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ICOH Morocco, Special Session on BOHS

Opportunities in Basic Occupational Health Services and similar innovations in health care

A global view

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6 April 2024 def.

No conflict of interest to report

- Frank van Dijk
- Suvarna Moti

A new structure for occupational health care

Expert-based Occupational Health Services

for large and medium-sized companies

Basic Occupational Health Services

for workers in small companies and agriculture, self-employed and informal workers

integrated in Primary or Community Health Care

Photo left made by Ferry Octavian; PK-GPA Garuda Indonesia A333 by Phoenix. Photo middle made by Yahya Qawasmi, USAID; female workers in Jordan. Photo right by F van Dijk; worker small coffee plantation Colombia

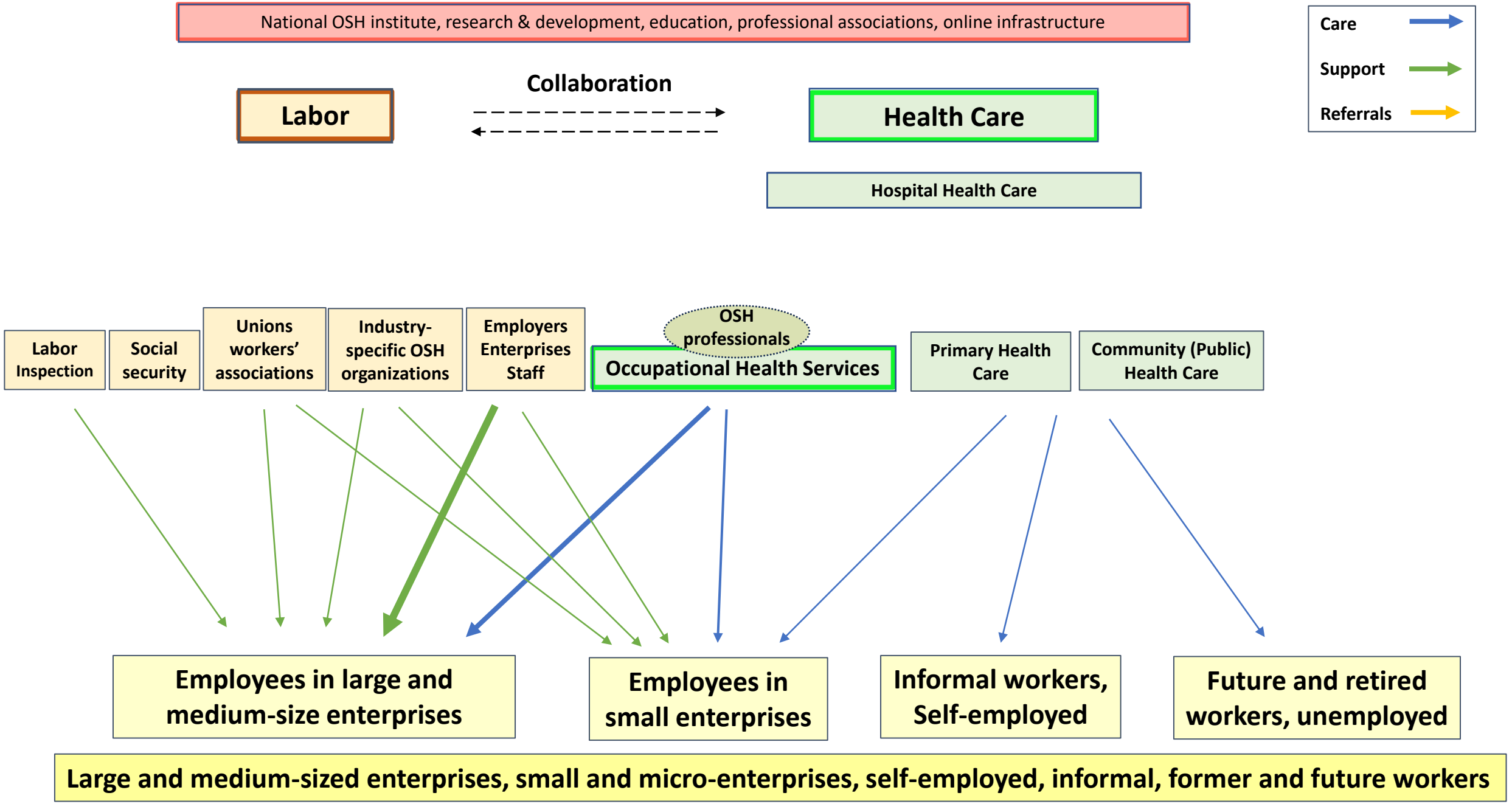

Figure 1. Current structure of OSH care and support for all workers

1. Introduction of BOHS in Primary or Community Health Care supported by OSH experts and referral options

2. Strengthening expert-based Occupational Health Services

3. Strengthening Specialized Occupational Health Care in hospitals

4. Improving support from Labor side to all workers and enterprises

5. Improving collaboration between Labor and Healthcare sectors

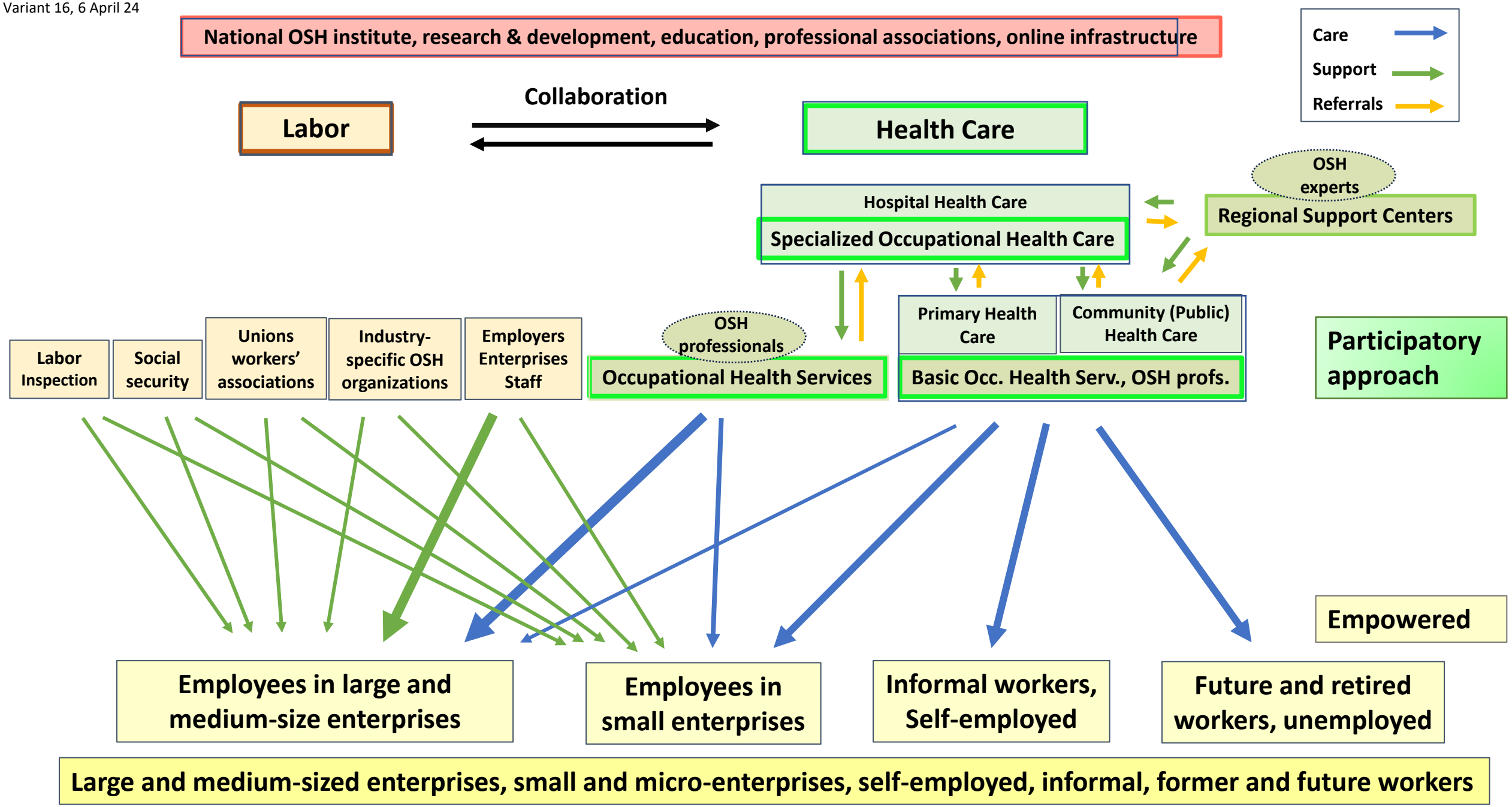

Figure 2. Future structure of OSH care and support for workers

The **BOHS Repository**, an online database, has been developed to support the aim of universal occupational health coverage

Van Dijk FJ, Moti S. *Repository for publications on basic occupational health services and similar innovations in the world***.** Leiden: LDOH Foundation; 2022.

Free available at https://shop.ldoh.net/, and at https://iaohmumbai.org.

Next, a scientific article has been published in 2023 offering background information

Van Dijk FJ, Moti S. *A Repository for Publications on Basic Occupational Health Services and Similar Health Care Innovations*. Saf Health Work. 2023; 14: 50-58.

Free available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10024225/

last remarks Turkiye toward Asia, USA

Concise standard version Repository 7 Sept 2022 df

Authors:

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and
Suvarna Moti

Concise version of the Repository of references to publications on Basic Occupational Health Services and similar initiatives in the world

See also the complete version of the Repository that includes as well a brief introduction, and a description of the content of all publications

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Suvarna Moti:
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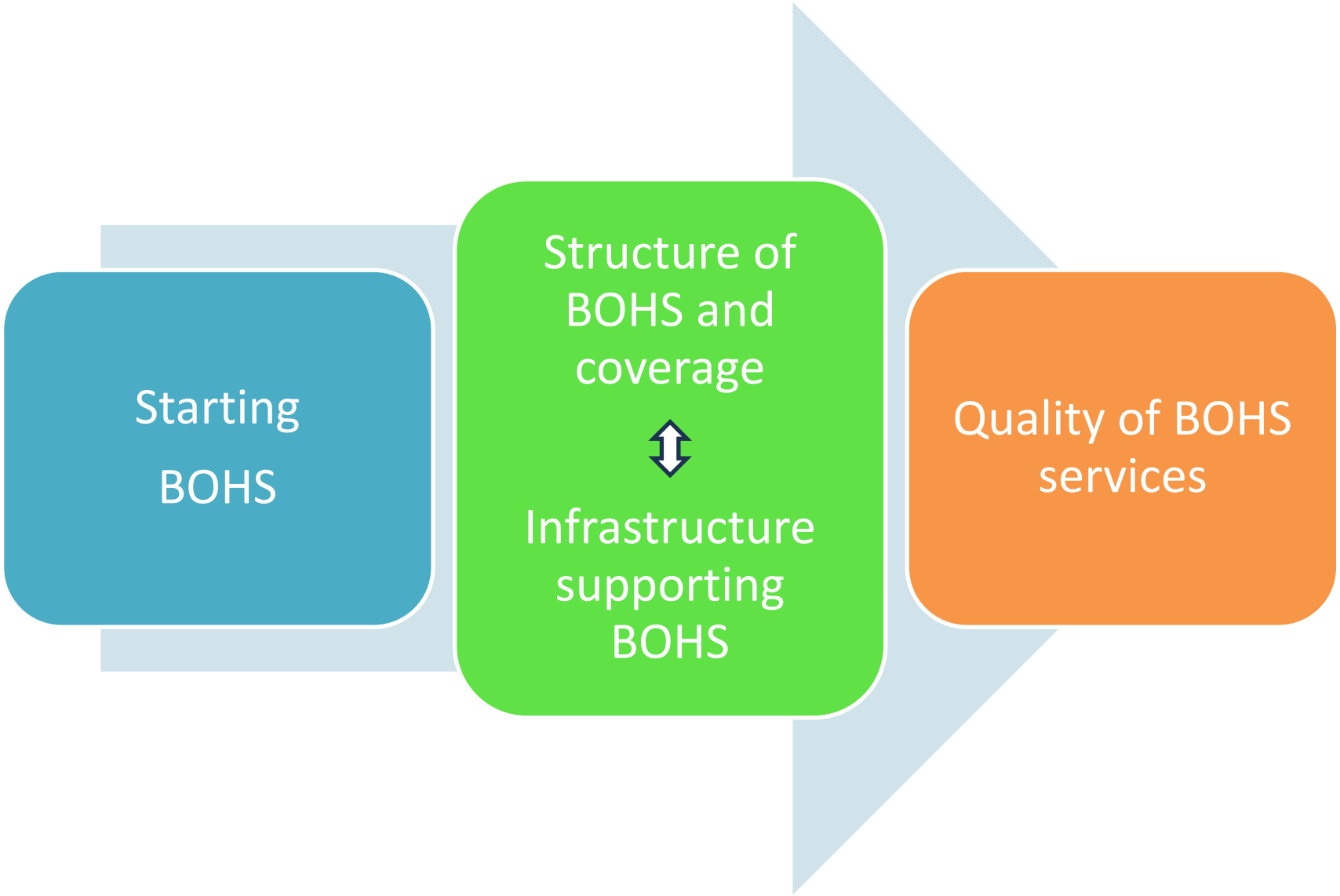
Archive number	Author or Institute	Year of publi-cation	Kind of source	Open Access or Not Open Access	Copyright regulations or Creative Commons or otherwise	Core bibliographic data	Global, regional or national perspective	Hyperlinks
Number	AUT = author NAT= national institute INT = internat. institute	A = < 1990 B = 1990-1999 C = 2000-2009 D = 2010-2019 E = 2020-2022	Book, Doctoral Thesis, or Guide Report Article Editorial, Book review, or Letter to editor Policy document or statement Lecture(s) or Session Newsletter or interview	OA = Open Access or NOT OA = Not Open Access	Copyright Creative Commons (CC) (no severe restrictions) No severe restrictions, other than CC, still conditions possible Copyright regulation uncertain	Vancouver bibliographic notation of the publication	Global Regional or Country name	Hyperlinks
						Section 1: Publications using a global perspective		
	WHO					WHO		
17	INT	C	Book	OA	*Copyright*	WHO Regional Office for the Eastern Mediterranean. **Occupational Health. A manual for primary health care workers.** Cairo; WHO: 2001. 171 pages	Global	https://apps.who.int/iris/handle/10665/116326
18	INT	C	Report of session of committee OH	OA	*Copyright regulation uncertain*	ILO. **Summary report of Thirteenth Session of Joint ILO/WHO Committee on Occupational Health** 9-12 December 2003. JCOH/2003/D.4. Geneva; ILO: 2003. 17 pages	Global	https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_110478/lang--en/index.htm
19	INT	C	Article in Newsletter	OA	*Copyright*	Eijkemans G. **Occupational health services as a part of primary health care.** Asian Pacific Newsletter on Occupational Health and Safety. 2004; 11, no 3: 51-53. (FIOH, Helsinki)	Global	https://scholar.google.com/scholar?cluster=16562602559926663698&hl=nl&as_sdt=0,5&as_vis=1
20	INT	C	Report of intercountry workshop	OA	*Copyright*	World Health Organization. **Primary health care and basic occupational health services challenges and opportunities.** Report on an intercountry workshop, Sharm El-Sheikh, Egypt, 12-14 July 2005. 2006, 37 pages	Regional Eastern Mediterranean (EMRO)	https://apps.who.int › iris › handle › 10665 › 254052
21	INT	C	Policy document	OA	*No severe restrictions*	World Health Organization. WHA Resolution 60.26. **Global Plan of Action on Workers' Health 2008–2017.** Geneva: WHO; 2007. 46 pages	Global	https://www.who.int/publications/i/item/WHO-FWC-PHE-2013-01

149	**Chen Y**	**2010**	Article, Open Access, *Copyright Wiley presumably*	Chen Y, Chen J, Sun Y, Liu Y, Wu L, Wang Y, Yu S. **Basic occupational health services in Baoan, China.** J Occup Health. 2010;52:82-8.	China Baoan province Evaluation study Experiments National policy Tasks package Quality activities Evaluation output, outcomes	*A brief description including a few (shortened) citations. Use the links to read the abstract and article.* A new model of basic occupational health services (BOHS) has been developed in Baoan, a province in China, including capacity building, training and education, occupational health surveillance, risk assessment and control, and evaluation. Target groups included underserved migrant workers in small- and medium-sized enterprises (SMEs). The recognition of occupational diseases improved, as well as the coverage of working places and workers. This rather large-scale innovative BOHS implementation was cost-effective, and was well-accepted by workers and enterprises.	https://onlinelibrary.wiley.com/doi/epdf/10.1539/joh.O9005	QC2 link to abstract in PubMed, also accessing full text article: https://pubmed.ncbi.nlm.nih.gov/20032589/
150	**He**	**2010**	Letter to editor, Not Open Access, Full text is available, see links, *Copyright presumably Taylor and Francis*	He Y, Liang Y, Wang X. **Basic occupational health services and stakeholders' participation.** Int J Occup Environ Health.2010;16:99-100.	China Evaluation opinion Experiments National policy Management quality, participatory approach	*The letter to the editor has no abstract. The brief description uses a few citations from the Letter. Use the link to read the publication.* In China, Basic Occupational Health Services (BOHS) have been developed for workers in small-scale enterprises or in the informal sector. Stakeholders' participation is needed. IJOEH reported on a participatory model in Thailand including capacity building, risk analysis, problem solving, and monitoring & control. In China, the Work Safety Law and the Prevention and Control of Occupational Disease Act, were enacted in 2002, forming the foundation for pursuing BOHS. However, the work was not satisfactory as in most of the informal sector stakeholder involvement was low. The participatory model might be an appropriate strategy for China and other developing countries. To foster collaboration, coordination is needed to make an action plan. A public forum could be developed for the stakeholders such as workers and their representatives, academic professionals, and industrial hygienists. Building worker capacity is a key component. Local community health centers should be involved.	link to title (PubMed): https://pubmed.ncbi.nlm.nih.gov/20166325/ link to full text: https://www.researchgate.net/profile/Yonghua-He/publication/41484980_Basic_Occupational_Health_Services_and_Stakeholders%27_Participation/links/55482ea40cf2b0cf7aceb71d/Basic-Occupational-Health-Services-and-Stakeholders-Participation.pdf?origin=publication_detail	QC2
151	**Zhang X**	**2010**	Article, Open Access, *© The Japanese*	Zhang X, Wang Z, Li T. **The current status of**	China Need study	*The brief description using a few citations from the abstract. Use the link to read the full abstract and article.* Major health problems among Chinese workers are summarized, various strategies and measures, and current challenges.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921040/	QC2

Opportunities and challenges were studied in four BOHS development themes



BOHS Development opportunities and challenges, in 4 themes and 16 subthemes

Start of BOHS

1. General description status quo
2. Available information on risks, effects, workers' health care
3. Public awareness of risks, effects, workers' health care
4. Experiments in BOHS
5. Start national policy, strategy promoting BOHS

BOHS structures and implementation

6. Legislation, regulations and financing
7. Coverage of diverse worker populations
8. Tasks of BOHS (complete or not)

Infrastructure, education and support for BOHS

9. Good education and training facilities for students, practitioners, volunteers
10. Support by national and regional expertise centers
11. System for referrals to OSH experts, clinical and laboratory experts
12. Support by online facilities

Quality of BOHS in practice

13. Good mix of disciplines; use of volunteers; present competences
14. Management quality, OH engagement of staff, participatory approach, priorities
15. Quality of workers' health services (effective, evidence-informed, accessible)
16. Evaluation of BOHS output, outcomes, costs-benefits

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Start of BOHS

Frequent challenges	Low public awareness; lack of studies and case reports so missing basic information; no experiments; no interdisciplinary teamwork; no intersectoral collaboration; no national meetings, coalitions, strategies for good legislation; poor international support.
Opportunities	Awareness raising programs; financing studies; creating coalitions, strategy development, promoting better legislation; organizing support by national organizations and government, and by international organizations.

Experiments in BOHS

1. **Siriruttanapruk, 2006 Thailand.** Thailand's Ministry of Public Health supported by ILO developed a new model. OSH services were integrated into Primary Care Units (PCU). After a five-day training course, activities in the community and outpatient services were implemented with the help of agricultural work groups and community workers. PCU staff now have the capacity to provide OSH services and health promotion activities to workers. Provincial health personnel provided better support to PCUs. Advocacy is necessary to create a national policy and support by sufficient budget and other resources. Local awareness raising is important.
2. **Chen, 2010 China.** A model of BOHS has been developed, supported by the Ministry of Health. Report from Baoan, a recent industrialized district. Occupational hazards are shown. BOHS included capacity building, training and education, occupational health surveillance, risk assessment and control, and evaluation. Target groups included migrant workers in small- and medium-sized enterprises. Recognition of occupational diseases and coverage of working places/workers improved. The implementation, well-accepted by workers and enterprises, was cost-effective. Working environment surveillance was a key element. Awareness in workers and managers increased. Employers and government shared financing BOHS. Government paid for self-employed and informal workers. BOHS covered 1.9 out of 2.3 million workers in 2008.

Experiments in BOHS

3. **Zhang, 2010 China.** There is a lack of occupational health services for migrant workers. Supervision of small- and medium-scale enterprises needs improvement. In 2006 a 3-year BOHS pilot study is developed in six regions. Goals: survey the situation in OH services, promote the capacity of OHS service building and training in the CDC (Center for Disease Control and prevention) of each district, making plans and develop work assessments. The pilot was basically successful.

4. **He, 2010 China.** BOHS have been developed in China, but in the informal sector stakeholder involvement was low. The participatory model might be appropriate for China and other countries. A public forum could be developed for the stakeholders. Building worker capacity is crucial, and local community health center involvement.

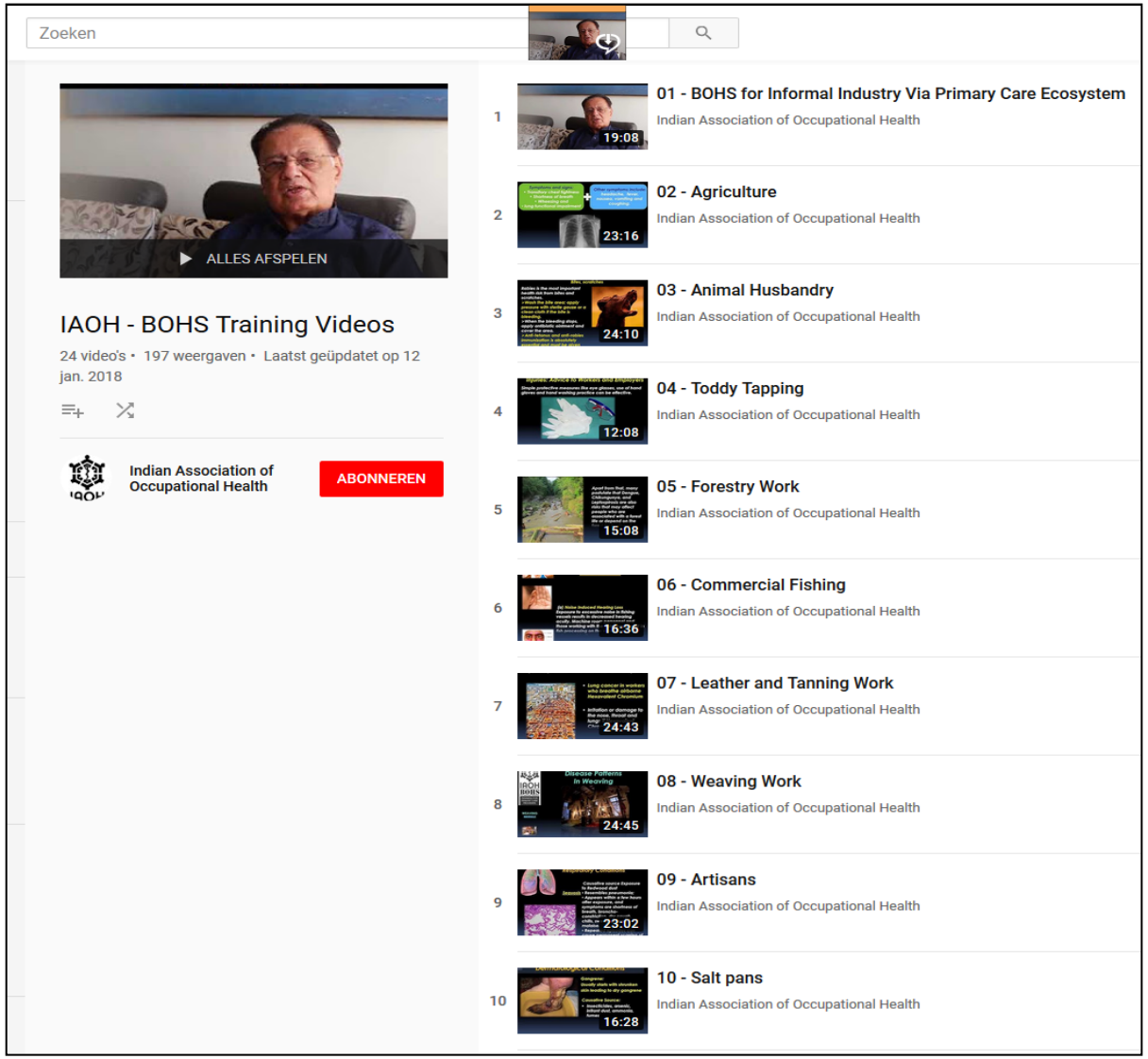
5. **Liu, 2013 China**: biggest challenge for community healthcare centers is lack of human resources and need to empower employees.

Experiments in BOHS

6. Parekh, 2018 India

Book and 24 training videos for education of primary and community health care workers

Challenges: large-scale implementation



BOHS for informal industry

Agriculture

Animal Husbandry

Toddy tapping

Forestry Work

Commercial Fishing

Leather & Tanning

Etc

Experiments in BOHS

7. Garrido, 2020 Chili and Peru. Integrating basic occupational health services into primary care is encouraged by the Pan American Health Organization (WHO), concrete initiatives are scarce. Four universities in Chile and Peru piloted a new training program for PHC professionals on prevention of occupational risks. OH and PHC lecturers with representative(s) of one rural primary healthcare center started with a workshop on participatory diagnosis of working conditions. Next, they designed an active teaching intervention targeted at the main occupational health problem in the community. The teams evaluated the program very positive. Hazardous working conditions could be visualized, abilities for problem analysis and preventive actions improved. Challenges are time constraints and difficult geographical access. Lack of national strategies and poor legislation in L.A. Exception: Brazil.

8. Moyo, 2021 Southern Africa. African Union Development Agency (AUDA) supports training of occupational hygienists and doctors in four countries. OSHAfrica is active in guidance on OSH legislation and on education of OSH professionals. Zambia improved OHS provision structures. A big rehabilitation center is established In Zimbabwe by the National Social Security Association that also introduced mobile occupational health services to companies.

9. Muralidhar, 2017 Bangladesh

Médicins sans frontiérs in Dhaka, Bangladesh:

BOHS clinics

Global health

CASE REPORT

Basic occupational health services (BOHS) in community primary care: the MSF (Dhaka) model

Venkiteswaran Muralidhar,[1,2] Md Faizul Ahasan,[2] Ahad Mahmud Khan,[2] Mohammad Shariful Alam[2]

Muralidhar V, *et al. BMJ Case Rep* 2017

Tanneries
Plastic recycling
Metal industry
Garment industry

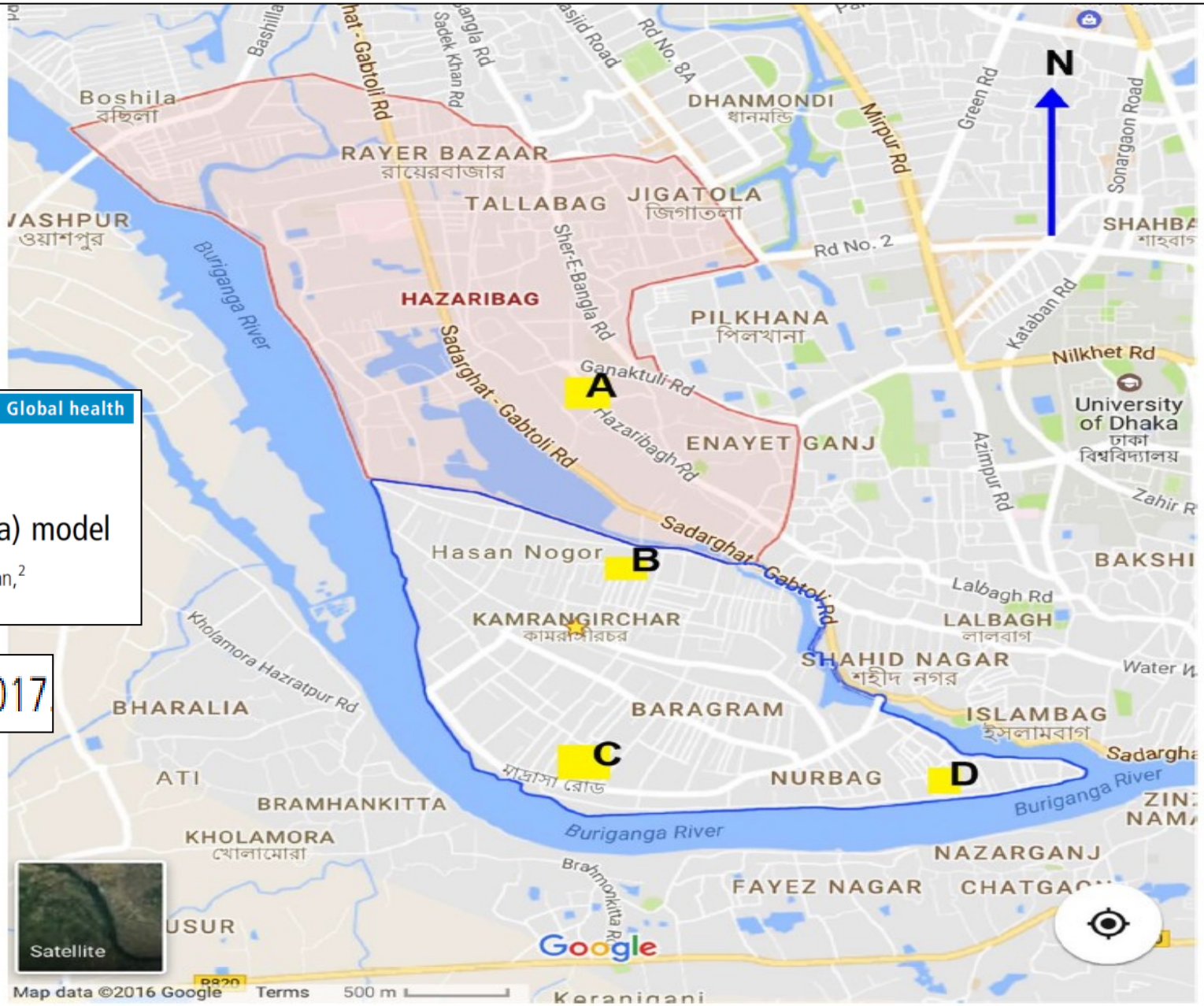


Figure 7 Hazaribagh (red outline) and Kamrangirchar (blue outline). The locations of the clinics and the main industries they serve are (A) Hazaribagh, tannery; (B) Aminbagh, garments; (C) Huzurpada, metals and plastics; and (D) Thoda, plastics and metals.

Theme 2. BOHS structures and implementation

Frequent challenges	Outdated legislation only covering regular employees in large & medium-sized industrial enterprises; no enforcement; no BOHS financing; insufficient coverage; incomplete services, limited community tasks outside PHC center.
Opportunities	Renewing legislation covering all workers; law enforcement; sufficient financing (social security resources?); central supervision on delivery of services and coverage.

Legislation, regulations & financing

1. **Siriruttanapruk, 2022 Thailand.** BOHS activities in Thailand are organized by the DOED, Division of Occupational and Environmental Diseases, part of the Ministry of Public Health (MOPH). The DOED developed a national OH service system by integration in the existing governmental healthcare system in a systematic way including several pilot project phases from 2004. Recently, the Department of Disease Control enacted the Control of Occupational Diseases and Environmental Diseases Act (2019) regulating the quality in all OH services, including the access for informal workers to OH services through PHC services. Financing is a problem because BOHS provision is still not formally covered by universal health coverage. Nevertheless, about 85% of the primary care units reports to perform BOHS services. In 2020, in the Quality Assessment Audit, 75% of PCUs were certified for basic or higher levels of BOHS standards.
2. **Amorim, 2017 Brazil**. The 1988 constitution and the regulations of the Organic Healthcare Law, assigned to the Unified Healthcare System (SUS) the responsibility of providing comprehensive occupational healthcare. The National Occupational Health Policy (PNSTT) published in 2012, points the way how important worker care is within the scope of Primary Care, considered the coordinator of care and the ordering force of the network.
3. **Moyo, 2021 Southern Africa**. Occupational health legislation is fragmented and not adequate. Adoption of the BOHS model will improve access to OHS. A radical transformative approach by governments is needed challenging the status quo.

Theme 3. Infrastructure, education and support for BOHS

Frequent challenges	Limited education in OM in medical curricula; limited facilities for professional education of OSH professionals; no national institute; no regional support or referral opportunities; poor online facilities.
Opportunities	Integration of OH or OM in medical curricula; multidisciplinary education for all OSH professionals; training volunteers; advocating for a national OSH institute also developing websites & apps + Q&As + e-learning materials + webinars; international collaboration.

Support for BOHS by regional (national) expertise centers

1.Denny, 2012 Indonesia. BKKM, a center for occupational health referral services supporting community health care, improved knowledge and engagement in occupational health among workers and health officers. This is the outcome of a comparison study between West Java and Central Java. Local governments' political commitment to funding occupational health, improved as well.

2. Silva TL, 2014 Brazil. Family Health Teams in PHC are responsible for workers' health. They ask for more pedagogical and technical support from CEREST centers. Worker's Health Reference Centers (CEREST) are effectively supporting inclusion of occupational health in PHC practice. Important is the sensitization of the PHC professionals for issues involving workers' health, and the definition of the actions. Lack of support was a complaint as well. "We can't do everything alone". Other initiatives of the Ministry of Health: an Information Panel in Environmental Health and Workers' Health, and an online National Network of Comprehensive Care to Workers' Health (RENAST).

Support for BOHS by regional (national) expertise centers

3. Simmons, 2018 USA. In community health centers, clinicians want the ability to refer complex patients to occupational health specialists or obtain telephone advice. Also, referrals of patients with exposure questions for OSH services.

4. Samsuddin, 2019 Malaysia. Referral options for more complicated workers/patients in BOHS are limited because of limited expertise on OH in the curative health care. Many clinics are private and expensive. A tertiary referral center for occupational disease and poisoning is proposed through cooperation of university hospitals.

Theme 4. Quality of BOHS in practice

Frequent challenges	Poor quality of services; practitioners unaware of workers' health; missing occupational health nurses and other OSH professionals for support; overloaded PHC; not engaged management; top-down approach and poor evaluation.
Opportunities	Better education & training of PHC; more online and regional support; involvement of OH nurses (OHN); more OSH professionals for support; start education and support in participatory approach and evaluation policy.

Good mix of disciplines, competencies, focus on OH and PHC Nurses

1. Wittayapun, 2008 Thailand. The BOHS model in Thai primary care units is analyzed via focus groups with nurses, public health professionals and others. In-house and outreach activities are described. Final recommendation: appoint OHNs as mentors, consultants, educators and supervisors.

2. Kerdmuang, 2014 Thailand. Development of the Occupational Health Service Competency Scale, a self-assessment tool for nurses in Thai primary care units. Competences needed in primary health care differ from those in large companies. In PHC most attention is to small companies, OHNs are the main providers of health care services, offering comprehensive and continuous care to all people, requiring a high level of knowledge and traits.

Good mix of disciplines, competencies, focus on OH and PHC Nurses

3. Mori, 2016 Brazil. Recognition of occupational diseases by doctors and nurses in Primary Care in one municipally is studied. Only 3 of 16 professionals received professional training in occupational health. Practitioners reported inadequate knowledge and tools. Inexperience is causing feelings of difficulties and discomfort.

4. Metin, 2023 Türkiye. Delphi study panel. Responsibilities of OHN are creating a healthy and safe workplace, participation in periodic health examinations, maintaining effective communication with employees. Topics were specified for a certificate program (maximum 500 hr. training time).

5. Valencia-Contrera, 2023 Chile. Formulated the need to develop educational programs for OHNs in Latin America, after a status-quo study in Chile, Brazil, Colombia and Mexico.

Recommendations

Start BOHS	**Develop awareness-raising programs by case reports in media and organize BOHS experiments. Create coalitions with primary and community health care, supported by workers' and employers' organizations. Develop proposals for new legislation and financing.**
BOHS structure	**Secure legislation integrating workers' health in primary or community health care to cover informal workers, agriculture, small companies, self-employed. Secure financing. Secure supervision on quality and coverage.**
Infrastructure	**Promote integration of OM in medical education and in professional education of primary/community health care disciplines. Organize OSH professionals and hospital clinicians for education, advice and referral functions supporting PHC in BOHS practice. Advocate for a national OSH institute, online information facilities and educational infrastructure.**
Quality of BOHS	**Organize office hours by competent OH nurses in PHC. Develop support by OSH experts, clinicians, laboratory facilities. Harmonize tensions between curative and preventive functions in PHC. Promote a participatory approach and evaluation.**

BOHS working group and Repository

1. We will start an **International BOHS working group** for the promotion and study of BOHS and similar innovations in health care. *Who wants to participate?*

2. The **Repository for publications on BOHS** is a good point of departure when starting explorations and studies on BOHS. The Repository needs to be updated and enriched per country or region, per theme. *Volunteers are welcome!*

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Thank you for your attention!

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