Abstracts of the Special Session 40 on BOHS: Bottlenecks and solutions in starting and progressing Basic Occupational Health Services (BOHS), at the ICOH Congress 2024 in Morocco

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Bottlenecks and solutions in starting and progressing Basic Occupational Health Services (BOHS)

Abstract SS40. Bottlenecks and solutions in starting and progressing Basic Occupational Health Services (BOHS). Chairs: Frank van Dijk, Suvarna Moti.

General Introduction of the session

Universal Occupational Health Coverage is a key element in reducing social inequality, promoting sustainable development and poverty reduction. Basic Occupational Health Services (BOHS) and similar innovations, part of primary or community healthcare, can support the largest part of all workers having no access to expert-based occupational health services. The session seeks to learn from existing practices in seven countries, varying from successful implemented new forms of occupational healthcare, basic occupational healthcare in early stages of development, and experiments while struggling on how to start. Accents can be different: on education of primary and community healthcare, on care for informal workers or on workers and farmers in agriculture. Insights are shared in how to manage BOHS services, and in how to develop and evaluate the tasks, quality of care, effectiveness, costs, coverage, and the participatory approach. A supporting infrastructure and referral options cannot be missed. We expect to learn about challenges in the path towards BOHS focusing upon the primary healthcare approach. During the final panel discussion, we will deliberate this issue further with international organizations and the audience. The session has the objective to increase awareness about the urgent need to create new occupational healthcare solutions appropriate for the majority of all workers. Another objective is knowledge dissemination of challenges to overcome and of solutions. International information can be shared. BOHS is a new and challenging topic for development, information, education, and research. We can wait no longer.

Abstract SS40-01 Necessities of occupational health and safety training in Indian informal sectors. Somnath Gangopadhyay. Kolkata, India.

Introduction: Workers in the Indian informal sector are involved with different occupations. They are facing various work-related hazards. Ultimately, they develop several health and safety related issues. For the betterment of health and safety at work, the Occupational Safety, Health and Working Conditions Code was passed by the Parliament in September 2020. Part of the money collected through fines imposed under the Code is allocated to a social security fund. However, the social security arrangements for the vulnerable poor in general, and informal workers in particular, have been very minimal. Moreover, these welfare schemes have a minimum effect on the prevention of health and safety hazards.

Materials and Methods: All the information has been collected from government records, newspapers and websites.

Results: Approximately 90% of Indian workers are engaged in the informal sectors. The Indian government has taken some initiatives to improve the socio-physiological needs of the informal sector workers by introducing different welfare schemes. Most of the cases in informal sectors, health and safety related issues are developed due to poor awareness of the occurrence of provable risks of work. This is highly related to the lack of training and education in informal sectors on the identification and rectification of health and safety related hazards.

Conclusions: Short-duration training, education and awareness programs may develop the skills among the informal workers to identify health and safety hazards, and to respond to emergencies. Interactive animations and short videos on basic safety and health issues may be helpful to improve safety and health awareness.

Abstract SS40-02. Implementation challenges of Basic Occupational Health Services in southern Africa. Dingani Moyo. Zimbabwe, South Africa.

Introduction: Access to occupational health services remains constrained in most southern African states. The discipline of occupational medicine and basic occupational health services (BOHS) have had a challenging gestation, and a grossly protracted delivery process. Access levels to occupational health services are below 20% in southern Africa.

Materials and Methods: A systematic review of literature was carried out to evaluate the implementation of BOHS. This was complemented by personal experiences of the author in southern Africa gathered through the implementation of several regional occupational health projects.

Results: Occupational health services are usually provided by general medical practitioners in most countries in southern Africa. Occupational medicine is not a developed specialty and lacks central coordination and implementation structures. In almost all countries, except South Africa, very few countries have ratified the key International Labour Organization (ILO)

Conventions: C155 on Occupational Safety and Health, and C161 on Occupational Health Services. None of the countries in southern Africa have implemented BOHS. The legal frameworks in all the southern African countries are fragmented and lack harmonization. There is a severe shortage of human resources with requisite qualifications and experience in occupational health. Integration of occupational health services into primary health is constrained by lack of comprehensive legal frameworks and exclusion of such services from countries' national health strategic plans.

Conclusions: Southern Africa is yet to implement BOHS. There is an urgent need to build the necessary human resources, infrastructure and supporting legal frameworks to support implementation of BOHS in southern Africa.

Abstract SS40-03. Are basic occupational health services progressing beyond general medical care at the workplace in the informal sector in India? A scoping review. Suvarna Moti. Mumbai, India.

Introduction: Informal employment has been increasing, perpetuating low-quality employment with low productivity with lack of workplace occupational health and safety (OHS) facilities in India. Scant regulatory and legal frameworks for the informal workers and workplaces have denied occupational healthcare for the working populations in this sector exposed to high risks of occupational hazards. The objective of this scoping review was to summarise the challenges that affect provision of the much-needed occupational healthcare in the informal sector through the primary healthcare approach.

Methods: We searched PubMed, IndMed, Google Scholar besides grey literature through Google search using specific inclusion/exclusion criteria, extracted data from the included studies and assessed study quality. Then we presented the results in narrative form since meta-analysis was not possible due to heterogeneity in the study design.

Results: We retrieved publications between 2010-2020. Nearly 20 studies were cross-sectional surveys, and the rest were technical documents. Peer reviewed journals, reports, internet publications with reviews on research were reviewed. Articles in conference proceedings did not undergo methodological quality scrutiny. The results demonstrate that primarily, availability and affordability of medical care were prioritised, followed by work equipment modifications, use of PPE and practice of safe work behaviour.

Conclusion: Access to basic medical care emerged as a priority element of occupational healthcare of informal workers in India suggesting the need for sustained intensive efforts at policy, enterprise and employee levels in mainstreaming minimisation of hazards at work and promotion of safe work behaviour as key elements.

Abstract SS40-04. Basic occupational health services (BOHS) in Iran: overview of state of the art. Ramin Tabibi. Abadan, Iran.

Introduction: Around half of the world's people are economically active and spend at least one third of their time in their place of work while only 10-15% of workers have access to basic occupational health services (BOHS). Health indicators in Iran have consistently improved during the last decades, to the extent that they are comparable with those in developed countries. In this study, BOHS available to workers in Iran have been described.

Methods: The healthcare system in the country and the status of occupational health services to the workers and employers, the integration into primary healthcare (PHC) and outlining the challenges in provision of occupational health services to the working population were investigated.

Results: Iran has good health indicators. More than 85% of the population in rural and deprived regions have access to PHC services. The PHC centres provide essential healthcare and public health services for the community. Providing, maintaining, and improving of the workers' health are the main goals of occupational health services in Iran.

Conclusion: Although Iran has developed in most PHC facilities, there are still a few remote areas that might suffer from inadequate services. Collaboration with the private sector and training managers are among the obstacles. Strengthening national policies for health at work, promotion of healthy work and work environment, sharing healthy work practices, developing updated training curricula to improve human resource knowledge including occupational health professionals, are recommended.

Abstract. SS40-05 Basic occupational health services in China: challenges and opportunities. Min Zhang. Beijing, China.

Introduction: In the halfway of UN Sustainable Development Goals (SDG) 2030 which is interlinked with Universal Health Coverage (UHC), it is essential to discuss the challenges and opportunities of Basic Occupational Health Services (BOHS) with the Healthy China 2030 Strategy.

Materials and Methods: We used an interpretive approach for analysis of the evidence and policy progress in China in recent years.

Results: (1) National regulation on occupational health has been strengthened in China, including the governmental system reform, adoption/amendment of laws relevant to occupational health, the Action of Occupational Health Protection under the Healthy China Action Plan (2019-2030). (2) The demographic changes of the working population and workplace trends demonstrate the impact to the near future. (3) BOHS have played an important role in occupational health protection in China, however, the strategies of BOHS need to be upgraded to adapt to the Chinese social economic development, the critical gaps are related to service providers, vulnerable workers/sectors, coverage and sustainable development as well as the fragmented systems of management. (4) The well-developed BOHS rely on the capacity of the health workforce across general practice of primary healthcare, and specialized occupational health institutions at various levels.

Conclusions: In order to address the complex and interrelated challenges of BOHS, multi-sector collaboration should be improved by breaking the silos that hinder effective communication and coordination. Furthermore, the investment in occupational disease prevention and control could be enhanced with the combined funding from healthcare, work-related injury insurance and trade unions.

Abstract. S40-06 Italy: special attention to improve levels of health coverage in agriculture. Claudio Colosio. Milano, Italy.

Introduction: One of the main problems existing in agriculture is a lack of access to health surveillance in the workplace. This is particularly critical, considering that agriculture is considered by the WHO one of the most dangerous and unhealthy working activities. Among agricultural workers, seasonal, family, and self-employed workers suffer the lowest levels of coverage and are not considered in the national laws, even in countries where the coverage is good, like Italy.

Materials and Methods: To increase the levels of coverage in the sector, a specific law decree has been promulgated in the country, addressed at seasonal workers. To comply with the new law, a targeted working group has been created by the Region of Lombardy, with a tripartite composition made up of representatives of trade unions, of the employers' associations and of academia and the public healthcare system.

Results: The working group stated that, according to the Alma Ata declaration, it is necessary to create structures able to bring healthcare close to the places where rural people live and work, through the creation of a "Territorial Integrated Prevention System" (TIPS), to be set up through the involvement of all the relevant actors and stakeholders. In these structures it should be possible to carry out health surveillance of workers, meetings, and training activities, and to set up prevention strategies.

Conclusions: The creation of the TIPS represents the first step to improve agricultural workers' access to health surveillance in the workplace, in particular of the most disadvantaged subgroups, in a sector of strategic relevance for prevention.

Abstract. SS40-07 Technical and pedagogical support (matrix) for basic occupational health services (BOHS) in SUS, the national health system in Brazil Elizabeth Costa Dias, Belo Horizonte, Brazil. Márcia da Silva Anunciação Lazarino, Betim, Brazil.

Introduction: Recent changes in working conditions, loss of social protection and increasing informality underline the importance of primary healthcare (PHC) to guarantee Universal Occupational Health Coverage. Basic Occupational Health Services (BOHS) can support a major part of all workers without access to expert-based occupational health services. In Brazil, the BOHS proposal is favored within the National Health System (SUS), guaranteed in the Federal Constitution (1988). In this network, PHC is the gateway and coordinator. Permanent training, technical and pedagogical support (Matrix training) of health teams is

essential, provided by Reference Centers for Workers' Health (Cerest) and institutions also from the labor side.

Materials and Methods: A successful experience is developed in the municipality of Betim, Minas Gerais. PHC professionals were covered from 13 municipalities (732,000 inhabitants) with various industries, commerce, and many small and micro companies. Work at home is prevalent.

Results: The Matrix support began in 2006 by decentralizing workers' health actions to the SUS network, with a broad training program and organizing reference units for treating workers' health problems. Formalization followed in a Municipal Decree in 2016. (workers' health protocol). Several programs were implemented on surveillance of work-related injuries and of working conditions, and assistance actions covering the SUS network with meetings, online contacts, education, and face-to-face meetings at PHC units.

Conclusions: The successful experience shows exciting possibilities. Challenges remain in the support of municipal management, insufficient Cerest centres, high turnover of professionals, and availability of health teams given the high demands in PHC

Abstract. SS40-08. Development of the financial system for basic occupational health services delivery for informal workers in Thailand. Orrapan Untimanon, Muang Nonthaburi, Thailand. Somkiat Siriruttanapruk, Muang Nonthaburi, Thailand. Khwannapa Uthaithong, Muang Nonthaburi, Thailand.

Introduction: The evaluation of Basic Occupational Health Services (BOHS) in Thailand was quite satisfactory however, there were some limitations especially the lack of financial support for such services. This study aims to develop the financial system of BOHS provided to informal workers (IFW).

Materials and Methods: The descriptive study was conducted during 2022-2023. The cost of BOHS and the Occupational Diseases and Environmental Diseases Control Act A.D. 2019 (OD Act) were reviewed. One-day meetings were held twice to discuss the existing financial system. Finally, the policy brief related to the financial system was submitted to the National Health Security Office which develops the healthcare system under the Universal Health Coverage (UHC) scheme.

Results: The surveillance of occupational diseases (OD) among IFW who shall be entitled to obtain health examination was stated in section 27 under the OD Act. Costs of BOHS activities including walkthrough survey, risk assessment, health surveillance, OD diagnosis and risk management have been explored. Two options of the costs were proposed as follow: Option 1: specification for all IFW = 70 Baht or 2 USD/capita, and Option 2: specification for only high risk IFW who are exposed to lead (350 Baht or 10 USD/capita), silica dust (600 Baht or 17 USD/capita), asbestos (600 Baht or 17 USD/capita), and pesticides (30 Baht or 1 USD/capita).

Conclusions: Financial support is an essential mechanism to enforce such a law. Specification of the BOHS cost for all IFW (Option 1) in the UHC system is highly recommended to increase the coverage of such services.

Next abstract has not been included in the Book of Abstracts but is accepted by the Congress organization and presented in Morocco as a lecture in this session, as a replacement of late withdrawals of speakers in this special session.

Abstract. SS40. Opportunities in basic occupational health services and similar innovations in health care. a global view and recommendations supported by publications from a new literature database on BOHS. Frank van Dijk, Leiden, The Netherlands. Suvarna Moti, Mumbai, India.

Introduction: We need basic occupational health services (BOHS) rooted in primary or community health care, improving the poor coverage of occupational health care. Urgent problems are especially affecting informal workers, workers in small companies and agriculture. BOHS is complementing occupational health care provided by expert-based occupational health services, specialized clinical care, and support from labor side. An online database (repository) has been developed for publications on BOHS and similar innovations.

Materials and Methods: The database design and sustaining literature searches are described in a scientific article. The database contains 189 references to and short descriptions of publications on BOHS (2000-2024). A conceptual analysis has been developed and considerations on several (sub)themes supported by literature citations from various countries.

Results: First, a model has been developed showing the coverage problems in current occupational health care, followed by a model showing future occupational health care including not only BOHS but also other improvements. Themes and subthemes are introduced to analyze the literature. Literature citations are presented on four subthemes: (1) experiments in BOHS, (2) legislation on BOHS, (3) support and referral facilities for primary health care by regional expert centers for workers' health, and (4) the need for competent occupational health nurses in BOHS.

Conclusions and recommendations: The repository and (sub)themes supported a more focused analysis of the literature referring to the practice and experiences in a variety of countries. Recommendations are presented for the start of BOHS, the structure and infrastructure, and the quality of the delivered services. A BOHS-experts working group will be started.