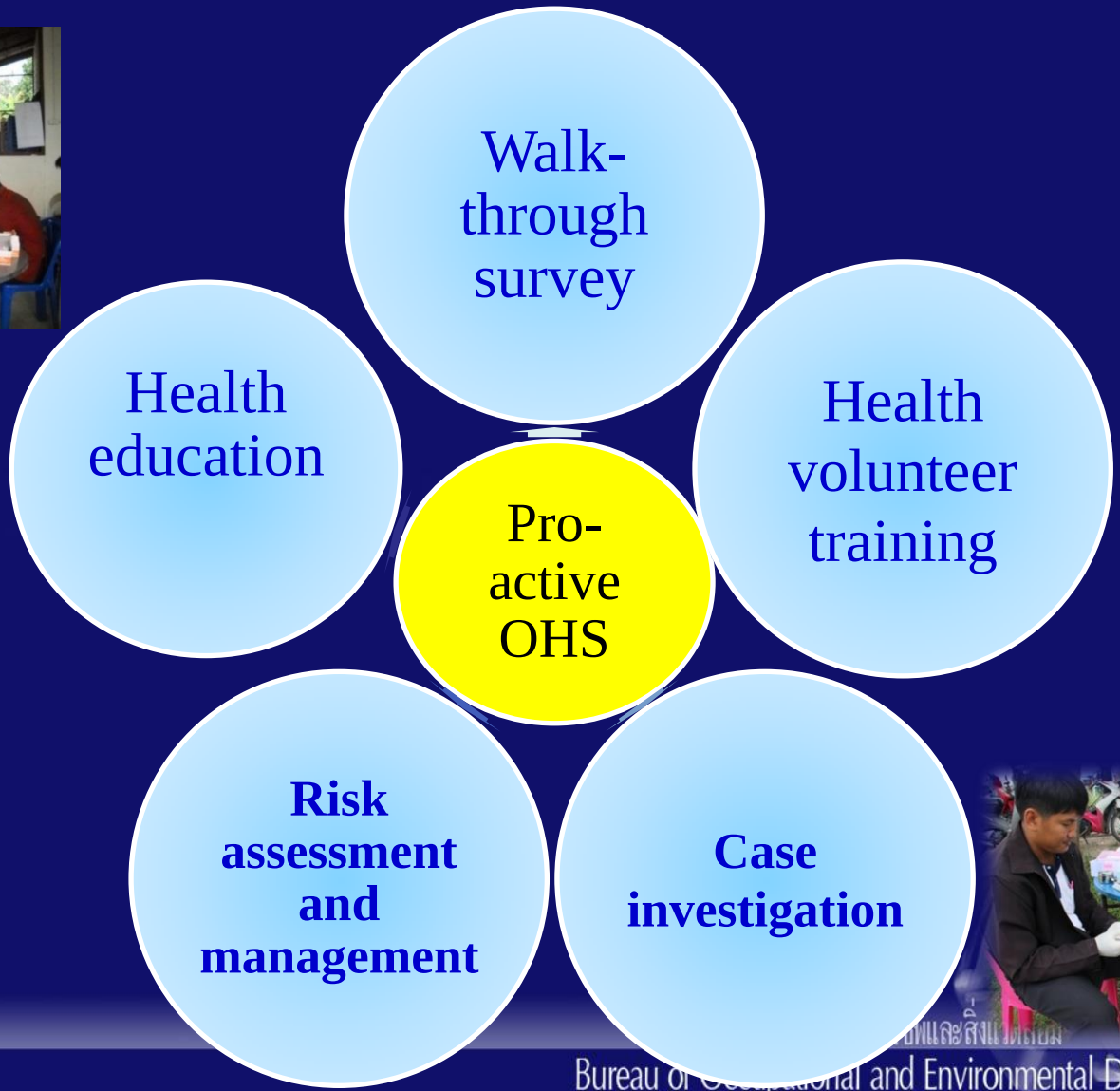
Basic Occupational Health Services delivery in PCUs started in 2004

Currently, 3,602 (37 %) of all PCUs can provide OHS throughout the country

Components of OHS activities: in-house services



Components of OHS activities: pro-active services

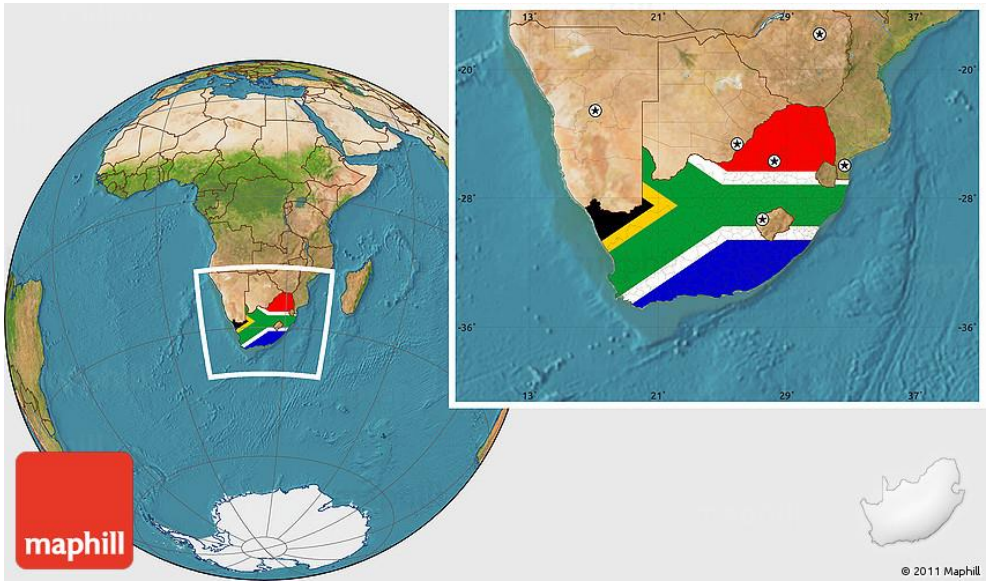


NATIONAL HEALTH LABORATORY SERVICE
NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Dr Muzimkhulu Zungu

Workers' health within Primary Health Care in South Africa



Population ~54 million 2014

Economical Active population = 17.7 million

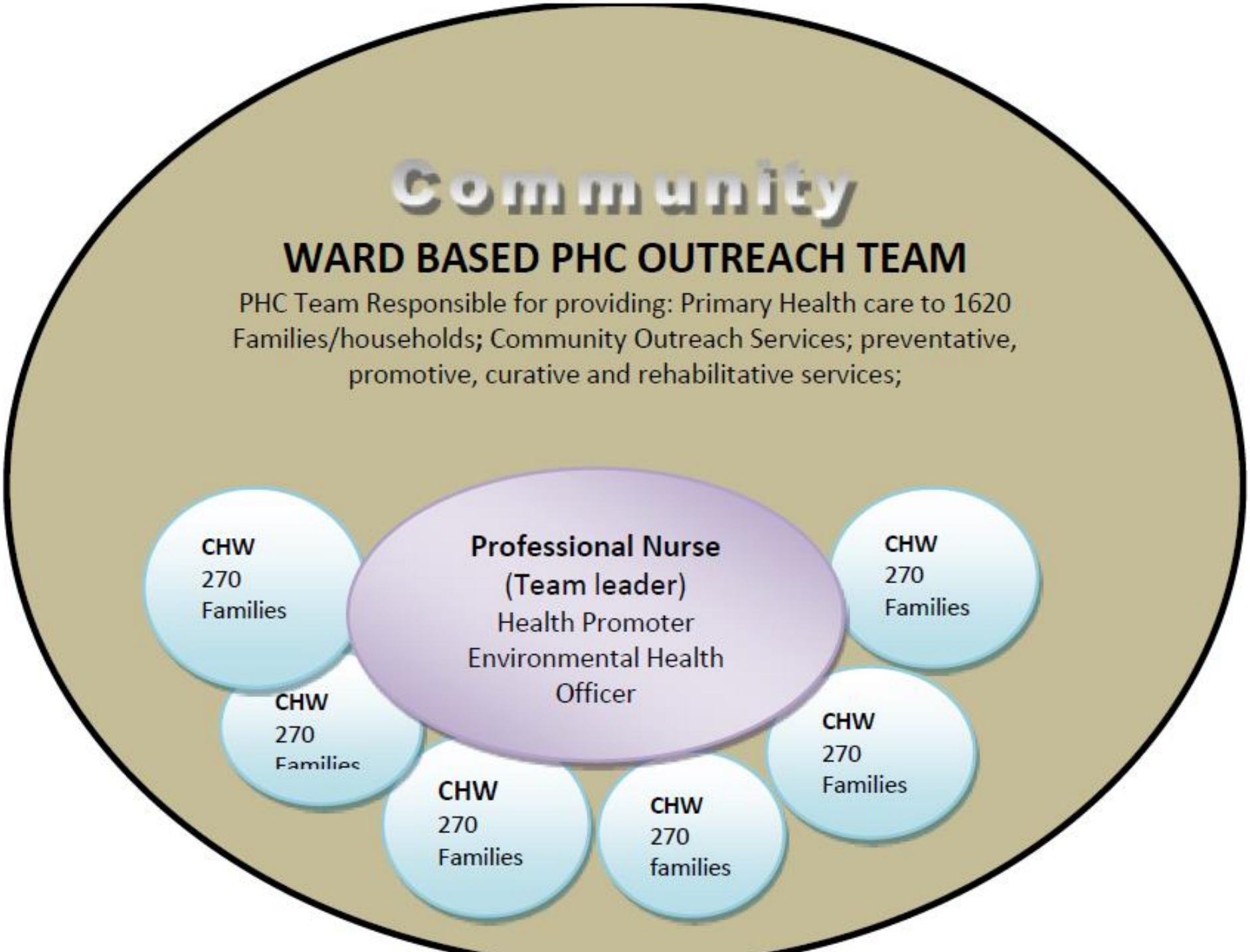
Limited access to specialized OH services

Workers health services within Primary Health Care is in line with health reforms in South Africa

PHC Re-engineering:

- **Passive** ***Proactive***
- **Curative, vertically** ***More integrated***
- **Individually oriented** ***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;
CHW 270 Families
Professional Nurse (Team leader)
Health Promoter
Environmental Health Officer
CHW 270 Families
CHW 270 Families
CHW 270 Families
CHW 270 Families
CHW 270 families
CHW 270 Families

MANCHESTER 1824

The University of Manchester

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

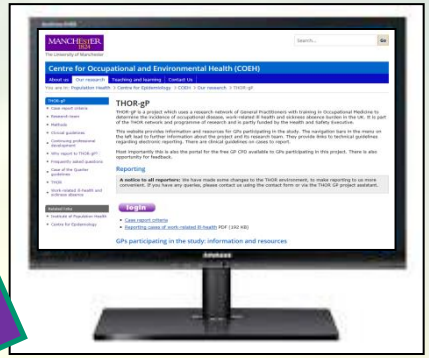
Agius R, Hussey L, Dodman J, Rayner C, Hirst A, Davies H, Zarin N

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: asthma

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, sickness absence certified

Days certified sick: 14

Do you expect the patient to return to work at the end of this sicknote period: Yes No

Days off before consult: 2

Other Details

Patient Referral: Yes No

Type of referral: Hospital consultant

Respiratory physician

Exposure: Single Repeated

Symptom Onset: Sept 2014

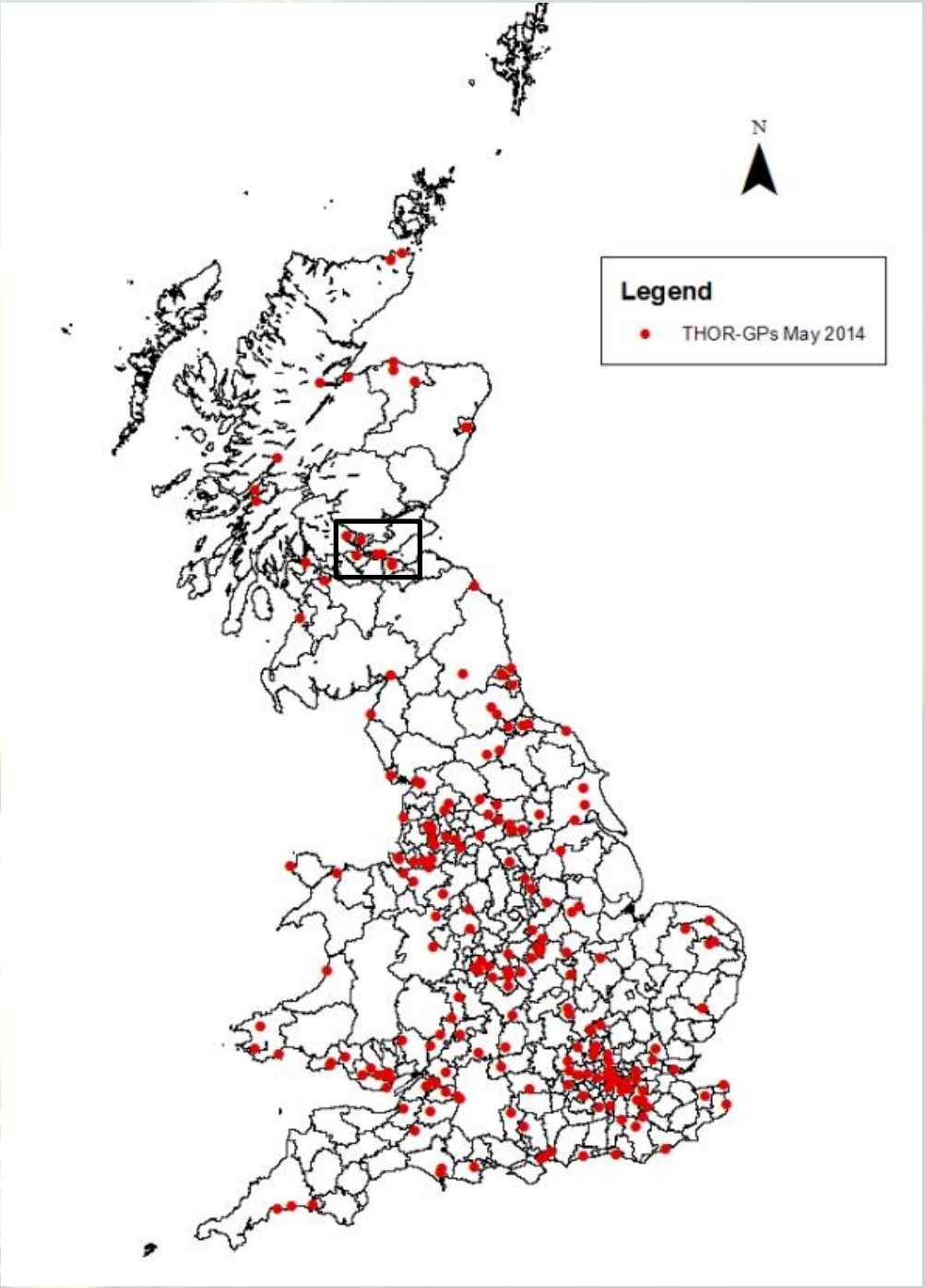
Work-related: Caused by Aggravated by

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



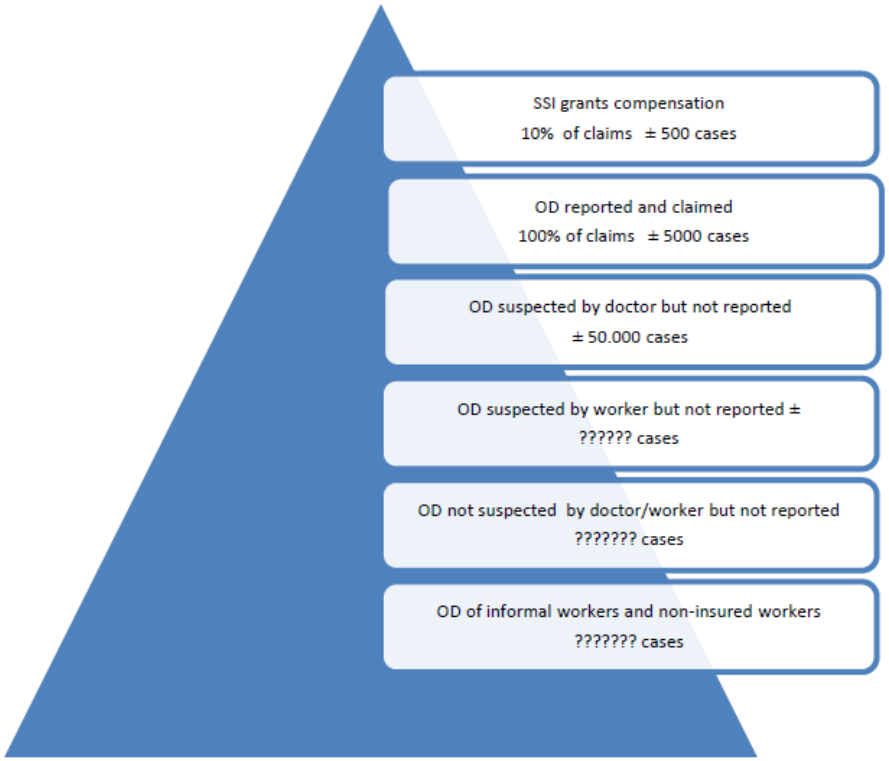
- Electronic Experiential Learning, Audit & Benchmarking, EELAB, assists GPs to learn using their own cases
- Contains educational resources of actual cases: asthma, anxiety, back pain, bullying, depression, dermatitis, stress, upper limb disorders, etc.

ESPrIT project Turkey 2016-2018

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

Process of surveillance

Figure 5: Pyramid of diagnoses and reporting of occupational diseases in Turkey and comparab
iceberg metaphor(after Metz, 2002)



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 Global Family Doctor

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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.

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