

Repository for Publications on Basic Occupational Health Services and similar initiatives

*Repository for bibliographic records of publications on
Basic Occupational Health Services (BOHS)
and other initiatives promoting occupational health care for all workers*

Second revised and extended edition 2025

Frank van Dijk

Suvarna Moti



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Learning and Developing Occupational Health (LDOH) Foundation. Leiden, Netherlands

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How to access and to cite

The repository is available free-of-charge at the LDOH web shop <https://shop.ldoh.net/>.

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LDOH Foundation

The Learning and Developing Occupational Health (LDOH) Foundation is an international not-for-profit foundation located in The Netherlands. LDOH's mission is to support professional education in Occupational Safety and Health and to promote Occupational Health for all workers. The LDOH website offers information on the objectives of the foundation, staff, products, an e-library of learning materials, and a web shop. <https://ldoh.net/>

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Disclaimer

Although this repository has been made carefully, the authors and the LDOH Foundation have neither liability nor responsibility to any person or entity with respect to any loss or damage caused, or alleged to be caused, directly or indirectly by the information or opinions in this repository.

Photo cover

Heat stress impact on agriculture workers in Jalisco

Climate changes pose increasing dangers to workers worldwide. Heat stress impact agriculture workers in greenhouses in Jalisco, Mexico.

©Photo: Rafael Duarte/ILO

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Main aim and content of the repository

The main aim of the repository is delivery of a substantial contribution to universal occupational health coverage, focusing on Basic Occupational Health Services located in or close to primary or community/public health care, and other initiatives promoting occupational health care for all workers.

The repository is a digital bibliographic collection of records referring to policy documents, books, reports, scientific articles, and abstracts of lectures. The records offer bibliographic information, a direct link, and the abstract or summary of each publication, or a short description written by LDOH staff. The collection is largely based on systematic literature searches covering the period 2000-2024. The second edition of the repository contains 365 records.

About the authors

This revised and extended second edition of the repository has been developed by em. prof. dr. Frank van Dijk (LDOH, expert in occupational health) and dr. Suvarna Moti (LDOH, expert in occupational and public health). Both are active members of ICOH (International Commission of Occupational Health) and are collaborating with colleagues in many countries. The authors of the repository published a scientific article on the development of the first edition of the repository (2023) ^[2] and co-organized special sessions on BOHS and similar innovations with participation of pioneers from many countries, at ICOH International Congresses in 2015 (Korea), 2018 (Dublin), 2022 (online) and 2024 (Morocco).

Email addresses

Suvarna Moti: pthare_suvarna@outlook.com, Frank van Dijk: v.dijk.workandhealth@gmail.com.

Frequently used abbreviations

BOHS	Basic Occupational Health Services
HC	Health Care
IAOH	Indian Association of Occupational Health
ICOH	International Commission on Occupational Health
ILO	International Labour Organisation
LDOH	Learning and Developing Occupational Health (foundation)
OH	Occupational Health
OHN	Occupational Health Nurse
OHS	Occupational Health Services
OP	Occupational Physician
OSH	Occupational Safety and Health
PHC	Primary Health Care
PPE	Personal Protective Equipment
Q&A	Questions and Answers (facility)
UHC	Universal Health Coverage
UOHC	Universal Occupational Health Coverage
WHO	World Health Organization
WONCA	World Federation of Family Doctors (General Practitioners)

^[2] The article is free-of-charge: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10024225/>.

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INTRODUCTION

Agriculture work in Nepal

Area of the city of Chautera in the area affected by the earthquake.

©Photo: Marcel Crozet/ILO

1 Introduction

1.1 The concept of Basic Occupational Health Services

BOHS and workers' health

Basic Occupational Health Services (BOHS) are essential health care activities for workers' health problems, integrated into primary or community/public health care. BOHS needs support from occupational health and safety experts and many others.

The main topic of this repository has been expressed in the literature in two main forms. The term 'Basic occupational health services (BOHS)' has been used in many publications especially after 2003, and is still used in many policy documents, articles, lectures, books and reports. However, in some regions in the world and in some time periods, other terms are used or have been used for the same issues. One example is the use of 'essential interventions on workers' health in Primary Health Care'. In Brazil, similar terms are used such as 'health of workers in Primary Health Care' and 'occupational health in Primary Health Care', both referring to the integration of the 'health of workers' in the work processes of Family Health teams in primary care. Comparable activities are phrased as 'basic occupational health services' in Asian countries such as Thailand, India, Indonesia, Malaysia, Iran and China.

We have chosen to use the term "Basic Occupational Health Services" (BOHS) for this repository. One reason is that this term has been used from the start in 2003 by ILO, WHO and ICOH. Another reason is that the term is still widely used, particularly in Asia where BOHS is most established. The term BOHS is also increasingly used in Africa, and recently in Latin America. The term BOHS was dominant in the ICOH congresses in 2012 and 2024. In the congresses in 2015, 2018 and 2022, other terms were used more frequently (Chapter 5).

Unfortunately, we are missing international consensus about the precise meaning of the term BOHS as Min Zhang from China noticed in the special BOHS session in Morocco in 2024 (see the summary of Suvarna Moti in Chapter 5). Surely, it is time for a constructive discussion. One aspect might be the meaning of the term 'services'. In our opinion, the term 'services' in BOHS refers to forms of 'care' and 'activities', rather than indicating a new 'provider' delivering occupational health care. This interpretation corresponds with the practice in most countries where BOHS is operating as an integrated part of primary or community/public health care.

But practices may differ between countries. In some countries essential basic health care for workers and enterprises is organized from regional centres such as in Korea and in some Scandinavian countries. In most countries BOHS is focused on small enterprises, agriculture and informal workers. However, the term BOHS has been used as well to describe innovative and successful approaches in rather large or medium-sized companies such as in China. The term is used in Bangladesh for a new form of care for workers in vulnerable branches of industry in Dhaka such as tanneries and garment industries. In India, BOHS has been described in an experiment and study for health care workers, and in Italy for workers in agriculture.

Universal occupational health coverage

The recent focus on 'universal occupational health coverage' (UOHC), a component of "universal health coverage" (UHC), part of the UN Sustainable Development Goal 3.8, is remarkable. There are good arguments supporting the statement that universal health coverage inevitably will include forms of basic occupational health care. The ambition of universal health care including workers' health issues, may also open the doors a bit wider. This ambition evokes not only investments in basic occupational health services, but also efforts to expand the practice of expert-based occupational health services for larger enterprises and efforts to start and reinforce specialized occupational health care in a hospital setting.

Joining the development goals of the UN might stimulate collaboration not only with primary, public and hospital-based health care, but also with the labour sector such as on the topic of decent work.

Report of the Joint ILO/WHO Committee on Occupational Health in 2003

Discussions and ideas about developing basic occupational health care facilities were already visible in publications before 2003 such as from UK (McDonald, 1981), Malaysia (Lim, 1982), Brazil (Nogueira, 1984), Sri Lanka (Gunatirake, 1985), China (Zhi, 2000), and WHO (WHO EMRO/Middle East, 2001). For references see the repository.

Nevertheless, the start of BOHS as a new concept and practice may be found in the *Summary Report of the Thirteenth Session of the Joint ILO/WHO Committee on Occupational Health* in 2003 [3]. The committee concluded in points 55 – 57 that basic occupational health services should be available for all workers, “including those excluded workers in the growing informal sector”. The core content should include “surveillance and assessment of OSH risks, surveillance of individual worker health, informing workers and managers on health hazards at work and providing preventative advice on safe practices.” At the policy level it was concluded “At national levels, there should be clear policies on occupational health services, with legislation and competent authorities to promote and enforce their provision. National programmes should include infrastructures for such services and adequate training be provided. ILO/WHO instruments on occupational services should be implemented, regional and national model programmes be devised and intensive information campaigns be undertaken.” It was evident that a variety of occupational health service models were required. WHO and ILO collaboration should focus, among others, on national OSH programmes including six topics. The first two were: providing models for organizing OSH at national or subnational levels, and providing basic occupational health services.

Concrete workers’ health activities

Examples of workers’ health activities in BOHS are:

- asking a worker about work pressure or work-related worries in a case of chronic headache or mental health problems; support in preventive actions when needed.
- support and medical advice after a myocardial infarct, e.g. about continuation of shift work.
- advising a teenager with serious problems in visual acuity, considering future work in jobs in which visual tasks are demanding.
- diagnostic interventions for workers with asthma, such as hairdressers, nail technicians, and welders; making an inventory of potential allergens at the workplace, also to protect other workers, with help of an OSH expert. Referral to an experienced lung specialist is an option.
- in agricultural communities with high pesticide exposure, collaboration with the community in organizing a preventive action program.
- organizing education in ergonomic tools to improve work postures for self-employed and workers in small companies in a specific branch of industry to prevent musculoskeletal disorders and accidents, in good collaboration with workers and enterprises.
- registration and report of occupational and work-related diseases, and injuries after accidents at work.
- Information and education on personal protective equipment and on first aid at home and at work.

A new structure for occupational health care

More than 80 % of all workers in the world do not have access to expert-based occupational health services, and the forecasts are not positive. Workers in low- and middle-income nations frequently experience greater deprivation. Vulnerable populations in high-income countries with no or poor access are informal workers, workers in small companies or in agriculture, female, and migrant workers.

[3] ILO, WHO. 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.
https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_110478/lang--en/index.htm

Primary and public health care is nowadays available for most people in the world. BOHS integrated in existing primary or public health care can offer essential care on workers' health issues, especially to informal workers, self-employed, workers in agriculture and in small companies. A substantial proportion of these workers is working in demanding and hazardous conditions. Expert-based occupational health services with an occupational physician and other OSH experts, most often provide appropriate care to workers and management in medium-sized and large enterprises.

Medical referrals of complex patients require specialised clinical occupational health care provided by professionals experienced in work and health issues, such as pulmonologists, dermatologists, neurologists, and mental health experts. They can support occupational health services and BOHS in primary health care with specialized care for workers with a more complex work-related disease or disability problem.

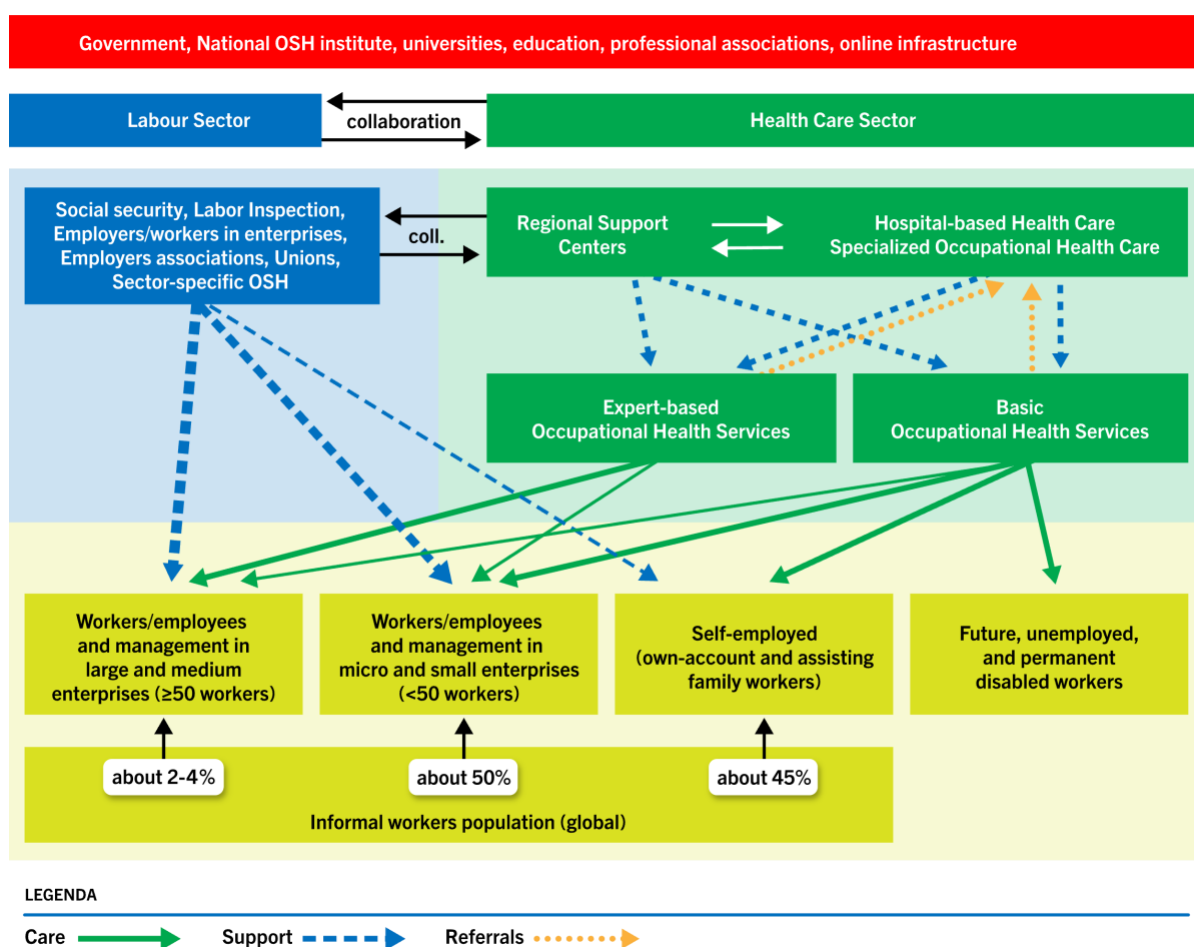


Figure 1. Model of a balanced structure showing diverse forms of occupational health care, medical referrals, and health and safety support activities. The model shows a new structure, tailor-made for different workers' populations and different sizes of enterprises.

Infrastructure in health care

Regional centres for occupational health and safety have as well supporting functions for occupational health services and for BOHS professionals and volunteers in primary or community health care. In some countries such as in Korea (South Korea), regional centres can directly support workers and small enterprises.

Reliable online facilities can give a great boost to practice, especially when combining online information with face-to-face education and training. Think of attractive and reliable apps, videos, games and websites.

Good collaboration between BOHS and expert-based occupational health services can open new opportunities. Universities can support in epidemiological issues, in analysing new and emerging diseases, and in development and evaluation of innovations in health care.

Governmental and local responsibilities, online facilities

Legislation, regulations, and financial support all reflect governmental responsibilities related to BOHS and similar innovations. Provinces, districts, and local communities can support BOHS activities financially and by stimulating active participation of workers and enterprises. Alternatively, some collaborative or worker associations led workplace health care models also offer learnings for BOHS.

Reliable online OSH facilities for the workers and enterprises need to be facilitated such as has been realized in Canada (CCOHS). Structural attention for the online knowledge infrastructure is still in an early phase of development [4], which is remarkable because already 73 per cent of the world population aged 10 and over, owned a mobile phone already in 2022.

Infrastructure on the labour side, informal employment

A good infrastructure on the labour side provided by employers, unions and sectoral organizations is essential as well, given the expertise and responsibilities regarding hazardous work and working conditions, and appropriate solutions. Crucial social security regulations are lacking for millions of informal workers and other underserved worker populations. Social security institutions can, in addition, play a significant role in funding and organizing prevention of work-related diseases and accidents, and unnecessary work disability. They can also promote work participation of vulnerable individuals and groups. Such institutions can also reach employees in small businesses, as is realised in e.g. Germany and Chile.

The Sustained Development Goal 8 embraces the promotion of ‘decent work for all’, which includes the promotion of a safe and secure working environment for all workers. Decent work (ILO) deals with the aspirations of people in their working lives: work that is productive, delivers a fair income, security in the workplace, social protection, prospects for personal development and social integration, freedom to express your concerns, participation in the decisions, and equality of opportunity and treatment for all women and men [5].

Informal employment is one of the main problems in the world of labour, and is defined by ILO in a new definition referring to lack of social security or a written employment contract, and not being paid annual leave or sick leave [6]. In 2023 no less than 58 % of the world’s employed population works in informal employment. High figures (for 2022) exist e.g. in Sub-Saharan Africa (87%) and Central & Southern Asia (85%), moderate-high figures in e.g. Northern Africa and Latin America (55%), low figures in Europe and Northern America (13%). Almost half of all informal workers are own-account workers, about 50 % works in a small company (2-49 workers) and only 2-4 % in enterprises with 50 or more workers. Informal employment although showing a broad diversity of characteristics and needs, is regarded by ILO as having a harmful effect on workers’ rights, social protection and decent working conditions. It has also a negative impact on social policies. ILO adopted Recommendation no 204 to facilitate the transition to a formal economy (2015). This transition is increasingly seen as a central goal in national employment policies, and might be considered as a positive momentum for organizing universal occupational health care.

[4] Van Dijk FJ, Verbeek JH, Hoving JL, Hulshof CT. A knowledge infrastructure for occupational safety and health. J Occup Environ Med. 2010;52:1262-8.

[5] <https://www.ilo.org/topics-and-sectors/decent-work>

[6] Women and men in the informal economy: a statistical picture, (third edition). Geneva; ILO: 2018. https://www.ilo.org/global/publications/books/WCMS_626831/lang--en/index.htm

1.2 The repository

Why this repository?

This repository is a digital collection of records referring to publications on BOHS. One reason to start this collection is the experience that many publications on this topic are not easy to find when using only standard academic literature searches. The collection can be useful in the creation of occupational health care facilities e.g. for informal workers and workers in agriculture. Easy access to quality sources can inspire to start new local activities. The repository may – on a global level – encourage discussions about challenges and achievements reported in the global literature. International collaboration can be stimulated. The repository offers a platform as well for publishers, to reach more readers.

Why the choice for a wider approach in selecting publications?

In deciding for inclusion in this collection, the authors have chosen a wide approach. In practice, the main argument for inclusion was the judgement that the publication could play a significant role in the development of BOHS or similar innovations, given the need to expand occupational health coverage to all workers. Therefore, we included e.g. publications on participatory approaches and on employment of community health workers. We included a few publications from countries still missing BOHS activities, showing that the workers' needs are remarkably high, visible in high exposure levels, stress, and high frequencies of occupational disease and injuries. These publications often end with the urgent wish for basic occupational health care facilities.

BOHS is more developed in Thailand and Brazil. Indonesia is exploring new ways to combine central support with local engagement, evaluating what works best. Korea shows how regional centres can support micro and small enterprises. USA and Mexico collaborate in public health programmes in favour of migrant workers. Several publications have been incorporated which highlight experimental work as a source of inspiration.

Why a new edition of the repository?

Continuing with the work on the previous repository released in 2022, this new effort marks a significant departure in terms of better readability, access to many new records and introduction of new search functions. More than 180 records could be added resulting in a new repository containing 365 publications.

Committed international institutions

WHO (World Health Organization), ILO (International Labour Office), ICOH (International Commission on Occupational Health) and WONCA (family physicians) are most often involved in discussions, advocacy, policy development, studies, and education on BOHS. A complicating factor is the use of different terms to indicate activities on workers' health in primary or community health care.

Other committed international organizations listed are IEA (International Ergonomics Association), IOHA (International Occupational Hygiene Association), IAOH (Indian Association of Occupational Health), and the LDOH (Learning and Developing Occupational Health) Foundation.

Is the repository offering a complete collection of global literature?

The repository does not claim to be complete. Many relevant publications are still missing, especially documents and studies published in a national language.

Comprehensive literature searches, complemented by searches in the grey literature, hint at good quality of the collection. Recently, we made progress by screening the new repository for all ICOH International Congress' contributions [7], and by a first exploration of *OpenAlex*, a new collection of open access publications [8].

[7] In 2020, ICOH released the free ICOH Heritage Repository, containing abstracts from all triennial ICOH Congresses held between 1906 and 2018. <https://www.icohweb.org/>

[8] <https://openalex.org/about>

The inclusion of publications dealing with the state of the art in 46 different countries and 10 different regions or continents in the world, shows a wide representation of the global literature in the repository. However, the ambition is to add new publications to further the quality of the repository. There is an urgent need to facilitate good translations.

1.3 Structure of the repository and records

Sections in the repository

The records are organized into four main categories, with each section featuring a different type of publication: policy documents, books, scientific articles, and abstracts of lectures.

Each section arranges its records by year of publication. Publications published within one calendar year are sorted alphabetically on the family name of the first author, or on the name of the publishing institution.

Policy documents. This section shows policy documents and other publications on policy, among others focusing on ways to improve occupational health coverage through development and implementation of expert-based occupational health services and BOHS. The focus is on documents of international institutions.

Books. This section presents academic or scholarly work such as books, PhD theses, comprehensive reports, proceedings of conferences, comprehensive learning materials, newsletters, and guidelines. Most printed publications have a digital version as well. Some are only accessible in digital format.

Articles. This section shows contributions in scientific journals such as articles, reviews, letters to the editor, comments, and editorials. Publications in the ICOH Newsletter or GOHNET (WHO), and several significant contributions to conference proceedings, are included as well.

Abstracts of lectures. This section puts on view contributions to international congresses and meetings. The records can offer a description of a lecture or poster presentation, or an overview of a session or meeting. A few slide presentations are provided.

All four sections start with an overview of the selected contributions for that section.

Structure of the records

Each record in the repository describes one publication, presenting:

- the country, regional or global reality presented in the publication.
- bibliographic information such as the author(s) or the publishing institution(s), title of the publication, name of the journal or publisher, year, volume, pages, or online ID of the paper. Sometimes, both the names of the author(s) and the name of the publishing institution are given. For a lecture or poster, the name of the first author and year of the congress/meeting are given. Typically, the Vancouver citation style is used. Occasionally, only a small amount of extra information has been provided.
- a link to the publication when available. Free (open) access to the full text is available in about 90% of all 366 records. However, we still need translations into English for 46 full text publications included, not written in the English language. For about 10% of the records you have to pay the publisher for full text access (mostly for scientific articles), when there is no contract on this issue.
- information on Open Access and on copyright, or on more open prescriptions such as offered by Creative Commons.
- a description of the content of the publication written by the staff of LDOH. When permitted, the original abstract or summary, or segments of that text, have been presented.
- predefined keywords are assigned by the staff to each record.

As an example, a record of a scientific article:

Indonesia	Adi NP, Pahlavie BM, Mori K. Expansion of basic occupational health service through public health center: policy and practice from Indonesia. Environ Occup Health Practice.2024;6: eohip.2023-0018-OW.
https://www.jstage.jst.go.jp/article/eohip/6/1/6_2023-0018-OW/_article	
Open Access. Creative Commons BY NC	

Abstract

Indonesia is an archipelago nation that structures its health services through a stratified system. The public health center (Pukesmas) serves as the institution responsible for providing primary care services and undertaking various public goods initiatives, including promoting occupational health among workers in the informal sector. Integrated Occupational Health Services Posts (Indonesian: Pos Upaya Kesehatan Kerja [Pos UKK]) are community-based initiatives (supported by public health centers) that aim to address health-related issues among workers through a community participation model. Although the program appears to be well-suited to the country's conditions, several challenges have emerged. This paper introduces the practical application of the program in the Province of Jakarta.

KEYWORDS

+Indonesia, +2024, +Adi, +structure BOHS, +structure HC, +regional support c, +participation, +01, +07, +08, +14.

1.4 Keywords for finding publications

How can you make use of the collection?

A search system has been created to support users in finding specific information. All records include keywords to make searching easier. Chapter 7 provides detailed information about the development of keywords and the results.

At the end of a long process, a final framework of fourteen broad themes has been created (Chapter 7.1 and 7.2, Lists C and E). Next, for a more detailed search, a list of 61 topics has been formed (Chapter 7.2, List D). Each of the topics has been assigned to one theme (Chapter 7.2, List E). Finally, each topic has been accompanied by related terms and phrases, gathered through an extensive review of the repository's content.

So, for a search you can select one keyword from the large collection of keywords. After the first search you can start another search using a new keyword. For a search in the repository, a keyword must preferably be preceded by a +, when you want to use our 'controlled vocabulary' (Chapter 7.1).

Keywords can support e.g. a search focused on:

- the *global or the national perspective* of a publication, for e.g. a publication on Nigeria, type +Nigeria; for a global perspective, type +Global. See the list of countries, regions, global (Chapter 7.2, List A).
- the *year of publication or lecture*, e.g. typing +2024.
- the *name of the first author*, e.g. typing +Colon-Gonzales. To find good keywords, use the list of names of first authors and institutions (Chapter 7.2, List B).
- the *name of the publishing institution*, e.g. typing +ILO. To find good keywords, use the list of names of first authors and institutions (Chapter 7.2, List B).

- a broad *theme* regarding the content of a publication, e.g. typing +03, the keyword for theme 3 on Legislation and regulations. For a list of themes and related keywords, see List C (Chapter 7.2)
- a specific *topic* referring to the content of a publication, e.g. use +farm workers, the keyword for the topic ‘all workers in agriculture’. For the keywords for topics see List D (Chapter 7.2); for associated terms and phrases for all topics, see List E (Chapter 7.2)

We recommend the use of predefined keywords as these lead you to the most appropriate publications.

For details on the development of keywords in a ‘controlled’ vocabulary, see Chapter 7 on Themes, topics and keywords.

1.5 How to find specific information

How to find

- a specific **kind of publication** e.g. an **international policy document**
 - Go to Chapter 2 on Policy Documents, start reading the overview.
- publications by **one international institution** e.g. **ILO**
 - Use the search function with the keyword +ILO. List B is a list of keywords of first authors and institutions (Chapter 7.2). An alternative is just typing ‘ILO’ without +, to find many records mentioning ILO in the abstract or description, but these findings are less focused on ILO.
- publications dealing with **one country or region** e.g. **India**, or the region **Southern Africa**
 - Use the search function and type the keyword +India or type the keyword +Southern Africa. In doubt about the spelling of a name, check the list of country and region names, List A (Chapter 7.2). Typing ‘India’ without a ‘+’ returns many records where the name ‘India’ appears in the abstract or description, but these results are less specific to India.
- publications published in the **past two years, 2023 and 2024**
 - In a first search, use the search term +2023. Later, in a second search, use +2024. Combining two or three terms in one search is not possible in the repository. Another search strategy is possible. The newest publications appear last in each of the four sections. So, e.g. check the most recent publications in Chapter 4 on scientific articles. You can do the same for the Chapters 2, 3 and 5.
- publications written by a **specific author**, e.g. **Barros** (Brazil)
 - Use the name ‘Barros’.
 - Another search strategy is using the keyword +Barros to find all publications having Barros ‘as the first author’. You may check the spelling in the list of names of first authors and publishing institutions in List B (Chapter 7.2). When entering keywords for names, make sure not to include any accents or diacritical marks.
- publications dealing with a **specific theme** such as **Legislation and regulations**.
 - Go to List C or E (Chapter 7.2) and find the most related keyword. In this case the most appropriate keyword is +legislation. Use this keyword.
- publications on a more **specific topic** such as the **quality of BOHS staff** (professionals and volunteers).
 - Go to List D or List E (Chapter 7.2) to explore diverse topics and related keywords. Select the most appropriate keyword or keywords. In this case the most appropriate keyword might be +Q of staff. Use this keyword.

It is essential to use the keywords exactly as presented in the lists.

Unfortunately, the use of a **combination of two or more keywords as search terms**, e.g. two terms connected with AND or OR, is not possible in the search system of the repository.



Rana Plaza survivor Khaleda Begum is now working as a tailor

Skills training is one of the rehabilitation approaches being used for the survivors of the Rana Plaza building collapse.

©Photo: Muntasir Mamun/ILO

2 Policy Documents

2.1 Overview

Overview of 18 records in the Policy Documents section of the Repository

Name of the author(s) and/or institution, title of publication, other bibliographic information, additional information (*italic*).

ILO, WHO. 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.

Eijkemans G. WHO. Occupational health services as a part of primary health care. Asian Pacific Newsletter on Occupational Health and Safety (Helsinki, FIOH). 2004; 11, no 3: 51-53.

WHO. Primary health care and basic occupational health services challenges and opportunities. Report on an intercountry workshop (July 2005), in Sharm El-Sheikh, Egypt. Cairo; WHO Eastern Mediterranean region: 2006. 37 pages. (accessed 25 May 2025).

WHO. WHA Resolution 60.26. Global Plan of Action on Workers' Health 2008–2017. Geneva: WHO; 2007. 8 pages. *Resolution WHO*.

Matic S, Kim R. WHO Regional Office Europe. Ensuring workers' health in Europe. In: Proceedings International Forum on OSH: Policies, Profiles and Services. 20–22 June 2011, in Espoo, Finland. Helsinki; FIOH: 2012. pg. 32-38. *Lecture description*. (accessed 25 May 2025).

WHO. Connecting Health and Labour. Bringing together occupational health and primary care to improve the health of working people. Geneva; WHO: 2012. 6 pages. *Technical document, Executive summary*.

WHO. Universal health coverage for workers. World Health Assembly side event May 2013. Geneva; WHO: 2013. 11 pages. *Report*.

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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.

https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_110478/lang--en/index.htm

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Description mainly in the form of quotations. Use the link to read the original paper.

After introductory remarks, a historical review of the ILO and WHO activities in OSH is given. Dr. Takala presented the ILO's perspective on the integrated approach to OSH. The Committee concluded it essential for ILO and WHO to work collaboratively on occupational health, at various levels.

"55. Professor Jorma Rantanen, International Commission of Occupational Health, said that basic occupational health services should be available for everyone for many reasons. These included arguments relating to occupational health and public health, socioeconomic reasons and quality of life. The core content of basic occupational health services should include surveillance and assessment of OSH risks, surveillance of individual worker health, informing workers and managers on health hazards at work and providing preventative advice on safe practices.

56. At national levels, there should be clear policies on occupational health services, with legislation and competent authorities to promote and enforce their provision. National programmes should include infrastructure for such services and adequate training be provided. ILO/WHO instruments on occupational services should be implemented, regional and national model programmes be devised and intensive information campaigns be undertaken.

57. The Committee supported the concept of basic occupational health services for all workers, including those excluded workers in the growing informal sector. Participants considered that emphasis should be given to surveillance and to the quality control of occupational health services to ensure that they were effective. Different models of occupational health services were needed and an occupational health culture had to be developed that included more information about the costs – health, safety and economic benefits of occupational health.

66. The Committee recommended that WHO and ILO collaboration should focus on the following key areas: Guidance and support for national OSH programmes, including: – providing models for organizing OSH at national or subnational levels; – providing basic occupational health services; – promoting OSH management systems and tools, including control banding; – developing national profiles and indicators; – assessing the cost effectiveness of OSH interventions; – establishing effective enforcement agencies."

KEYWORDS

+Global, +WHO, +ILO, +2003, +internat inst, +ICOH, +structure BOHS, +tasks, +internat collab, +01, +02, +03, +08,

Global

Eijkemans G, WHO. Occupational health Occupational Health and Safety. 2004; 11, no 3: 51-53. (FIOH, Helsinki)

https://scholar.google.com/scholar?cluster=16562602559926663698&hl=nl&as_sdt=0,5&as_vis=1

Open Access. Copyright Finnish Institute of Occupational Health, 2004



Description in the form of a few quotations. Use the link to read the full text.

To implement basic occupational health services, the following is needed.

- “The creation of a supportive policy environment. The policies should be based on evidence, and must be accompanied by realistic, adequately funded action plans.
- Existing information on the various risk factors should be available. Channels for getting the information to the people on the ground that will make use of the materials should be in place.
- Practical tools to assess and manage risk (risk management toolbox) should be developed. Databases with solutions should be set up, and instruments for estimating cost-effectiveness of interventions in the workplace should be made available.”

“The health sector, together with the labor sector, are the guiding agencies of this concept. Clear guidance should come from the government.” “In public health it is generally accepted that some services should be subsidized, or even free. Vaccination, access to clean water and decent sanitation are generally accepted on the public agenda. The provision of a safe work environment is, however, usually not considered as a basic right that should be subsidized by the health sector. To make BOHS a reality, public funding will be necessary.”

“In order to implement basic occupational health services, we also need to

- define a minimum package of occupational health services that each country should establish, with a focus on primary prevention, aiming at expanding coverage to the most vulnerable groups (like, primary health care in occupational health)
- define innovative mechanisms (system approach) for delivering services to workers in small enterprises and the informal economy.”

KEYWORDS

+Global, +2004, +WHO, +Eijkemans, +01, +02, +05, +08, +12,

Global

WHO. 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. WHO, Eastern Mediterranean region.

<https://iris.who.int/handle/10665/254052> (accessed 25 May 2025)

Open Access. WHO Iris copyright WHO 2006.



Description in the form of quotations from the Recommendations on Coverage. Use the link to read the full text.

“9. Expand the coverage of occupational health and safety services, and where services are non-existent, make every effort to establish them as a priority action.

10. Adopt an innovative approach to the delivery of occupational health and safety services, while retaining the important role of the ministries of health in delivery through the public health system and the primary health care system.

11. Train additional humans in occupational health. Potential targets include nurses and health inspectors, physicians (specialized in occupational health), and a new professional, the “basic occupational health services worker” employed in a similar capacity to the primary health care worker.

12. Consider a stepwise approach to the implementation of basic occupational health and safety, upholding the concept of continuous improvement while developing targets that have clear indicators.

13. Implement quality assurance of services and curricula through accreditation and certification systems.”

KEYWORDS

+Global, +2006, +WHO, +coverage, +structure BOHS, +Q of staff, +education of staff, +01, +11,

Global

WHA Resolution 60.26. Global Plan of Action on Workers' Health 2008–2017.
 Geneva: WHO; 2007. 8 pages. Resolution WHO.

https://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf

Open Access, Copyright is unclear.



Description based on the resolution text. Use the link to read the full text.

In Resolution 60.26 the Global Plan of Action is endorsed. Member states are urged among others to work towards full coverage of all workers, including informal workers, with essential interventions and BOHS for primary prevention. The integral text of Objective 3: “to improve the performance of and access to occupational health services.

16. Coverage and quality of occupational health services should be improved by: integrating their development into national health strategies, health-sector reforms and plans for improving health-systems performance; determining standards for organization and coverage of occupational health services; setting targets for increasing the coverage of the working population with occupational health services; creating mechanisms for pooling resources and for financing the delivery of occupational health services; ensuring sufficient and competent human resources; and establishing quality-assurance systems. Basic occupational health services should be provided for all workers, including those in the informal economy, small enterprises, and agriculture.

17. Core institutional capacities should be built at national and local levels in order to provide technical support for basic occupational health services, in terms of planning, monitoring and quality of service delivery, design of new interventions, dissemination of information, and provision of specialized expertise.

18. Development of human resources for workers' health should be further strengthened by: further postgraduate training in relevant disciplines; building capacity for basic occupational health services; incorporating workers' health in the training of primary health care practitioners and other professionals needed for occupational health services; creating incentives for attracting and retaining human resources for workers' health, and encouraging the establishment of networks of services and professional associations. Attention should be given not only to postgraduate education, but also to basic training for health professionals in various fields such as promotion of workers' health and the prevention and treatment of workers' health problems. This should be a particular priority in primary health care.

19. WHO will provide guidance to the Member States for the development of basic packages, information products, tools and working methods, and models of good practice for occupational health services. It will also stimulate international efforts for building the necessary human and institutional capacities.”

KEYWORDS

+Global +2007, +WHO, +coverage, +expert-based OHS, +structure BOHS, +Q of staff, +info educ staff, +internat collab, +01, +02, +08, +11, +14,

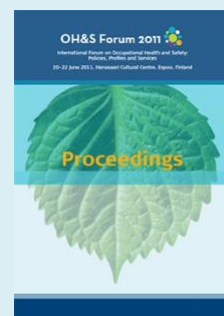
Global

Matic S, Kim R, WHO. Ensuring workers' health in Europe. In: Proceedings International Forum on OSH: Policies, Profiles and Services. 20–22 June 2011, Espoo, Finland. Pg. 32-38. Lecture description. WHO Reg. Office Europe.

https://www.researchgate.net/profile/Jukka-Takala-2/publication/234077761_EU_Strategies_and_Tools_in_Occupational_Safety_and_Health/links/0fcfd50ee696c9a4f5000000/EU-Strategies-and-Tools-in-Occupational-Safety-and-Health.pdf

(accessed 25 May 2025).

Open Access. Copyright 2012 Finnish Institute of Occupational Health and editors.



Description based on the lecture description. Use the link to read the full description.

“Workers in small companies, the self-employed, and workers in the agricultural and informal sectors have less access to occupational health services than those in big companies and formal sectors. Workers in Eastern Europe have far less access than those in Western Europe. Even in the EU member states, only half of the workers have access to occupational health services despite the existence of the EU legislation on health and safety at work.”

Conclusion. “The occupational burden of diseases and injuries is one of the top ten priorities in the WHO European Region. In many countries, occupational health and safety has often been marginalized in public health policies during the health service reform. The impacts of globalization, economic transition, and newly emerging risks, in addition to old problems, as well as the health disparities in workers’ health within and between countries, are not only challenges but also opportunities for the Member States in the Region. WHO recognizes that occupational health and safety is one of the essential public health functions (14, 15) and that the workplace is an important setting for health interventions in many European countries. To ensure workers’ health, WHO supports public health approaches that are not restricted to labour health (9). The WHO Global Plan of Action on Workers’ Health, the Parma Declaration, and the upcoming Health 2020 are important policy drivers for the WHO European Regional Office to implement through inter-country and country activities. At the regional and sub-regional levels, the WHO European Network for Workers’ Health, BSN, and SEEN are the platforms for cooperation and collaboration between the WHO collaborating centres and national focal points in the European Region. At the country level, eleven member states of the WHO European Region are collaborating with WHO to improve occupational health policies and capacity-building through BCA processes.”

KEYWORDS

+Global +2011, +WHO, +Matic, +internat collab, +coverage, +01, +02, +07, +13,

Global

WHO. Connecting Health and Labour. Bringing together occupational health and primary care to improve the health of working people. Geneva; WHO: 2012. (English, Spanish and French). 6 pages. Technical document, Executive summary. Online available in English, Arabic, Chinese, French, Russian and Spanish languages. The Global Conference was held in Nov/Dec 2011 in The Hague, Netherlands

<https://www.who.int/publications/i/item/WHO-HSE-PHE-ES-2012.1>

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Description based on the overview presented at the WHO website page including a link to the report. Use the link to read the full text.

“Currently, a number of countries are reforming their health systems based on the values and principles of primary health care to improve service delivery and cost-efficiency and to ensure equity. National debates on health reforms often touch upon the insufficient collaboration between health and labour sectors, the organization of preventive and curative health services for working populations, and their relation to primary care. The Alma Ata Declaration of 1978 called for bringing health care as close as possible to where people live and work. Recently, the World Health Assembly urged countries to work towards full coverage of all workers with the prevention of occupational and work-related diseases and injuries (Resolution WHA 60.26 from 2007) and for implementing vertical health programmes in the context of integrated primary health care (Resolution WHA 62.12 from 2009). The Hague Conference was part of a global process to improve coverage of and access to occupational health services as requested by the 60th World Health Assembly in 2007 and contributes to the debate that many Member States and WHO are now engaged in. Key messages: Workers’ health is an integral part of general health and daily life. Health systems should facilitate local strategies to meet workers’ health needs. In moving towards universal coverage, those at greatest risk or having greatest needs should be included first. When developing policies about workers’ health all relevant stakeholders should be involved. Training in health and work should be part of all health care professional training. Empowerment of workers and the encouragement of decision-makers are critical for the promotion of the health and safety of workers.”

The paragraphs in the Executive summary are: Introduction (see text above), Health and labour (negative and positive relations between health and labour, economic effects, no access to basic preventive interventions, lack of work focus in health care), OH and primary care (common values, more collaboration), Integrated approach (principles), Delivering OH in context PHC (strategic directions, mentioning BOHS, joint training, guidelines, involving work communities and labour stakeholders, etc.), Next steps (WHO collaboration with ILO; Collaboration ICOH, WONCA; global repository for training and information).

KEYWORDS

+Global, +2012, +WHO, +structure BOHS, +coverage, +internat collab, +info educ staff, +info educ population, +01, +02, +07, +08,

Global

**Universal health coverage for workers. World Health Assembly side event
May 2013. Report. Geneva; WHO: 2013. 11 pages.**

<https://apps.who.int/iris/handle/10665/90796>

Open Access. © World Health Organization, 2013



Description of the content. Use the link to read the original paper.

A side event on universal health coverage for workers has been organized by South Africa, during the 66th session of the World Health Assembly (WHO). Topic: what is the experience of several countries in primary health care in universal health coverage of workers. Panellists were from Ministry of Health of South Africa, Department of Health of England, the Thai National Health Security Office, the Medical Bureau for Occupational Diseases in South Africa. Other participants were the World Federation of Family Doctors (WONCA) and WHO Directorate of Public Health and Environment. Poor access to occupational health care is a problem in South Africa leading to efforts to integrate workers' health in PHC via reengineering plans. This is a public health-based care starting at community level, supported by experts and referral options. South Africa stressed the need for a reform of the health system. UK addressed efforts in supporting PHC by education and information. The community-based insurance system in Thailand is presented. WONCA policy as explained promotes inclusion of OH in PHC. The 'Connecting Health and Labour' conference in The Hague, 2011, has been brought forward.

KEYWORDS

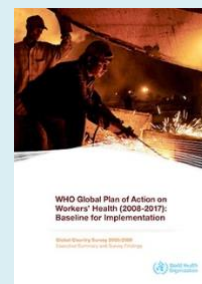
+Global, +2013, +WHO, +WONCA, +coverage, +structure BOHS, +info educ staff, +social insurance, +01, +02, +04, +08, +10,

Global

WHO. Global Plan of Action. Baseline for implementation. Global country survey 2008/2009. Report. Geneva; WHO: 2013. 44 pages.

<https://www.who.int/publications/i/item/WHO-FWC-PHE-2013-01>

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Description including quotations from the Executive summary.

Establishing a baseline. "Implementing this plan requires measuring progress towards achieving the objectives set out in the Global Plan of Action. To establish a baseline for measuring progress, information was collected in 2008-2009 from Member States using a survey with questions measuring country status relative to five Global Plan of Action objectives." This report presents the findings of that survey.

Key findings. Policy: "Two thirds of countries participating in the survey have policy frameworks for workers' health. Less than half of countries surveyed have endorsed or drafted a national plan of action on workers' health." Protecting workers' health: "Although respiratory diseases and musculoskeletal disorders are the most common occupational diseases, only one third of countries have special programmes to address them. While most countries have introduced ways of addressing risks at the workplace such as integrated management of chemicals and tobacco smoking bans, enforcement of regulations for workplace health protection remains insufficient. While workers' health is often incorporated into health promotion, injury prevention, and HIV programmes, it is rarely found in programmes dealing with cancer, malaria, and family health." Performance and access: "Only one third of countries cover more than 30 percent of their workers with occupational health services. Policy- and standard-setting ministries lack capacity for enforcement and monitoring. One third of countries have no ministry of health staff dedicated to workers' health. While most countries have some human resources for health, academic training needs to be scaled up." Evidence for action: "Although half the countries have national workers' health profiles with data on occupational diseases, injuries, and legislation, information about communicable and noncommunicable diseases among workers and about lifestyle risks are the least-covered topics. Most countries have national institutions carrying out research and training, but the distribution of such entities is uneven across country groups. Although most countries have registries of occupational diseases, few countries have developed national information systems dealing with other aspects of workers' health. Awareness about workers' health problems remains low, both in the media and among the general public." Health in other policies: "Workers' health issues feature in policies concerning management of chemicals, emergency preparedness and response, employment strategies, and vocational training. However, workers' health is seldom considered in policies regarding climate change, trade, economic development, poverty reduction, and general education."

KEYWORDS

+Global, +2013, +WHO, +coverage, +expert-based OHS, +info educ staff, +OSH info general, +awareness, +national OSH instit, +structure HC, +01, +03, +06, +10,

Global

WHO. Summary report of the international consultation on caring for all working people. Semnan, Iran, 28 - 30 April 2014. WHO. Regional Office for the Eastern Mediterranean. Cairo, Egypt. 2014. 9 pages.

WONCA refers to the "Semnan consensus statement" (2014).

<https://www.globalfamilydoctor.com/AboutWonca/PositionStatements.aspx> (look in 'position statements', accessed 25 May 2025).

https://applications.emro.who.int/docs/IC_Meet_Rep_2014_EN_15368.pdf?ua=1



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Description including quotations. Use the link to read the original paper.

On caring for all working people. First a general introduction is given to poor access to occupational health services. Strengthening of governance, training of human resources, and improving of health information are addressed. Next, scaling up services delivery and targeting special groups of workers such as migrants and refugees have been discussed. The Iranian model of using PHC units for delivery of occupational health care, involving among others community health workers and female volunteers, is explained briefly. The consensus statement has been prepared, and a road map.

Finally, 22 action points are formulated. Points 4 - 9 deal with scaling-up service delivery.

“4. Define the essential interventions for prevention and control of occupational and work-related diseases and injuries, such as primary prevention of occupational health risks, detection and case management of occupational and work-related diseases and injuries and health surveillance of workers and include them in the nationally determined sets of basic health services or essential health packages for universal health coverage.

5. Devise regulations and build capacities for gradually increasing coverage and quality of workers' health services through developing basic occupational health services and their integration with the existing primary health care networks and centres, as well as strengthening the preventive functions of health services provided by large enterprises.

6. Enable people-centred primary health care services to meet the specific health needs of working people, such as prevention and control of occupational and work-related diseases and injuries, protection and promotion of working capacity and fitness for work.

7. Develop connections and referral pathways between primary health care services and specialized occupational health services and laboratories.

8. Establish specialized support services for workers' health, such as occupational medicine clinics, occupational hygiene laboratories and poison control centres, and incorporate essential drugs and equipment for diagnosis and treatment of occupational diseases into the national lists of essential medicines and medical equipment.”

KEYWORDS

+Global, +2014, +WHO, +internat collab, +coverage, +community h w, +volunteers, +tasks, +structure BOHS, +referral facilities, +expert-based OHS, +mat digital facilities, +specialised clin OHC, +support for staff, +01, +08, +10, +12, +14,

Global

WONCA and ICOH statement on workers and their families. Pledge announced during WONCA Europe Conference in Lisbon, July 2014. WONCA News 2014; Vol. 40, Number 7: August 2014. Joined international statement.

<https://www.globalfamilydoctor.com/News/WONCAandICOHstatementonworkersandtheirfamilies.aspx>

(accessed 24 May 2025)

Open Access. © World Organization of Family Doctors (WONCA)



Complete text quotation. WONCA and ICOH statement on workers and their families. Pledge announced at the WONCA Europe Conference in Lisbon, July, 2014.

Joint Statement. "Introduction. Health and work are intimately linked. Work under good conditions can have positive effects on health and wellbeing. On the other hand, health and safety are threatened in poor working conditions, which are a daily reality for many workers around the world. Workers exposed to hazards at work suffer various work-related diseases. Failure to adapt working conditions to the capabilities of workers with chronic health problems may limit their ability to work. Poor health, injuries and disabilities prevent many from working at all or at full capacity. Those who do not work frequently suffer worse health because of limited resources or social isolation. Yet, the health and safety of people at work are too often addressed separately from their health outside of work. Similarly, the health and safety of those at work are often viewed in isolation from the health and safety of their families and communities. Each of these affects the others. The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) recognize that most health care and preventive services for workers and their families in the formal and informal health system is provided in primary care settings along with variously organized occupational health services. A global challenge is to make more systematic use of the primary care setting and available occupational health services. It is essential to improve the health and productivity of workers by increasing the number, expertise and capacity of health professionals able to prevent and manage work-related health problems. In addition, there is an urgent need to increase the number and capacity of occupational health experts and services. This is especially true for those working in low and medium resource countries, the informal economy, small businesses, and agriculture. Pledge. The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, 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."

KEYWORDS

+Global, +2014, +WONCA, +ICOH, +internat collab, +expert-based OHS, +structure BOHS, +info educ staff, +coverage, +structure HC, +01, +02, +08, +09, +11,

Global

Seoul Statement on the development of Occupational Health Services for All. 2015: 2 pages. *The 31st International Congress on Occupational Health, ICOH 2015, in Seoul, Republic of Korea, approved this statement.*

<https://www.icohweb.org/site/core-documents.asp>

(accessed 13 April 2025)

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The description is based on the Statement. Use the link to read the full text.

Recalling that occupational health and occupational safety constitute a basic human right of workers, emphasizing that in spite of positive developments in industrialized countries, over three quarters of workers of the world live and work in developing and transitory countries, often working in high risk occupations in formal and informal sectors, without protection by occupational health and safety law, lacking social protection and access to occupational health services, keeping in mind “that the ILO Convention No. 161 on Occupational Health Services and the WHO Global Strategy on Occupational Health for All, as well as the Cancun Charter by the ICOH (2012), call for organization of occupational health services for all working individuals and all occupations, without exclusion of any group of workers, economy sectors, including the informal sector, or workers in contracted or self-employment”. Risks and hazards protection and promotion of workers' health is a professional, ethical and social imperative for all occupational health professionals and for the international OH community.

The 31st ICOH Congress states the following:

1. Policies. Every government in collaboration with social partners should, as a part of their stewardship, draw up necessary regulations, strategies and programmes for national policies on occupational health and occupational health services by using the international guidance provided by the ILO Convention No. 161, Recommendation No. 171 and the WHO Global Strategy on Occupational Health for All. Such policy should aim at the provision of services for all, with full coverage without exclusion of any group or sector of work life.

2. Implementation. Refers to legislation, establishment of the occupational health system and infrastructures, resources and financing. “Special measures, multiple service provision models, including primary health care, and support should be developed for organization of occupational health services for small-scale enterprises, the self-employed and the informal sectors. Public occupational health services should be provided for the underserved sectors. Where front-line services are of limited scope, usually occupational medicine and nursing, they should be reinforced by secondary level support services.”

3. Content and activities. Refers to the comprehensive content and activities of OH services adjusted to the health needs of working people.

KEYWORDS

+Global, +2015, +ICOH, +ILO, +expert-based OHS, +coverage, +legislation, +structure BOHS, +tasks, +01, +02, +03, +14,

Global

Ivanov I. WHO. Global Approaches to Incorporating Occupational Health into Primary Health Care. 2015, Lecture at ICOH 2015 31th International Congress. 2 pages.

<http://repository.icohweb.org/global-approaches-to-incorporating-occupational-health-into-primary-healthcare/>

(accessed 24 May 2025)

Open Access. Copyright ICOH.

Description based on the abstract. Use the link for the full text.

The 60th World Health Assembly in 2007 urged countries to work towards full coverage of all workers.

The WHO global conference “Connecting Health and Labour” (2011, The Hague) created an impetus for expanding the health coverage of workers by integrating some essential preventive interventions into the delivery of people-centred primary health care.

Universal health coverage with preventive, curative and rehabilitative health services is becoming one of the targets.

A number of countries managed to expand the access of workers to preventive interventions through enhancing the capacities of PHC providers. The range of interventions depends on the mandate of primary care – whether providers have responsibility of individual patients or for a defined catchment area with its population.

In the first case the interventions include primarily clinical services, such as case management of occupational and work-related diseases and injuries and medical assessment of fitness for work.

In the second case primary care providers are also able to access workplaces and provide simple risk assessments, health education of workers and advice for workplace improvements.

The delivery of preventive interventions requires clear mandates.

Primary care providers should have access to consultation and specialized occupational health services, such as pathways for referrals.

Specialised occupational health services, both basic and multidisciplinary, need to be further strengthened.

The coverage of workers with prevention and control of occupational and work-related diseases and injuries, can be significantly increased by delivery of essential interventions for workers’ health through primary care for those not covered by more specialized health care (services) by multidisciplinary occupational health services.

KEYWORDS

+Global, +2015, +WHO, +Ivanov, +coverage, +structure BOHS, +tasks, +referral facilities, +expert-based OHS, +01, +08, +09, +14,

Global

ICOH, IOHA and IEA Joint Statement at the 72nd World Health Assembly (WHO) on Universal Occupational Health Coverage, UOHC. May 2019. 1 page

<https://www.icohweb.org/site/multimedia/news/pdf/HANDOUT%20ICOH%20IOHA%20and%20IEA%2019%20May%202018%20rev%20jtmod2.pdf>
(accessed 24 May, 2025)

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Quotation of the Joint Statement.

"The global workforce of the world, numbering to 3.4 billion people, produces the GDP of the world that amounts to 88 trillion US Dollars." "The ILO and ICOH estimate that exposures to the traditional and new physical, chemical and biological occupational health hazards and physical and psychological overload, result globally in 2.8 million fatalities a year from work-related diseases (WRDs) and occupational accidents and a manifold number of workers with non-fatal diseases and injuries, which affect their work ability. These negative health effects result in a loss equal to 4% of the global GDP, i.e. an annual loss of 3.5 trillion USD. All these burdens are preventable. About 85% of the global workforce lack access to occupational health services and the coverage of the existing services do not correspond to the most striking needs. Extension of the coverage and development of the content of occupational health services is needed. The ICOH, IOHA and IEA welcome the initiative for Universal Health Coverage and proposes it to be complemented by Universal Occupational Health Coverage (UOHC), providing specialized or basic occupational health services for all working people including occupational hygiene and human factors/ergonomic design services. Such services should be provided for all sectors of working life, cover all working people; the organized work life plus the self-employed and informal sector workers in line with the WHO strategy on universal health coverage, UHC, and the UN Sustainable Development Goals No. 3 and 8. Special attention should be given to protection of health at work of vulnerable groups, and workers in high-risk sectors; older workers, female workers, migrants, refugees, child workers and workers in the informal sector who are also severely hit by the climate change-related disasters.

The ICOH, IOHA and IEA want to encourage the WHO to undertake following actions:

- 1) Establish a global programme for universal occupational health coverage, UOHC, by guiding the governments to organize specialized or basic occupational health services for all working people, starting from those most in need and most vulnerable.
- 2) Provide technical support and guidance for training and education of multidisciplinary human resources and experts (health, occupational hygiene, ergonomics, psychology) for occupational health services.
- 3) To support the global development of occupational health services by collaborating with the sister UN organizations and NGOs and by revitalizing the ILO/WHO Joint Committee on Occupational Health."

KEYWORDS

+Global, +2019, +ICOH, +IOHA, +IEA, +coverage, +accessibility, +structure BOHS, +expert-based OHS, +target populations, +info educ staff, +internat collab, +01, +02, +10,

Global

WONCA-WHO Memorandum of Understanding signed. WONCA News, Feature stories. February 2019. Wonca website (accessed 29 January 2022)

<https://www.globalfamilydoctor.com/news/wonca-whomou.aspx>

Open Access. © World Organization of Family Doctors (WONCA)



The description is based on the website information.

WONCA President, Donald Li, and Dr Tedros Adhanom Ghebreyesus, Director General of WHO sign a Memorandum of Understanding on behalf of both organisations, reflecting the crucial role played by family medicine in achieving the goal of Universal Health Coverage. Donald Li's address on the signing of the MOU with the WHO includes as a main message "WONCA has 600,000 members in 150 countries and territories. We are providing quality primary care to millions of people globally. We recognise that effective, timely primary care delivery is not only about the doctors - we value working in professional and competent multidisciplinary primary care teams to reach ever greater numbers and population groups. This MOU provides a springboard to strengthen our collaboration with WHO – at central level here in Geneva, through technical and policy collaboration – but also at regional level and at country level. Our Member Organisations will relish working with WHO country and regional colleagues on a wide range of issues in which family doctors and GPs have specialist expertise. This includes, of course, planning, delivering, accrediting and monitoring primary care programmes. It includes the establishment of - and curriculum development for - family medicine programmes at undergraduate and postgraduate levels. But our expertise also includes system development to support effective primary care, Health Security, Health Emergencies, Mental Health, Measurement and Classification of primary care, Environment, *Workers' Health* and Disaster Risk Reduction, among others.

KEYWORDS

+Global, +2019, +WONCA, +WHO, +family physicians, +01, +02,

Global

Lopez E. Report of the Special Interest Group on Workers Health. WONCA Annual Report July 2019-June 2020. 2020: Pg 83-84.

<https://www.globalfamilydoctor.com/aboutwonca/annualreport.aspx>
(accessed 25 May 2025)

Open Access. © World Organization of Family Doctors (WONCA)



The description is based on the report.

Lopez refers to the same values shared by Family Medicine and Occupational Health: practicing prevention, focusing on context, having a broad view of health problems, and practicing patient-centered care. The WONCA Special Interest Group on Workers' Health proves that collaboration between major organizations is fruitful. He refers to the Conference in The Hague, The Netherlands in 2011 as the cornerstone of this joint work. WONCA, WHO and ICOH have taken the lead in demonstrating that working together between large organizations dedicated to patient-centered care is an alternative. He commented on the participation by WONCA (CEO Manning, Buijs, Van Dijk) in the ICOH scientific committees' conference in Mumbai, India (2020) hosted by the Indian Association of Occupational Health (IAOH). In various meetings it has been highlighted how to integrate Basic Occupational Health Services (BOHS) into primary care. Manning stated that workers at greatest risk for work-related illness and injury may have little or no access to formal occupational health services. However, many of them – maybe 80% or more – may be eligible for care in primary care centers. The question is how to use PHC as a tool to provide better BOHS. Manning reminded in his CEO column in WONCA News to the need for training programmes and CME (continuous medical education) sessions, to better sensitise family doctors to occupational health issues. Reference materials are important such as the book, co-edited by Ramnik Parekh (India, IAOH, and WONCA) entitled *BOHS for informal Industry: a manual for primary care providers*.

Finally, Lopez referred to the first joint statement of WONCA and ICOH (July 2014, Lisbon, Portugal) including the pledge: "The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, 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."

KEYWORDS

+Global, +2020, +WONCA, +Lopez, +ICOH, +IAOH, +structure BOHS, +family physicians, +internat collab, +accessibility, +info educ staff, +02, +13,

Global

Manning G. Website WONCA. Global Family Doctor. From the CEO's desk. March 2020. (accessed 29 January 2022). Personal report from the CEO of WONCA.

<https://www.globalfamilydoctor.com/News/FromtheCEOsdeskMarch2020.aspx>

Open Access. Copyright World Organization of Family Doctors (WONCA)



The description is based on the report.

Report by Garth Manning, CEO of WONCA, of his plenary lecture at the ICOH*- IAOH (Indian Association of Occupational Health) Conference held in Mumbai, India. Jan./Feb. 2020.

Manning presented a plenary lecture on how to integrate Basic Occupational Health Services into primary care. He offered reasons for that development, addressing the importance of work as a determinant of health. Work can also complicate the management of chronic diseases, for example diabetes. More attention is needed for occupational health in medical education, primary care and specialty practice. Barriers and constraints do exist, but occupational health cannot be ignored as a significant part of care for the patient. Training and good reference materials are needed such as the book “BOHS for informal industry” (Parekh, Moti). Finally, Manning referred to the WONCA-ICOH joint pledge to the patients ‘we serve’. In the pledge (2014) is stated: “WONCA and ICOH pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research 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”. Manning mentioned the great work of the Special Interest Group on Workers Health in WONCA.

*Eight Scientific Committees of ICOH participated actively, co-organizing this ICOH-IAOH conference.

KEYWORDS

+Global, +2020, +WONCA, +ICOH, +IAOH, , +family physicians, +info educ staff, +internat collab, +02, +08,

Global

A safe and healthy working environment is a fundamental principle and right at work. Geneva, ILO Online brochure. 2022; 16 pages.

<https://www.ilo.org/publications/safe-and-healthy-working-environment-fundamental-principle-and-right-work>

Open Access. ILO publications before 2023: check the copyright page of each work. This brochure lacks copyright information (accessed 22 October 2024). In general: reproduction of ILO material is authorized free of charge and without formal written permission for non-commercial purposes for a text extract < 400 words. As of 3 May 2023, unless otherwise indicated, ILO publications are under CC BY 4.0.



The brochure does not contain a summary or similar text. The description explains the new ILO declaration on fundamental principles and rights at work. Use the link to read the full text.

A safe and healthy working environment is a fundamental principle and right at work. At its 110th Session in June 2022, the International Labour Conference decided to amend paragraph 2 of the ILO Declaration on Fundamental Principles and Rights at Work (1998) to include “a safe and healthy working environment” as a fundamental principle and right at work, and to make consequential amendments to the ILO Declaration on Social Justice for a Fair Globalization (2008) (footnote 1) and the Global Jobs Pact (2009) (footnote 2).

ILO Declaration on Fundamental Principles and Rights at Work

Originally adopted in 1998, the ILO Declaration sets out principles and rights contained in the ILO Constitution and in the Declaration of Philadelphia, and states that all Members have an obligation to respect, to promote, and to realize, in good faith and in accordance with the Constitution, the fundamental principles and rights at work.

With the decision to include a safe and healthy working environment, the ILO Declaration now includes five categories of fundamental principles and rights at work:

a. freedom of association and the effective recognition of the right to collective bargaining; b. the elimination of all forms of forced or compulsory labour; c. the effective abolition of child labour; d. the elimination of discrimination in respect of employment and occupation; and e. a safe and healthy working environment

Footnote 1 The 2008 Declaration promotes decent work through a coordinated approach to achieving four strategic objectives: (i) employment; (ii) social protection; (iii) social dialogue; and (iv) fundamental principles and rights at work, which now include “a safe and healthy working environment”.

Footnote 2 The 2009 Global Jobs Pact recognizes that the respect for fundamental principles and rights at work is critical for human dignity and that it is also critical for recovery and development. The Pact (as amended in 2022) calls for increased vigilance to achieve the elimination and prevention of an increase in forms of forced labour, child labour, and discrimination at work, as well as to achieve a safe and healthy working environment.

ILO Conventions 155 and 187 are elaborated.

KEYWORDS

+Global, +2022, +ILO, +01, +02, +03, +04,

Global

ICOH Marrakech declaration. 2024. 5 pages.

<https://www.ichweb.org/site/news-detail.asp?id=259>

(accessed 25 May 2025)

Open Access. Copyright is not clear. Presumably no restrictions when giving credits to the creator/publisher, no changes are made in the content of the text, and not using the text for commercial purposes.



The description is based on aspects of the statement.

The ICOH Marrakech declaration mentions in the background part globalization, the COVID-19 pandemic and the fast introduction of new technologies. Traditional hazards still exist; climate change and demographic changes ask for more attention.

The declaration addresses the need for more global leadership, revitalization of the joint ILO/WHO Committee on OH, and revitalisation of the WHO network of centres in OH. Stepwise development of occupational health services for all is recommended, starting with basic occupational health services (BOHS). The main objective is to achieve Universal Occupational Health Services (UOHS) coverage. Ratification of the ILO Convention 161 (OH Services) is recommended for the member states.

Several groups of informal workers are identified as vulnerable populations. Appropriate programs and OH services should be provided. ICOH calls for a closer collaboration between occupational and public health.

KEYWORDS

+Global, +2024, +ICOH, +ILO, +internat collab, +structure BOHS, +coverage, +expert-based OHS, +informal workers, +02, +10,



Pesticide

Tea bushes are treated in Bangladesh for a better harvest.
©Photo: Chowdhury F./ILO

3 Books

3.1 Overview

Overview of 22 records in the Books Section of the Repository

Name of the author(s) and/or institution, title of publication, other bibliographic information, additional information (*italic*).

WHO (WHO Regional Office for the Eastern Mediterranean). Occupational Health. A manual for primary health care workers. Cairo; WHO: 2001. 171 pages. *Book (Manual)*.

Siriruttanapruk S. Integrating Occupational Health Services into Public Health Systems: A Model Developed with Thailand's Primary Care Units. Bangkok; ILO: 2006. 87 pages. *Report*.

Rantanen J, Lehtinen S (eds). FIOH (Finland). Basic Occupational Health Services. 3rd revised edition. Helsinki; Finnish Institute of Occupational Health: 2007. 22 pages. *Guide (booklet)*.

WHO. Integration of workers' health in strategies for primary health care. WHO Global Intercountry Consultation 4–7 May 2009, Santiago, Chile. WHO: 41 pages. *Meeting Report*.

IEA, ICOH. International Ergonomics Association (IEA) and International Commission on Occupational Health. Ergonomic Guidelines on Occupational Health Practice in Industrially Developing Countries. IEA, ICOH: 2010. 99 pages. *Guidelines*.

Kogi K, Kawakami T, Van VN, Lan TTN. Basic occupational health services and work improvement in small and medium sized enterprises. Ha Noi, Vietnam: 2011. 65 pages. *Action guide*.

Denny HM. Impact of Occupational Health Interventions in Indonesia. University of South Florida, USA: 2012. 136 pages. *Doctoral Thesis*.

FIOH (Finland). OH&S Forum 2011, Proceedings International Forum on Occupational Health and Safety: Policies, Profiles and Services, 20–22 June 2011, Espoo, Finland. Helsinki; FIOH: 2012. 229 pages. *Proceedings*.

Días EC, Lacerda e Silva T (Eds.). Saúde do Trabalhador na Atenção Primária à Saúde (APS): possibilidades, desafios e perspectivas [Health of Workers in Primary Health Care: Possibilities, Challenges and Perspectives]. First edition, in Portuguese. Editor: Livraria Florence, Brazil: 2013. 404 pages. *Printed book*.

Buijs P, Van Dijk F. Essential interventions on Workers' Health by Primary Health Care. A scoping review of the literature: a technical report. Report for WHO. Leiden; TNO Work, Health and Care, The Netherlands: 2014. 66 pages. *Report*.

Niu S. and Kogi K (eds). Ergonomic checkpoints in agriculture. Practical and easy-to-implement solutions for improving safety, health and working conditions in agriculture. Second edition. Geneva; ILO (International Labour Office): 2014. 234 pages. In collaboration with IEA (International Ergonomics Association). Also available in Chinese (2015). *Report*.

Parekh R, Moti S (eds). BOHS for informal industry. Manual for primary care providers. Mumbai; IAOH (Indian Association of Occupational Health): 2016. 391 pages. *Book*.

Taylor RM (rapporteur). Nat Academies (National Academies of Sciences, Engineering, and Medicine, USA). Approaches to universal health coverage and occupational health and safety for the informal workforce in developing countries: Workshop summary. Washington DC, USA; The National Academies Press: 2016. 140 pages. *Report*.

NIOSH, FIOH. Improving workers' health across the globe. Helsinki, Finland; Cincinnati Ohio, USA; NIOSH Publication No. 2016-118: 2016. 59 pages. *Report*.

Rantanen J, Lehtinen S, Valenti A, Iavicoli S. Occupational health services for all. A global survey on OHS in selected countries of ICOH members. Rome: ICOH; 2018. 93 pages. *Report*.

Lehtinen S (Editor in chief). International Newsletter on Occupational Health and Safety. Special Issue, January 2018. Networking. Geneva; ILO: 2018. 32 pages. Collaboration: ILO, ICOH and Helsinki University, Finland. *Newsletter*.

ILO (International Labour Office). Women and men in the informal economy: a statistical picture (third edition). Geneva; ILO: 2018. 156 pages. *Report*.

Ministério da Saúde, Brazil. Cadernos de Atenção Básica, numero 41. Saúde do trabalhador e da trabalhadora. [Primary Care Handbook No. 41 – Workers’ Health of male and female workers]. Brasilia DF in Brazil; Ministério da Saúde [Ministry of Health]: 2018. 136 pages. *Textbook for education*.

Garrido Campos MA. Basic occupational safety and health for small-scale fishing workers in rural communities in Latin America using a community-based approach. Doctoral Thesis, September 2020. München, Germany; Ludwig-Maximilians-Universität: 2020. 94 pages. *Doctoral Thesis*.

Nag PK, Gite P. Human-Centered Agriculture. Ergonomics and Human Factors Applied. Springer ‘Design Science and Innovation’ series. 2020. 409 pages. *Book (e-book). India*.

WHO, UNICEF. Operational framework for primary health care: transforming vision into action. Geneva; World Health Organization and the United Nations Children’s Fund (UNICEF): 2020. 132 pages. *Report*.

Verberk M, Van Dijk F. Work and Health in Agriculture. An Introduction for Primary Health Care. Leiden, Netherlands; Learning and Developing Occupational Health (LDOH) Foundation: 2022. 148 pages. *E-Book (plus learning materials)*.

3.2 All records

Global **WHO Regional Office for the Eastern Mediterranean. Occupational Health. A manual for primary health care workers. Cairo; WHO: 2001. 171 pages. Book (Manual).**

<https://apps.who.int/iris/handle/10665/116326>

Open Access. Copyright WHO, 2002. No permissions.



The description is based on the structure of the book.

Many highly qualified experts worked together in the writing of this comprehensive book aimed at supporting the training of primary health care staff in the region and global. The book starts with chapters on the work environment, occupational and other work-related diseases and early detection of occupational diseases. Then follow chapters on occupational ergonomics, and on stress and adverse psychological factors at work. The next themes are occupational safety and accident prevention, first aid, education in OH, record keeping, OH in special areas such as in mining and agriculture. The final chapter is on OH for women and children.

KEYWORDS

+Global, +2001, +WHO, +info educ staff, +family physicians, +internat collab, +09, +11,

Thailand

Siriruttanapruk S. Integrating Occupational Health Services into Public Health Systems: A Model Developed with Thailand's Primary Care Units.
 Bangkok; ILO: 2006. 87 pages. Report.

https://labordoc.ilo.org/discovery/fulldisplay/alma994272463402676/41_ILO_INST:41ILO_V2

or:

https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@asia/@ro-bangkok/documents/publication/wcms_bk_pb_309_en.pdf

Open Access. Copyright ILO, 2006. Short excerpts may be reproduced without authorization, on condition of source indication.



The description is based on the Executive summary.

The development of an occupational and environmental health services model that can be integrated into public health systems is an important step towards improving workers' physical and mental health. The goals of such a model are to provide primary medical treatment and/or referral, support rehabilitation, decrease occupational risk factors, promote good health practices, control occupational diseases (OD) and their hazards, and track epidemiological data. Thailand's Ministry of Public Health (MoPH) developed such a model with support from the ILO. The MoPH referred to key ILO standards such as Convention 161 on OSH services during the development of the model. The MoPH carried out a research and development project to create the model in stages: 1) Analysis of the existing situation. 2) Data collection to provide baseline data and inform the development of a training curriculum for the Primary Care Unit (PCU) staff. 3) Pilot test of the provision of OSH services in PCUs. 4) Monitor the process and evaluate effectiveness. Data was collected on OD prevention and control activities from 75 provincial health offices and from the PCUs in 5 pilot provinces.

Baseline study results indicated that OD prevention and control activities at provincial level need to be targeted to underserved populations such as agricultural and informal economy workers. OSH services were integrated into existing health services provided by the PCUs. The project included a five-day training course. The pilot project included activities in the community and outpatient services provided in PCUs. The implementation of OSH services in the community was carried out with agricultural work groups in seven villages and with community workers in three villages.

In conclusion, results from the pilot model on OSH services from 10 PCUs indicate that the PCU staff now have the capacity to provide OSH services and related health promotion activities to workers. Capacity was strengthened to provide community-based services for workers and outpatients. Provincial health personnel capacity was also strengthened to provide better support to the PCU. Continued capacity building to increase knowledge and skills for the health care staff will be needed. Advocacy is necessary to create a national policy to integrate the model into the work of remaining PCUs and will need to be supported by sufficient budget and other resources. Once approved, capacity will need to be developed in all PCUs throughout the country. Identification of roles and responsibilities as well as development of implementation networks will be required. Awareness raising among local authorities is necessary so that they can become a major partner in supporting PCU activities.

KEYWORDS

+Thailand, +2006, +Siriruttanapruk, +ILO, +structure BOHS, +structure HC, +tasks, +research, +info educ staff, +farm workers, +01, +08, +09, +11,

Global

Rantanen J, Lehtinen S (eds). **Basic Occupational Health Services**. 3rd revised edition. Helsinki; Finnish Institute of Occupational Health: 2007. 22 pages. Guide (booklet).

<https://www.julkari.fi/bitstream/handle/10024/135069/Basic%20Occupational%20Health%20Services.pdf?sequence=1> (accessed 13 October 2025)

Open Access. No copyright information to find in the publication.



Description of the content of the guide.

This basic guideline has been published as a response to the Joint ILO/WHO Committee on Occupational Health priority area for ILO/WHO/ICOH collaboration. The content of this guide contains chapters on

1. Introduction
2. Policy and mission, Strategy and background of BOHS, Concept and objectives
3. BOHS system and infrastructures, Stepwise development of the OHS system, BOHS as a part of an integrated OSH infrastructure
4. Activities and content of BOHS, orientation and planning, surveillance of the work environment and of workers' health, assessment of health and safety risks, information and education on risks and advice on the need for preventive and control actions. Next chapters are elaborating preventive actions for the management and control of health and safety hazards and risks, prevention of accidents, maintaining preparedness to first aid and participation in emergency preparedness, diagnosis of occupational and work-related diseases, general health care, curative and rehabilitation services, record keeping by BOHS, evaluation.
5. Provision of BOHS
6. Human resources for BOHS
7. Financing
8. Actors in the organization and development of BOHS

References

KEYWORDS

+Global, +2007, +Rantanen, +FIOH, +structure BOHS, +info educ staff, +tasks, +standards guidelines, +01, +08, +09, +14,

Global

Integration of workers' health in strategies for primary health care. WHO Global Intercountry Consultation 4–7 May 2009, Santiago, Chile. WHO: 41 pages. Meeting Report.

You may try:

<https://docslib.org/doc/8390599/integration-of-workers-health-in-the-strategies-for-primary-health-care>

An old WHO link did not work anymore. For research purposes you can ask Frank van Dijk a PDF copy. E-mail: v.dijk.workandhealth@gmail.com.

Open Access, Copyright is not applicable presumably; no restrictions expected. A reference must be made to the source.

The description describes the content of the report.

After a comprehensive Introduction and Background chapter describing the motivation for the top meeting and key elements in history, opening and keynote speeches are summarized in this 41 pages' report. Opening by Vega, Solar and Jaramillo (Chile, Ministries of Health resp. Labour) and Dora (WHO). Keynotes of Reyes (Chile, Ministry of Labour), Dora and Ivanov (WHO). Then, a Panel Discussion on challenges in integrating occupational health and PHC. Next, Parga (ILO) on OSH Labour standards, Benach (Univ. Barcelona Spain) on employment and health inequities, Muntaner (Univ. Toronto Canada) on the impact of political context, Ivanov (WHO) on PHC and workers' health. In the section on country experiences contributions from Brazil, Chile, China, Finland, Italy, South Africa, Thailand, The Netherlands, UK and USA. Closing with a chapter Conclusions and Recommendations.

Four Annexes: (1) Scope and purpose of the meeting (comprehensively), (2) Backgrounder document on primary health care and workers' health (wide-ranging), (3) Guidance for presenting country experiences including a list of 14 questions, (4) List of participants.

This meeting report provides an overview of BOHS developments showing the international background: Alma Ata in 1978, the World Summit of Sustainable Development in Johannesburg in 2002 linking occupational and public health, ILO/WHO joint committee on OH recommendation of basic occupational health services in 2003, the WHO (WHA) resolution 'Global Plan of Action on Workers' health' in 2007, WHO Report 'PHC now more than ever' (universal access) in 2008. As important are the new discussions and reports of country experiences showing a rich variety of developments and contexts. Interesting are short descriptions of the discussions during the meeting. Selected from the Conclusions and Recommendations: renewing PHC and health systems (a step by step process) offers opportunities for providing BOHS, referral systems and specialized OHS; it is feasible to integrate the provision of occupational health services and primary care; policy support, capacity building, worker participation and adequate resources are key factors for success of horizontal integration; OH must be integrated in primary, secondary and tertiary levels of health service delivery.

KEYWORDS

+Global, +2009, +WHO, +structure HC, +structure BOHS, +internat instit, +internat collab, +coverage, +participation, +02, +08, +10,

Global

International Ergonomics Association (IEA) and International Commission on Occupational Health (ICOH). Ergonomic Guidelines on Occupational Health Practice in Industrially Developing Countries. IEA, ICOH: 2010, 99 pages. Guidelines.

<https://www.icohweb.org/site/news-detail.asp?id=81>

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The description is based on the structure and scope of the guidelines.

Introduction “Representatives of the ICOH and the International Ergonomics Association have jointly compiled these guidelines. They are designed to assist personnel in the field of occupational health who have a limited knowledge of ergonomics. They outline the process of identifying, assessing and controlling problems related to health and safety in the workplace. The ultimate aim is that they can provide assistance in planning basic intervention strategies based on sound ergonomic principles.”

The chapters are:

1. Aims of the guidelines
2. Ergonomics and its practice
3. Identifying workplace problems
4. Risk management in the workplace
5. Planning and implementing workplace improvements
6. Useful tools for implementing workplace improvements
7. Two hundred principles of occupational ergonomics
8. Glossary of terms
9. Sources of useful information

At the workplace, ergonomics is applied to the design of work equipment and tasks and to work organisation. Ergonomics aims to promote health, efficiency, and well-being in employees designing safe, satisfying and productive work.

Ergonomics can play an important role in OSH management where the primary aim is to reduce risks of injury or disease while enhancing the quality of working life. Good ergonomics can improve productivity and morale of workers and decrease injuries, sick leave, staff turnover and absenteeism.

It is necessary to examine not only the physical design aspects of work or the ‘hardware’, but also areas such as work organisation and task design, job content and control over workload, support and training. The people who perform the work (the ‘who’), the nature of the tasks (the ‘what’) and the context (the ‘where’ ‘when’ and the ‘how’) need to be considered.

KEYWORDS

+Global, +2010, +IEA, +ICOH, +tools equipment, +standards guidelines, +ergonomists, +info educ staff, +nurses, +info educ population, +tools equipment, +11, +12,

Vietnam

Kogi K, Kawakami T, Van VN, Lan TTN. Basic occupational health services and work improvement in small and medium sized enterprises. Ha Noi, Vietnam: 2011. 65 pages. Action guide. Supported by ILO, Japan Multi-bilateral programme, and WHO/Japan Cooperation programme.

No link available, we tried to find a link in September and in October 2024. A printed copy is available. Email to Frank van Dijk, v.dijk.workandhealth@gmail.com.

No information about Open Access or copyright. Presumably Open Access, given the public character of the participant institutions. Copyright is uncertain.

The description is based on the structure of the report.

Chapter and subchapter headings.

Part 1. Steps for improving OSH in small and medium-sized enterprises.

Chapter 1. Introduction:

Need for strengthening OSH activities in SMEs. Characteristics of SMEs in Vietnam. Active participation of employers and workers. Role of OSH inspection and Basic Occupational Health Services. Legislation documents relating to implementation of OSH and provision of Basic Occupational Health Services (BOHS). Experience gained from participatory improvement activities.

Chapter 2. How to improve occupational safety and health in SMEs.

Planning of interventions for improving OSH in SMEs. Partnership for facilitating workplace actions. How to facilitate OSH improvement actions. Constraints of voluntary improvements, how to overcome.

Chapter 3. How to plan and implement direct intervention for improving OSH in SMEs.

Step 1. Plan practical services for improving OSH in SMEs. Step 2. Identify target groups and build initiative of employers and workers. Step 3. Support OSH improvement actions in SMEs. Step 4. Review OSH improvements. Step 5. Follow-up and sustain support services and training.

Chapter 4. How to extend and sustain OSH improvements in SMEs.

Stepwise progress in OSH activities in SMEs. Sustaining OSH activities with participation of employers and workers. Reinforcing the partnership for improving OSH.

Chapter 5. Practical hints for supporting OSH improvement actions in SMEs.

Promoting communication and cooperation between employers and workers. Applying participatory, action-oriented approaches. Support services should provide concrete guidance for the implementation of practical improvements, in a stepwise manner starting with simple low-cost solutions. Networking, participating of SMEs for a wider impact. Linking improvements of health and safety to increased productivity of SMEs. Improving the workplace conditions by applying the action checklist. Promoting group discussions to prioritize actions. Aiming at developing good OSH practices among SMEs.

Part 2. Support materials for improving OSH in SMEs. No text.

KEYWORDS

+Vietnam, +2011, +Kogi, +ILO, +standards guidelines, +participation, +legislation, +other target pop, +regional support c, +01, +03, +08,

Indonesia

Denny HM. Impact of Occupational Health Interventions in Indonesia. University of South Florida, USA: 2012. 136 pages. Doctoral Thesis.

<https://digitalcommons.usf.edu/etd/4308/>

Open access, Copyright 2012, Hanifa M. Denny.



The description is partly based on the abstract of the thesis. Use the link to read the thesis.

This thesis is a study in West, Central, and East Java Provinces in Indonesia. The first theme is the stakeholders' perspectives on the impact, effectiveness, adoption, implementation, maintenance, and barriers of occupational health services for informal sectors. Next, the impact of occupational health training for community health officers has been assessed. West Java having a centre for occupational health referral services (BKKM) was compared to Central Java as a province without such a centre. The study showed, among others, that interventions improved knowledge of and engagement in occupational health among workers and health officers. Local governments' political commitment to funding occupational health, improved. The BKKM promoted occupational health in West Java. Occupational health interventions resulted in some positive impacts related to safe and healthy work-related behaviour.

KEYWORDS

+Indonesia, +2012, +Denny, +regional support c, +referral facilities, +participation, +info educ staff, +volunteers, +Q of care, +Q of program, +01, +07, +11,

Global

OH&S Forum 2011, Proceedings International Forum on Occupational Health and Safety: Policies, Profiles and Services. 20–22 June 2011, Espoo, Finland. Helsinki; FIOH: 2012. 229 pages. Proceedings.

https://www.researchgate.net/profile/Jukka-Takala-2/publication/234077761_EU_Strategies_and_Tools_in_Occupational_Safety_and_Health/links/0fcfd50ee696c9a4f5000000/EU-Strategies-and-Tools-in-Occupational-Safety-and-Health.pdf

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The description is based on the Proceedings. Use the link to download the Proceedings.

Informative International Forum held in Finland, June 2011, including 39 contributions from many countries, organized by FIOH collaborating with WHO, ILO, ICOH, European Agency for Safety and Health at Work, European Foundation (Dublin).

In the Preface (from the part dealing with Services) is stated that the fragmentation of work life and reaching out to small and medium-sized enterprises and the informal sector workers, challenges the development of the service system. Joining forces in various programmes is needed such as ILO-WISE and WHO/ILO/ICOH/FIOH-BOHS approaches.

Basic Occupational Health Services integration in primary health care is an option to bring occupational health services to small workplaces and to informal workers. The education and training of health personnel is crucial as occupational health requires good knowledge about working conditions and relevant exposures.

The Proceedings starts with nine contributions on policies among these policies of ILO and WHO, but also contributions on evidence, the view of productivity, research-to-policy or the other way around (Japan, USA, Europe). A perspective is given from Kenya.

Then, nine contributions follow on Profiles including tools, strategies, indicators, using process indicators for evaluation, country visions from Tanzania and Latvia, psychosocial risks, zero accident vision, and safety culture.

The section on 'Services' contains contributions on country reports: Tamil Nadu (India), Thailand (see the contributions of Balakrishnan resp. Chancharoen in the Chapter 4 on scientific articles in this repository), Vietnam, Macedonia, Poland, selected South-East European countries (Rantanen), and the Americas (PAHO, Rodriguez Guzman). Finally follows a general view from Rantanen.

In the section 'New trends and approaches', are highlighted: climate change, green jobs, psychosocial, workers with disabilities, ageing, small-scale workplaces and participatory approaches.

In the section 'Nordic vision', developments in the Scandinavian countries are presented, among these on occupational health services.

KEYWORDS

+Global, +2012, +FIOH, +internat instit, +structure BOHS, +Q of care, +01, +02, +09,

Brazil

Días EC, Lacerda e Silva T (Eds.). Saúde do Trabalhador na Atenção Primária a Saúde (APS): possibilidades, desafios e perspectivas [Health of Workers in Primary Health Care: Possibilities, Challenges and Perspectives]. First edition, 2013. In Portuguese. Editor: Livraria Florence, Brazil. 404 pages. Printed book. 2013b.

https://www.livrariaflorence.com.br/produto/livro-saude-do-trabalhador-na-atencao-primaria-a-saude-dias-silva-org-129929?srsId=AfmBOoqqsZxLgVvY6d8WzCM-vb64pcOOxRH6wpeave2D5nVOg6l_PclU

Not Open Access. Copyright 2013 by Editora Coopmed, Belo Horizonte, Brazil



The 'synopsis from the editor' is used as a base for the description.

The book Occupational Health in Primary Health Care: possibilities, challenges and perspectives, is organized by Elizabeth Costa Dias and Thais Lacerda e Silva, working at the Federal University in Minas Gerais, Brazil, with the participation of 53 other health service professionals, researchers and teachers.

The book is original and timely. It is intended to support the consolidation of workers' health actions within the Primary Health Care in Brazil, providing public managers, health care workers, teachers, students and representatives of social security organizations elements for reflection and action.

The book is organized into three parts.

Part 1 articulates historical-conceptual aspects of Primary Care and Occupational Health

Part 2 on focuses, approaches and support strategies for the development of actions

Part 3 Health of Workers in Primary Health Care, experiences in several municipalities and regions in Brazil

In the scenario of transformations of the world of work, marked by the precariousness of working conditions and employment, Primary Health care plays a prominent role in the provision of care for workers' health.

Each of the 20 book chapters contains numerous references to the literature.

KEYWORDS

+Brazil, +2013, +Dias EC, +structure BOHS, +support for staff, +01, +08, +09, +14,

Global

Buijs P, Van Dijk F. Essential interventions on Workers' Health by Primary Health Care. A scoping review of the literature: a technical report. Report for WHO. Leiden; TNO Work, Health and Care, Netherlands: 2014. 66 pg.

<https://repository.tno.nl/islandora/object/uuid:66de1083-c262-4ac6-aaab-50ec6a64817a>

Open Access. Copyright TNO, Netherlands, 2014.



The description is based on the abstract. Use the link to read the report.

Essential interventions on Workers' Health by PHC in primary, secondary and tertiary prevention are necessary and feasible but not yet satisfactorily evidence based. Necessary, because primary or community health care covers about 80% of the world population, reaching many of the 80 to 90% of the workers worldwide without occupational health care. WHO is exploring such a strategy that can only succeed when PHC is well trained, equipped, supported, and motivated – which mostly is not yet reality. BOHS is feasible, our study reports about a variety of PHC activities for workers' health, from small-scale initiatives to large-scale programs involving many professionals and millions of workers. Structured large-scale programs started in e.g. Thailand, China, the UK, and Indonesia, demonstrating the pioneering phase we are in. In other countries, many small-scale activities started.

Investments are needed in policies, infrastructure, tools, and education. Not all interventions are yet satisfactorily evidence-based because the level of evidence supporting the quality of interventions is mostly not high. The authors strongly recommend funding large research & development programs and sound evaluation studies.

Because this is quite unexplored territory, the authors started with an own conceptual analysis of the domains, relations, and interactions, before describing essential preventive interventions. They chose the new scoping review method, resulting in about 800 literature hits. First, 200 publications were selected, later reduced to a few dozen, as the scientific building blocks. Conclusions: Primary prevention activities – including workplace visits – can be part of PHC interventions on workers' health where the community has a dominant industry or where agriculture is dominant. Expert support should be available. Serious limitations in PHC interventions can be found in more complex activities where experts are needed such as for most risk assessments and advice regarding complicated improvements of working conditions. Education and training in prevention and health promotion can be executed by PHC professionals. Secondary prevention may include periodic health examinations to detect work-related health problems and occupational diseases. Screening tests, part of a workers' health surveillance program, need guidance from experts. Tools and education are available for PHC to detect occupational diseases. Tertiary prevention may include first aid services and emergency treatment, and consultations of working patients regarding their health and work ability. In several countries the attitude and communication skills of family physicians (GPs) regarding work must improve. New tools can lead to better advice toward working patients with a chronic disease. Refs: 73.

KEYWORDS

+Global, +2014, +Buijs, +TNO, +family physicians, +structure BOHS, +Q of care, +Q of interventions, +support for staff, +structure HC, +11, +13,

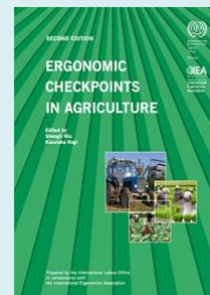
Global

ILO, Niu S, Kogi K. Ergonomic checkpoints in agriculture. Practical and easy-to-implement solutions for improving safety, health and working conditions in agriculture. Second edition. Geneva: ILO, 2014. 234 pages. Report. Edited by Niu S. and Kogi K. Collaboration with IEA. Second edition also in Chinese.

https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/instructionalmaterial/wcms_176923.pdf.

In Chinese: <https://www.ilo.org/resource/news/ergonomic-checkpoints-agriculture-second-edition-now-also-available-chinese>

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The description includes (shortened) quotations. Use the link to download the report.

The Ergonomic checklist in agriculture contains a long list of international contributors. A long development phase is used for improvements. The book and the related app are also well-illustrated.

Shortened quotations from page xvii: How to use the checklist:

"This checklist is a compilation of the titles of the ergonomic checkpoints included in this manual. You may use either the whole list of 100 items, or your own list containing only those items relevant to your workplace. Usually, a checklist of about 30–50 items suitable for your workplace is easier to apply.

1. Knowing the workplace. Ask the farm owner any questions you have. You should know about the main products and production methods, the number of farm workers (male and female), the hours of work (including breaks and overtime) and any important labour problems.
 2. Defining the work area to be checked. Define the work area to be checked in consultation with the manager and other key people. In the case of a small enterprise, the whole production area can be checked. In a larger enterprise, particular work areas can be defined for separate checking.
 3. Initial walk-through. Read through the checklist, then spend several or more minutes walking through the work area before you start to check, using the checklist.
 4. Writing your check results. Read each item carefully. Look for a way to apply the measure. If necessary, ask the farm owner or farm workers questions.
- If the measure has already been taken properly, or if it is not needed, mark NO under "Do you propose action?" If you think the measure would be worthwhile, mark YES. Use the space under "Remarks" to add a description of your suggestion or its location.
5. Selecting priorities. Mark PRIORITY for these items.
 6. Group discussion about the check results. Discuss the results jointly with others in the walk-through. Agree on the existing good points, and on the measures to be taken based on the checklist. Communicate with the farm owner and workers about the proposed measures and the follow up."

KEYWORDS

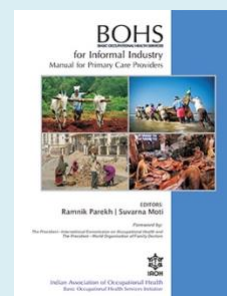
+Global, +2014, +ILO, +IEA, +Niu, +standards guidelines, +ergonomists, +farm workers, +info educ staff, +tools equipment, +Q of tools, +tasks, +11, +12, +14,

India

Parekh R, Moti S (eds), Indian Association of Occupational Health. BOHS for informal industry. Manual for primary care providers. Mumbai; IAOH: 2016. 391 pages. Book.

<https://iaohindia.com/>

Open Access. Copyright Indian Association of Occupational Health, All rights reserved. 2016



The book has no abstract. The description is based on the presentation of the content of the book. Use the link to read the book.

After a Foreword of ICOH and WONCA, follows the introduction of the Indian Association of Occupational Health and of the initiative on BOHS.

Section I 'Conceptual framework of integrated OHS' includes the chapters: Precept; Holistic and Integrated Occupational Health Services; Occupational Health: Integration with Primary Health Care Ecosystem; Occupational Health: Concept, History and Scope; Occupational Health: Current Situation and Scope for BOHS; Planning and Evaluation of Provided BOHS.

Section II deals with Occupational Health Practice. This section presents chapters on Occupational Diseases and Surveillance; Understanding Hazards and Risks; Principles of Occupational Safety; Legislation Related to Occupational Health in Informal Industry; History Taking in Occupational Health; Medical Records; Occupational Hygiene; Clinical and Biological Monitoring for Effects of Toxic Substances.

Section III 'Occupational Safety and Health Issues in Informal Occupations' presents in 22 chapters the OSH risks and adverse health effects and occupational diseases in a wide range of different industries in which most informal workers are employed. Each chapter contains characteristics of the hazards in the industry and overviews of prevalent health effects. Also the other way around: starting with medical complaints & diseases and searching for potential causal factors in the industry. The industries presented are Agriculture, Animal Husbandry, Toddy Tapping, Forestry, Commercial Fishing, Leather and Tanning, Weaving, Artisans, Work in Salt Pans, Work in Brick Kilns, Work in Stone Quarries, Work in Saw Mills, Work in Oil Mills, Building and Construction, Scavenging, Carrying of Head Loads, Loaders and Un-loaders, Driving of Animal-driven and Mechanised Vehicles, Midwifery and Village Health Work, Domestic Work, Barbers' Work, Vending on Pavements, and Beedi Making.

Section IV 'Selected Occupational Conditions: Clinical Perspectives' chapters are devoted to the various kinds of work-related and occupational diseases such as skin health conditions, respiratory system conditions, etc. This section ends with chapters on occupational neoplastic diseases, miscellaneous occupational diseases, and on the prevention and control of occupational diseases. Epidemiology, diagnostics and therapy are dealt with.

KEYWORDS

+India, +2016, +Parekh, +IAOH, +coverage, +structure BOHS, +structure HC, +tasks, +info educ staff, +OSH info specific, +family physicians, +informal workers, +target populations, +other target pop, +01, +09, +10, +11,

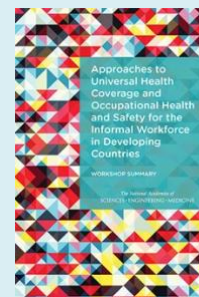
Global

Taylor RM (rapporteur). Approaches to universal health coverage and occupational health and safety for the informal workforce in developing countries: Workshop summary Washington, DC: The National Academies* Press (USA): 2016. 140 pg.

*Nat. Acad. of Sciences, Engineering, and Medicine.

<https://doi.org/10.17226/21747>

Open Access. We asked permission for reuse via Copyright Clearance Centre (30 March 2022) but did get no answer in 2022-2023.



The text in 'Organization of the report' is used for the description.

Introduction. The agenda and list of speakers are in appendixes.

Chapter 2 presentations provide an overview of the issues. Emrey (U.S. Agency for Intern. Development) presented frameworks on UHC. Chen from Harvard Univ. and Women in Informal Employment: Globalizing and Organizing (WIEGO) an overview of the informal workforce (definitions, data, examples). Berman (Harvard School of Public Health) on the evolution of the UHC movement and on inclusion of the informal workforce. Ivan Ivanov (WHO) on the challenges of inclusion regarding OH risks. Dzau (Nat. Ac. of Medicine) the role of partnerships to accelerate progress in inclusion and on OHS services. Chatterjee from the Self-Employed Women's Association (India) (SEWA) challenges for addressing related issues of UHC, OHS, and informal workforce.

Chapter 3 presentations on mapping solutions to UHC inclusive informal workforce. Lorna Friedman from Mercer on global employers. Barber (Lockheed Martin) the employer's role in extending coverage. Solar (Univ. of Chile Med. School) mapping informal workforce/coverage in Latin America.

Chapter 4 includes institutional efforts to respond to the work-related health needs of informal workforce. Ivan Ivanov presented an overview from WHO on primary care-based interventions. Rodriguez-Guzman (PAHO) an overview of PAHO's efforts to respond to work-related needs of Latin American informal sector workers. Ujita (ILO) presented on the ILO's approach OSH for informal workers. John Howard (NIOSH) a brief perspective on OHS in the USA.

Chapter 5 includes presentations on country experiences. Santana (Federal University of Bahia): Brazil; Garg (Inst. for Human Development): informal sector workers; Chatterjee (SEWA: India); Denny (Diponegoro University) on the effectiveness of OH interventions for the informal sectors and options for delivery in Indonesia; Kistnasamy (Department of Health in South Africa); Alfes (WIEGO South Africa and Ghana); Chunharas (Nat. Health Foundation in Thailand); Untimanon (Ministry of Public Health Thailand); Tulaphan (HomeNet Thailand); and Sichinga (Churches Health Ass. of Zambia).

Chapter 6 on the way forward closes with a perspective by Myers of The Rockefeller Foundation on the foundation's history, interest, and plans.

BOX 1-1 (page 8) contains a Statement of the Task Approaches to UHC and OHS for the Informal Workforce in Developing Countries: A Workshop.

KEYWORDS

+Global, +2016, +Taylor, +Nat Ac Sc Engin Med, +coverage, +informal workers, +internat collab, +stakeholders, +01, +02, +08, +10,

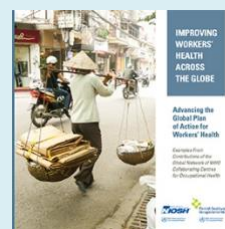


Global

Improving workers' health across the globe. Helsinki, Finland. Cincinnati Ohio, USA; NIOSH Publication No. 2016 -118: 2016. 59 pages. Report NIOSH, FIOH.

www.cdc.gov/niosh/docs/2016-118

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The description is based on the report.

PRIORITY 3.1 of the Global Plan of Action for Workers' Health (WHO Network of Collaborating Centers for OH) was “Develop working methods and provide technical assistance to countries for organization, delivery, and evaluation of basic occupational health services in the context of primary healthcare, with a focus on underserved populations and settings with constrained resources (pages 27-31). “The principles are explained and the scheme of Jorma Rantanen on continuous development of OHS is presented. Briefly, examples are mentioned from India, Thailand, Macedonia, Finland, China and Iran. The International Conference "Connecting Health and Labor” (2011) in The Hague, Netherlands is noted, as well as a WHO meeting in Semnan, Iran, organized in 2014 by and for the WHO Eastern Mediterranean region (International Consultation on Workers' Health Coverage).

In this Repository on BOHS, records are included of reports dealing with both official international meetings, in the section ‘Books’.

KEYWORDS

+Global, +2016, +FIOH, +NIOSH, +internat collab, +structure BOHS, +01, +02, +08, +09,

Global

Rantanen J, Lehtinen S, Valenti A, Iavicoli S. Occupational health services for all. A global survey on OHS in selected countries of ICOH members. Rome: ICOH; 2018. 93 pages. Report.

<http://www.icohweb.org/site/icoh-publications.asp>

Open Access. No information about copyright.



See also in the section 'Articles': Rantanen J, Lehtinen S, Valenti A, Iavicoli S. A global survey on occupational health services in selected ICOH member countries. *BMC Public Health*. 2017;17:787.

The description is based on the Executive Summary. Use the link to read the full summary and report.

The global survey data are from a study organized by ICOH in 2015.

ICOH promotes OHS for all, including basic occupational health services, BOHS. The study has the aim to survey the status of occupational health services (OHS) in a sample of countries. 58 ICOH National Secretaries were recruited as informants (response rate 84.5%). The ratification rate of ILO Convention No. 161 on OHS was 29%, almost twice the global average. The average OHS coverage of workers among the countries was 24.8%; the estimated coverage of total global workforce was 18.8%. Of the respondent countries 92% utilized the big industry model, 65% also group services. Of the respondents' countries 76% provided OHS from primary health care units, and 50% hospital polyclinics services. Private services were used by 84% of the respondents' countries. 55% of respondents reported use of the BOHS approach; 24% as a separate service, 35% as a service integrated with PHC (some countries using both settings). The total number of human resources in OHS was 416.000, an average density of one expert per 5.663 workers.

Conclusions: "In spite of occupational health service policies, strategies and programmes, the infrastructures and institutional and human resources for the implementation remain insufficient (implementation gap). The estimated coverage of services was low; only a quarter of the workers in the survey group and less than one fifth of the global workforce (coverage gap). Qualitatively, the content and multidisciplinary nature of occupational health services corresponds to international guidance, but the coverage, comprehensiveness and content of services remain largely incomplete due to a lack of infrastructure and shortage of multiprofessional human resources (capacity gap). In view of achieving the UN SDGs for workers' health, all countries, particularly those with low occupational health service coverage, should give a higher policy priority to occupational health services and ratify ILO Convention No. 161; strengthen their governance, regulation and implementation; expand their coverage to provide occupational health services for all working people, including small enterprises, the self-employed and informal sector workers; strengthen human resources; generate sufficient, well-working financial models; and continuously develop the service system to meet workers' health needs and the rapidly changing needs of workplaces. This requires efforts to close the implementation, coverage and capacity gaps in occupational health services."

KEYWORDS

+Global, +2018, +Rantanen, +ICOH, +research, +coverage, +structure BOHS, +structure HC, +staff capacity, +expert-based OHS, +specialised clin OHC, +01, +10, +11, +13,

Global

International Newsletter on Occupational Health and Safety. Special Issue, January 2018. Lehtinen S (Editor in chief). Networking. ILO; Geneva: 2018. 32 pages. Newsletter. Collaboration: ILO, ICOH and Helsinki University. (ILO).

www.icohweb.org/site/multimedia/pubblicazioni/OHS_Newsletter.pdf

Open Access. Copyright ILO 2017. ILO license policy: short text extracts are permitted for non-commercial purposes. Short excerpts of the articles may be reproduced without authorization, on condition that the source is indicated.



The description is based on the content of the Newsletter.

Editorial. Guy Ryder, ILO.

A new practical Global Coalition on Safety and Health at Work. Mattila, Leppink, Takala.

Understanding the functioning of OSH knowledge agencies, institutions and organizations. Focus on administrative and scientific governance. Loiselle

Scope of research conducted by agencies, institutions and organizations engaged in OSH knowledge development. Luckhaupt, De Rosa. Citation: "Fewer respondents' programmes covered small and medium-sized enterprises, Microenterprises, and OSH in the informal economy."

OSH information development and international networking. Lehtinen. Citation: "The challenge everywhere, however, remains how to ensure services to citizens who have no access to the internet, i.e. particularly small, medium-sized and micro enterprises, self-employed and informal workers."

Provision of occupational health services. Rantanen. Citation: "A third of the respondent institutions provided support for BOHS. These activities were originally intended for SMEs and the self-employed and informal sector, mainly in LMIC and UMIC countries, but in the ILO global survey, provision of BOHS was reported more by the HIC countries' institutions. "

ILO launched a New Web Portal, a global database on OSH Knowledge Agencies, Institutions and Organizations. De Rosa, Loiselle. See: www.ilo.org/safework/info/lang--en/index.htm.

Crucial role of OHS experts' training and education. Reijula, Lehtinen, Rantanen.

Mobilizing for prevention in West and Central Africa. Ahoua, Kouame, Toure, Kassi.

Multiple case study on regional OSH networks. Rantanen.

A forum for collaboration and knowledge development among OSH experts. Boccuni, Gagliardi, et al.

ILO global survey and OSH networking discussed in Singapore. Lehtinen.

ILO internships: internship experiences with ILO in Geneva. Foe Andegue (Cameroon).

KEYWORDS

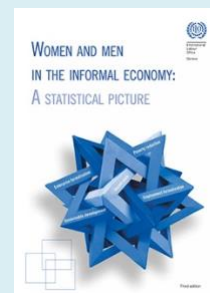
+Global, +2018, +Lehtinen, +ILO, +ICOH, +internat collab, +online facilities, +coverage, +info educ staff, +research, +national OSH instit, +01, +02, +14,

Global

Women and men in the informal economy: a statistical picture, (third edition). Geneva; ILO: 2018. 156 pages. Report.

https://www.ilo.org/global/publications/books/WCMS_626831/lang--en/index.htm

Open Access, Copyright ILO 2009. Short text extracts are permitted for non-commercial purposes.



The description is based upon texts at the website.

Two billion workers - representing 61.2 per cent of the world's employed population - are in informal employment. The third edition of this work provides, for the first time, comparable estimates on the size of the informal economy and a statistical profile of informality in all its diversity at the global and regional levels. A common set of criteria to measure informal work has been applied to more than 100 countries, both developed and developing. The publication is particularly timely given the momentum created by the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204) and the Sustainable Development Goals, which include a specific global indicator on informal employment (8.3.1).

More than 60 per cent of the world's employed population are in the informal economy. More than 68 per cent of the employed population in Asia-Pacific are in the informal economy.

KEYWORDS

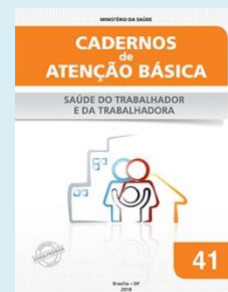
+Global, +2018, +ILO, +informal workers, +OSH info specific, +social security, +internat instit, +02, +04, +10,

Brazil

Cadernos de Atenção Básica, numero 41. Saúde do trabalhador e da trabalhadora. [Primary Care Handbook No. 41 – Workers' Health of male and female workers]. Brasília DF, Government Brazil; Ministério da Saúde [Ministry of Health]: 2018. 136 pages. Textbook for education. The textbook is in Portuguese.

https://bvsmms.saude.gov.br/bvs/publicacoes/saude_trabalhador_trabalhadora.pdf

Open Access, CC (Creative Commons) BY NC ND. No copyright problems when correctly cited, non-commercial publishing, and not changing the content.



The description of the content is based upon the handbook content.

This Primary Care Handbook No. 41 – Workers' Health is based on shared efforts between departments of the Ministry of Health and the Federal University of Minas Gerais (UFMG). The aim is to support Workers' Health actions within the Unified Health System (SUS) by contributing to the qualification of primary care teams/family health teams, considering the relationships between work and the health and disease conditions of the working patients. The National Network for Comprehensive Health Care for Workers (Renast) is supporting. Primary care plays a central role in the National Policy for Workers' Health (PNSTT).

It is not the intention to add something new to the teams' agenda, but to incorporate competencies – knowledge, skills and attitudes – related to the health care of the workers into daily practices.

Chapters of the book are focusing on

(1) health care for workers: general concepts; understanding work-related illnesses and injuries.

(2) care for the health of workers in the work process of primary care/Family Health teams; identification of the productive profile and health situation of workers; how to do in clinical consultation, home visits, health education and group care. Health Surveillance of Workers in Primary Care. How to carry out technical and pedagogical support actions in Workers' Health: the matrix support networks.

(3) Workers' Health care: assistance actions. Management of work-related health problems by teams of Primary Care/Family Health on individual level. Decision regarding absence from work. Medical-social security chains arising from the diagnosis of a work-related illness. Collective actions.

Frequent work-related health problems and work accidents. Specifics about work-related musculoskeletal diseases, dermatosis, mental disorders, respiratory diseases, etc. Hazards e.g. silica dust, pesticides. Educational, protective and preventive actions.

(4) Worker Health Surveillance: identification of the working population, analysis of the health situation of workers in the territory, epidemiological surveillance actions, health promotion actions and work.

(5) Participation and social control in Workers' Health in primary care: support and social participation networks of interest to the health of workers in the territory.

KEYWORDS

+Brazil, +2018, +Govt Brazil, +structure BOHS, +structure HC, +national OSH instit, +info educ staff, +tasks, +regional support c, +support for staff, +09, +11, +14,

Chile, Latin
America

Garrido Campos MA. Basic occupational safety and health for small-scale fishing workers in rural communities in Latin America using a community-based approach. Doctoral Thesis, 18 September 2020. München, Germany; Ludwig-Maximilians-Universität: 2020. 94 pages. Doctoral Thesis.

<https://edoc.ub.uni-muenchen.de/27138/>

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Abstract

Background. Divers and fishermen in Chile's small-scale fishing communities lack basic occupational safety and health. We aimed to evaluate potential long-term effects on cognitive function among divers in southern Chile and to address occupational health problems at the community level. This approach was then part of a pilot training project on basic occupational health for rural communities of Latin America.

Methods. Quantitative and qualitative research methods were applied. Publication one refers to the participatory approach in diagnosing working conditions and health in the fishing community. The second contribution is a cross-sectional study on the evaluation of the executive function of shellfish divers and its relationship with the history of decompression illness. The last publication reports on the implementation and evaluation of the pilot training project which was applied in four rural communities of Latin America.

Results. Failures in executive function of divers were related to their history of decompression illness. A network built by the former paramedic of the rural post connecting fishermen, authorities and stakeholders was recognized by the community as the driving force to avoid fatalities due to the disease in the past. Having health personnel trained in handling and preventing the disease is a current community's need. After implementing the pilot training project, the lack of occupational health knowledge among rural health workers, intersectorality in addressing multiple health-related factors in rural areas, and local public policies addressing occupational health in primary care were the major findings.

Conclusion. Community participation and involvement of primary health care are essential to provide basic occupational safety and health for workers in small-scale fisheries and other rural communities. To make this feasible and sustained, an integrated vision of human health and the training of health professionals in such vision, along with public policy integrating workers' health into primary health care are needed in Latin America.

KEYWORDS

+Chile, +Latin America, +2020, +Garrido Campos, +other target pop, +farm workers, +participation, +info educ population, +07, +10,

Global

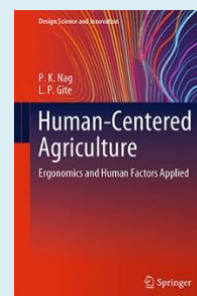
Nag PK, Gite P. Human-Centered Agriculture. Ergonomics and Human Factors Applied. Springer 'Design Science and Innovation' series. 2020. 409 pages. Book (e-book).

<https://doi.org/10.1007/978-981-15-7269-2>,

or:

<https://link.springer.com/book/10.1007/978-981-15-7269-2>

Not Open Access. Copyright Springer Nature Singapore Pte Ltd. 2020. This book might be explored by experts.



The description is based on the Preface and the Contents.

From the Preface:

“Part VI, Health services in agriculture, is a composite account of the systems approach in occupational health and safety services and management (OHSMS)

(Chap. 14). The contribution elucidates national, international, and sectoral OHS management schemes and models, including the basic occupational health services, for development and adoption of OHS system in informal agriculture. A national-level model framework of OHS management in agriculture is suggested.”

From the Contents:

“Part VI Health Services in Agriculture. Chapter OHS Services and Management in Agriculture. Subheadings of this chapter:

Introduction; OHS Services and Management - A Systems Approach; OHSMS Schemes and Models; Framework of the OHSMS Models; Sectoral OHSMS Models; Global Acceptance of OHSMS Models and Programmes; Challenges of OHSMS Programmes; Basic Occupational Health Services (BOHS); Development of the OHS System in Agriculture; References.”

KEYWORDS

+Global, +2020, +Nag, +farm workers, +informal workers, +structure BOHS, +01, +08, +10,

Global

Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF): 2020. 132 pages. Report.

<https://www.who.int/publications/i/item/9789240017832>

Open Access. CC (Creative Commons) BY-NC-SA 3.0 IGO. From the WHO website (accessed Oct. 2024) it is argued that WHO's policy on open access seeks to ensure that the published outputs of its activities are freely accessible and reusable by the public.



The description is based on the Executive summary & Introduction.

Health systems built on the foundation of primary health care (PHC) are essential to achieve universal health coverage. PHC is associated with better health outcomes, improved equity, increased health security and better cost-efficiency.

Components of primary health care are: (1) Integrated health services with an emphasis on primary care and public health functions, (2) Multisectoral policy and action, addressing broader determinants of health such as social, economic and environmental factors, besides individual characteristics, and (3) Empowered people and communities.

The 'levers' outlined in an operational framework would accelerate the strengthening of PHC by guidance to countries throughout their national planning cycle. The framework includes 4 core strategic levers and 10 operational levers.

The Strategic levers are:

- 1) Political commitment and leadership
- 2) Governance and policy frameworks
- 3) Funding and allocation of resources
- 4) Engagement of community and other stakeholders

The Operational levers are:

- 5) Models of care promoting high-quality primary care and essential public health functions
- 6) Primary health care workforce: quantity and competency levels of a multidisciplinary workforce
- 7) Physical infrastructure: accessible health facilities
- 8) Medicines and other health products
- 9) Engagement with private sector providers for delivery of integrated health services
- 10) Purchasing and payment systems that foster the reorientation
- 11) Digital technologies that facilitate access to care and service delivery
- 12) Systems for improving quality of care
- 13) Primary health care-oriented research and knowledge management,
- 14) Monitoring and evaluation through health information systems

KEYWORDS

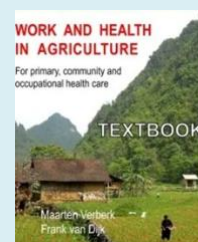
+Global, +2020, +WHO, +UNICEF, +structure HC, +participation, +Q of care, +01, +11, +12,

Global

Verberk M, Van Dijk F. Work and Health in Agriculture. An Introduction for Primary Health Care. Leiden, Netherlands; Learning and Developing Occupational Health (LDOH) Foundation: 2022. 148 pages. E-Book.

<https://shop.ldoh.net/>

Open Access. CC (Creative Commons) BY-NC-ND 4.0. Free-of-charge.



The description of the Textbook 'Work and Health in Agriculture' is based on the basics of the book.

This well-illustrated, evidence-based e-book has been published in 2022 and comprises most common health and safety problems due to work in agriculture. The book is intended for doctors, nurses, hygienists, community health workers, and medically interested volunteers in primary, community, and occupational health care. The book is as well useful for experts in farmers' and workers' organizations, and for students.

Work in agriculture implies many, sometimes severe health hazards. There is an urgent need to provide workers with good-quality health care that deals with occupational health risks. The authors discuss both specific agriculture-induced diseases and risk factors, including prevention. General skills to handle occupational health problems are presented. The approach follows the concept of Basic Occupational Health Services (BOHS) as recommended by WHO, ILO, ICOH, WONCA (World Organization of Family Doctors) and others. The book focusses on conditions in low and middle-income countries.

The authors were collaborating with a team of LDOH foundation experts. Positive comments on the prefinal version and suggestions for improvements have been made by experts from all over the world.

Corresponding comprehensive digital course materials developed by the same authors for interactive education, are freely available at the same LDOH web shop: <https://shop.ldoh.net/>

KEYWORDS

+Global, +2022, +Verberk, +LDOH, +farm workers, +info educ staff, +family physicians, +expert-based OHS, +OH physicians, +nurses, +tasks, +07, +09, +11,



Tanzania

Employees of the Dar Es Salaam municipality clean the streets.

©Photo: Marcel Crozet/ILO

4 Articles

4.1 Overview

Overview of 219 records of articles in the section Articles of the Repository

Alphabetical list of the first authors (family name) and the year of publication.

In case of two authors with the same family name, letters of the first name are added.

A		Coman	2020	Garrido	2020
Adams	2020	Culp	2007	Geraldi	2022
Adi	2024	D		Gok Metin	2023
Aguiar	2020	Davis	2009	Gomez	2018
Agustin	2023	De Maeseneer	2008	Greenhill	2015
Agustin	2025	Demiral	2010	Gunatilake	1985
Akinyemi	2015	Demou	2018	H	
Amorim	2017	Dias EC	2005	Harrison	2016
Atusingwize	2019	Dias EC	2006	Harwell	2022
B		Dias EC	2009	Hasanhanoglu	2025
Balakrishnan	2012	Dias EC	2013	Hassanzadeh-Rangi	2025
Balogun	2015	Dias EC	2014	He	2010
Barber	2010	Dias MDA	2011	Herbert	2000
Barbosa	2023	Dias MDA	2013	Heryana	2018
Barros JO	2023	Diep	2012	Hussey	2008
Barros LM	2024	Duma	2018	J	
Bastos-Ramos	2015	E		Jackson-Filho	2019
Bauchum	2013	Elms	2005	Jahangiri	2016
Beckley	2011	Enabulele	2015	Jahangiri	2016
Blijleven	2015	F		Jahangiri	2019
Bogale	2014	Facchini	2005	Jatav	2020
Brito	2024	Faria	2020	Jesus	2012
Brumby	2009	Fehlberg	2001	Jian	2009
Brumby	2017	Flynn	2021	Joseph	2016
C		Flynn	2021	Joseph	2019
Camara	2020	Franch	2008	K	
Carder	2017	Frank	2013	Kaewboonchoo	2011
Chancharoen	2012	G		Kaewboonchoo	2015
Chen W	2016	Gany	2014	Kanno	2012
Chen W	2019	Garrido	2020	Karadzinska-Bislim	2010
Chen Y	2010			Kawakami	2007
Colombini	2012				
Colon-Gonzales	2015				

Kawakami	2008
Kawakami	2024
Kerdmuang	2014
Kim JS	2014
Kogi	2012
Kong	2025
Kulkarni	2018
Kumar	2020
Kushner	2018

L

Lacaz	2013
Lacerda	2014
Lancet	2019
Lancman	2020
Lazarino	2019
Levin	2016
Liebman	2009
Lim	1982
Limongi	2017
Lin	2022
Liu	2013
Lucca	2012

M

Macdonald	2010
Machado	2020
Mamtani	2011
Manothum	2010
Mansyur	2019
Masekameni	2020
McDonald	1981
Mekonnen	2018
Miranda	2020
Mishra	2022
Moises	2011
Mori	2016
Mosshammer	2014
Moti (see Ch. 5, p. 376)	2024
Moyo	2015
Moyo	2017
Moyo	2021
Mrema	2015
Muralidhar	2017

N

Ning	2017
Nirmala	2019
Nogueira	1984

O

Okareh	2015
Omokhodion	2009
Omokhodion	2015
Omokhodion	2015
Oyanedel	2014

P

Pal	2021
Pandit	2011
Panneer	2016
Passaranon	2023
Pedroso	2016
Pena	2013
Pereira	2020
Pessoa	2013
Pingle	2009
Pingle	2012
Pontes	2014

Q

Queiroz	2015

R

Rafiei	2015
Rantanen	2005
Rantanen	2013
Rantanen	2014
Rantanen	2017
Rantanen	2020
Rego	2018
Riva	2017
Rogers	2014
Roy	2016
Roze	2021
Rudolphi	2015
Rudolphi	2015

S

Sabastizagal-Vela	2020
Saha	2018
Sakuraya	2023
Samsuddin	2019
Samsuddin	2019
Santibanez	2008
Santos	2012
Sasanawin	2025
Silva DP	2021
Silva FFV	2021
Silva TL	2011
Silva TL	2014
Silverio	2020
Simmons	2018
Siriruttanapruk	2009
Siriruttanapruk	2022
Souza HA	2019
Souza TS	2013
Steffani	2020
Swanberg	2018
Syahri	2019
Syahri	2021

T

Tabibi	2017
Tabibi	2018
Tao Z	2011
Thorley	2007
Thorley	2009
Tiwari	2014

V

Valencia-Contrera	2023
Valencia-Contrera	2024
Van Dijk	2017
Van Dijk	2023
Van Weel	2008
Vanhoorne	2006
Verbeek	2013
Vianna	2017
Vidal	2023
Vigeh	2011

W

Wahyuni	2020
Walters	2012
Wang B	2018
Wang J	2020
Wang X	2011
Weevers	2009
WeiWei	2014
Wittayapun	2008
Woldie	2018
Wu	2010

X

Xia-Ming	2007

Y

Yang	2009
Yasin	2024
Yildiz	2019
Yoshikawa	2019
Yusof	2019

Z

Zhang J	2018
Zhang M	2020
Zhang X	2010
Zheng	2022
Zhi	2000
Zhou	2017
Zodpey	2009
Zodpey	2020

4.2 All records

Before 2000

UK **McDonald JC. Talking Point. Four pillars of occupational health. Brit Med J. 1981;282:83-84, 88. Editorial.**

<https://pubmed.ncbi.nlm.nih.gov/6778587/>

Open Access. Copyright presumably BMJ.

The description includes the two parts related to BOHS, of this paper presented in 1980: the paragraph on basic services for all, and the conclusion. Use the link to read the full paper.

Basic services for all. Any suggestion that the industries and workplaces in greatest need are those already dealt with can be quickly refuted. Some of the most hazardous occupations are those least well covered. Some of the more elaborate services are to find in large organisations with relatively few physical dangers. The objectives of occupational health services are, firstly, to protect the worker from unnecessary risks; and, secondly, to use opportunities at work to promote health in a wider sense. They do not require continuous presence at the workplace of doctors, hygienists, etc, but ready access to these experts.

The health promotional potential of occupational health services has been underestimated. All diseases have considerable impact on the individual's capacity for work and much can be done at work to reduce disability, facilitate treatment, and institute preventive measures.

Conclusion. Despite the intimate relation between work and health, social action in this sphere has lagged behind efforts to provide universal medical care. Four lines of action.

Firstly, new collaboration between employers and employees to promote health and safety; health and safety committees for each workplace; health protection bureaus for the major sectors of industry, and regional occupational medicine units in the NHS.

Secondly, basic occupational health services for all employed people, including systematic inspection of the workplace, health screening, and efficient first aid facilities.

Thirdly, a national framework of epidemiological surveillance/research to ensure early detection of occupational hazards. The centres best placed are the health protection bureaus for each major sector of industry.

Fourthly, a rational policy to ensure enough appropriately trained personnel for these services. The task calls for far more occupational health nurses, and a new professional responsible for primary health and environmental services in the enterprises.

KEYWORDS

+UK, +1981, +McDonald, +accessibility, +expert-based OHS, +07, +10, +13

Malaysia

Lim HH. The role of the occupational health nurse. Med. J. Malaysia. 1982; 37 no 1:90-95.

<https://e-mjm.org/1982/v37n1/occupational-health-nurse.pdf>*Open Access. Presumably copyright.**The description is based on the abstract. Use the link to read the abstract and article.*

A study was carried out in the County of Avon, England (1981), to develop an evaluation methodology for occupational health nursing resources and activities within a specific geographical region. This methodology could then be applied in other areas such as Malaysia.

The response rate on a postal questionnaire was 82 % (108 nurses). Most full-time nurses were employed in large organizations (> 1000 employees), most of the part-time nurses worked in smaller enterprises. Treatment, medical examinations and screening procedures were the main activities.

The implications of the findings are discussed “in relation to the role of the occupational health nurse in Malaysian industry. There is a need to provide basic occupational health services to cover all industrial workers in Malaysia, particularly those in the smaller industries.” Given the great shortage of physicians trained in occupational medicine, “the fully trained occupational health nurse appears to be the most appropriate paramedical personnel to provide primary health services in industry.”

KEYWORDS

+Malaysia, +UK, +1982, +Lim, +nurses, +OH physicians, +11, +14

Brazil

Nogueira DP. Incorporação da saúde ocupacional à rede primária de saúde [Integration of occupational health measures into the health system]. Revista de Saúde Pública. 1984;18:495-509. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rsp/a/x9gT3NR3tZnLg9rG5QKkKQq/?lang=pt> (Portuguese)

Open Access, Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

Workers in general constitute one of the most important parts of the community and, their health is therefore, an essential element in social and economic development. Much is being done throughout the world to protect workers against accidents at work and occupational diseases, but very little is being done to study the effects of work on non-occupational diseases. This situation is especially serious regarding workers of medium and small undertakings and agricultural workers, who, especially in developing countries, have no access whatsoever to occupational health centres and who usually are attended to by their countries' general health system. This situation led the World Health Organization to propose that all countries should develop special programs for this sector of the community, to be put into effect by their general health systems. Examples of pilot-plans of this type of medical care in some developing countries and in Brazil are presented and it is strongly recommended that Brazil adopt such a strategy as proposed by the World Health Organization to protect workers' health.

KEYWORDS

+Brazil, +1984, +Nogueira, +coverage, +farm workers, +other target pop, +02, +10,

Sri Lanka**Gunatilake S, De Fonseka EJ, Fernando DN. Integrating occupational health services with primary health care. Journal of Continuing Education in the Health Professions. 1985;5 no 3 :33-6.**<https://onlinelibrary.wiley.com/journal/1554558x>

Not Open Access. Copyright: Wiley. Without an institutional account, full text is not accessible, not even a paid version (accessed 9 Aug 2022).

The description is based on the abstract.

In most developing countries, millions of workers in small industries and in agriculture have no access to the occupational health services designed following a Western model. A WHO-assisted project in Sri Lanka to integrate occupational health with primary health care services, has been described.

KEYWORDS

+Sri Lanka, +1985, +Gunatilake, +accessibility, +02, +08, +14,

2000

USA

Herbert R, London M, Nagin D, Beckett W. The diagnosis and treatment of occupational diseases: integrating clinical practice with prevention. *Am J Ind Med.* 2000;37:1-5.

[https://onlinelibrary.wiley.com/doi/10.1002/\(SICI\)1097-0274\(200001\)37:1%3C1::AID-AJIM2%3E3.0.CO;2-P](https://onlinelibrary.wiley.com/doi/10.1002/(SICI)1097-0274(200001)37:1%3C1::AID-AJIM2%3E3.0.CO;2-P)

Open Access. Copyright Wiley Online Library, presumably only distribution for personal use is allowed.

The article has no abstract. The description is based on the article text. Use the link to read the article.

This issue of the AJIM presents a collection of clinical practice reviews that address major issues in the field. These reviews were developed as part of the New York State Occupational Health Clinic Network's (OHCN) Quality Assurance/Quality Improvement Program (QA/QI), intended to assist clinicians in diagnosis, treatment, and prevention of common occupational diseases. The program is unique in the United States as a publicly funded, statewide, public health-based occupational disease treatment and prevention service.

A report of a study (1987) concluded that development of a statewide network of occupational health clinical centres would be an important contribution to prevention. A network was funded consisting of six regional occupational health clinics (1987), participating in quality assurance (Q/A) programs. To capture the quality in public health practice, the Network initiated an expanded QA/QI development process based on clinical practice reviews, supporting the practicing occupational medicine physician. The orientation is on a public-health oriented prevention approach of occupational diseases, also improving diagnosis and treatment.

KEYWORDS

+USA, +2000, +Herbert, +OH physicians, +Q of care, +regional support c, +08, +13

China**Zhi S, Sheng W, Levine SP. National Occupational Health Service policies and programs for workers in small-scale industries in China. AIHAJ (American Industrial Hygiene Association journal). 2000;61:842-9.**

No free access to the full-text article. A link to the abstract in PubMed:

<https://pubmed.ncbi.nlm.nih.gov/11192218/>

Not Open Access. No information has been found about copyright; presumably copyright is owned by Taylor and Francis.

The description is based on the abstract. Use the link to read the abstract and article.

Past 14 years many township enterprises have been developed. Over 80 % of rural industrial enterprises had at least one type of occupational hazard. Physical examinations were performed for silicosis, coal worker's pneumoconiosis, asbestosis, chronic lead poisoning, benzene analogues poisoning, chronic chromium poisoning, and noise-induced hearing loss. In 4.4% of the workers one of the seven types of occupational diseases could be identified. In addition, 11% of the workers had illnesses suspected of being caused by exposure at work. Most township enterprises have no basic occupational health services.

KEYWORDS

+China, +2000, +Zhi S, +awareness, +07, +10,

2001

Brazil

Fehlberg MF, Santos IS, Tomasi E. Acidentes de trabalho na zona rural de Pelotas, Rio Grande do Sul, Brasil: um estudo transversal de base populacional [Rural work-related accidents in Pelotas, Rio Grande do Sul State, Brazil: a population-based cross-sectional study]. *Cadernos de Saúde Pública*. 2001;17 N.6:1375- 1381. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/csp/a/7hf6Py7zVGhFm8hyFYHg47J/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

Epidemiological literature on occupational accidents among rural workers is scarce in Brazil. This population-based cross-sectional study was designed to investigate the characteristics of farming accidents occurring in the rural area of Pelotas, Southern Brazil. A multi-stage sampling scheme was used to select a representative sample of farms. From January to April 1996, a total of 258 rural families were visited, and all 580 rural workers identified in these families answered a standardized questionnaire. Sixty-three rural workers (11%) reported at least one work-related accident in the previous twelve months. There were 82 accidents during the study period, mainly related to the use of hand farm tools (29%) and handling farm animals (27%). The main types of injuries were cuts (50%), bruises (13%), and burns (9%). The body areas most frequently involved were hands (34%), feet (29%), and legs (18%). Among the injured rural workers, only 32% used health services to treat the resulting lesions (46% went to primary healthcare facilities and 36% to emergency services).

KEYWORDS

+Brazil, +2001, +Fehlberg, +farm workers, +06, +07, +10,

2005

Brazil

Dias EC. O desafio de implementar as ações de saúde do trabalhador no SUS: a estratégia da RENAST. [The challenge of implementing Workers' Health actions in the Brazilian National Health System (SUS): The RENAST]. *Ciência y Saúde coletiva*. 2005; 10:817-828. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/csc/a/Sx46hbnFVtzBJgXygs5FjJg/?format=pdf&lang=pt>

Open Access. Presumably no copyright restrictions when cited correctly.

Abstract

This paper deals with the “model” of workers’ health care delivery based on the strategy of a National Network for Comprehensive Workers’ Health Care (RENAST), which is under construction within the National Health System (SUS) in Brazil. RENAST is a national network of information and health practices, developed with the main purpose of providing health care action, health surveillance and health promotion actions, at the primary health care level, medium and high complexity outpatient clinics and hospital level, under social control. According to this “model”, “Workers’ Health Reference Centers” play a role of technical support, and dissemination of a “culture” of the core role played by work in the health/disease process, and the “culture” of social production of disease. Also, these “Reference Centres” must play a vital role in negotiations and political/institutional arrangements with other social actors, both within the Health Sector and with other institutional actors, within their geographic jurisdiction. This paper includes a summary of Workers’ Health inception and development in the National Health System (SUS) of Brazil; some crucial operational aspects of this development process; and, finally, some advancements, difficulties and perspectives for this new model, based on the RENAST.

KEYWORDS

+Brazil, +2005, +Dias EC, +social security, +specialised clin OHC, +referral facilities, +regional support c, +01, +14,

UK

Elms J, O'Hara R, Pickvance S, Fishwick D, Hazell M, Frank T, Henson M, Marlow P, Evans G, Bradshaw L, Harvey P, Curran A. The perceptions of occupational health in primary care. *Occup Med (Lond)*. 2005;55:523-7.

<https://academic.oup.com/occmed/article/55/7/523/1421931?login=false>

Open Access. Copyright Oxford University Press (OUP). 2005

The description is based on the abstract. Use the link to read the full abstract and article.

A random sample of general practitioners (GPs), practice nurses (PNs) and practice managers (PMs) in Sheffield and Manchester was recruited. Data was collected using focus groups and using a postal questionnaire (295 GPs). GPs and PNs had minimal OH training, many reported constraints in addressing OH matters and a lack of referral routes. Primary care professionals preferred to refer patients with OH problems to specialist centres.

There is a need for greater emphasis on OH education in medical and nurse training, and for better advice for GPs, PNs and PMs regarding support services for OH.

KEYWORDS

+UK, +2005, +Elms, +family physicians, +nurses, +referral facilities, +support for staff, +11, +12

Brazil

Facchini LA, Nobre LCC, Faria NMX, Fassa AG, Thumé E, Tomasi E, Santana V. Sistema de Informação em Saúde do Trabalhador: desafios e perspectivas para o SUS [Occupational Health Information System: challenges and perspectives in the Brazilian Unified Health System (SUS)]. *Ciência & Saúde Coletiva*. 2005; 10 N. 4: 857 – 867. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/csc/a/Cr8R3Fy3ZyKt95gJqS3sVMF/?lang=pt> (Portuguese)

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Abstract

This paper presents a review of challenges and perspectives regarding the development of an occupational health information system in the Brazilian Unified Health System (SUS). It stresses the need to set up a process of continuous data collection, processing, analysing and communication of information on workers' health and its determinants, emphasizing occupational risks. The paper also addresses the need to support the training of health workers. It is also recommended to take into consideration the feasibility of database standardization that allows linkage and, improvement in the information technologies utilized in health services, especially in community health centres, following a coordinated state action. Both the 3rd National Conference on the Workers' Health, and the federal policy on workers' safety and health have been promoting a debate on the occupational health information system and the need to give priority in the SUS national planning. The proximity of the academic and labour union agendas is pointed as a relevant support to an occupational health information system, that need to be able to strengthen health promotion and prevention and an effective social participation in the SUS management organization.

KEYWORDS

+Brazil, +2005, +Facchini, +info educ staff, +mat digital facilities, +national collab, +06, +12,

Global

Rantanen J. Basic occupational health services—their structure, content and objectives. Scand J Work Environ Health. Suppl 2005;no 1: 5 - 15.<https://www.sjweh.fi/article/927>

or:

<https://www.studocu.com/id/document/universitas-gadjah-mada/business/02rantanen-artikel-mengenai-behavior/33214923>

Open Access. Creative Commons Attribution 4.0 International (CC BY) license (accessed 22 October 2024).

Abstract

In response to the global challenges to develop occupational health services, the WHO/ILO/ICOH Joint Effort on the Development of Basic Occupational Health Services (BOHS) was launched. A model framework providing guidance in the principles, content, models, and resources of BOHS was drawn up. The ultimate objective of the BOHS initiative is to provide occupational health services for all working people in the world, regardless of the sector of economy, mode of employment, size of the workplace, or geographic location. In this paper, the background for BOHS with respect to policy and public health theory is described, the model infrastructure is elucidated, and the stepwise development, as well as the necessary human resources, are discussed.

KEYWORDS

+Global, +2005, +Rantanen, +structure BOHS, +structure HC, +internat instit, +WHO, +ILO, +ICOH, +02, +08,

2006

Brazil

Dias EC, Silveira AM, Chiavegatto CV, Resende NP. O ensino das relações trabalho-saúde-doença na escola médica: percepção dos alunos e proposta de aperfeiçoamento na UFMG. [The teaching of work health disease relation at medical school: students' perception and an improvement purpose at UFMG]. Rev Bras Educ Med.2006;30:20-26. The article is in Portuguese, the abstract is in English.

https://www.academia.edu/72425401/The_teaching_of_work_health_disease_relation_at_medical_school_students_perception_and_an_improvement_purpose_at_UFMG

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

No matter the specialty or placement in the health system, all doctors are expected to have the ability to deal with the work-health-disease relation, although this subject hasn't been properly taught in medical schools. Seeking to improve medical education in this sense, the Faculty of Medicine of the Federal University of Minas Gerais developed a program for evaluating the discipline 'occupational health', focused on pedagogical strategies and on instruments for evaluation of the students. The project was implemented in several stages. The first was a review of history and literature focusing on the concepts and evaluation strategies applied to medical education as well as the identification of similar experiences in other schools. Later, questionnaires were prepared for evaluating the students' perception of this discipline and previous experiences. They were named pre and post-tests. The tests have been applied systematically at the beginning and at the end of each semester since the second semester of 2003. The results of these tests allowed a better adjustment of contents and methodology, of utmost importance for a curricular reorientation of medical education.

KEYWORDS

+Brazil, 2006, +Dias EC, +OSH info general, +OSH info specific, +info educ population, +11, +14,

**Belgium,
Global**

Vanhoorne MN, Vanachter OV, De Ridder MP. Occupational health care for the 21st century: from health at work to workers' health. Int J Occup Environ Health. 2006;12:278-85.

link to abstract: <https://pubmed.ncbi.nlm.nih.gov/16967837/>

Not Open Access. Copyright presumably Taylor & Francis and Routledge.

The description is based on the abstract. Use the link to read the full abstract and article.

A survey of relevant national and international legislation and recommendations on occupational health (OH) organization revealed two fundamental approaches to OH: 1) the historically older labour approach, essentially seeing OH care as an obligation of the employer derived from the labour contract, and 2) an emerging health approach, including all workers and all aspects of health. A draft decree on OH in Flanders seeks to integrate the two approaches. It extends the scope of OH to all workers (not only employees), introduces holistic health surveillance, rejects the incapacity concept, provides for strong integration of health and workplace surveillance, and stresses ethics. Workers' satisfaction is seen as the first criterion in quality control. Systematic data collection and analysis, and when necessary, scientific research are recommended. Additional resources for OH services should be provided by stakeholders other than employers.

KEYWORDS

+Belgium, +Global, +2006, +Vanhoorne, +legislation, +stakeholders, +coverage, +03, +10, +13,

2007

Gambia **Culp K, et al. Agricultural -related injury and illness in the Gambia: a descriptive survey of rural nursing service and area farmers. Clin Nurs Res 2007;16:170-187.**

<https://pubmed.ncbi.nlm.nih.gov/17634349/>

Open Access. Sage as a publisher permits the non-commercial reuse of Journal article abstracts in their entirety, without permission. But this is not 100% sure for this journal.

The description is based on the abstract. Use the link to read the abstract and article.

This exploratory, descriptive study used a convenience sample from a rural nursing service caring for farmers from The Gambia. The aim was to collect information about work-related injuries and illnesses. Rural nurses provided data collected in the time they spent caring for and treating farmers. Employees of the nursing service completed a questionnaire after interviewing farmers in their own tribal language. Most alarming findings were the report of farm workers using pesticides in their homes, the poor condition of pesticide sprayers, and the lack of personal protective equipment. Farm workers claimed that followed pesticide instructions. However, they reported a surprisingly high number of respiratory and neurological signs and symptoms.

KEYWORDS

+Gambia, +2007, +Culp, +farm workers, +nurses, +awareness, +info educ population, +07, +10

Global

Kawakami T. Participatory Approaches to Improving Safety, Health and Working Conditions in Informal Economy Workplaces: Experiences of Cambodia, Thailand and Viet Nam. ILO 2007: 7 pg. Short Report

<https://www.ilo.org/publications/participatory-approaches-improving-safety-health-and-working-conditions>

Open Access. Information on copyright cannot be found in the report. Presumably, there are limited restrictions for re-use given existing ILO policy. The original source (ILO) is presented.

Description: a few rephrased conclusions from the report.

Local initiatives to improve health and working conditions for informal workers in Cambodia, Thailand and Viet Nam are described. Existing local good practices and participatory training is the base methodology, using illustrated action checklists and photos sheets. Local trainers and volunteers extended the participatory OSH training for wider coverage, so reaching many grassroots workplaces. National policy support was vital. The informal workers had "the strong will to build safe and healthy work environments". Participatory training methods can support day-to-day improvement in informal-economy workplaces.

KEYWORDS

+Cambodia, +Thailand, +Vietnam, +2007, +Kawakami, +informal workers, +participation, +ILO, +02, +09,

UK

Thorley K, Turner S, Hussey L, Zarin N, Agius R. CPD for GPs using the THOR-GP website. *Occup Med (Lond)*. 2007;57:575-80.

Link to abstract: <https://pubmed.ncbi.nlm.nih.gov/18045978/>

Not Open Access. Copyright The Author 2007. Published by OUP on behalf of the Soc. of Occ. Med.

The description is based on the abstract. Use the link to read the full abstract and article.

To assess the educational needs of GPs practising occupational medicine and participating in The Health and Occupational Reporting (THOR) network. A questionnaire survey of GPs.

Only 22% of responders used the THOR-GP website for CPD. Lack of time was the most frequently cited reason.

The designers of material for online learning should actively manage and modify the material available in response to educational needs.

KEYWORDS

+UK, +2007, +Thorley, +family physicians, +online facilities, +info educ staff, +11, +12

China**Xia-Ming C, GuoCheng T, HaiHua B. The status of occupational health service in Songgang Lane of Shenzhen City, Guangdong, China. China Tropical Medicine. 2007: Vol. 7:630-631,648 ref. 1. Article text in Chinese.**<https://www.cabidigitallibrary.org/doi/full/10.5555/20073159928>*Open Access (abstract). Copyright unclear.**Abstract*

Data on the basic occupational health service, supervision and monitoring from sanitary inspection and health care institutions in Songgang District were collected and analysed. 794 factories had harmful projects. 25.172 workers were exposed to harmful factors in the workplace, which were mainly organic solvents (63.89%), dust (43.90%) and noise (12.86%). Their health checkup rate was 58.4%. Nevertheless, the measures of occupational health protection improved gradually each year.

KEYWORDS

+China, +2007, +Xia-Ming, +structure BOHS, +OSH info specific, +tasks, +06, +09,

2008

Spain

Franch IC. Primary Health Care, a Key Broker in Occupational Health. Atención Primaria. 2008;40:12-4. Editorial comment (in Spanish).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7646140/>

Open Access. presumably under Copyright of Elsevier.

Key points (translated from Spanish to English). The description is based on the comment. Use the link to read the editorial comment.

Article background: Barcelona, Cataluña, Spain.

Recent legal provisions have assigned a key role to primary care medical personnel in the occupational health system.

The study by Santibáñez Margüello et al.* identifies a low perception of belonging to the occupational risk prevention health system, moderate training to conduct some occupational health functions and insufficient training received in this area.

Some measures that could contribute to improving the three indicators are the new program for the specialty of family and community medicine, the implementation of occupational health units in geographical areas not covered, and the development of relationship systems between the main occupational health agents (mutual insurance companies and prevention services) and primary care.

* Santibáñez Margüello M, Alonso Echabe E, Tamayo Medel G, Bolumar Montrull F, Vioque López J. Percepción del personal médico de atención primaria de salud acerca de sus funciones, formación y conocimientos en materia de salud laboral. [Perception of primary health care medical personnel about their functions, training and knowledge in occupational health.] Aten Prim. 2008;40:7-12. In Spanish. *This comment is included in this repository as a scientific article under the first author's name Santibáñez Margüello.*

KEYWORDS

+Spain, +2008, +Franch, +legislation, +structure HC, +social insurance, +community h w, +03, +04,

UK

Hussey L, Turner S, Thorley K, McNamee R, Agius R. Work-related ill health in general practice, as reported to a UK-wide surveillance scheme. *Br J Gen Pract.* 2008;58:637-40.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2529201/>

Open Access. Copyright British Journal of General Practice, 2008.

The description is based on the abstract. Use the link to read the abstract and article.

GPs with training in occupational medicine report cases of work-related ill health and sickness absence to The Health and Occupation Reporting network in General Practice (THOR-GP) using an online webform. This report describes the data reported in 2006 and 2007. GPs mainly reported musculoskeletal disorders and mental ill-health.

KEYWORDS

+UK, +2008, +Hussey, +family physicians, +online facilities, +OSH info specific, +06, +12,

Vietnam

Kawakami T, Van VN, Theu NV, Khai TT, Kogi K. Participatory support to farmers in improving safety and health at work: building WIND farmer volunteer networks in Viet Nam. *Ind Health*. 2008;46:455-62.

<https://pubmed.ncbi.nlm.nih.gov/18840935/>

Open Access. Industrial Health (Japan) follows Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0).

Abstract

The government of Viet Nam places a high priority on upgrading the quality of farmers' lives. Providing adequate occupational safety and health (OSH) protection for all farmers is an important challenge. The Ministry of Labour, Invalids and Social Affairs (MOLISA) of Viet Nam trained WIND (Work Improvement in Neighbourhood Development) farmer volunteers. From 2004-2007, MOLISA in cooperation with ministries of health and agriculture trained 480 WIND farmer volunteers in selected 14 provinces. Trained farmer volunteers trained their neighbouring farmers and expanded their networks. The WIND training programme produced in Cantho, Viet Nam in 1996, was used as the core training methodology. The WIND action-checklist, good example photo-sheets, and other participatory training materials were designed for WIND farmer volunteers as practical training tools. The volunteers trained 7,922 farmers. The trained farmers implemented 28,508 improvements in materials handling, work posture, machine and electrical safety, working environments and control of hazardous chemicals, and welfare facilities. The provincial support committees organized follow-up workshops and strengthened the WIND farmer volunteer networks. The system of WIND farmer volunteers proved effective in extending practical OSH protection measures to farmers at grassroots level. The system of WIND farmer volunteers was adopted in the First National Programme on Labour Protection and OSH of Viet Nam as a practical means in OSH and is now further expanding within the framework of the National Programme. Supported by ILO.

KEYWORDS

+Vietnam, +2008, +Kawakami, +farm workers, +volunteers, +national collab, +info educ staff, +Q of outcomes, +ILO, +01, +11, +13,

Global

De Maeseneer J, van Weel C, Egilman D, Mfenyana K, Kaufman A, Sewankambo N. Strengthening primary care: addressing the disparity between vertical and horizontal investment. Br J Gen Pract. 2008;58:3-4. Editorial.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2148229/pdf/bjgp58-003.pdf>

Open Access. Copyright British Journal of General Practice, 2008.

The editorial has no abstract. The description is based on the editorial. Use the link to read the editorial.

In this editorial six authors with roots in family and community health care address the disparity between vertical and horizontal investment in health care and advocate for more community-based primary health care.

Vertical programs and projects are disease-specific programs and projects, such as for AIDS, and malaria, promoted by large funding organisations. This policy was supported by the e.g. the World Bank. The authors claim that vertical programming is not optimal in effectiveness by focusing to only a few aspects of health care. They can damage "horizontal programming" oriented on broad-based improvements of population health by preventive measures and community-oriented primary care services.

Other aspects are mentioned such as a more short-term outlook, the creation of new bureaucracies and reducing the state's responsibilities. In contrast, horizontal programming would have a great impact on health. Primary care, although underfunded in many developing countries, collaborates in a well-structured system with local communities, districts and provinces, addressing most health problems in an integrated way.

The authors recommend the integration of vertical programs in local health facilities, broadening the focus. "A new global strategy could achieve synergy between person- and community-focused and disease-focused approaches".

KEYWORDS

+Global, +2008, +De Maeseneer, +financing, +governance, +community h w, +structure HC, +02, +05,

Spain

Santibáñez Margüello M, Alonso Echabe E, Tamayo Medel G, Bolumar Montrull F, Vioque López J. Percepción del personal médico de atención primaria de salud acerca de sus funciones, formación y conocimientos en materia de salud laboral. [Perception of primary health care medical personnel about their functions, training and knowledge in occupational health.] Aten Prim. 2008;40:7-14.

Spanish version, with abstract in Spanish and English. An English article version was once available at www.doyma.es/231.341 and has been downloaded (F van Dijk). Later, this link did not work anymore (2 Nov 2024). A copy of the English version is available for research purposes: v.dijk.workandhealth@gmail.com.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7646141/pdf/main.pdf>
(article in Spanish, abstract also in English)

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The description is based on the abstract. Use the link to read the full abstract and article.

Cross-sectional questionnaire study on PHC medical staff opinion about tasks (functions) in prevention of risks at work, skills and knowledge in occupational health. Participants were also asked about training received in OH. The location was Alicante province, Spain. Response: 80% of all staff participated (N=83).

The staff did not perceive having functions in prevention at work. More staff members were positive about being able to assess the work-relatedness of an illness when a patient visited the clinic. They rated training in OH as a medical student or in the internship as not important. Nevertheless: better training in OH would support them in practice activities (high score).

Training in OH has priority. Primary health care staff need to be considered as health personnel with preventive functions in OH.

See also the Editorial comment by the Journal on this article:

Franch IC et al. Primary Health Care, a Key Broker in Occupational Health. Atención Primaria. 2008; 40:12-4. Editorial comment. (in Spanish). See a description of this editorial comment in this BOHS repository, section Articles 2008, under 'Franch'.

KEYWORDS

+Spain, +2008, +Santibanez, +structure HC, +tasks, +staff capacity, +info educ staff, +08, +09,

Global

Van Weel C, De Maeseneer J, Roberts R. Integration of personal and community health care. Lancet. 2008;372:871-2. Comment in Scientific Journal

<https://pubmed.ncbi.nlm.nih.gov/18790296/>

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The comment has no abstract or summary. The description is based on the full text. Use the link to read the full Comment.

The authors address a failure in primary health care to integrate the perspective of personal and public health at the level of the local community. They observe an over-reliance on medical technology and an over-estimation of the benefits of efforts to cure, rather than prevent disease or to promote health. Influences of social and economic determinants are under-recognised.

As an illustration they discuss the interchanged use of the terms 'primary care', in general used to indicate care directed at individuals in a community, and 'primary health care', usually indicating a population-directed approach to health. The authors themselves use in their contribution the term 'personal care' instead of 'primary care' and 'community-oriented primary care' instead of 'primary health care'.

Community-oriented primary care is defined as "a systematic assessment of health-care needs in practice population, identification of community health problems, implementation of systematic interventions involving target population and monitoring effect of changes." Interventions can be developed to handle specific problems while primary health care workers and community members can collaborate. Clinical skills are enhanced by skills in epidemiology, preventive medicine, and health promotion. In this way the separation between public health and individual health care can be diminished.

Care for an identified population requires an orientation to the population: surveillance of the most important health problems and their determinants, planning of the most effective preventive and therapeutic interventions for the population, and advocacy to improve living conditions, while still providing individual health care. Community-oriented primary care approach could contribute to equity and social cohesion.

KEYWORDS

+Global, +2008, +Van Weel, +structure HC, +community h w, +Q of interventions, +support for staff, +07, +14,

Thailand

Wittayapun Y, Lagampan S, Kalampakorn S, Rogers B, Vorapongsathorn T.
 Application of the occupational health services model in Thai primary care
 units. AAOHN J. 2008;56:197-205.

<https://journals.sagepub.com/doi/10.3928/08910162-20080501-07>

Open Access, Copyright SAGE Publications (complex)

The description is based on the abstract. Use the link to read the full abstract and article.

Elements of the occupational health services model in Thai primary care units are analysed via focus groups with nurses and public health professionals working in the units, employees, employers, and authorities. Content analysis demonstrated 15 practical elements in five domains: system inputs, throughputs, services, outputs, and feedback. Examples of elements were occupational health staff competencies (inputs), collaborative network building (throughputs), on-site occupational health services (services), number of activities performed (outputs), and evaluation (feedback). The findings are valuable for purposes such as staff training, among others.

KEYWORDS

+Thailand, +2008, +Wittayapun, +structure HC, +regional support c, +national collab, +structure BOHS, +14,

2009

Australia **Brumby S, Smith A. Train the trainer model: implications for health professionals and farm family health in Australia. Journal of agromedicine. 2009;14:112-118.**

<https://pubmed.ncbi.nlm.nih.gov/19437266/>

Not Open Access. Copyright Taylor & Francis. 2009.

The description is based on the abstract. Use the link to read the full abstract and article.

Australia is a large country with 60% of land used for agricultural production. Rural health professionals in addressing health education gaps of farming groups have reported using behaviouralists' approaches. These approaches have been criticized as disempowering for participants identified as passive learners or 'empty vessels.' A major challenge in rural health practice is to develop more inclusive and innovative models in building improved health outcomes. The Sustainable Farm Families Train the Trainer (SFFTTT) model is a 5-day program designed to enhance practice among health professionals working with farm families in Australia. Over 120 rural nurses have been trained since 2005. These trainers have successfully delivered programs to 1,000 farm families with high participant completion, positive evaluation, and improved health indicators.

KEYWORDS

+Australia, +2009, +Brumby, +farm workers, +nurses, +staff motivation, +national OSH instit, +11, +13,

USA

Davis L, Souza K. Integrating occupational health with mainstream public health in Massachusetts: an approach to intervention. *Public Health Rep.* 2009;124 (Suppl 1):5-14.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2707268/>

Open Access. © Association of Schools of Public Health, 2009.

The description is based on the abstract. Use the link to read the abstract and article.

State public health agencies can play a constructive role in occupational health, especially for underserved worker populations. Supported by NIOSH, the national institute in USA, the Massachusetts Department of Public Health organized, since decades, an occupational health program, integrated in current public health activities. This article presents integration activities and examples of successful occupational health initiatives in Massachusetts, USA.

KEYWORDS

+USA, +2009, +Davis, +national OSH instit, +national collab, +01, +07,

Brazil

Dias EC, Rigotto RM, Augusto LG, Cancio J, Hoefel Mda G. Saúde ambiental e saúde do trabalhador na atenção primária à saúde, no SUS: oportunidades e desafios [Environmental and workers' health, within the framework of primary health care in the Brazilian National Health System (SUS): opportunities and challenges]. Cien Saude Colet. 2009;14:2061-70. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/csc/a/mWGmY7wLr4zwmTCFyjFmFCQ/?lang=pt>

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Abstract

This paper has the purpose of contributing to the discussion of the crossing areas between Environmental Health and Workers' Health, in the Brazilian context of Labor, Production, Environment and Health. This paper emerges in the context of the current organizational changes of the Brazilian National Health System (SUS), with a major focus on Primary Health Care, having in mind, also, the preparation of the 1st National Environmental Health Conference (1a CNSA) to be held in December of 2009. So, historical and conceptual aspects of those fields are described in a summarized manner, as well as some shared features and expected actions of the Health System, with emphasis to the role of Primary Health Care and to the importance of dialogue with the social movement. Finally, some topics for a common agenda were identified by the authors.

KEYWORDS

+Brazil, +2009, +Dias EC, +national collab, +01, +07,

China

Jian F. Basic occupational health services in China. GOHNET (WHO Collaborating centres in OH). 2009; issue no 15 (Spring 2009). Short report.
Contribution to Newsletter GOHNET (WHO).

We could not find a link via the WHO website to this issue of GOHNET.

Open Access. Copyright uncertain but, presumably, dissemination will be encouraged by WHO. For study purposes a copy can be asked. Mail to v.dijk.workandhealth@gmail.com (F van Dijk).

The contribution has no abstract. The description is based on the contribution.

Occupational diseases exist in a wide range of industries and are rampant in middle and small-scale enterprises. Between 100 and 200 million migrant workers are increasingly exposed to occupational hazards. In 2007, 690,858 cases of occupational diseases did exist in China, of which 90.8% were pneumoconiosis. Experts estimate a rising trend of occupational diseases in the next 10 to 15 years. Workers engaged in agriculture, forestry, middle and small-scale enterprises, self-employed and the informal sectors, including migrant workers get limited or no occupational health service. In 2005, the Ministry of Health of P.R. China decided to launch the pilot study of basic occupational health service (BOHS) in 19 counties of 10 provinces. The objectives were to explore various models of occupational health service (OHS); develop mechanisms for resource allocation, improve multi-sector cooperation and workers' participation; expand compulsory work-related injury insurance and a program service network; integrate occupational health service to primary health care and to provide training. The BOHS pilot projects, implemented during more than three years, resulted in many benefits.

The BOHS concept, principle, implementation approach and the specific technical guidelines, developed by Professor Jorma Rantanen (WHO consultant) were translated into Chinese to be used in pilot sites.

The base-line surveys on BOHS in 19 pilot counties have been completed.

The awareness of BOHS in all pilot sites increased the coverage from 24% in 2004 to 68% in 2006. A series of training workshops and seminars were conducted in all pilot sites, the structure of occupational health sectors has been strengthened, and the provision of occupational health services at township level was improved.

There is still a need to emphasize primary prevention, working environment monitoring and surveillance. A public awareness campaign is needed, and adequate funding to sustain BOHS at all levels, particularly in poor counties.

KEYWORDS

+China, +2009, +Jian, +target populations, +national collab, +structure BOHS, +01, +10,

USA

Liebman AK, Rowland M. Commentary. To Ask or Not to Ask: The Critical Role of the Primary Care Provider in Screening for Occupational Injuries and Exposures. *J Public Health Management Practice*. 2009;15:173–175.

<https://pubmed.ncbi.nlm.nih.gov/19202419/>

Not Open Access. Copyright regulations are too complex to be feasible for a repository including many publications.

The description is based on the abstract. Use the link to read the full abstract and article.

Clinicians working with migrant and seasonal farm workers and other migrant workers are frequently confronted with occupational injuries and diseases. Problems are, among others, lack of training, insufficient safety precautions, no health insurance, language barriers, etc. Exposure to pesticides is one of the common risks. Work-related poisoning and injuries are often missed. Staff were inadequately trained in pesticide exposure surveillance and prevention. Migrant Clinicians Network (MCN), an international nonprofit organization believes “that being able to recognize occupational diseases and injuries is fundamental to providing quality primary care to migrants.” For migrant workers, “there is often no distinct line between basic occupational medicine and primary healthcare”. MCN offers training and resources to help migrant clinicians in using a few key screening questions for occupational and environmental exposures. The aim was to incorporate these into existing healthcare questionnaires for routine patient-intake interviews.

1. Describe what you do for work.
2. Are there any physical activities that you do at work or away from work, that you feel are harmful to you?
3. Are you exposed to chemicals, fumes, dust, noise, and/or high heat at your work or away from work? Do you think these are harming you?”

Critical reasons for further screening are related to exposure to pesticides and working in the construction industry. Workers may be eligible for workers’ compensation. Simply asking about risks, increases awareness. In four pilot partnerships MCN supported the integration of occupational medicine into the primary care setting with Migrant and Community Health Centers. For actual information visit the website www.migrantclinician.org (still accessible, March 2024).

KEYWORDS

+USA, +2009, +Liebman, +migrant workers, +farm workers, +internat collab, +support for staff, +07, +09, +13,

Nigeria**Omokhodion F. Occupational health in Nigeria. *Occup Med (Lond)*. 2009;59:201.**

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).
info@soehpon.com.

Open Access. Copyright The Author 2009. Published by OUP on behalf of the Society of Occ. Med.

This short article has no abstract. The description is based on the article. Use the link to read the article.

The author answers a series of questions. What are the key occupational diseases? How is occupational health provided? etc.

Occupational health practitioners are few and are mostly engaged in multinational and large national establishments and medical schools. Workers in small-scale industries, particularly those in the informal sector, have little or no access to occupational health services. There are ~30 qualified occupational physicians in Nigeria. The Society of Occupational Health Physicians of Nigeria has ~90 members comprising occupational health specialists and general practitioners engaged in industry. The Factories decree 1987 was a landmark in legislation in occupational health in Nigeria, changing the definition of a factory from an enterprise with 10 or more workers to a premise with one or more workers. Much of the research in occupational health takes place in medical schools with occupational physicians and academic staff in related fields. The University College Hospital, Ibadan runs the only School of Occupational Health Nursing. Nigeria's main contribution to the advancement of the specialty especially in the West African subregion is the provision of training centres for occupational health.

KEYWORDS

+Nigeria, +2009, +Omokhodion, +OH physicians, +other target pop, +informal workers, +nurses, +03, +11,

India

Pingle S. Basic occupational health services. Indian J Occup Environ Med. 2009;13:1-2.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2822160/>

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The article has no abstract. The description is based on the full text.

The need for BOHS and the start of the BOHS principles in the WHO/ILO joint Committee on Occupational Health in 2003. ICOH is mentioned. There must be a strong primary health care approach. Expert institutions on OH have an important role to play. The BOHS aim at protection of health at work; promotion of health, wellbeing, work ability; and prevention of occupational diseases and accidents. Activities under BOHS encompass not only health surveillance, emergency preparedness and first aid services, but also surveillance of work environment, risk assessment, and preventive and control measures. Health education and health promotion are an integral part of BOHS. The organized sector, both private and public, has reasonably well developed OHS based on ILO conventions. However, this sector is miniscule. The OHS are almost non-existent in the unorganized sector. Currently, there is no government agency or department which deals exclusively with occupational safety and health matters. Training in occupational health is still at an early stage and there are still no Chairs on occupational health in Indian universities. The BOHS demands government leadership with tripartite or better still, quadripartite collaboration between government, employers, employees and non-governmental organizations (NGOs) like IAOH. We need the development of appropriate OSH infrastructure and proper dissemination of health and safety information. Our institutions need to provide simple tools for practical health and safety work at workplaces. The focus needs to be on small and medium-sized enterprises, self-employed people and informal sector.

KEYWORDS

+India, +2009, +Pingle, +accessibility, +coverage, +expert based OHS, +national collab, +01, +08, +14,

Thailand

Siriruttanapruk S, Wada K, Kawakami T. Promoting occupational health services for workers in the informal economy through primary care units. ILO Subreg. Office for East Asia. Bangkok: ILO, 2009. 20 pg. Short Report.

https://www.ilo.org/asia/publications/WCMS_114237/lang--en/index.htm

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The description is based on the report. Use the link to read the full short report.

The health of workers is essential to productivity and economic development. However, occupational health services are often not provided to workers in small and medium sized enterprises, and in the informal economy. In Thailand, the Ministry of Public Health has been conducting a ILO-funded pilot project to provide occupational health services at PCUs for workers in the informal economy. The aim of this report was to review the progress of OSH services by PCUs and to propose recommendations to the Ministry of Public Health. Good practices in the pilot project were:

1. Intensive follow-ups to PCUs by the Ministry of Public Health;
2. Good support to PCUs by provincial public health offices;
3. Promoting self-initiative of workers and employers;
4. Identifying and supporting local needs; and
5. Combining occupational health issues with other priority issues.

The PCUs targeted workplaces in the informal economy to reduce the OSH risks. The PCU staff visited the target workplaces once or twice a month and provided: risk assessment and advice on workplace improvement; health surveillance of work-related diseases and chronic diseases; basic occupational health education; and provision of safety equipment

Recommendations for PCUs:

1. Recommendations for short-term actions: (a) Central government and provincial levels:
 - (i) Formulating clear guidelines on occupational health services at PCUs; (ii) Increasing the regular budget allocation to occupational health services by PCUs.
 (b) PCU level: (i) Adding the results of occupational health assessments to the family health files of PCUs; (ii) Advising the PCU staff to focus on practical low-cost improvement approaches in basic occupational health services.
2. Recommendations for long-term actions:
 - (a) Central government and provincial levels:
 - (i) Establishing national occupational health service strategies to meet local needs;
 - (ii) Promoting inter-ministry collaboration;
 - (iii) Collaborating with universities and other health research institutions;
 - (iv) Expanding the coverage of employment injury compensation to all workers.
 - (b) PCU level:
 - (i) Training local health volunteers.

A pilot project of occupational health services for workers in the informal economy through PCUs has been completed. PCU staff was able to access these workers systematically through their community health network. The system for providing occupational health services at PCUs for workers in the informal economy will become a model for Thailand and other developing countries.

KEYWORDS

+Thailand, +2009, +Siriruttanapruk, +coverage, +informal workers, +internat collab, +governance, +01, +06, +07, +08,

UK

Thorley K, Turner S, Hussey L, Agius R. Continuing professional development in occupational medicine for general practitioners. *Occup Med (Lond)*. 2009;59:342-6.

Link to the abstract: <https://pubmed.ncbi.nlm.nih.gov/19286990/>

Not Open Access. Copyright The Author 2007. Published by OUP on behalf of the Society of Occ. Med.

The description is based on the abstract. Use the link to read the full abstract and article.

Contributing general practitioners (GPs) can use freely online educational facilities through The Health and Occupation Reporting (THOR) network for (GPs). This resource is not often used, caused by 'lack of time'.

The aim of the study: assessing the effects of changes made to the educational materials, based on a needs assessment. A second aim: comparing GPs active in occupational medicine (OM), with those who are not practicing OM.

GPs participating in THOR-GP and participating in the study received a questionnaire 1 year after a first survey.

Results: The uptake or rating of components of the website did not change after the modification. Responders worked on average seven sessions per week in general practice and 1.5 sessions in OM. GPs active in OM expressed more confidence in some subject areas than not active GPs. GPs active in OM were more prepared to participate in continuous education. So, actual working in OM increases confidence in the subject and stimulates the use of related educational facilities.

KEYWORDS

+UK, +2009, +Thorley, +family physicians, +national collab, +online facilities, +07, +11,

Netherlands Weevers HJ, van der Beek AJ, van den Brink-Muinen A, Bensing J, Boot CR, van Mechelen W. Communication about work between general practitioners and patients consulting for musculoskeletal disorders. *Qual Prim Care*. 2009;17:197-203.

Link to full text: <https://www.nivel.nl/nl/publicatie/communication-about-work-between-general-practitioners-and-patients-consulting>

Link to abstract: <https://pubmed.ncbi.nlm.nih.gov/19622270/>

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Abstract

Background: Work-related musculoskeletal disorders (MSDs) are common in general practice. Communication between a general practitioner (GP) and patient is a key element of adequate general practice. No study has investigated the characteristics of communication about work-related matters during consultation of the GP by working patients with MSDs. Objectives: The aim of this study was to describe communication about work-related matters between the GP and his patients with paid work who are consulting for MSDs.

Method: Descriptive analysis of 680 systematic observations of GP consultations of patients in paid work who were consulting for MSDs.

Results: Work was discussed in 227 of 680 consultations in general practice. In 69% of these consultations the patient started communication concerning work-related matters, with an average number of 38.5 (standard deviation 45.7) verbal utterances, equalling on average 15% of the total consultation time. In 36% of consultations the patient's working conditions were discussed and in 12% of consultations the GP advised on whether to stay at home or return to work. There was a statistically significant positive correlation between the extent to which GPs rated the patient's MSDs to be work related and the number of utterances the GP and patient made about work-related matters during the consultation.

Conclusions: Work is not a standard topic of conversation during the GP consultation. GPs could more often start communication about patients' work. A challenge for future GP practice and education is to include discussion of patients' work to optimise patient-centred care.

KEYWORDS

+Netherlands, +2009, +Weevers, +awareness, +family physicians, +OSH info general, +OSH info specific, +Q in outcomes, +11, +13,

China

Yang HF, Cai JB, Xu HF, Gu C, Zhou Y, He LY, Xu RF. An analysis of occupational health status after performing basic occupational health service in Qingpu District, Shanghai. Journal of Environmental & Occupational Medicine. 2009;26:271-274. The article is in Chinese, the abstract is in English.

<https://www.cabidigitallibrary.org/doi/full/10.5555/20093219923>

Not Open Access. Copyright 2022 CAB International.

The description is based on the abstract. Use the link to read the abstract and article.

Based on the data from field investigation and local annual occupational health statistic reports, the OH status of pre-BOHS was compared with post-BOHS. After performing BOHS in 2007, more than 90% of the local enterprises established occupational health records and sent a report of occupational hazards to the local Health Authority. Moreover, 69% of the enterprises provided occupational health examinations to their employees. The rate of environmental hazard monitoring in the workplace was 35%.

According to the study, the more than 1,700 enterprises were prepared with effective control of occupational hazards. Occupational health in the enterprises has been improved through performing BOHS, giving professional advice and training to employees and management, and intensifying official inspection.

KEYWORDS

+China, +2009, +Yang, +Q of program, +OSH info general, +structure BOHS, +governance, +01, +08,

India

Zodpey SP, Negandhi H, Tiwari RR. Mapping 'Occupational Health' courses in India: A systematic review. Indian J Occup Environ Med. 2009;13:135-40. Editorial

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862446/>

Open Access. Creative Commons Attribution License.

Abstract

The occupational health scenario is undergoing a paradigm shift in developing countries with rapid industrialization. Inadequate human resources are, however, a concern. The creation of Basic Occupational Health Services will demand a further increase in specialist manpower. The current training capacity of occupational health specialists has been mapped by a systematic review in India. Twenty-one institutes have been identified all across the country. They have an existing capacity for training about 460 specialists. This number is inadequate considering the population of India's working class. A mixture of strategies must be urgently planned for addressing this issue.

KEYWORDS

+India, +2009, +Zodpey, +structure BOHS, +OH physicians, +staff capacity, +expert-based OHS, +national OSH instit, +11, +13,

2010

UK Barber CM, Frank T, Walsh K, Burton C, Bradshaw L, Fishwick D. Knowledge and utilisation of occupational asthma guidelines in primary care. *Prim Care Respir J.* 2010;19:274-80.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6602247/>

Open Access. Crown Copyright. All rights reserved.

The description is based on the abstract. Use the link to read the full abstract and article.

An interactive learning module on occupational asthma is used for the education of healthcare professionals and for the evaluation of the effect of education. The module was based upon existing evidence-based national occupational asthma guidelines.

More than a thousand healthcare professionals completed the learning module resulting in a significant increase in knowledge, and positive feedback. A follow-up study showed improved usage of the guidelines and improved awareness.

KEYWORDS

+UK, +2010, +Barber, +info educ staff, +Q of interventions, +structure HC, +standards guidelines, +07, +13,

China

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.

<https://onlinelibrary.wiley.com/doi/epdf/10.1539/joh.O9005>

Open Access. Copyright Wiley presumably.

The description is based on the abstract. Use the link 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.

KEYWORDS

+China, +2010, +Chen Y, +structure BOHS, +migrant workers, +coverage, +target populations, +Q in outcomes, +07, +09, +14,

Türkiye

Demiral Y, Yıldız AN. Temel İş Sağlığı Hizmetleri. [Essential Occupational Health Services]. TAF Prev Med Bull 2010; 9(6):673-676. Review. Article is in Turkish, the abstract is in English.

<https://www.ejmanager.com/mnstemps/1/1-KHB-2009-12-11-010012.pdf?t=1749480060>

or:

<https://www.ejmanager.com/mnstemps/1/1-KHB-2009-12-11-010012.pdf?t=1749480863>

Open Access. Presumably copyright.

The description is based on the abstract. For the full abstract and article, use the links.

Occupational health services cover between 15%-90% of all workers, dependent on the country. The services offered and care do not always align with the actual needs of the workers. Changes in the workload caused by globalization and other trends increased the need for good support and prevention.

ILO instruments and the choice of WHO for a primary health care approach and a health for all strategy, suggest universal and comprehensive occupational health services. From this point of view, both international organizations and ICOH, the International Commission on Occupational Health, jointly developed and proposed basic occupational health services to tackle this challenge.

KEYWORDS

+Türkiye, +2010, +Demiral, +internat collab, +structure BOHS, +02, +08,

China

He Y, Liang Y, Wang X. Basic occupational health services and stakeholders' participation. *Int J Occup Environ Health*.2010;16:99-100. Letter to the editor.

Link to title: <https://pubmed.ncbi.nlm.nih.gov/20166325/>

Not Open Access. Full text is available, see links. Copyright presumably Taylor and Francis.

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

The letter to the editor has no abstract. The description is based on the letter. Use the links to read the letter to the editor.

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 centres should be involved.

KEYWORDS

+China, +2010, +He, +structure BOHS, +informal workers, +target populations, +stakeholders, +participation, +legislation, +03, +08,

Macedonia

Karadzinska-Bislimovska J, Minov J, Risteska-Kuc S, Stoleski S, Mijakoski D, Todorov S, Basarovska V, Kisman-Hristovska M, Agai-Demjaha T. National survey on identifying vulnerable workers and availability of occupational health services in the Republic of Macedonia. Med Lav. 2010;101:262-75.

<https://repository.ukim.mk/bitstream/20.500.12188/9744/1/National%20survey%20on%20identifying%20vulnerable%20workers%20and%20availability%20of%20occupational%20health%20services%20in%20the%20R.%20Macedonia.pdf>

or:

https://www.researchgate.net/publication/49621378_National_survey_on_identifying_vulnerable_workers_and_availability_of_occupational_health_services_in_the_Republic_of_Macedonia

Open Access, presumably copyright by La Medicina del Lavoro.

The description is based on the abstract. Use the link to read the full abstract and article.

The Institute of Occupational Health of Macedonia, collaborating with the WHO Regional Office for Europe, developed a questionnaire to distinguish groups and industrial sectors at need of basic occupational health services. Target groups included unemployed, female workers, workers aged under 18 years, workers aged over 55 years and workers in the informal sector, construction industry, textile industry, agriculture, and health care workers. All examined groups/sectors were judged by most responders to have a high risk for work-related health problems. The highest risks were for aging workers, workers in agriculture and in the construction industry. Primary health care services were available. The incorporation of Basic Occupational Health Services (BOHS) in primary health care, as a public health approach, is a good concept for Macedonia.

KEYWORDS

+Macedonia, +2010, +Karadzinska-Bisl, +internat collab, +structure BOHS, +target populations, +informal workers, +national OSH instit, +structure HC, +02, +08,

UK

Macdonald EB, Sanati KA. Occupational health services now and in the future: the need for a paradigm shift. J Occup Environ Med. 2010;52:1273-7.

<https://pubmed.ncbi.nlm.nih.gov/21750477/>

Not Open Access. ©2010 The American College of Occupational and Environmental Medicine.

The description is based on the abstract. Use the link to read the full abstract and article.

Today, in high-income countries, most hazardous industries disappeared, and the related occupational diseases are rare. Safe work may be good for the health of the workers. Occupational health services (OHS) evolved in times and conditions that have now vanished.

However, access to OHS is inconsistent, there is a lack of continuity of care for workers moving to another employer or leaving work because of disabilities. The result is that OHS provide care for survivor populations and mostly for employees in large enterprises who need OHS the least (law of inverse care). "OHS are not fit for purposes" as they have not adapted to the new conditions: the growing numbers of informal workers and small enterprises. In addition, unemployment has a great impact on health while unemployed have no access to the competencies of OHS.

Conclusion: "In the future, OHS should develop to meet the needs of the working-age population and to maximize the functional capacity".

KEYWORDS

+UK, +2010, +Macdonald, +awareness, +accessibility, +OSH info general, +10, +13,

Thailand

Manothum A, Rukijkanpanich J. A participatory approach to health promotion for informal sector workers in Thailand. *J Inj Violence Res.* 2010;2:111-20.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3134908/>

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Abstract

Background: This study aims to promote occupational health in the informal sector in Thailand by using a participatory approach. The success of the intervention is based on an evaluation of the informal sector workers, a) knowledge, attitudes, and behavior in occupational health and safety, b) work practice improvement, and c) working condition improvement.

Methods: This study applies the Participatory Action Research (PAR) method. The participants of the study consisted of four local occupations in different regions of Thailand, including a ceramic making group in the North, a plastic weaving group in the Central region, a blanket making group in the Northeast, and a pandanus weaving group in the South. Data was collected using both qualitative and quantitative methods through questionnaires, industrial hygiene instruments, and group discussions.

Results: The results showed that the working conditions of the informal sector were improved to meet necessary standards after completing the participatory process. Also, the post-test average scores on 1) the occupational health and safety knowledge, attitude and behavior measures and 2) the work practice improvement measures were significantly higher than the pre-test average scores (P less than 0.05).

Conclusions: The results demonstrate that the participatory approach is an effective tool to use when promoting the health and safety of the informal sector and when encouraging the workers to voluntarily improve the quality of their own lives.

KEYWORDS

+Thailand, +2010, +Manothum, +informal workers, +participation, +info educ population, +Q of interventions, +Q in outcomes, +tools equipment, +07, +12,

China

Wu W, Lu G, Ni X, Wei-yang Z, Chen L. The use of organic solvents in five types of enterprises before and after the pilot development of basic occupational health services. Journal is unclear. Year 2010. Article presumably in Chinese. Published via OpenAlex referring to Wanfang. Med online. <https://eng.med.wanfangdata.com.cn/> . The authors work in Shenzhen Bao'an District People's Hospital.

<https://api.openalex.org/works/W3030650715>

Not Open Access. Presumably under Copyright.

The description is based on the abstract in English. Use the link to read the full abstract and article.

After the pilot development of basic occupational health services in Fuyong community of Bao'an district, five types of enterprises (electronic, plastic hardware, printing, furniture companies) were randomly selected to study the use of and exposure to organic solvents. In 2009 compared to 2007, the number of enterprises using, and the number of workers exposed to three specific solvents was significantly reduced.

KEYWORDS

+China, +2010, +Wu, +structure BOHS, +Q in outcomes, +08, +09, +14,

China

Zhang X, Wang Z, Li T. The current status of occupational health in China.
 Environ Health Prev Med. 2010;15:263-70.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921040/pdf/12199_2010_Article_145.pdf

or:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921040/>

Open Access. Copyright The Japanese Society for Hygiene. 2010.

The description is based on 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.

It is stated that the situation of occupational health was found to be still serious in China. Occupational risks were being transferred from the city to the countryside and from developed areas to developing ones. A lack of occupational health services for migrant workers could be a major problem for a long time. They concluded that fields related to occupational health should be improved "such as the supervision and administration of small- and medium-scale enterprises, research into key techniques for the prevention and control of occupational hazards, systems for the diagnosis and reporting of occupational diseases, and the training of health professionals." The implementation of BOHS in China is discussed. The results of BOHS pilot studies were rated as in general successful.

KEYWORDS

+China, +2010, +Zhang X, +awareness, +migrant workers, +research, +governance, +11, +14,

2011

UK

Beckley A, Lees B, Collington S, de Bono A. Work-related health advice in primary care. *Occup Med (Lond)*. 2011;61:498-502.

<https://academic.oup.com/occmed/article/61/7/498/1463465?login=false>

Open Access. Copyright OUP on behalf of the Society of Occ. Med.

The description is based on the abstract. Use the link to read the full abstract and article.

Background: Prevention of long-term sickness absence and worklessness. In UK, occupational health seeks new partners to support health interventions in the working age population. In Leicestershire, a general practice developed a pilot clinic offering work-related health advice by primary care by 30 minutes' appointments for a work-related health consultation. The intervention was provided by GPs with an Occupational Medicine diploma qualification. In 12 months, ninety-six patients attended the OH appointments. Most common were mental health problems and musculoskeletal complaints. Almost one third of these patients reported beneficial workplace adjustments.

KEYWORDS

+UK, +2011, +Beckley, +family physicians, +specialised clin OHC, +info educ staff, +Q of interventions, +07, +12,

Brazil

Días MDA, Bertolini, GCS, Pimenta AL. Saúde do trabalhador na atenção básica: análise a partir de uma experiência municipal [The workers' health in primary care: an analysis of a municipal experience]. Trabalho, Educação e Saúde. 2011;9:137-148. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/tes/a/wDmQTKWfzL8mztnmX5RPkfq/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

This article presents an account of the experience of implementing workers' health actions in primary care services in the municipality of Amparo, state of São Paulo, which occurred during the 2001 to 2008 administration period, aiming to contribute to SUS' urgent need to implement of workers' health actions. The analysis made by the authors, actors in managing the process, highlights a few of the key elements for the effective implementation of workers' care actions in the primary care network. Among them, the Family Health Strategy (FHS), along with other elements such as the mixed-base model with continuous pedagogical action and participation in collegiate management, continuing education, and the role of the health workers - proved to be a facilitator process. Structural elements in the construction that was made include the collegiate management model adopted by the department and the way the Occupational Health Reference Center was deployed in the municipality. This arrangement has fostered permanent dialogue among the health, primary care, and referral specialist teams that has been indispensable to the experience.

KEYWORDS

+Brazil, +2011, +Dias MDA, +structure HC, +government, +referral facilities, +regional support c, +info educ staff, +08, +09, +12,

Thailand Kaewboonchoo O, Silpasuwan P, Jirapongsuwan A, Rawiworrakul T, Hansing S. Participatory capacity building in occupational disease surveillance among primary care unit (pcu) health personnel. *Southeast Asian J Trop Med Public Health*. 2011;42:1262-8.

https://www.researchgate.net/publication/221800383_Participatory_capacity_building_in_occupational_disease_surveillance_among_Primary_Care_Unit_PCU_health_personnel/link/54573e200cf2cf5164805d4a/download

Not Open Access, Copyright presumably of the journal.

The description is based on the abstract. Use the link to read the full abstract and article.

Background: participatory capacity building on occupational disease surveillance (ODS) could help Primary Care Unit (PCU) health personnel in realizing good quality occupational health care for workers in the community. First, a needs assessment was completed to find gaps in skills and knowledge. Next, an occupational disease surveillance training program was developed for a 5-day workshop. Participants (n=59) reported positive changes in knowledge and skills and were very satisfied with the workshop. Barriers were noted to consistently implement reporting procedures.

KEYWORDS

+Thailand, +2011, +Kaewboonchoo, +participation, +structure HC, +staff capacity, +Q of staff, +09, +13,

Global

Mamtani R, Stern P, Dawood I, Cheema S. Metals and disease: a global primary health care perspective. J Toxicol. 011;2011:319136.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3189586/>*Open Access. Creative Commons Attribution License.*

Abstract

Metals are an important and essential part of our daily lives. Their ubiquitous presence and use has not been without significant consequences. Both industrial and nonindustrial exposures to metals are characterized by a variety of acute and chronic ailments. Underreporting illnesses related to occupational and environmental exposures to chemicals including metals is of concern and presents a serious challenge. Many primary care workers rarely consider occupational and environmental exposures to chemicals in their clinical evaluation. Their knowledge and training in the evaluation of health problems related to such exposures is inadequate. This paper presents documented research findings from various studies that have examined the relationship between metal exposures and their adverse health effects both in developing and developed countries. Further, it provides some guidance on essential elements of a basic occupational and environmental evaluation to health care workers in primary care situations.

KEYWORDS

+Global, +2011, +Mamtani, +tasks, +tools equipment, +info educ staff, +structure HC, +Q of program, +OSH info specific, +research, +09, +10, +13,

Brazil

Moisés M, Machado JMH, Peres F, Hennington E, Beltrami AC, Beltrami Neto AC. Reflexões e contribuições para o Plano Integrado de Ações de Vigilância em Saúde do Ministério da Saúde (MS) de Populações Expostas a Agrotóxicos (Reflections on and Contributions to the Ministry of Health's Integrated Plan on Health Surveillance Actions for People Exposed to Pesticides). *Ciência & Saúde Coletiva*. 2011;16 N. 8: Pg 3453-3460. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/csc/a/JDTgTctX833F8hTY796L4Ch/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

This paper highlights the issue of human and environmental contamination caused by abusive and undue use of pesticides and of its consequences for human health and the environment. It seeks to present reflections on and contributions to the Ministry of Health's Integrated Plan on Health Surveillance Actions for People Exposed to Pesticides arising from the Federal District Assessment and Control Project for Human and Environmental Exposure. The methodology used in this study consisted of reading and analysis of reports from the aforementioned projects, as well as participating in preliminary meetings for drafting the General Coordination Plan for Environmental Health Surveillance and the workshop entitled 'The integration of Occupational Health Surveillance and Sanitary Vigilance: the information issue'. This was coordinated by the Occupational Health Working Group of the Brazilian Public Health Association and in meetings and workshops of the Federal District Project. The outcome of the discussions suggests that the investigation strategy used is a positive contribution and that the Federal District Project may serve as a pilot project for the Ministry of Health's Integrated Plan.

KEYWORDS

+Brazil, +2011, +Moises, +government, +national collab, +stakeholders, +regulations, +01, +07,

India

Pandit N, Trivedi A. Basic occupational health services – “Occupational Health for All” Healthline. 2011; 2, Issue 2: 3-5. Editorial

https://scholar.google.com/scholar?cluster=3272846452095513368&hl=nl&as_sdt=0,5&as_vis=1

Open Access, Creative Commons BY-NC-SA License 4.0.

The editorial has no abstract. The description is based on the editorial.

The need for the development of occupational health services for the working which at present do not have access to services is urgent. A novel approach of integrating Occupational Health in Primary Health Care system is need of hour. In 2002, the National Commission on Labour formulated a draft of OSH Bill 2002, covering all sectors of the economy, including unorganised sectors. But the Bill never comes on the floor for discussion and still waits for enforcement. The private and public organized sector has basic level OH services (Factory Act), but the unorganized sector does not. There is urgent need to take action to provide good quality of Occupational Health Services (OHS) to the employees in Organized Sector and at least a basic level of OHS for the Unorganized Sector, by incorporating the occupational health services with the primary health care in India. Unorganized sectors and small-scale industries cannot afford a full flag OHS centre. The model of incorporation can be as follows. Institutions like NIOH and CLI must work as an apex body with more national or regional centres. Nodal centres can be established in these colleges for training and research. Nodal Centres can train all medical officers of Primary Health Centres, Community Health Centres and Civil hospital staff of state. Coordinated action is needed at the Ministry of Labour, Ministry of Health and Family Welfare and other respective ministries.

KEYWORDS

+India, +2011, +Pandit, +legislation, +informal workers, +national collab, +national OSH instit, +structure HC, +structure BOHS, +info educ staff, +03, +08,

Brazil

Silva TL, Dias EC, Ribeiro ECO. Knowledge and practices of community health agents in workers' healthcare. Interface - Comunic., Saude, Educ. 2011;15:859-70. The article is in Portuguese, only the abstract is in English.

<https://www.scielo.br/j/icse/a/r8yTbh3Hbys6dzcbSQbgf6R/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

Community health agents play a fundamental role in workers' comprehensive healthcare through registering and gathering information on the sociodemographic profile of this population and identifying productive activities developed at home and in the vicinity, along with possible risk factors for workers' health. This study was based on competency reference points and sought to understand community health agents' work processes, placing value on their knowhow and perceptions of work-health-illness relationships, to guide the capacitation processes. It was developed in a city located at metropolitan region of Belo Horizonte, Minas Gerais state, and used the card collection technique, which is part of the "Visualization in Participatory Programmes" method. Actions within the fields of competency of health promotion and organization of healthcare were identified. The results stress the importance of new studies that take into consideration the changes in community health agents' work processes when aiming to developing workers' healthcare actions.

KEYWORDS

+Brazil, +2011, +Silva TL, +community h w, +standards guidelines, +staff capacity, +participation, +09, +14,

China**Tao Z, Ming-Xiao W, Miao-Rong X, Ming-Qiu J. Analysis of traumatic occupational fatalities in China. Am J Ind Med. 2011;54:560-4.**<https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.20958>

or:

<https://doi.org/10.1002/ajim.20958>*Not Open Access. Copyright 2011 Wiley-Liss, Inc.*

The description is based on the abstract. Use the link to read the full abstract and article.

Prevention of fatal incidents and associated medical assistance can be supported by analysing multiple occupational fatality incidents in China. Data of the National Work Safety Administration of China over the period January 1, 2001 - December 31, 2008, were analysed.

In total 17,277 workplace-based multiple fatality incidents were reported, including 62,850 deaths and 30,418 injuries. Most often reported were road traffic accidents, coal mine explosions, and incidents involving shipping.

Conclusion: The risk for workplace-based multiple fatality incidents in China is one of the highest in the world. Prevention must be strengthened.

KEYWORDS**+China, +2011, +Tao Z, +output, +Q of program, +Q of tools, +01, +13,**

Iran

Vigeh M, Mazaheri M, Seyedaghamiri Z. Status of occupational health and safety in Iran. J UOEH. 2011 1;33:283-91. This article is also published in the Japanese language.

https://www.jstage.jst.go.jp/article/juoeh/33/4/33_KJ00007695221/_article/

Open Access. Copyright The University of Occupational and Environmental Health, Japan. 2011.

The description is based on the abstract. Use the link to read the full abstract and article.

Iran has had a steadily growing economy. The occupational health and safety (OHS) system is mainly regulated by the Ministry of Health and Medical Education, responsible for occupational health services and legislation, and the Ministry of Labour and Social Affairs for the enactment and enforcement of occupational safety legal issues. Inspectorates in each ministry carry out regular health and safety monitoring. Most common occupational health disorders are musculoskeletal problems, respiratory diseases, noise induced hearing loss, and occupational injuries. Improvement of OHS needs well-organized collaboration among Iranian universities, industries, and governmental agencies, and reliable basic data.

KEYWORDS

+Iran, +2011, +Vigeh, +government, +regulations, +national collab, +Q in outcomes, +01, +03,

China **Wang X, Wu S, Song Q, Tse LA, Yu IT, Wong TW, Griffiths S. Occupational health and safety challenges in China--focusing on township-village enterprises. Arch Environ Occup Health. 2011;66:3-11.**

We have no link to the article. The link to the abstract in PubMed:
<https://pubmed.ncbi.nlm.nih.gov/21337180/>

Not Open Access. © Taylor & Francis Group, LLC. 2011.

The description is based on the abstract. Use the link to read the full abstract.

China has experienced dramatic industrialization creating tremendous challenges for occupational health and safety (OHS). This article addresses occupational health and safety issues in township- and village-owned enterprises (TVEs), including “working conditions and workplace hazards, major recognized OHS problems, implications of TVE industries to environmental health, and migrant workers”. Pneumoconiosis, chemical poisoning, and workplace accidents are highlighted. The authors note that “it is suggested that the national policies and regulations that specifically target TVEs are indispensable, and a more powerful administrative structure should be established to ensure that the pertinent policies, regulations, and OHS standards can be enforced widely and effectively in practice.”

KEYWORDS

+China, +2011, +Wang X, +regulations, +legislation, +target populations, +01, +03,

2012

India

Balakrishnan K, Arasi DS, Ayyappan R, et al. Basic Occupational Health Services (BOHS) for health care workers in public health systems in Tamil Nadu, India: Scoping a framework for risk management. *Proceedings OH&S Forum 20-22 June 2011, Espoo, Finland. 2012; pg. 136-139.* Contribution to Proceedings.

https://www.researchgate.net/profile/Jukka-Takala-2/publication/234077761_EU_Strategies_and_Tools_in_Occupational_Safety_and_Health/links/0fcfd50ee696c9a4f5000000/EU-Strategies-and-Tools-in-Occupational-Safety-and-Health.pdf

Open Access. Copyright 2012 FIOH and editors.

The description is based on the Conclusions (shortened). Use the link to read the full contribution.

The study represents one of the first attempts in the state of Tamil Nadu to create an occupational health hazard profile for public health system facilities. It is also one of the first to involve the State Public Health Department at every stage ... The project served to demonstrate that the creation of a BOHS process within the public health machinery would allow health care workers to a) first manage their own occupational risks; b) assess potential benefits from improved occupational health; c) enhance their capacities and willingness to provide occupational health services and manage basic occupational risks for the rest of the workforce. ... There is, however, a need to catalyse mechanisms and add momentum for risk communication with public health departments. This will support the adoption of the BOHS framework for managing the health of all workers, including their own health. The potential for applying the BOHS framework is only now beginning to take root. Since the time it was originally detailed (1), experience was gained from pilot projects in several countries, including Thailand (2) and China (3). Each of the projects has provided insight into the practical challenges in achieving the true goals of a BOHS framework. Integration of the lessons learnt is an essential first step towards eventually catalysing the development of a regulatory framework for BOHS. We hope that the results of this initial effort in India will add momentum to this important global effort, spearheaded by the World Health Organization.

An earlier report does exist, describing the study in some more detail. Arasi DS, et al. Creation of Basic Occupational Health Services (BOHS) for health care workers of public health schemes in Tamil Nadu, India. Department Environmental Health Engineering, Sri Ramachandra University, Porur, Chennai, Tamil Nadu, India. Report. 2009, 20 pages. Unfortunately, we could not find this report on the internet (October 2024). We can send you a copy of the report for research purposes. Email: v.dijk.workandhealth@gmail.com.

Balakrishnan has also given a lecture in the ICOH Congress 2012, Mexico. See the section 'Abstracts of lectures' in this repository.

KEYWORDS

+India, +2012, +Balakrishnan, +government, +structure BOHS, +governance, +regulations, +info educ staff, +08, +14,

Thailand

Chanchaen S, Siriruttanapruk S, Untimanon, O. Basic occupational health services (BOHS) and the national programme for farmers. *Proceedings OH&S Forum 20-22 June 2011, Espoo, Finland. 2012; pg. 136-139.* Contribution to Proceedings

https://www.researchgate.net/profile/Jukka-Takala-2/publication/234077761_EU_Strategies_and_Tools_in_Occupational_Safety_and_Health/links/0fcfd50ee696c9a4f5000000/EU-Strategies-and-Tools-in-Occupational-Safety-and-Health.pdf

Open Access. Copyright 2012 Finnish Institute of Occupational Health and editors.

The report in the proceedings has no abstract. The description is based on the contribution. Use the link to read the report.

In 2008, a pilot project aimed at developing OHS in 16 primary care units (PCU) was established. Capacity building, training and supervision were the main activities, aiming to strengthen the health team and support networking. OHS could be provided on all levels of the health service system. The providers of Basic Occupational Health Services (BOHS) in Thailand, under the MOPH, are shown. The OHS provided by PCUs focused on the informal workers in agricultural workers, industrial workers and service sector employees. Two years later, in 2010, the PCUs could provide Basic Occupational Health Services including health examinations, interviews of workers with occupational sicknesses or injuries, and risk assessments. There were 156,975 clients, of whom 72% were farmers.

Conclusions: In the year 2011, the Ministry of Public Health aims that the PCUs in the high-risk areas of every province will be able to provide Basic Occupational Health Services. These include the training of health volunteers, risk interviews, health examinations, screening tests for pesticide poisoning, and risk communication. The goal is to provide services in 1,000 PCUs for 800,000 farmers. A definitive occupational health policy is needed, collaboration among agencies, especially local authority and health volunteers. BOHS provided by primary health care units can be maintained and extended.

KEYWORDS

+Thailand +2012, +Chanchaen, +government +structure HC, +structure BOHS, +informal workers, +other target pop, +info educ staff, +volunteers, +01, +08, +09,

Global

Colombini D, Occhipinti E, Di Leone G. A simple tool for preliminary hazard identification and quick assessment in craftwork and small/medium enterprises (SME). Work. 2012;41 Suppl. 1:3948-55.

<https://content.iospress.com/articles/work/wor0692>

Open Access. Copyright 2012 – IOS Press and the authors. All rights reserved.

The description is based on the abstract. Use the link to read the abstract and article.

During the Congress of the International Ergonomics Association (IEA) in Beijing (2009), an inter-national group started, aiming at developing a "toolkit for MSD prevention" (IEA and WHO). Potential users of toolkits are, among many others, health workers implementing basic occupational health services. Computer software was created dealing with hazard mapping in handicraft. The proposed methodology allows a simple ergonomics hazard identification and risk estimation. The toolkit facilitates the decision for which hazards a more exhaustive risk assessment will be necessary and which professional OH consultant should be involved.

KEYWORDS

+Global +2012, +Colombini, +internat collab, +ergonomists, +tools equipment, +Q of tools, +09, +11,

Vietnam

Diep NB, Lan TTN. The actual situation of Basic Occupational Health Services (BOHS) in Vietnam. Proceedings International OH&S Forum 2011. Finnish Institute of Occupational Health, 2011, Espoo, Finland. Pg. 140-143. See also 'FIOH, 2012' in this Repository, Section 'Books'.

https://www.researchgate.net/profile/Jukka-Takala-2/publication/234077761_EU_Strategies_and_Tools_in_Occupational_Safety_and_Health/links/0fcfd50ee696c9a4f5000000/EU-Strategies-and-Tools-in-Occupational-Safety-and-Health.pdf

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The contribution in the Proceedings has no abstract. The description is based on the contribution. Use the link to read the contribution.

BOHS services in Vietnam are mainly provided by Provincial/Industrial Branch/District Preventive Medicine Centers, and health units of enterprises. A survey was conducted in 2009-2010 to describe the capacity and needs.

Managers and OH personnel were interviewed, records were studied. The study/survey included 1590 facilities on different levels. A walk-through survey was completed in the facilities with interviews and questionnaires.

Educational levels of the staff were mostly intermediate; 50% of staff had less than 5-year work experience. More than one third had training in OH, most less than 2 weeks. Four national institutions monitor risk factors, two of them can perform biochemical and haematological tests. All provincial facilities had risk assessment facilities. District level facilities could monitor some risks and organized health check-ups. Community health stations and units at enterprises had PHC activities and first aid equipment, not for monitoring the work environment. BOHS coverage ranged from 2 - 13%, with high coverage for education, monitoring work environment and making an OH profile. Health check-ups were performed by 10% of enterprises (33% of workers). District preventive medical centers covered 4 - 28% of the enterprises.

There is a lack of human resources and of training in OH. Facilities for organizing BOHS were insufficient. BOHS coverage was low at different levels. "There was a clear need to strengthen the BOHS capacity in all organizations, at all levels and in all aspects."

KEYWORDS

+Vietnam +2012, +Diep, +structure BOHS, +structure HC, +Q of staff, +Q of tools, +info educ staff, +national collab, +output, +08, +11, +12,

Brazil

Jesus HS, Beltrão HBM, Assis DM. Avaliação do sistema de vigilância das intoxicações exógenas no âmbito da saúde do trabalhador no Brasil entre 2007 e 2009 [Evaluation of the Brazilian national epidemiological surveillance system for exogenic poisoning in the occupational health from 2007 to 2009]. Cadernos Saúde Coletiva. 2012;20 N. 4: Pg. 515- 524. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/cadsc/a/tbw4CJrx3KGs3mkctPvg8rm/?lang=pt> (Portuguese)

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Abstract

The surveillance systems should be evaluated periodically with the objective of becoming more agile and effective measures to control adverse health events. Thus, the aim of this study was to evaluate the qualitative and quantitative attributes of the Surveillance System for Exogenic Poisoning in Brazil from 2007 to 2009, during which it was linked exclusively to the Occupational Health. For this purpose, there was used the Update Guidelines for Evaluating Public Health Surveillance Systems. A structured questionnaire and the database SINAN NET were used as data sources. Of the 27 states of Brazil, 16 answered the questionnaires. The data follow the flow established by Brazilian Surveillance System (SINAN NET), however without setting a statewide coordinating body. As the parameters adopted, the Surveillance System for Exogenic Poisoning was considered simple, flexible, timely and unstable. Data quality and representativeness were regular; and the sensitivity and Positive Predictive Value were low. We recommend establishing a Surveillance System's flow within the state and developing a Guide for Exogenic Poisoning, defining the goals for this surveillance.

KEYWORDS

+Brazil, +2012, +Jesus, +tasks, +research, +standards guidelines, +Q of tools, +national collab, +06,

Brazil

Kanno NP, Bellodi PL, Tess BH. Profissionais da Estratégia Saúde da Família diante de demandas médico-sociais: dificuldades e estratégias de enfrentamento (Family Health Strategy professionals facing medical social needs: difficulties and coping strategies). Saúde e Sociedade. 2012;21 N. 4: Pg 884-894. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/sausoc/a/LjJfR8ZbQvxNMLrr5HnXFg/?lang=pt> (Portuguese)

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Abstract

Professionals of Family Health Strategy (FHS) work in communities where there are complex medical social problems. These contexts may lead them to psychological suffering, jeopardizing their care for the users, and creating yet another obstacle to the consolidation of FHS as the primary health care model in Brazil. The study investigated the difficulties and coping strategies reported by health professionals of the FHS teams when they face medical social needs of the communities where they work. Focus groups and semi-structured interviews were carried out with 68 professionals of three primary care units in the city of São Paulo (Southeastern Brazil). Drug dealing and abuse, alcoholism, depression and domestic violence are the most relevant problems mentioned by the study group. Professionals reported a lack of adequate training, work overload, poor working conditions with feelings of professional impotence and frustration. To overcome these difficulties, professionals reported collective strategies, particularly experience sharing during team meetings and matrix support groups. The results indicate that the difficulties may put the professionals in a vulnerable state, like the patients they care for. The promotion of specialized and long-term support should be reinforced, as well as the interaction with the local network of services and community's leaders. That may help professionals to deal with occupational stress related to medical and social needs present in their routine work; in the end, it may as well contribute to the strengthening of FHS.

KEYWORDS

+Brazil, +2012, +Kanno, +structure HC, +awareness, +staff capacity, +staff motivation, +Q in outputs, +stakeholders, +OSH info general, +OSH info specific, +09, +11,

Global

Kogi, K. Roles of Participatory Action-oriented Programs in Promoting Safety and Health at Work. *Safety and Health at Work*. 2012;3:155-165<https://www.sciencedirect.com/science/article/pii/S2093791112330011>+

Correction

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3521930/>

In the original journal publication, the author's first name has been inverted with the surname. The corrected author's name is "Kazutaka KOGI".

Open Access. CC Attribution-NonCommercial-NoDerivatives 4.0 International.

The description is based on the abstract. Use the link to read the full abstract and article.

Participatory action-oriented approaches are gaining importance in various sectors. The roles of these approaches in promoting safety and health at work are discussed based on recent experiences in preventing work-related risks and improving the quality of work life, particularly in small-scale workplaces. The emphasis placed on the initiative of workers and managers is commonly notable. Participatory steps, built on local good practices, can lead to many workplace improvements focusing on locally feasible low-cost options. The design and use of locally adjusted action toolkits play a key role. The effectiveness of participatory approaches is demonstrated by their spread to many sectors and by various studies. Networks of trainers are essential in sustaining the improvement of activities.

From the paragraph "Application of Participatory Approaches in Action-oriented Programs". Effective participatory approaches are undertaken to improve small-scale workplaces in both industrially developed and developing countries. Prominent examples include (a) work improvement in small enterprises (WISE) workshops and the relevant courses now spreading to different regions; (b) work improvement in neighbourhood development (WIND) workshops for farmers; (c) participatory training programs for small workplace industry as well as services for reducing work-related risks; (d) participatory programs for stress prevention in industrial workplaces and health care services; and (e) participatory programs organized as part of basic occupational health services (BOHS) in industrially developing countries.

KEYWORDS

+Global +2012, +Kogi, +other target pop, +participation, +Q of tools, +info educ population, +tools equipment, +standards guidelines, +07, +08,

Brazil

Lucca S, Kitamura S. O ensino da medicina do trabalho e a importancia das visitas aos locais de trabalho. [Teaching occupational medicine: The importance of students' visits to the working environment.] Rev. Bras. Med. Trab. 2012;10:41-8. The article is in Portuguese. The abstract is in English.

<https://cdn.publisher.gn1.link/rbmt.org.br/pdf/v10n2a01.pdf>

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Abstract

Objective: This article showed how important the visits to workplaces during occupational medicine classes are to Medicine graduate students.

Methods: Two hundred and sixteen student reports have been analysed for this study. They visited small, medium, and big businesses comprising different productive processes, in the region of Campinas, State of São Paulo, Brazil.

By analysing the content of such reports, the observations have been classified into categories such as importance of occupational anamnesis, meaning of visits, significance of work in the work-and-health process, perception about work conditions and risks to health, importance of psychosocial and ergonomic risk factors and prevention measures, and use of personal protective equipment.

Conclusions: The content of these visit reports, detached in the present text, showed the actual significance of these activities for the education of future professionals.

KEYWORDS

+Brazil +2012, +Lucca, +OSH info specific, +family physicians, +target populations, +other addit experts, +tasks, +Q of interventions, +06, +11,

India**Pingle S. Occupational safety and health in India: now and the future. Ind Health. 2012;50:167-71.**https://www.jstage.jst.go.jp/article/indhealth/50/3/50_MS1366/_article*Open Access, Copyright National Institute of Occupational Health.*

The description is based on the abstract. Use the link to read the full abstract and article.

In India, more than 90% of the workers work in the informal economy (agriculture, services). The occupational safety and health (OSH) scenario is complicated. Challenges are the availability of cheap labour, low public expenditure on health, poor implementation of legislation, etc. The national policy on OSH (2009) is to be implemented. Major occupational risks: accidents, various occupational diseases, poisoning. Legislation is needed to extend OSH coverage including the unorganized sector. Awareness about OSH risks must be improved. OSH infrastructure must be developed, and OSH professionals must be educated and trained. Another issue is the integration of occupational health with primary health care.

KEYWORDS

+India, +2012, +Pingle, +accessibility, +informal workers, +coverage, +structure HC, +financing, +governance, +legislation, +awareness, +OSH info general, +01,

Brazil

Santos APL, Lacaz FAC. Apoio matricial em saúde do trabalhador: tecendo redes na atenção básica do SUS, o caso de Amparo. [Matricial support in workers' health: creating networks in primary care in the Unified Health System (SUS), the case of Amparo in the state of São Paulo]. *Ciência & Saúde Coletiva*. 2012;17 n. 5: 1143-1150. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/csc/a/BmBFHD6dBjdr9jwbSwKvQq/?lang=pt> (Portuguese)

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Abstract

The Reference Center in Workers' Health of Amparo in the State of São Paulo promotes actions directed to workers' health in primary care. In order to understand the process, we conducted research in Matricial Support* in Workers' Health, its trajectory, difficulties and potential, using a qualitative case study approach. The main matricial support activities are thematic meetings, informative bulletins and systematic support. The exchange of knowledge and experience leads to a closer bond between the professionals. Horizontal technical support brings about a reorganization of work in health, mutual responsibility for cases and a new outlook on illness by integrating assistance and surveillance actions. An excess workload, rotation of health professionals, under notification of Work-Related Accidents and Diseases and regional organization are the challenges to be tackled. Matricial Support in Workers' Health is strategic for the insertion of such actions in primary care and represents a step forward in the reorientation of the medical care model, with the introduction of the work-health relationship in family health.

*Matrix or matricial support is a Brazilian collaborative educational intervention for primary care physicians, that promotes specialist training and support to increase the problem-solving capacity.

KEYWORDS

+Brazil, +2012, +Santos, +OSH info general, +research, +standards guidelines, +national OSH instit, +structure HC, +info educ staff, +regional support c, +national collab, +11,

UK

Walters GI, McGrath EE, Ayres JG. Audit of the recording of occupational asthma in primary care. *Occup Med (Lond)*. 2012;62:570-3.

<https://academic.oup.com/occmed/article/62/7/570/1535940?login=false>

Open Access. Copyright The Author 2012. Published by Oxford University Press on behalf of the Society of Occ. Med.

The description is based on the abstract. Use the link to read the full abstract and article.

Background: 1 in 10 cases of adult-onset asthma is due to work. Health outcomes are better with early diagnosis.

Study aims: To audit how working-age asthmatics are currently screened for occupational asthma (OA) in a local primary care population.

Methods: An audit of the electronic patient records from four Birmingham primary care practices.

Results: The prevalence of asthma in working-age adults was 12% (8-15%) and the prevalence of occupational asthma in working-age asthmatics was 0.3% (0-0.8%). Occupation was recorded in only 55/396 (14%) of the cases. Occupation was only recorded in 13/55 of adult-onset asthmatics in high-risk occupations.

Conclusions: The prevalence of OA was low, suggesting under-diagnosis plus under-reporting in primary care, despite guidelines for identifying OA.

KEYWORDS

+UK +2012, +Walters, +structure HC, +staff capacity, +output, +09, +11, +13,

2013

Thailand

Bauchum S, Kiatkitroj K, Arphorn S. Public policy: Health and safety promotion mechanism of workers in Thailand. *Asian-Pacific Newsletter on Occup. Health and Safety* 2013;20:64-67.

https://www.researchgate.net/publication/355586308_Public_policy_Health_and_safety_promotion_mechanism_of_workers_in_Thailand

Open Access. Copyright Finnish Institute of Occupational Health.

The description is based on the article. Use the link to read the full contribution.

In Thailand 62,6% of the workers are informal workers, not protected by labour protection laws, nor by social security laws. This contribution focuses on farmers, forming more than half of all informal workers. Informal workers have no public health support compared with formal factory workers, although both groups have high-risk jobs. Following Public Health Act B.E. 2535 (1992), public health policy is needed.

“The Research Centre for Informal Workers, Mahidol University, MURI, conducted Occupational Health and Safety training for three groups of farmers. The objective of the project was to improve occupational health and safety situations of farmers using Participatory Action Oriented Training (PAOT). PAOT is a productive tool to be employed in promoting the occupational health and safety of workers.” Evaluation shows positive results; the program was extended in 2012 - 2013 to other places. Public health volunteers were introduced. WIND action checklists were used. Local administrative offices are responsible for helping local people. A community fund is operating and managed, a support and cooperation committee works with the local administrative office.

KEYWORDS

+Thailand, +2013, +Bauchum, +informal workers, +legislation, +info educ population, +volunteers, +01, +03, +04, +05, +07, +10,

Brazil

Días EC, Silva TC. Contribuições da Atenção Primária em Saúde para a implementação da Política Nacional de Saúde e Segurança no Trabalho (PNSST) [Contributions of the Primary Health Care system for implementation of the Brazilian National Occupational Safety and Health Plan (PNSST)]. Revista Brasileira de Saúde Ocupacional. 2013;38 N. 127: Pg. 31- 43. The article is in Portuguese, the abstract is in English. 2013a.

<https://www.scielo.br/j/rbso/a/FBmvXqffTxQ6Mjdq6CSJTHx/?lang=pt> (Portuguese)

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Abstract

Introduction: This paper describes the contribution of the Brazilian Unified Health System (SUS) for a comprehensive approach to workers' health care as established by the National Occupational Safety and Health Plan (PNSST). It considers the Health Care Network organization, as well as the health surveillance coordination assigned to the Primary Health Care (PHC).

Method: Through literature review and analysis of normative documents the authors identified health surveillance actions to be implemented by the PHC teams and their potentialities for workers' health purposes.

Results: The identified actions were organized and discussed according to: a) a situational diagnosis, including work activities held in the region; b) workers' demographic and epidemiological profiles; c) planning of actions with priority to interventions aimed at the most frequent, hazardous and vulnerable health problems; d) assistance to victims of work-related injuries or diseases; e) educational actions and health promotion; f) workers' health surveillance actions. The authors discuss the PHC's potentialities and limitations in implementing Workers' Health Care actions and recommend that Workers' Health Reference Centers (Cerest) and other organizations included in the SUS system should provide permanent educational programs and appropriate technical support.

KEYWORDS

+Brazil, +2013, +Dias EC, +coverage, +national collab, +national OSH instit, +info educ population, +referral facilities, +01, +06, +07, +09, +12, +13,

Brazil

Días MDA. Compreender o trabalho na Atenção Primária à Saúde para desenvolver ações em Saúde do Trabalhador: o caso de um município de médio porte. [Understanding the work carried out by Primary Health Care units to develop actions in Workers' Health: the case of a medium-sized municipality in the state of São Paulo, Brazil.]. Rev. bras. saúde ocup. [online]. 2013;38 n.127:69-80. The article is in Portuguese; the abstract is in English.

<https://www.scielo.br/j/rbso/a/6PFyfVcCKFhMcbH4sWYzWHf/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International.

Abstract

Introduction. Attention in Workers' Health (WH) integrality incites expansion of Primary Health Care (PHC) actions. So, it is necessary to understand the work carried out at PHC units and its possibilities to subsidize WH plans and procedures aiming at workers' health integral attention.

Objective. To present PHC workers' perception concerning WH actions performed in health care units of a medium-sized municipality in the state of São Paulo.

Methodology. data collected through a 20 question-self-assessment questionnaire prepared by the researcher, using descriptive analysis of closed questions and content analysis of open questions.

Results. 45% of all workers answered the questionnaire. All health units in the municipality and all the professional categories part of the PHC teams were enclosed. The answers indicated that the PHC personnel, when helping users, take their jobs into consideration, and that some actions concerning workers' health are carried out at health care units. The respondents also pointed out that their difficulties in performing these actions are much more related to aspects of the system organization and management, than to the particularities of the workers' health area.

Conclusion. The study indicates that health care workers' working condition is an important issue for the implementation of PHC workers' health actions.

KEYWORDS

+Brazil, +2013, +Dias MDA, +accessibility, +structure HC, +staff motivation, +01, +06, +07, +11,

USA

Frank AL, Liebman AK, Ryder B, Weir M, Arcury TA. Health care access and health care workforce for immigrant workers in the agriculture, forestry, and fisheries sector in the southeastern US. *Am J Ind Med.* 2013;56:960-74.

<https://pubmed.ncbi.nlm.nih.gov/23532981>

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The description is based on the abstract. Use the link to read the abstract and article.

Background: The Agriculture, Forestry, and Fishery (AgFF) Sector workforce in the US is comprised primarily of Latino immigrants. Health care access for these workers is limited and increases health disparities.

Methods: see the Abstract.

Contents: Immigrant workers bear a disproportionate burden of poverty and ill health and additionally face significant occupational hazards. Community and Migrant Health Centers (C/MHCs) are the frontline of health care access for immigrant AgFF workers. Several programs across the US aim to increase the number of primary care physicians and care givers trained in occupational health at C/MHCs. Substantial action is needed at the national level to strengthen and expand the C/MHC system. System-wide policy changes alone have the potential to reduce and eliminate the rampant health disparities.

KEYWORDS

+USA, +2013, +Frank, +migrant workers, +community h w, +info educ staff, +03, +09, +10, +13,

Brazil

Lacaz FAC, Trapé A, Soares CB, Santos APL. Estratégia saúde da família e saúde do trabalhador: um diálogo possível? [Family health strategy and workers' health: is a dialogue possible?] Interface - Comunicação, Saúde, Educação. 2013;17 n. 44:75-87. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/icse/a/sspcm6FMMXWRV6K6Kg9HkSjn/?lang=pt> (Portuguese)

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Abstract

This paper reflects on the omission of practices aimed at workers' healthcare issues within the scope of the Family Health Strategy (FHS) and proposes inclusion of such practices. It takes the view that the changes to the physician-centred care model require a new approach that incorporates analysis of the elements of production, circulation and consumption of goods. This approach is based on the theory of social determination of the health-illness process and on the categories of work and social reproduction. It proposes that incorporation of the topic of workers' health in the FHS should be accomplished through putting into operation an instrument that surveys and analyses variables and indicators of social reproduction; through a matrix support system that integrates workers' health reference centres with primary healthcare units; and through continuing education for the FHS teams regarding workers' health issues.

KEYWORDS

+Brazil, +2013, +Lacaz, +family physicians, +referral facilities, +structure HC, +info educ staff, +01, +06, +07, +11, +13,

China

Liu X, Wang Y, Fu H (Fudan univ. Shanghai). Delivery Models of Basic Occupational Health Services in Shanghai, China. GOHNET (WHO Collaborating centres in OH). 2013; Issue 22 (Nov.). Contribution in GOHNET (Newsletter WHO)

WHO offers no link to this issue of GOHNET. For study purposes, you can ask a copy of this GOHNET issue from F van Dijk. v.dijk.workandhealth@gmail.com.

Open Access. Copyright uncertain; presumably no problem when citing the original publication.

No abstract. The description is based on the full contribution. Use the link to read the contribution.

In the GOHNET newsletter No.18, Dr Ivan D. Ivanov asked, among others, how to provide basic occupational health services moving towards universal coverage; what would be the role of specialized occupational health services; how are national and local health systems performing? We conducted a survey of delivery models in Shanghai. Preliminary results showed four models:

1. The healthcare separation model: PHC provided by a community healthcare centre nearby employees' residential areas, while the governmental occupational health institutes oversee their occupational healthcare. This is the traditional and most popular model demonstrating a very limited coverage of employees.
2. The integrated model of PHC and basic occupational health services. The family practitioners' team from the community healthcare centres close to the workplace provides a full package of services to employees with the help of organizers from workplaces. This model has gradually caught great attention by Chinese government because of its high coverage of small and middle enterprises and informal employees and sustainable continuation of healthcare.
3. The private healthcare model entitles those with high income and good health consciousness who are purchasing health services from private providers.
4. The intra-services model, led by healthcare institutes within a few large enterprises with occupational and PHC.

The generalization of the integrated model of PHC and basic occupational health services needs further involvement of multi-stakeholders. The governments should clarify how to fund and what kind of services are to be provided in a city. Governmental departments should provide a bridge between community healthcare centres and employers. The biggest obstacle for community healthcare centres lies in the lack of capacity (human resources). Implementing the family practitioners' team is just starting in Shanghai. Employers should give essential support. Empowerment of employees plays a key role.

Another publication dealing with this topic is:

Fu H et al. Study on Delivery Models of Health Services for Occupational Population in Shanghai. 2015. Lecture at the ICOH Congress 2015 in Seoul, Korea (see Chapter 5).
<http://repository.icohweb.org/study-on-delivery-models-of-health-services-for-occupational-population-in-shanghai/> (Open Access).

KEYWORDS

+China, +2013, +Liu, +structure BOHS, +structure HC, +financing, +national collab, +stakeholders, +04, +05, +08, +11, +14,

Brazil

Pena PGL, Martins V, Rego RF. Por uma política para a saúde do trabalhador não assalariado: o caso dos pescadores artesanais e das marisqueiras [Approving a policy to promote self-employed workers' health: the case of the artisanal fishermen and shellfish pickers]. Revista Brasileira de Saúde Ocupacional. 2013;38 N. 127: Pg. 57 – 68. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/f9d9MYZTJWPFbKBV9jwqR7r/?lang=pt> (Portuguese)

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Abstract

The Brazilian public health system (SUS) has not been able to assure self-employed workers their universal right for health. These workers have neither the employment protection, nor the institutional support that is typical in the formal labour market. The present study aimed at analysing the risks and health problems related to artisanal fishermen's and shellfish pickers' work to contribute for the development of a workers' health policy toward the self-employed. It is a case study which adopts a qualitative methodology with ethnographic, ergonomic and health surveillance approaches. The study was conducted in artisanal fishing communities between 2005 and 2010. The results showed ergonomic overload caused by exposure to different risks; precarious living conditions; invisibility of accidents and occupational diseases, such as repetitive strain injuries; lack of actions concerning prevention and health care, and the relevance of traditional knowledge within the artisanal fisheries' labour organization. The Brazilian public health system and the National Occupational Health Network should provide both occupational health surveillance actions and occupational medical exams. These organizations should also contribute to increasing awareness of occupational diseases, ensuring artisanal fishermen's and self-employed workers' right for health.

KEYWORDS

+Brazil, +2013, +Pena, +other target pop, +national collab, +national OSH instit, +awareness, +01, +09, +10, +12, +13,

Brazil

Pessoa VM, Rigotto RM, Arruda CAM, Machado MFAS, Machado MMT, Bezerra MGV. Pesquisa-ação: proposição metodológica para o planejamento das ações nos serviços de atenção primária no contexto da saúde ambiental e da saúde do trabalhador. [Action research: methodological proposal for action planning in primary care services in the context of environmental health and occupational health]. Interface - Comunicação, Saúde, Educação. 2013;17 n. 45:301- 314. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/icse/a/3Vh85KpjffvRgCyzKHfCv3z/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

The Brazilian health system proposes actions to operationalize environmental health and worker, in order to address the complexity of the disease process in the territories. The objective is to present the action research as a methodological approach, facilitating the analysis of complex webs of economic development and the implications on labour, environment and health in communities in Brazilian Northeast. Action research is designed with a group of 14 subjects and was conducted in the form of workshops. In making the research and development of linkages flowed propositions from the theory-reflection-action subjects. The method has potential to uncover complex problems related to environmental health and worker; it favours human interaction built the place in which he lives.

KEYWORDS

+Brazil, +2013, +Pessoa, +research, +tools equipment, +regional support c, +01, +07, +09, +12, +13, +14,

Global

Rantanen J, Lehtinen S, Iavicoli S. Occupational health services in selected International Commission on Occupational Health (ICOH) member countries. *Scand J Work Environ Health*. 2013;39:212-6.

<https://www.sjweh.fi/article/3317>

Open Access, Creative Commons Attribution 4.0 International License.

Abstract

Objectives: International organizations have encouraged countries to organize occupational health services (OHS) for all working people. This study surveyed how that objective has been achieved in a sample of the International Commission on Occupational Health (ICOH) member countries from all continents.

Method: A structured questionnaire was sent to ICOH national secretaries in 61 countries. The survey focused on (i) policies and strategies; (ii) systems, institutions, and infrastructures; (iii) contents and activities; (iv) human and other resources; (v) financing; and (v) future priorities in the development of national OHS systems.

Results: Of 47 respondents, 70% had drawn up a policy and strategy for OHS and 79% had a national institute of occupational health or safety. The calculated coverage of workers was 19% among the respondent countries. Sixty percent of respondent countries used multiple channels for service provision and 70% provided mixed contents of OHS with preventive and curative services. Almost all (94%) reported the availability of multidisciplinary experts, but not in sufficient numbers. OHS is financed through combined employer plus insurance financing in 62% of respondents and through employer financing only in 38%. The countries identified well the needs for future development of OHS.

Conclusions: In spite of documented policies for OHS, only slightly over one third of the countries surveyed, had organized OHS for more than 50% of workers. The vast majority of workers of the world are underserved due to four gaps in OHS: implementation, coverage, content, and capacity.

KEYWORDS

+Global, +2013, +Rantanen, +coverage, +financing, +governance, +national OSH instit, +OH physicians, +02, +03, +04, +05, +08, +10, +11,

Brazil

Souza TS, Virgens LS. Saúde do trabalhador na Atenção Básica: interfaces e desafios. [Workers' health in primary health care: interfaces and challenges]. Rev. bras. saúde ocup. 2013;38 n. 128:292- 301. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/ZBBvzDsBkJ3vPFhcJjrQ73G/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 4.0 International License.

Abstract

The introduction of workers' health in the Brazilian National Health System (SUS) represents decades of working-class conquest. The development process of the workers' health field in the Brazilian production/labor, environment and health relations context is addressed within the primary care setting.

Objective. To reflect on the occupational health interfaces of the Brazilian primary health system.

Method. Review of official documents and publications related to the area, both organized into two categories of analysis: workers' health historical overview and workers' health within primary care.

Results. Through these categories of analysis, it was possible to produce an historical revival of workers' health in SUS and reflect on elements of workers' health in primary care such as territory and health care tools; primary care teams' competence; workers' health surveillance; production and environmental health relations; educational practices in workers' health; health workers' vulnerabilities; and institutional experiences.

Conclusion. Workers' health incorporation in primary care is characterized by an element to reset and change practices in the healthcare model.

KEYWORDS

+Brazil, +2013, +Souza TS, +national collab, +structure HC, +Q of tools, +01, +12, +13,

Global

Verbeek J, Ivanov I. Essential Occupational Safety and Health Interventions for Low- and Middle-income Countries: An Overview of the Evidence. *Saf Health Work*. 2013;4:77-83.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3732143/pdf/main.pdf>

Open Access. Creative Commons Attribution Non-Commercial License.

Abstract

There is still a considerable burden of occupational diseases and injuries in the world. It is not well-known which interventions can effectively reduce the exposure at work that cause this burden. The objective of this article is to summarize evidence from systematic reviews of interventions to prevent occupational diseases and injuries. We included systematic reviews of interventions to reduce the incidence of work-related cancer, dust-related diseases, occupational asthma, chronic obstructive pulmonary disease, noise induced hearing loss, back pain, and occupational injuries. We searched Medline and Embase with predefined search strategies to locate systematic reviews of these interventions. We found 23 systematic reviews of which the results are also applicable to low- and middle-income countries. Effective measures to reduce exposure leading to work-related cancer, dust-related diseases, asthma, chronic obstructive pulmonary disease, noise, and injuries are available. However, better implementation of these measures is needed. Regulation, enforcement of regulation, and incentives for employers are effective interventions to achieve this goal. There is evidence that feedback and rewards for workers help in reducing occupational injuries. There is no evidence in many studies that back pain can be prevented. Personal protective equipment technically has the potential to reduce exposure, but this is difficult to put into effect. There is no evidence in the studies regarding the effectiveness of education and training, preventive drugs, or health examinations. There is evidence that the implementation of technical measures enforced by regulation can prevent occupational diseases and injuries. For other interventions such as education or health examinations, there is no evidence that supports their effectiveness. More systematic reviews are needed in the area of injury prevention.

KEYWORDS

+Global, +2013, +Verbeek, +regulations, +research, +participation, +03, +06, +07, +13,

2014

Ethiopia

Bogale D, Kumie A, Tefera W. Assessment of occupational injuries among Addis Ababa city municipal solid waste collectors: a cross-sectional study. BMC Public Health. 2014;14:169.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3932046/>

Open Access. Creative Commons Attribution 2.0 License.

Abstract

Background: Collection of household waste is a job which requires repeated heavy physical activities such as lifting, carrying, pulling, and pushing. Like in many developing countries, in Ethiopia municipal solid waste is collected manually. Therefore, this study is aimed to assess the extent of occupational injuries and associated factors among solid waste collectors in Addis Ababa City.

Methods: A cross-sectional study was conducted among 876 respondents sampled from 92 unions. A pre-tested structured questionnaire and observation check list were used to collect data. Crude odds ratio with 95% CI was computed to see the presence of association between selected independent variables and occupational injury. A multivariate logistic regression analysis was made to see the relative effect of independent variable on the dependent variable by controlling the effect of other variables. To maintain stability, only variables that have a p-value less than 0.30 in the binary logistic regression analysis were kept in the subsequent model. The enter method was used hierarchically.

Results: The response rate of this study was 97.9%. Female respondents accounted 71.2%. The median age of study subjects was 33 years (with 52 interquartile range). The overall occupational injury prevalence rate in the last 12 months was 383 (43.7%). Utilization of personal protective devices and family size in the household were statistically associated with injury. As compared to workers who used personal protective equipment while being on duty, odds of injury among workers not used personal protective equipment were 2.62 higher (AOR = 2.62, 95% CI: 1.48-4.63). As compared to those who had five or more children, odds of injuries among those who had 3-4 children was reduced by half (AOR = 0.52, 95% CI: 0.30-0.93).

Conclusion: The extent of occupational injuries among Addis Ababa city solid waste collectors is present in a level that needs immediate public health action. Implementation of basic occupational health and safety services including training on occupational health and safety, ensuring the provision and use of personal protective devices are highly advisable.

KEYWORDS

+Ethiopia, +2014, +Bogale, +target populations, +structure BOHS, +standards guidelines, +08, +10, +11, +14,

Brazil

Días EC, Rumin CRA. Saúde do Trabalhador no Brasil: contribuições de Elizabeth Costa Dias para fortalecimento no SUS. [Occupational health in Brazil: contributions of Elisabeth Costa Dias to the strengthening in the SUS]. R. Laborativa. 2014;3 n. 2:56-63. Interview in Scientific Journal. In Portuguese, the abstract is in English.

<https://1library.org/document/zwvnm660-trabalhador-contribui%C3%A7%C3%B5es-elizabeth-fortalecimento-occupational-contributions-elizabeth-strengthening.html>

Open Access. Revista Laborativa is part of Open Journal Systems: released under the open-source GPL v2 license. You are free to download, use, and modify it at no charge.

Abstract

In this interview with the *Journal Laborativa*, Dr. Elisabeth Costa Dias presents the articulation of her professional trajectory with the occupational health area. She discusses the implementation of specialization programs in Occupational Medicine and Safety Engineering as from 1972. Furthermore, she focuses on the implementation of the Outpatient Clinic of Professional Illnesses at the *Hospital das Clínicas* of UFMG and the professional partnerships she has established during her education and professional life. In recent years, she has worked for the strengthening of occupational health in the Unified Health System (SUS). Therefore, she is active in research and the development of public policies.

KEYWORDS

+Brazil, +2014, +Dias EC, +safety experts, +OSH expertise c, +national collab, +research, +01, +06, +07, +11,

USA

Gany F, Novo P, Dobslaw R, Leng J. Urban occupational health in the Mexican and Latino/Latina immigrant population: a literature review. *J Immigr Minor Health*. 2014;16:846-55.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5469291/>

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Abstract

Mexican and Latino/Latina immigrants represent a rapidly growing population within the United States. The majority settle in urban areas. As a group, Mexican immigrants typically have low educational attainment and socioeconomic status, and limited English proficiency. These immigrants often find work in hazardous jobs, with high injury and fatality rates. They often have inadequate or no safety training, no personal protective equipment, limited understanding of workers' rights, job insecurity, fear of report of undocumented status and lack health care benefits. This review includes what has been published on the urban occupational health of this population. The findings suggest that Mexican and Latino/Latina immigrants experience higher rates of work-related fatalities and injuries compared to other populations and may be less likely to report such incidents to employers or to apply for workers' compensation. There is a strong need to develop effective programs to address the health and safety of this vulnerable population.

KEYWORDS

+USA, +2014, +Gany, +social security, +migrant workers, +target populations, +info educ population, +04, +06, +07, +13,

Thailand

Kerdmuang S, Kalampakorn S, Lagampan S, Jirapongsuwan A, McCullagh MC. Development and Psychometric Properties of the Occupational Health Service Competency Scale of Nurses Working at Thai Primary Care Units. Pacific Rim International Journal of Nursing Research. 2014;18:187-202.

<https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/14764/17246>

or:

<https://www.semanticscholar.org/paper/Development-and-Psychometric-Properties-of-the-of-Kerdmuang-Kalampakorn/c490aa8d36cc00adc88868c095b4c1e2b2af1e7b> (figures, tables, refs)

Open Access. Copyright presumably: Thailand Nursing & Midwifery Council.

The description is based on the abstract. Use the link to read the full abstract and article.

The purposes of this study were to develop and test the psychometric properties of the Occupational Health Service Competency Scale for nurses working at Thai primary care units. The conceptual definition and content domains were developed through a literature review and in-depth interviews. Spencer's competency concept and the Basic Occupational Health Service activity model were used. Content validity was examined by a panel of five experts. Pre-testing was determined by 30 nurses working at primary care units. Psychometric properties were examined by a questionnaire mailed to 750 nurses.

The Occupational Health Service Competency Scale is composed of three dimensions: occupational health service knowledge, skills, and service traits. Exploratory factor analysis identified 14 subscales. The Scale demonstrates sound psychometric properties and can be used to assess the occupational health service competencies of nurses working at primary care units, and to plan human resources management.

KEYWORDS

+Thailand, +2014, +Kerdmuang, +nurses, +structure BOHS, +staff capacity, +structure HC, +01, +08, +11, +14,

Korea

Kim JS, et al. Significance and prospect of workers health center. J Korean Med Assoc. 2014;57:159-166. The article is written in Korean language and Korean writing (Hangul), but the abstract, table, figures and references are in English language, in Latin writing (Roman script).

https://www.researchgate.net/publication/272414170_Significance_and_prospect_of_workers_health_center

or:

<http://dx.doi.org/10.5124/jkma.2014.57.2.159>

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Abstract

Systematic health management is crucial in small-sized enterprises since the number of enterprises and their employees make up a large proportion of all businesses and they account for the majority of industrial accidents and occupational illnesses.

The Korean government had operated the Banwol-Sihwa Regional Center for Occupational Health to provide occupational health services and chronic disease management to the workers in small-sized enterprises as a pilot health promotion project from 2007 to 2010. Since then, Gyeonggi-seobu workers health center (WHC) was established in 2011 to provide physician care for small-sized enterprises through the Industrial Accident Compensation Fund. The WHC has provided basic occupational health services including health promotion activities to prevent work-related diseases.

Core strategies of the WHC were networking with regional health resources, post-examination care for workers with abnormal findings in health screenings, the operation of branch offices for better accessibility, and services for vulnerable workers including immigrant, women, and elderly workers. An evaluation of WHCs conducted in 2012 showed excellent performance in terms of cost-effectiveness, high satisfaction, and intent toward continuous use among visitors. For the advancement of WHCs, visiting services to the worksites must be integrated adequately with services in WHCs, and more subsidiary centers need to be established for better accessibility. Moreover, the expansion of service items and development of specialized health programs are needed. Measures should be considered to systematically collect health data and identify workplace risk factors to improve the quality of post-examination care.

KEYWORDS

+Korea, +2014, +Kim JS, +regional support c, +specialised clin OHC, +financing, +governance, +structure BOHS, +04, +05, +08, +11, +14,

Brazil

Lacerda y Silva T, Dias EC, Pesseo VM, Fernandes LMM, Gomes EM.
Occupational health in primary care: perceptions and practices in family
health teams. *Comunicacao saude educacao*. 2014; 18: 273-87. In English.

<https://scielosp.org/pdf/icse/2014.v18n49/273-288/en>

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Abstract

This study sought to recognize the perceptions of family health teams regarding work-health-illness relationships, and to identify strategies, facilities and difficulties relating to providing workers with healthcare.

Focus groups were conducted among primary care professionals in three Brazilian cities: Palmas (TO), Sobral (CE), and Alpinópolis (MG). The Bardin technique for content analysis was used to organize and analyse the data. The results showed that the healthcare actions provided to workers were unsystematic and out of line with the guidelines and objectives of the Brazilian National Occupational Health Policy. The major problems identified were work overload, unpreparedness among the teams regarding issues involving work-health-illness relationships and lack of institutional support. Central organizational support for healthcare teams, provided by occupational health reference centres and other parts of the Brazilian National Health System, was identified as a facilitator of actions.

KEYWORDS

+Brazil, +2014, +Lacerda, +family physicians, +national collab, +national OSH instit, +referral facilities, +01, +06, +07, +09, +11, +12, +13,

Germany

Moßhammer D, Natanzon I, Manske I, Grutschkowski P, Rieger MA.
Cooperation between general practitioners and occupational health
physicians in Germany: how can it be optimised? A qualitative study. *Int Arch
Occup Environ Health*. 2014;87:137-46.

<https://link.springer.com/article/10.1007/s00420-013-0845-1>

Not Open Access, Copyright © 2013, Springer-Verlag Berlin Heidelberg.

The description is based on the abstract. Use the link to read the full abstract and article.

General practitioners (GPs) and occupational health physicians (OPs) overlap in several activities or fields. Examples are prevention, rehabilitation and reintegration into the workplace. In Germany, however, cooperation between both professionals could be improved. Suggestions for optimisation are presented. Three focus groups were interviewed inclusive GPs, OPs and doctors working as GP and OP. A qualitative content analysis was applied.

For five issues kinds of suggestions could be given, related to the system (state and/or employer, or GPs), inter-collegial contact, medical education, the contents of both specialties and the competences, patient-centred care e.g. reintegration into workplace.

Better cooperation was especially important for the OPs. Some GPs had doubts.

Data agrees with results of studies from other countries. Many suggestions are practical. Implementation is feasible in daily practice. Quantitative research can assess the relative contributions of the suggestions.

KEYWORDS

+Germany, +2014, +Mosshammer, +family physicians, +OH physicians, +OSH institutions, +research, +01, +07, +11, +13,

Chile

Oyanedel JC, Sánchez H, Inostroza M, Mella C, Vargas S. Conocimiento y Evaluación Acerca de las Mutuales de Seguridad en Chile [Public knowledge and evaluation of occupational safety and health insurance institutions in Chile]. Cienc Trab. 2014;146-151. The article is in Spanish, the abstract is in English.

<http://dx.doi.org/10.4067/S0718-24492014000300004>

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Abstract

The health, safety and welfare of workers in the informal sector has been overlooked by policy makers.

This paper presents an overview of the informal sector; the definitions and its characteristics; the occupational hazards, health problems and health needs. Informal sector workers are organized as unions and work groups. Occupational health and safety issues differ in the various work groups but can be addressed with health education and oversight by competent authorities.

KEYWORDS

+Chile, +2014, +Oyanedel, +informal workers, +info educ population, +regulations, +03, +04, +07, +10, +13,

Brazil

Pontes AGV, Rigotto RM. Saúde do Trabalhador e Saúde Ambiental: potencialidades e desafios da articulação entre universidade, SUS e movimentos sociais [Occupational Health and Environmental Health: potentials and challenges of the relationship between the university, the Brazilian Health System and social movements]. Revista Brasileira de Saúde Ocupacional. 2014;39 N. 130: Pg 161 – 174. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/mTLWm7z7fLJc8RPcrrSCVfM/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution-NonCommercial 3.0 Unported Abstract.

Abstract

Objective. Analyzing the difficulties and potentials of articulation between the University, the Unified Health System (SUS) and social movements to promote the incorporation of integrated approach to Occupational Health and Environmental Health in these instances.

Methods. Action research conducted in the rural area of northeastern Brazil with a group of actors linked to the SUS, the University and social movements. Field studies, semi-structured interviews, workshops and thematic seminars were carried out.

Results. The proposed articulation has proved to be relevant and enhanced by the opportunity for interdisciplinary and intersectoral dialogue, as well as by the exchange of experiences, which contributed to the identification of relationships between production-work-environment-health and health needs that involve work and environment in rural territory; the collective construction of an action plan aiming to intervene in this reality; the redefinition of academic and health work; and to deconstruct the myths of the development ideology facing the social actors involved. Professors who develop critical thinking, autonomous social movements and community health workers were identified as relevant actors.

Conclusion. The articulation between university, SUS and social movements is a potential way to strengthen the practice of Occupational and Environmental Health.

KEYWORDS

+Brazil, +2014, +Pontes, +national collab, +social insurance, +social security, +community h w, +01, +07, +13,

Global

Rantanen J. From research to practice: Development of Occupational Health Services in the era of global changes. Central European Journal of Occupational and Environmental Medicine. 2014;20:7-21.

The latest issue of this journal was published in 2018. We could not find a digital article version on the internet (search 15 September 2024), but we found a version in which the pages were copied as pictures, at the website:

https://www.nnk.gov.hu/cejoem/Volume20/Vol20No1-2/CE14_1-2-02.html

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The description is based on the abstract. Use the link to read the full abstract and article.

New globalizing and fragmenting work life and many other changes in working populations and work and health policies and practices create a new context and conditions for occupational medicine, and occupational health practice. Multidisciplinary and multiprofessional approaches are needed as well as comprehensive occupational health services (OHS). But also new competences are needed for occupational health (OH) professionals, new tools and service delivery models.

OH and OM research has been responding to the 'internal' challenges resulting in many scientific articles. Such is less sure for responding to the external impact of the services and to the needs of modern work life. New research priorities must be identified, new research orientations, and a more effective knowledge transfer from research to practice. Topics are policy advice, service system development, and updating education and training.

OH professional professions and institutions have the duty to respond to the new challenges, producing "the best services for the working people and their workplaces".

In this article the author reports about the proposal of a joint ILO/WHO committee on Occupational Health in 2003, to extend OH services to all 2.5 billion workers at that time, and their workplaces, "which with the existing policies and practices so far have not been provided by services". Rantanen supports the development of BOHS to "meet the challenges of the working life fragmentation and to provide services in sectors and areas where nothing has been provided so far."

KEYWORDS

+Global, +2014, +Rantanen, +OH physicians, +structure BOHS, +OSH expertise c, +other addit experts, +staff capacity, +info educ staff, +02, +08, +11, +12, +14,

Global

Rogers B, Kono K, Marziale MH, Peurala M, Radford J, Staun J. International survey of occupational health nurses' roles in multidisciplinary teamwork in occupational health services. *Workplace Health Saf.* 2014;62:274-81.

<https://journals.sagepub.com/doi/epdf/10.1177/216507991406200702>

Open Access. Copyright © American Association of Occupational Health Nurses.

The description is based on the abstract. Use the link to read the full abstract and article.

From a WHO survey (2013) of 121 participating countries, one-third offered occupational health services (OHS) to more than 30% of their workers. Many OHS are provided by occupational health nurses alone or collaborating with other professionals, in health protection and promotion, with the aim to reduce health risks, support productivity, and improve quality of life. Rantanen (2004) stated that basic occupational health services must increase as work becomes more complex and workers are more mobile, and Jobs become more precarious. The scope of services provided by a sample of participating occupational health nurses from various countries is described in this study.

KEYWORDS

+Global, +2014, +Rogers, +nurses, +other addit experts, +structure BOHS, +internat collab, +02, +08, +11, +14,

Brazil

Silva TL, Dias EC, Pessoa VM, Fernandes LMM, Gomes EM. Occupational health in primary care: perceptions and practices in family health teams. *Comunicação, Saúde, Educação*. 2014;18:273 – 288. in English. The article text is available in an English, Spanish and Portuguese version. Use "EN PDF" for the English version.

<https://search.scielo.org/?q=%22family+health%22+silva%2C+costa+dias&lang=en&count=15&from=1&output=site&sort=&format=summary&fb=&page=1&q=%22salud+del+trabajador%22+%22la+atenci%C3%B3n+primaria%3A%22&lang=en&page=1>

English version

<https://www.scielo.br/j/icse/a/FPB6h5Yx4N4bcRGzFNmYRZj/?lang=pt> Portuguese version

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Abstract

This study sought to recognize the perceptions of family health teams regarding work-health-illness relationships, and to identify strategies, facilities and difficulties relating to providing workers with healthcare. Focus groups were conducted among primary care professionals in three Brazilian cities: Palmas (TO), Sobral (CE), and Alpinópolis (MG). The Bardin technique for content analysis was used to organize and analyse the data. The results showed that the healthcare actions provided to workers were unsystematic and out of line with the guidelines and objectives of the Brazilian National Occupational Health Policy. The major problems identified were work overload, unpreparedness among the teams regarding issues involving work-health-illness relationships, and lack of institutional support, among others. Central organizational support for healthcare teams, provided by occupational health reference centres and other parts of the Brazilian National Health System, was identified as a facilitator of actions.

KEYWORDS

+Brazil, +2014, +Silva TL, +family physicians, +national collab, +national OSH instit, +standards guidelines, +referral facilities, +01, +09, +11, +12,

India

Tiwari RR, Sharma A, Zodpey SP, Khandare SM. Does occupational health nursing exist in India? Indian J Occup Environ Med. 2014;18:113-7.

<https://pubmed.ncbi.nlm.nih.gov/23532981>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4292195/>

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Abstract

Background: Occupational health services are important to develop healthy and productive work forces, which should be delivered through an occupational health team. Occupational health nurses (OHN) are important members of this team and are required to apply nursing principles in conserving the health of workers in occupational settings.

Purpose: This article attempts to map the occupational health nursing courses in India and design competencies and curriculum for such a course.

Materials and methods: Information through the Internet, printed journals, and perspectives of the key stakeholders were the principal sources of data.

Discussion: In India, there is a need to initiate a course on occupational health nursing to provide occupational health services for the organized and unorganized sector workforce. A certificate course for occupational health nursing for 3-4 months duration offered through contact session mode can be an opportune beginning. However, to cater employed nurses an online course can be another effective alternative. The theoretical part should essentially include modules on occupational diseases, industrial hygiene, and occupational health legislation, whereas the modules on practical aspects can include visits to industries. Taking into account the existing norms of Indian Factories Act for hazardous units of organized sector an estimated 1,34,640 OHNs are required.

Conclusion: There is a need-supply gap in the number of occupational health nursing manpower in India, which can be attributed to the absence of any course to train such manpower.

KEYWORDS

+India, +2014, +Tiwari, +awareness, +nurses, +governance, +online facilities, +info educ staff, +07, +09, +11, +13,

China**WeiWei H, Zhirong J, XiaoBo C, et al. Effect of basic occupational health service on workplace with n-hexane. China Tropical Medicine. 2014;14: 676-678. Baoan District, Shenzhen. Article text in Chinese. Abstract in English.**<https://www.cabidigitallibrary.org/doi/full/10.5555/20143371454>

Open Access for the abstract only. Presumably Copyright protection.

The description is based on the abstract. Use the link to read the full abstract and article (in Chinese).

Workplace occupation hazards of n-hexane (2004 to 2013) were assessed in the Baoan District of Shenzhen to estimate the impact of basic occupational health services (BOHS). Unqualified enterprises with hazards of n-hexane were mainly in electronic, printing and plastic hardware industry. Workplaces (sites) were mainly in cleaning, printing and packaging inspection.

The qualified rate of enterprises grew annually, from 79 % in 2004 to 99 % in 2013. For the monitoring sites similar figures are shown. The rates increased significantly after BOHS compared with before BOHS. Conclusion: significant improvements were demonstrated after implementation of BOHS.

KEYWORDS**+China, +2014, +WeiWei, +structure BOHS, +other target pop, +08, +10, +11, +14,**

2015

Nigeria

Akinyemi OO, Idowu FO. Health Care Financing for Informal Sector Workers in Nigeria. *Occupational and Environmental Health Journal (Nigeria)*. 2015;4:23-28.

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).
info@soehpon.com.

Open Access. Copyright: 2015 The Society of Occ. and Envir. Health Physicians of Nigeria (SOEH PON)

The description is based on the abstract. Use the link to read the full abstract and article.

Background deals with the history of community-based health insurance (CBHI scheme), providing health coverage to informal sector workers in Nigeria. The challenges of these efforts are acknowledged. Databases and grey literature were searched for relevant information on options in developing countries, especially Nigeria. The informal sector contributes about 58% of the country's economic growth. Success of health financing through the community-based health insurance scheme (CBHI) depends on more awareness of the benefits of the scheme, especially among rural dwellers. Challenges are, among others, the low enrolment rate and non-attractiveness of the benefit package.

The authors concluded that quality health care is needed for workers in the informal sector, to safeguard the productivity and to protect the workers from "catastrophic health expenditure" through the community-based health insurance.

KEYWORDS

+Nigeria, +2015, +Akinyemi, +financing, +social insurance, +social security, +informal workers, +Q of care, +04, +05, +06, +07, +10, +14,

Nigeria

Balogun MO. Occupational Health Services for Workers in the Informal Sector. Occupational and Environmental Health Journal (Nigeria). 2015;4: 15-21.

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).
info@soehpon.com.

Open Access. Copyright: © 2015 The Society of Occ. and Envir. Health Physicians of Nigeria (SOEHPON).

The description is based on the abstract. Use the link to read the full abstract and article.

Majority of the workforce in Nigeria are engaged in the informal sector, lacking access to occupational health services. Such services can be provided through already existing Primary Health Care Centres at low cost. Health Care workers should be trained to provide basic occupational health services to ensure a healthy workforce. Policymakers and relevant stakeholders have the responsibility to ensure access to curative and preventive health care.

In 'At the end', the author presents recommendations. Occupational health services for informal workers could include treatment services in occupational clinics. Health care workers trained in OH can manage work-related diseases and health complaints. Records should be made of clinic visits, work-related illnesses and accidents, and referrals for rehabilitation or specialist treatment to an Occupational Health Physician. Especially occupational health nurses organize visits to workplaces for walk through surveys and risk assessments, periodic screening, health education, and counselling. First aid boxes should be monitored, and workers can be trained as First Aiders. Workers through their unions can contribute money for the first aid box. Intervention programmes can be organized about hazards and control measures. Selected members representing various occupational groups can serve as peer educators. Catering services and sanitation facilities can be organized by unions. In the Conclusion is suggested to organize access through union groups of various informal sector workers.

KEYWORDS

+Nigeria, +2015, +Balogun, +informal workers, +structure HC, +OSH expertise c, +community h w, +OH physicians, +05, +08, +11, +14,

Brazil

Bastos-Ramos TP, Santana VS, Ferrite S. Estratégia Saúde da Família e notificações de acidentes de trabalho, Brasil, 2007-2011 [Family Health Strategy and occupational injuries notification, Brazil, 2007-2011]. *Epidemiologia e Serviços de Saúde*. 2015;24 N. 4: Pg 641 – 650. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/ress/a/7S3tsFJWKMzwDdnVTPrTnLs/?lang=pt>

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Abstract

Objective: to describe the trend of non-fatal occupational injury notification on the Notifiable Diseases Information System (Sinan), in Brazil, from 2007 through 2011, and to verify whether the Family Health Strategy (ESF) has had an impact on notification.

Methods: this is an ecological study taking the Brazilian municipalities as its units of analysis. Data was obtained from the Notifiable Diseases Information System (Sinan) and from the Health Ministry's General Coordination of Workers' Health and Department of Primary Health Care. Multiple linear regression was used.

Results: in 2007, only 5.4% of municipalities notified occupational injury, although notification is increasing and reached 28.3% in 2011. No statistically significant association between ESF coverage and occupational injury notification was found during the study period.

Conclusion: the number of municipalities notifying occupational injury is growing but apparently the Family Health Strategy has not contributed to this increase, suggesting that the engagement of primary health care in workers' health needs to be improved.

KEYWORDS

+Brazil, +2015, +Bastos-Ramos, +family physicians, +national collab, +structure HC, +Q of program, +01, +09, +10, +12, +13,

Netherlands Blijleven R, Weel A, van der Voort R, Hemke J: De participatie-maatschappij kan niet zonder bedrijfsarts in de eerstelijns. Maar het is een aanvulling op, geen vervanging van de bedrijfsarts op het werk. [The participation society needs an occupational physician in primary health care, supplementary but not replacing an occupational physician at the workplace]. *Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde*. 2015;23:33–37. Interview in the Dutch Occupational Physicians and Social Insurance Physicians journal. In Dutch language.

<https://doi.org/10.1007/s12498-015-0017-1>

Not Open Access. Copyright by Foundation SBBV (Stichting tot Bevordering Bedrijfs- en Verzekeringsgeneeskunde).

The description is based on the interview. Use the link to read the full text (in Dutch).

Occupational Physician (OP) Hemke explains that primary health care (PHC) offers an alternative access to occupational health care especially for workers in small enterprises. For them, access to expert-based Occupational Health Services (OHS) is often difficult. PHC is often confronted with work-related health problems and may like to refer complex cases to an OP employed in the own PHC setting. Project-financing sponsored Hemke to work as OP in a PHC centre as a pilot (four hours a week). When project financing ended, she continued this work as volunteer, given the successful pilots.

Evaluation of 10 years working as OP in PHC: Almost all stakeholders recognized the added value. The pilot period should be long enough to gain the trust of family physicians. For example, an occupational physician is more active in rehabilitation and reintegration than a family physician. The family physician added that the presence of an OP stimulated the consideration of the factor ‘work’ and resulted in more referrals. Informal contacts between family physicians and OP are vital for short advice. The physician assistant on mental health mentioned frequent contacts with the OP.

The independent position of the OP in PHC is an important precondition. The OP in PHC is not replacing the work of the OP at the workplace. However, many patients who visited the OP did have poor access to the regular OHS. Self-employed, volunteer workers and informal caregivers have no access at all.

Changes are needed in regulations and national healthcare policy, among others for financing OPs employed in PHC.

KEYWORDS

+Netherlands, +2015, +Blijleven, +OH physicians, +structure HC, +expert-based OHS, +target populations, +stakeholders, +family physicians, +03, +07, +09, +10, +11,

**Central
America**

Colon-Gonzalez MC, El Rayess F, Guevara S, Anandarajah G. Successes, challenges and needs regarding rural health medical education in continental Central America: a literature review and narrative synthesis. Rural Remote Health. 2015;15:3361.

<https://www.rrh.org.au/journal/article/3361>

Open Access. Since April 2018, open access; allows readers to read, download, copy, distribute, or link to the full texts, without asking prior permission.

The description is based on the abstract. Use the link to read the full abstract and article.

Central American countries, like many others, face a shortage of rural health physicians. However, many countries require young physicians to do community service in rural communities to address healthcare provider shortages. A comprehensive literature review and a narrative synthesis of the content of resources.

Thematic analysis revealed the historical existence of several innovative programs. Challenges limit sustainability or expansion of successful programs. Challenges include: (a) physicians' exposure to rural medicine primarily takes place during social service commitment time, rather than during formal medical training; (b) innovative educational programs are often not sustainable; (c) there are few rural physician role models and teachers; and (d) insufficient collaboration. Recurring suggestions for curricular changes: primary care training as a core component of medical school education, expanding curricula in cross-cultural communication and social determinants of disease. Health system changes: (a) improving living and working conditions for rural physicians; and (b) establishing partnerships with rural community leadership. There is a great need for further research.

KEYWORDS

+Central America, +2015, +Colon-Gonzales, +research, +accessibility, +structure HC, +support for staff, +06, +07, +09, +10, +12, +13,

Nigeria**Enabulele CE. Challenges of Occupational Health and Safety Regulation in the Informal Sector in Nigeria. Occupational and Environmental Health Journal (Nigeria). 2015; 4 (no 1 June): 39-44.**

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).
info@soehpon.com.

Open Access. Copyright: 2015 The Society of Occ. and Envir. Health Physicians of Nigeria (SOEHPON).

The description is based on the abstract. Use the link to read the full abstract and article.

In 1972 ILO introduced the informal sector concept as "very small-scale units producing and distributing goods and services". The estimated size was 4% -6% of the labour market in high income countries, and over 50% in the low-income countries (World Bank Group). The informal sector is well known for the presence of various occupational health and safety hazards. Related regulations in Nigeria are "the Factories Act 2004, Cap FI, LFN and the Employees Compensation Act 2010, LFN". Nigeria has ratified but not domesticated ILO Convention No. 155. Challenges for Nigeria are the inefficient enforcement of the Factories Act (Ministry of Labour) and the low educational level of the informal sector workers. For improvement, domestication of Convention No.155 is needed through the revision of the Factories Act, 2004. In addition, health and safety policy and measures should be institutionalized in the informal sector by all stakeholders. ILO programmes developed for improving working conditions in the informal sector should be implemented.

KEYWORDS

+Nigeria, +2015, +Enabulele, +informal workers, +internat instit, +regulations, +info educ population, +stakeholders, +01, +02, +03, +07, +08, +14,

Australia**Greenhill JA, Walker J, Playford D. Outcomes of Australian rural clinical schools: a decade of success building the rural medical workforce through the education and training continuum. Rural Remote Health. 2015;15:2991.**<https://www.rrh.org.au/journal/article/2991>

Since April 2018, Open Access allows readers to read, download, copy, distribute, or link to the full texts without asking prior permission. However, this publication is from 2015.

The description is based on the abstract. Use the link to read the full abstract and article.

The establishment is described of the rural clinical schools funded through the Commonwealth Department of Health and Ageing (now Department of Health) Rural Clinical Training and Support program over a decade ago.

Semi-structured interviews are held with the program directors or other key informants of the Australian rural clinical and regional medical schools.

Sixteen university medical schools established 18 rural programs, a network in every state/territory. The findings reveal extensive positive impacts on rural and regional communities, curriculum innovation and community engagement. Teaching facilities, information technology, videoconferencing and student accommodation have brought new infrastructure to small rural towns which have expanded the clinical workforce. More than 1,200 students received a high-quality learning experience in primary care, community and hospital settings in rural and remote areas. Additional capacity for research influenced the rural health agenda in the topics of epidemiology, population health, Aboriginal health, aged care, mental health and suicide prevention, farming families and climate change.

Conclusions: The initiative has vastly increased opportunities for medical students to have long-term clinical placements in rural health services. Graduates are being attracted to rural practice because they have positive learning experiences, good infrastructure and support. Development of a rural clinical training pipeline linking undergraduate and postgraduate medical education is on the agenda.

KEYWORDS

+Australia, +2015, +Greenhill, +mat digital facilities, +info educ staff, +support for staff, +staff motivation, +01, +07, +10, +11, +12,

Thailand

Kaewboonchoo O, Kongtip P, Woskie S. Occupational health and safety for agricultural workers in Thailand: gaps and recommendations, with a focus on pesticide use. *New Solut.* 2015;25:102-20.

<https://www.cabidigitallibrary.org/doi/full/10.5555/20143371454>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5812464/>

Open Access, Copyright uncertain.

The description is based on the abstract. Use the link to read the full abstract and article.

More than 40 % of the workers in Thailand are working in agriculture, over 90 percent is working in the informal sector without protection by legal regulations and without access to social security. Use of herbicides, fungicides, and insecticides is growing but there is little regulation. The paper summarizes the studies on OSH for Thai agricultural workers and shows gaps in pesticide regulation. Current OSH systems are highlighted and the available support for Thai agricultural workers. Finally, recommendations for policy and research are formulated.

KEYWORDS

+Thailand, +2015, +Kaewboonchoo, +farm workers, +informal workers, +regulations, +social security, +01, +03, +04, +07, +09, +10, +12, +14,

Zimbabwe

Moyo D, Zungu M, Kgalamono S, Mwila CD. Review of Occupational Health and Safety Organization in Expanding Economies: The Case of Southern Africa. *Ann Glob Health*. 2015;81:495-502.

<https://annalsofglobalhealth.org/articles/abstract/10.1016/j.aogh.2015.07.002/>

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Abstract

Background: Globally, access to occupational health and safety (OHS) by workers has remained at very low levels. The organization and implementation of OHS in South Africa, Zimbabwe, Zambia, and Botswana has remained at suboptimal levels. Inadequacy of human resource capital, training, and education in the field of OHS has had a major negative impact on the improvement of worker access to such services in expanding economies. South Africa, Zimbabwe, Zambia, and Botswana have expanding economies with active mining and agricultural activities that pose health and safety risks to the working population.

Methods: A literature review and country systems inquiry on the organization of OHS services in the 4 countries was carried out. Because of the infancy and underdevelopment of OHS in southern Africa, literature on the status of this topic is limited.

Results: In the 4 countries under review, OHS services are a function shared either wholly or partially by 3 ministries, namely Health, Labor, and Mining. Other ministries, such as Environment and Agriculture, carry small fragments of OHS function. The 4 countries are at different stages of OHS legislative frameworks that guide the practice of health and safety in the workplace. Inadequacies in human resource capital and expertise in occupational health and safety are noted major constraints in the implementation and compliance to health and safety initiatives in the workplace. South Africa has a more mature system than Zimbabwe, Zambia, and Botswana. Lack of specialized training in occupational health services, such as occupational medicine specialization for physicians, has been a major drawback in Zimbabwe, Zambia, and Botswana.

Discussion: The full adoption and success of OHS systems in Southern Africa remains constrained. Training and education in OHS, especially in occupational medicine, will enhance the development and maturation of occupational health in southern Africa. Capacitating primary health services with basic occupational health knowledge would be invaluable in bridging the current skills deficit. Introducing short courses and foundational tracks in occupational medicine for general medical practitioners would be invaluable.

KEYWORDS

+Southern Africa, +Botswana, +Zambia, +Zimbabwe, South Africa, +2015, +Moyo, +accessibility, +coverage, +governance, +info educ staff, +online facilities, +01, +02, +08, +11, +14,

Tanzania

Mrema EJ, Ngowi AV, Mamuya SH. Status of Occupational Health and Safety and Related Challenges in Expanding Economy of Tanzania. *Ann Glob Health*. 2015;81:538-47.

<https://annalsofglobalhealth.org/articles/abstract/10.1016/j.aogh.2015.08.021/>

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Abstract

Introduction: Occupational health and safety are related to economic activities undertaken in the country. As the economic activities grow and expand, occupational injuries and diseases are more likely to increase among workers in different sectors of economy such as agriculture, mining, transport, and manufacture. This may result in high occupational health and safety services demand, which might be difficult to meet by developing countries that are prioritizing economic expansion without regard to their impact on occupational health and safety.

Objective: To describe the status of occupational health and safety in Tanzania and outline the challenges in provision of occupational health services under the state of an expanding economy.

Findings: Tanzania's economy is growing steadily, with growth being driven by communications, transport, financial intermediation, construction, mining, agriculture, and manufacturing. Along with this growth, hazards emanating from work in all sectors of the economy have increased and varied. The workers exposed to these hazards suffer from illness and injuries and yet they are not provided with adequate occupational health services. Services are scanty and limited to a few enterprises that can afford it. Existing laws and regulations are not comprehensive enough to cover the entire population. Implementation of legislation is weak and does not protect the workers.

Conclusions: Most Tanzanians are not covered by the occupational health and safety law and do not access occupational health services. Thus, an occupational health and safety services strategy, backed by legislations and provided with the necessary resources (competent experts, financial and technological resources), is a necessity in Tanzania. The existing legal provisions require major modifications to meet international requirements and standards. OHS regulations and legislation need refocusing, revision, and strengthening to cover all working population. Capacities should be improved through training and research to enable enforcement. Finally, the facilities and resources should be made available for OHS services to match the growing economy.

KEYWORDS

+Tanzania, +2015, +Mrema, +target populations, +legislation, +regulations, +info educ staff, +research, +01, +03, +05, +07, +08, +11, +14,

Nigeria

Okareh OT, Omokhodion FO. The Informal Sector: Occupational and Environmental Impact. Occupational and Environmental Health Journal (Nigeria). 2015: 4;29-37.

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).
info@soehpon.com.

Open Access. Copyright: © 2015 The Society of Occ. and Envir. Health Physicians of Nigeria (SOEHPON).

The description is based on the abstract. Use the link to read the full abstract and article.

The informal sector, for individuals without formal work or for workers seeking an extra income, grows rapidly. A problem is that this important sector of the economy is not monitored for the working conditions. Information on the occupational safety of informal sector workers is scarce.

A systematic review shows that safety issues vary with the type of job or routine activities. Safety awareness and training are poor or even missing. The environmental impact of work activities in this sector was also discussed. "There is a need for safety education and use of appropriate safety policy and regulations to improve the health and welfare of workers in the informal sector."

KEYWORDS

+Nigeria, +2015, +Okareh, +OSH info general, +informal workers, +awareness, +info educ population, +01, +03, +07, +10,

Nigeria**Omokhodion F. Editorial (Informal Sector edition). Occupational and Environmental Health Journal (Nigeria). 2015: 4;5. Editorial.**

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).
info@soehpon.com.

Open Access. Copyright: 2015 The Society of Occ. and Envir. Health Physicians of Nigeria (SOEHPON).

The editorial has no abstract. The description is based on the editorial. Use the link to read the full editorial.

The Informal Sector is the focus theme for the 2014 Annual SOEHPON Conference, and for this edition of our Journal. “Workers in this sector have been aptly described as ‘the forgotten masses’ by Dr. El Batawi-an Egyptian occupational physician, Chief Medical Officer in the office of Occupational Health, WHO, Geneva several decades ago.”

This sector is contributing to over half of the nation’s economy, but health and welfare are neglected. In this edition we present an overview of the health and safety problems and the challenges in the regulation of this sector. This sector might even grow further and needs the attention of policy makers urgently to prevent that economic growth will be at the expense of the health and wellbeing of the informal workers.

Health services for informal workers are missing, a challenge to Occupational Health practitioners in Nigeria. There is discussion about the content of occupational health services, the kind of delivery of care, and financing. So, the prospects of the Community Based Health Insurance mechanism of the National Health Insurance Scheme are discussed.

“The role of the Society of Occupational and Environmental Health Physicians of Nigeria in addressing this problem should not just be discussed but followed through with the relevant organs of government and other, nongovernmental organizations involved in the health, safety and welfare of workers in Nigeria.”

KEYWORDS

+Nigeria, +2015, +Omokhodion, +informal workers, +OH physicians, +OSH info general, +social insurance, +financing, +government, +01, +03, +04, +05, +07, +08, +10, +11,

Nigeria

Omokhodion F. Occupational Health and the Informal Sector. Occupational and Environmental Health Journal (Nigeria). 2015: 4;7-13.

The old link does not work anymore; we must contact the society for a solution (26 Oct. 2025).

info@soehpon.com.

Open Access. Copyright: 2015 The Society of Occupational and Environmental Health Physicians of Nigeria (SOEHPON).

The description is based on the abstract. Use the link to read the full abstract and article.

An overview is presented of the informal sector, definitions and characteristics. Next, occupational hazards are presented and health problems and needs. Important is the organisation of the informal sector workers in unions and work groups. Problems and needs are different in the various work groups, but "can be addressed with health education and oversight by competent authorities".

KEYWORDS

+Nigeria, +2015, +Omokhodion, +informal workers, +info educ population, +governance, +07, +09, +10, +11,

Brazil

Queiróz MFF, Valeiras APNV, Lerin RS, Lino FS, Fornazier VCP, Dias Junior US, Yano VA, Nogueira JRCl. Grupo PET-Saúde/Vigilância em Saúde do Trabalhador Portuário: vivência compartilhada [PET-Health/Surveillance of port workers: a shared experience]. *Interface - Comunicação, Saúde, Educação*. 2015; 19 Suppl. 1: Pg 941 – 951. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/icse/a/sW8ThDwTfCWqn3mf7dhBzXK/?lang=pt> (Portuguese)

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Abstract

This is a report on the shared experience of the PET-Health/surveillance of port workers, developed by the Federal University of São Paulo (Unifesp) and the Workers' Health Reference Center (CEREST), in Santos, Spain. The purpose of this study was to describe the experience of this tutorial group and its contribution to strengthening the surveillance of occupational health in Santos. Port work is subject to PET-Health because of its importance to the national scenery and because this type of work has a changing nature as well as imparting potential risks on the workers' health. Actions were developed that embrace CEREST, Santos Health Services, and the Santos port community. Participants shared their professional, theoretical, and practical knowledge, contributing to the actions of CEREST workers and pointing towards a rapprochement with the basic health care network.

KEYWORDS

+Brazil, +2015, +Queiroz, +national collab, +internat instit, +regional support c, +info educ population, +01, +06, +07, +08, +09, +10, +12,

Iran

Rafiei M, Ezzatian R, Farshad A, Sokooti M, Tabibi R, Colosio C. Occupational Health Services Integrated in Primary Health Care in Iran. *Ann Glob Health*. 2015;81:561-7.

<https://annalsofglobalhealth.org/articles/abstract/10.1016/j.aogh.2015.08.020/>

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Abstract

Introduction. A healthy workforce is vital for maintaining social and economic development on a global, national and local level. 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 15% of workers have access to basic occupational health services. According to WHO report, since the early 1980s, health indicators in Iran have consistently improved, to the extent that it is comparable with those in developed countries. In this paper it was tried to briefly describe about Health care system and occupational Health Services as part of Primary Health care in Iran.

Methods. To describe the health care system in the country and the status of occupational health services to the workers and employers, its integration into Primary Health Care (PHC) and outlining the challenges in provision of occupational health services to all working population.

Findings. Iran has fairly good health indicators. More than 85 percent of the population in rural and deprived regions, for instance, have access to primary healthcare 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 that are presented by different approaches and mostly through Workers' Houses in the PHC system.

Conclusions. Iran has developed an extensive network of PHC facilities with good coverage in most rural areas, but there are still few remote areas that might suffer from inadequate services. It seems that there is still no transparent policy to collaborate with the private sector, train managers or provide a sustainable mechanism for improving the quality of services. Finally, 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.

KEYWORDS

+Iran, +2015, +Rafiei, +structure HC, +national collab, +OH physicians, +info educ staff, +OSH info specific, +01, +06, +07, +08, +11, +14,

USA

Rudolphi JM, Donham KJ. Increasing the number of trained health and safety professionals in agricultural medicine: evaluation of the "building capacity" program, 2007-2013. *J Agromedicine*. 2015;20:21-30.

<https://pubmed.ncbi.nlm.nih.gov/25635745/>

Not Open Access. Copyright Taylor and Francis.

The description is based on the abstract. Use the link to read the complete abstract and article.

Since the 1970s, the University of Iowa has been establishing programs to educate rural health care and safety professionals who provide education and occupational health and safety services to farm families and farm workers. The National 1989 Agriculture at Risk Report indicated there was a great need for agricultural medicine training beyond Iowa's borders. A National Resource of Agricultural Medicine Professionals was initiated as a project of the NIOSH-funded Great Plains Center for Agricultural Health in 2006. Over 300 students attended and matriculated the agricultural medicine course during first phase of the project (2007-2010). In the second phase (2012-2016), an expanded advisory committee was convened to review the progress, and to discuss updates of the course textbook (*Agricultural Medicine: OEH for the Health Professions*). A formal consensus process was held. The group was charged with the responsibility of developing the next version of this course with the long-term goal of developing a national course in agricultural medicine.

KEYWORDS

+USA, +2015, +Rudolphi, +safety experts, +OSH info specific, +farm workers, +national collab, +national OSH instit, +specialised clin OHC, +07, +09, +10, +11, +14,

USA

Rudolphi JM, Donham KJ. Toward a national core course in agricultural medicine and curriculum in agricultural safety and health: the "building capacity" consensus process. *J Agromedicine*. 2015;20(1):77-83.

<https://pubmed.ncbi.nlm.nih.gov/25635740/>

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The description is based on the abstract. Use the link to read the complete abstract and article.

The University of Iowa began training health care professionals to care for farmers' OH needs since 1974. To geographically expand this training, the "Building Capacity: A National Resource of Agricultural Medicine Professionals" program was launched in 2006. The 40-hour course, Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals-the Core Course (AMCC) is now being offered in nine states in the United States, in Australia, and in a modified version in Turkey. An initial paper compares the first (2007-2010) with the second phase (2011-2013), which involved over 500 health and safety professionals. The paper also describes the evaluation of the course and resulting changes. Finally, the best practices for operating this program are described and recommendations for the future.

KEYWORDS

+USA, +2015, +Rudolphi, +OSH info specific, +farm workers, +internat collab, +national OSH instit, +info educ staff, +01, +07, +09, +10, +11, +14,

2016

China Chen W, Li T, Zou G, Li X, Shi L, Feng S, Shi J, Zhou F, Han S, Ling L. Study protocol: a cluster randomized controlled trial to assess the effectiveness of a multi-pronged behavioural intervention to improve use of personal protective equipment among migrant workers exposed to organic solvents in small and medium-sized enterprises. BMC Public Health. 2016 Jul 16;16:580.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4947353/>

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Abstract

Background: In China, most of migrant workers work in the small and medium-sized enterprises (SMEs) and are a vulnerable group for occupational health. Migrant workers are at increased risk of occupational health risks due to poor occupational health behaviours such as the low use of personal protective equipment (PPE). However, there is a lack of solid evidence regarding how to improve the use of PPE among migrant workers in SMEs. The current study will assess the effectiveness of a multi-pronged behavioural intervention designed to promote PPE utilization among migrant workers exposed to organic solvents in SMEs.

Methods/design: This is a single blind, three-arm cluster randomized trial with 60 SMEs equally randomized to receive a top-down intervention (i.e. general health education and mHealth intervention provided by researchers) or a comprehensive intervention (which includes both top-down intervention and peer education) or a control condition (participants will not receive the intervention, but study measures will be obtained). Interventions will be conducted at the SMEs level for 6 months and all eligible migrant workers in these SMEs will be enrolled into the trial.

The primary outcome is effective use of PPE during the last week. The secondary outcomes are occupational health knowledge and attitude and participation in occupational health check-up. Data will be collected and assessed at baseline; 3 months post baseline and the end of the intervention.

Discussion: This theory- and evidence-based intervention will contribute to the limited evidence of behaviour change intervention in improving PPE utilization of migrant workers in SMEs and provide timely evidence for the development of basic occupational health services in China and elsewhere with similar industrialization contexts.

KEYWORDS

+China, +2016, +Chen W, +migrant workers, +Q of interventions, +Q in outcomes, +structure BOHS, +online facilities, +participation, +01, +06, +07, +09, +10, +13,

UK

Harrison J, Dawson L. Occupational Health: Meeting the Challenges of the Next 20 Years. *Saf Health Work*. 2016 Jun;7(2):143-9.

<https://www.sciencedirect.com/science/article/pii/S209379111500116X?via%3Dihub>

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Abstract

Background: The industrial revolution that took place in the United Kingdom (UK) between 1760 and 1830 led to profound social change. Occupational medicine was concerned with the diagnosis, treatment, and prevention of occupational diseases, that is, diseases directly caused by exposure to workplace hazards. A similar pattern of development has occurred globally.

Methods: A review of relevant literature.

Results: The international conceptualization and development of occupational health occurred during the 20th century. A new paradigm for occupational health has emerged that extends the classical focus on what might be termed "health risk management" that is, the focus on workplace hazards and risk to health to include the medical aspects of sickness absence and rehabilitation, the support and management of chronic noncommunicable diseases, and workplace health promotion.

Conclusion: The future strategic direction for occupational health will be informed by a needs analysis and a consideration of where it should be positioned within future healthcare provision. What are the occupational health workforce implications of the vision for occupational health provision? New challenges and new ways of working will necessitate a review of the competence and capacity of the occupational health workforce, with implications for future workforce planning.

KEYWORDS

+Global, +2016, +Harrison, +OSH info specific, +staff capacity, +09, +11, +12, +13,

Iran

Jahangiri M, Rostamabadi A, Malekzadeh G, Sadi AF, Hamzavi G, Rasooli J, Momeni Z, Ghaem H. Occupational Safety and Health Measures in Micro-scale Enterprises (MSEs) in Shiraz, Iran. *J Occup Health*. 2016;58:201-8.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5356967/>

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Abstract

Objectives: This study aimed to determine the extent of implementation of occupational safety and health measures in micro-scale enterprises (MSEs) and to assess the prevalence of occupational injuries and accidents and its relationship with occupational safety and health measures provided in the MSEs.

Method: A cross-sectional study was conducted among 595 MSEs. An index called the Safety and Health Requirement Index (SHRI) was created and used to calculate the percentage of occupational safety and health measures provided. The relationship between the SHRI and the occurrence of occupational accidents and injuries was investigated with the independent samples t-test and one-way ANOVA.

Results: The mean SHRI score was 60.43%, which was categorized into moderate level. Of the 30.9% of enterprises that had experienced accidents and injuries, the most common types of injuries were musculoskeletal disorders and cuts, and the least common types were pulmonary and hearing problems. Results of one-way ANOVA revealed a statistically significant relationship between the mean SHRI score and industrial branch, enterprise size, and type of accident and injury. The independent samples t-test showed that the occurrence of occupational accidents and injuries was not significantly influenced by provided health and safety measures in MSEs.

Conclusion: Given the high percentage of enterprises with very poor to poor levels for the SHRI and the high prevalence of occupational accidents and injuries among the studied MSEs, feasible protective strategies and job safety training programs are required to promote occupational health and safety in the studied MSEs.

KEYWORDS

+Iran, +2016, +Jahangiri, +accessibility, +awareness, +safety experts, +06, +07, +09, +13, +14,

Iran

Jahangiri M, Rostamabadi A, Yekzamani P, Mahmood Abadi B, Behbood F, Ahmadi SF, Momeni Z. A Descriptive Study of Occupational Health Services in Self-employed Enterprises (Nanoscale Enterprises), Shiraz, Iran. *Saf Health Work*. 2016;7:317-321.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5356967/>

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Abstract

Background: This study was conducted with aim of providing an overview of the status of occupational health services and identifying the most common harmful agents at workplaces of Iranian self-employed enterprises (Nano-Scale Enterprises).

Methods: A cross-sectional study was performed among a random sample including 1,758 employees engaging in self-employed enterprises with 5 and less employees.

Results: Coverage of occupational health surveillance was very poor, annual health examinations have been conducted only for 64 (3.64%) of males and 31 (1.76%) of females, and occupational health trainings were not included in the services at all. Personal Protective Equipment was available in 462 (26.3%) of the enterprises. Only in 0.4% of the enterprises working processes have been equipped by a local exhaust ventilation system. Difficult postures were the most common (81.5%) adverse working conditions.

Conclusion: This study revealed a poor level of the implementation of occupational health services in Iranian self-employed enterprises. Based on the findings, providing basic training on occupational health, more enforcing in conduction of health examinations and providing PPE, and taking appropriate strategies aimed at eliminating or minimizing work environment harmful agents are the major factor that should be considered to improve the level of occupational health services among the studied enterprises.

KEYWORDS

+Iran, +2016, +Jahangiri, +OSH info general, +OSH info specific, +tools equipment, +info educ staff, +06, +07, +08, +09, +12, +13,

India**Joseph B, Joseph GM. P327. Back to the basics – protecting and promoting health of tea estate employees. Occupational and Environmental Medicine 2016;73:A231-A232.**https://oem.bmj.com/content/73/Suppl_1/A231.3*Not open access. Copyright © 2016, Published by the BMJ Publishing Group Limited.**The description is based on the abstract. Use the link to read the abstract and article.*

Traditionally, tea in India is grown at higher elevations in large estates. South India employs almost 30 % of the total workforce in tea. For more than 15 years now, a systematic annual audit of the health and welfare services of one of the larger tea producers in South India, resulted in improved health conditions in the company. Primary health care indicators consistently match those of developed countries. Interventions to combat communicable and non-communicable diseases had good results. Confidence of the management in its primary health care system resulted in a focus on occupational health interventions: prevention of poisoning and noise-induced hearing loss. Safeguarding basic health is a first step to basic occupational health services.

KEYWORDS**+India, +2016, +Joseph, +other target pop, +structure HC, +Q of interventions, +07, +08, +10,**

USA

Levin JL, Bowling J, Wickman AJ, Harris M. A Brief Report Describing the Union of Medical Training and Agricultural Health. J Agromedicine. 2016;21:123-6.

<https://pubmed.ncbi.nlm.nih.gov/26479683/>

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The description is based on the abstract. Use the link to read the complete abstract and article.

This brief report describes a mutually beneficial partnership forged to extend agricultural medicine training to physicians, nurses, veterinarians, public health workers, health care professionals, medical residents, and students. Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals originated at the University of Iowa. Through a NIOSH-funded Training Project Grant, The University of Texas Health Northeast worked with the University of Iowa and regional experts to adapt the agricultural medicine content for the southwestern United States. The long-term goal for the partnership is to train a broad array of health care providers with the basics of anticipation, recognition, diagnosis, treatment, and the prevention of occupational and environmental illnesses and injuries within rural and agricultural communities, customized to the Southwest Region.

KEYWORDS

+USA, +2016, +Levin, +OSH info general, +OSH info specific, +info educ staff, +regional support c, +07, +09, +10, +11, +12, +13,

Brazil**Mori EC, Naghettini AV. Medical training and nurses of Family Health strategy on worker health aspect. Revista da Escola de Enfermagem da USP. 2016; 50: N spe 25 – 31. (in English)**<https://www.scielo.br/j/reeusp/a/GH7DL7mn4jpJBpvq3JsJ5bK/?lang=en>*Open Access. Creative Commons Attribution License.***Abstract**

Considering the workers' health one of the Unified Health System (SUS) tasks, Primary Health Care (PHC) and the Family Health Strategy (FHS) play an important role in the development of health actions in the field health-work. In Brazil, where the number of informal and domiciled jobs is high, the FHS becomes a reference in the workers' health actions. Therefore, if the FHS is not attentive to the relation between professional occupation and disease, several diseases that affect workers can overload the system without obtaining a cure.

The aim of this study is to evaluate doctors and nurses' recognition of the Family Health Strategy on occupational diseases in Aparecida de Goiânia. This is a qualitative descriptive study, and the data analysis was done by content analysis. The setting for this study contemplates FHS units in the municipality of Aparecida de Goiânia, Goiás. There were 8 Basic Health Units, and 16 health professionals were interviewed. The data was collected in the participants of the interview workplaces, from February through April 2013, after being approved by the Ethics and Research Committee. The discourses were analysed according to Minayo (2007), using thematic analysis. The interviews were recorded and later transcribed for analysis. Among the 16 professionals interviewed we observed that only 3 (18.75%) received professional training on occupational health in their Institution, however the aim of the courses was towards situations of biological hazards and not about workers' care. Practitioners reported lack of knowledge in the occupational health area and observed that the area is still undervalued and underexplored in the academic and professional fields, and even by the Municipality health management. Evaluating academic education, it is possible to observe the inadequacy of the subject workload, where professionals reported the lack of knowledge in the area and the low workload of the subject in the academic field.

Conclusion: There is a need to raise awareness and interest of the municipality health managers and the health professionals, doctors and nurses, towards the relations work-health-disease and the need to capacitate these professionals, to assist the workers in a better way.

KEYWORDS

+Brazil, +2016, +Mori, +structure HC, +family physicians, +nurses, +OSH info specific, +01, +07, +09, +11,

India

Panneer S, Mathur S. Problems and prospects of occupational health infrastructure in India. Indian Journal of Labour Economics. 2016; 59, Issue 1: 165–170. The article is in Portuguese, the abstract is in English.

https://www.researchgate.net/publication/310664175_Problems_and_prospects_of_occupational_health_infrastructure_in_India

or:

<https://link.springer.com/journal/41027/volumes-and-issues/59-1>

Not Open Access. Copyright Indian Society of Labour Economics. 2016.

The description is based on the abstract. Use the link to read the full abstract and article.

The growth of the Indian economy raised concerns over occupational health and safety. The authors discuss the need for knowledge- and practice-based inputs for a well systematised OH policy in the organised sector. Systematic expansion of OSH measures, and improved policy and labour law reforms are addressed. There is an immediate need for health impact assessment and public health surveillance of organised-sector workers. An epidemiological database needs to be created, and occupational health-related diseases and illnesses monitored. The paper highlights the need for strong political will to drive reforms in occupational health policy.

KEYWORDS

+India, +2016, +Panneer, +governance, +national collab, +01, +03, +07, +13,

Brazil

Pedroso HC, Gonçalves CGO. Percepção e conhecimento dos profissionais da saúde da atenção primária sobre notificação da perda auditiva induzida pelo ruído em Curitiba – Paraná [Perception and knowledge of health professionals working in primary health care networks in the Municipality of Curitiba – Paraná, regarding the compulsory notification of Induced Hearing Loss Noise]. 2016. CoDAS; 28 N. 5 Pg 575 – 582. in English.

<https://www.scielo.br/j/codas/a/FvJxV7FPy3fJTKZDXpN5ssP/?lang=en>

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Abstract

Objective: The article aims to analyse the perception and knowledge of health professionals working in primary health care networks in the Municipality of Curitiba – Paraná, regarding the compulsory notification of Induced Hearing Loss Noise (NIHL) in the National Notifiable Diseases Information System (SINAN).

Methods: We performed a transversal cohort study in Curitiba, analysing perception and knowledge of health professionals working in the primary health care networks in the Municipality of Curitiba, regarding the compulsory notification of NIHL in SINAN, from 2007 to 2014, featuring reported cases and exploring the situational analysis of the NIHL notification, through a questionnaire and a structured news conference.

Results: The primary care professionals' survey showed that 50% were doctors and the predominant age group was 26-30 years, with 56.2% reported as being able to identify health problems related to work, but only 43.7% feel able to identify cases of NIHL.

Conclusion: It was found that health professionals know the features and feel able to identify cases of NIHL but still do not report suspected NIHL cases and do not consider occupational health an institutionalized program that is part of the service.

KEYWORDS

+Brazil, +2016, +Pedroso, +Q in outcomes, +structure HC, +family physicians, +staff motivation, +01, +09, +11, +13,

India

Roy P. Book review. BOHS: For informal industry. J Family Med Prim Care. 2016; 5:730-1

DOI: 10.4103/2249-4863.197287 or:

https://journals.lww.com/jfmpc/fulltext/2016/05030/bohs_for_informal_industry.49.aspx

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The book review has no abstract. The description is based on the article. For the full review article use the link.

The book review discusses the book: BOHS for informal industry. Manual for Primary Care Providers. Authors: Ramnik Parekh and Suvarna Moti. Published by: Indian Association of Occupational Health, Basic Occupational Health Services Initiative. 2016, 389 pages. Free online version. <https://iaohindia.com/>. See also the book section of this repository.

The structure and content of the book are presented.

“The chapters are categorized into different topics of interest that the field worker will really need to know and practice in situ. These include basic primary care based on the Alma-Ata Declaration by the World Health Organization; comparative traditional practices of different countries; current status of health services reference to primary and secondary care; holistic approaches to health-care delivery at the grassroots level; statistical representations of essential component in the socio-eco-cultural stances; history of occupational health and safety; procedural and administrative practices on a need to know basis; discussions and risk identification and management; legislative issues; chapter twelve especially highlights the importance for keeping the medical reports using as the tools of measurement of employees efficiency, epidemiological survey, analysis of accidents and sickness, evaluation of the health-care service and the statutory compliance. Next twenty chapters (15–36) elaborate OSH issues in informal occupations, which comprise more than 90% workforce in India. The systematic conditions at the workplaces are discussed in rest eleven chapters.”

“This book gives the overview of working population particularly in informal sectors in India and those who are socially vulnerable group. The chapters of the book are very logically organized with realistic discussion on the work processes and conditions, the occupational disease and preventive measures, the need for holistic approach for the integration of health services with the existing PHC settings.”

“...this book addresses the vulnerability for accessing health service for work-related diseases among informal sectors workers and that makes this effort unique. The importance of OSH-related discipline, occupational safety, has been included. However, there should be some discussion on occupational health and safety in problem-solving manner like – “what if analysis” or “event and fault tree analysis. However, overall, this manual is very useful for the PHC professionals and general practitioners. The Basic Occupational Health Service training should be mandatory for all health professional at primary care settings in India, and thus this book should be compulsory for training those professionals at grassroots level.”

KEYWORDS

+India, +2016, +Roy, +informal workers, +structure HC, +family physicians, +staff capacity, +structure BOHS, +08, +09, +11, +14,

2017

Brazil

Amorim LA, Silva TLE, Faria HP, Machado JMH, Dias EC. Worker's Surveillance in the Primary Care: learning with Family Health team of João Pessoa, Paraíba, Brazil. *Cien Saude Colet.* 2017;22:3403-3413. Article in Portuguese and English.

<https://www.scielo.br/j/csc/i/2017.v22n10/>

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Abstract

This study analysed the Workers' Surveillance activities of Family Health teams, based on the perceptions of physicians and nurses in the city of João Pessoa. We used a 30-question questionnaire split into four blocks: data on the professional, occupational healthcare practices focusing on the production and epidemiological profile, and matrix and institutional support to the teams. A total of 179 professionals participated, 82% of them were female, and 46% aged 50 or more; 60% had worked in the area for more than 10 years. Results show that Workers' Surveillance activities are not part of team day-to-day activities: 53% mapped productive activities and 30% related them to health hazards. Twenty-four percent mentioned activities to eliminate/mitigate exposure to risk and vulnerabilities. The support of Family Health teams by the Reference Centre for Occupational Health was mentioned by 45% of the participants, less than the number reported for Workers' Surveillance. Involvement in occupational health training was mentioned by 24% of the professionals. Results suggest the need to expand and strengthen continued education and team support.

KEYWORDS

+Brazil, +2017, +Amorim, +family physicians, +nurses, +regional support c, +info educ staff, +support for staff, +01, +09, +11, +12,

Australia

Brumby SA, Ruldolphi J, Rohlman D, Donham KJ. Translating agricultural health and medicine education across the Pacific: a United States and Australian comparison study. *Rural Remote Health*. 2017;17:3931.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6987961/>

Open Access. Copyright Susan A Brumby, Josie Ruldolphi, Diane Rohlman, Kelley J Donham 2017. A license to publish has been given to James Cook University.

Description based on the abstract. Use the link to read the full abstract and article.

Background: Populations in agricultural communities require health care that is interdisciplinary and cross-sectoral to address the high rate of workplace deaths, preventable injuries and illness. To address the unique health and medical characteristics of agricultural populations, education in agricultural medicine was established at the University of Iowa (USA). The course was initially developed in 1974 for teaching medical students, family medicine residents and nurses. A postgraduate curriculum has been added in 2006 to develop medical/health and rural professionals' cultural competence to work in agricultural communities. This article reviews the adaptation of the US course to Australia and the educational and practice outcomes.

Methods: Data were collected from students who completed either the course in the state of Iowa in USA, or in the state of Victoria in Australia between 2010 and 2013 (inclusive).

Results: One hundred and ten students completed the survey (59 from the USA and 51 from Australia) with over a 50% response from both countries. Responses were consistent across both continents, with more than 91% agreeing that the course improved their abilities to diagnose, prevent and treat rural and agricultural populations. The courses successfully enabled a multidisciplinary and cross-sectoral approach.

Conclusions: More than 72% of previous students were practicing in rural and /or mixed communities at the time of the survey, demonstrating a repeatable and transferable medical education program addressing health inequities in agricultural populations. There are opportunities to expand globally.

KEYWORDS

+Australia, +USA, +2017, +Brumby, +farm workers, +family physicians, +nurses, +info educ staff, +OSH info specific, +06, +07, +09, +10, +11, +13,

UK

Carder M, Hussey L, Money A, Gittins M, McNamee R, Stocks SJ, Sen D, Agius RM. The health and occupation research network: an evolving surveillance system. *Saf Health Work*. 2017;8:231–236.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5605884/>

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Abstract

Vital to the prevention of work-related ill-health (WRIH) is the availability of good quality data regarding WRIH burden and risks. Physician-based surveillance systems such as The Health and Occupation Research (THOR) network in the UK are often established in response to limitations of statutory, compensation-based systems for addressing certain epidemiological aspects of disease surveillance. However, to fulfil their purpose, THOR and others need to have methodological rigor in capturing and ascertaining cases. This article describes how data collected by THOR and analogous systems can inform WRIH incidence, trends, and other determinants. An overview of the different strands of THOR research is provided, including methodological advancements facilitated by increased data quantity/quality over time and the value of the research outputs for informing Government and other policy makers. In doing so, the utility of data collected by systems such as THOR to address a wide range of research questions, both in relation to WRIH and to wider issues of public and social health, is demonstrated.

KEYWORDS

+UK, +2017, +Carder, +family physicians, +online facilities, +mat digital facilities, +research, +01, +06, +07, +09, +12,

Brazil

Limongi JE, Caldeira BFA, Gonçalves LA, Félix CG, Bonito RF, Silva VP. **Estrutura e processos da Vigilância em Saúde em municípios mineiros: uma análise quali-quantitativa (Structure and processes in Health Surveillance in municipalities of Minas Gerais: a quali-quantitative analysis).** *Cadernos Saúde Coletiva*. 2017; 25 N. 1: Pg 31 – 44. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/cadsc/a/SXzQVt3KbccqYz6fchykcRz/?lang=pt> (article in Portuguese)

Open Access. Creative Commons Attribution 4.0 International License.

Abstract

Introduction. The decentralization of public health measures, operationalized through the creation of the Sistema Único de Saúde (Unified Health System), greatly altered municipal health systems in Brazil. The aim of this study was to qualitatively and quantitatively evaluate small and medium-size health monitoring systems (HS) in three municipalities of Minas Gerais and associate this with the health services provided.

Methods. A data collection instrument of structured and semi-structured interviews was used to assess the structure and processes established in HS municipalities, respectively.

Results. Epidemiological Monitoring, Sanitation Monitoring and Health Situation Monitoring had the best structure. Environmental Health Monitoring, Occupational Health Monitoring and Health Promotion had poor structures in the three municipalities and was frequently shared with other sectors. Respondents principally attributed good performance of monitoring procedures to the proactivity of professionals and collaboration with other sectors, rather than to the physical structure itself.

Conclusions. HS in the municipalities of Minas Gerais is still incipient, but pioneering projects such as the SHSP-MG can greatly change the local reality.

KEYWORDS

+Brazil, +2017, +Limongi, +national collab, +structure HC, +regional support c, +staff motivation, +01, +07, +08, +09, +14,

**Southern
Africa**

Moyo D, Zungu M, Erick P, Tumoyagae T, Mwansa C, Muteti S, Makhothi A, Maribe K. Occupational health and safety in the Southern African Development Community. Occup Med (Lond). 2017; 2; 67:590-592. Editorial.

<https://academic.oup.com/occmed/article/67/8/590/4683733?login=false>

Open Access. Copyright The Author 2017. Published by OUP on behalf of the Society of Occ. Med.

The editorial has no abstract. The description is based on the editorial. Use the link to read the full text.

SADC (Southern African Development Community) member states are Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. Many SADC member states lack a comprehensive OHS policy and resources. There is an enormous deficit of OHS professionals. In Africa as a whole, less than 10% of workers have access to occupational health services. The rapid growing informal economy is mostly unregulated, has no access to occupational health services, occupational exposures are not under control and awareness is low. There is a lack of comprehensive national legislation and procedures in most SADC member states. OHS services are only present in a few larger national and multinational corporates.

More children, women, also pregnant women and lactating mothers, and elderly are entering the informal economy. Exposures are of major concern. Compared with other public health initiatives, occupational health is clearly underserved. Academic institutions, diploma courses and bachelor's degrees in OHS are basic in the development of intellectual capacities. The East African community regional OHS programme seeks to strengthen service infrastructures including Basic Occupational Health Services (BOHS).

KEYWORDS

+Southern Africa, +2017, +Moyo, +governance, +accessibility, +OH physicians, +informal workers, +legislation, +info educ staff, +structure BOHS, +01, +04, +05, +08, +14,

Bangladesh**Muralidhar V, Ahasan MF, Khan AM, Alam MS. Basic occupational health services (BOHS) in community primary care: the MSF (Dhaka) model. BMJ Case Rep. 2017;2017:bcr2016218293.**<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5372173/>*Open Access, Copyright BMJ Publishing Group Ltd. 2017.**Description based on the abstract. Use the link to read the full abstract and article.*

Médecins Sans Frontières (MSF) started basic occupational health services for workers in industries in Dhaka, Bangladesh, for the prevention and treatment of work-related and occupational diseases. More than 3000 workers came to the BOHS centre for one or more consultations. About one in seven of these workers were diagnosed with suspected work-related diseases. Follow-up interventions were organized. Risk inventories were arranged in the industries. This project demonstrates the urgent need for and the feasibility and usefulness of an innovative expert-based initiative in an urban industrial area where no expert-based occupational health services existed.

KEYWORDS

+Bangladesh, +2017, +Muralidhar, +structure BOHS, +Q of interventions, +expert based OHS, +07, +08, +10, +11, +13, +14,

China

Ning H, Zhou Y, Zhou Z, Cheng S, Huang R, Ning H, Huang R. Challenges to improving occupational health in China. *Occup Environ Med.* 2017;74:924-925. Letter to the Editor.

Use the link to read the (only limited) information in PubMed or find access to the publication itself.
<https://pubmed.ncbi.nlm.nih.gov/29025959/>

Not Open Access. Copyright Article: author(s) (or their employer(s) unless otherwise stated in the text of the article). All rights reserved. 2017.

The letter to the editor has no abstract. The description is based on the letter to the editor. Use the link to read the full contribution.

January 2017 the Chinese government released the National Occupational Preventative and Treatment Plan. The plan refers to the "urgent need to promote occupational health". Over 830,000 cases of occupational disease have been reported in the past three decades, many in migrant workers. Four challenges are presented: absence of protection for internal migrant workers, lack of coordinated health and safety administration, lack of occupational health laws, regulations and standards applying to all workers, and lack of reliable occupational disease/injury surveillance data. "China requires policies directing action towards addressing these challenges, to strengthen coordination among relevant bodies, monitor and execute the laws, to provide occupational health information to the public, establish an insurance system protecting vulnerable working populations and to provide workers with health education."

KEYWORDS

+China, +2017, +Ning, +migrant workers, +governance, +legislation, +regulations, +standards guidelines, +national collab, +social insurance, +01, +03, +04, +05, +07,

Global

Rantanen J, Lehtinen S, Valenti A, Iavicoli S. A Global survey on occupational health services in selected international commission on occupational health (ICOH) member countries. BMC Public Health. 2017;17:787.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5629797/>

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Abstract

Background: The United Nations General Assembly (UNGA), the International Labour Organization (ILO), the World Health Organization (WHO), the International Commission on Occupational Health (ICOH), and the European Union (EU) have encouraged countries to organize occupational health services (OHS) for all working people irrespective of the sector of economy, size of enterprise or mode of employment of the worker. The objective of this study was to survey the status of OHS in a sample of countries from all continents.

Methods: A questionnaire focusing on the main aspects of OHS was developed on the basis of ILO Convention No. 161 and several other questionnaire surveys used in various target groups of OHS. The questionnaire was sent to 58 key informants: ICOH National Secretaries.

Results: A total of 49 National Secretaries responded (response rate 84.5%), from countries that employ 70% of the total world labour force. Most of the respondent countries, 67%, had drawn up an OHS policy and implemented it with the help of national occupational safety and health (OSH) authorities, institutes of occupational health or respective bodies, universities, and professional associations. Multidisciplinary expert OHS resources were available in the majority (82%) of countries but varied widely in quantitative terms. The average OHS coverage of workers was 24.8%, with wide variation between countries. In over two thirds (69%) of the countries, the content of services was mixed, consisting of preventive and curative services, and in 29% preventive only. OHS financing was organized according to a mixed model among 63% and by employers only among 33% of the respondents.

Conclusions: Most countries have drawn up policies, strategies and programmes for OHS. The infrastructures and institutional and human resources for the implementation of strategies, however, remain insufficient in most countries (implementation gap). Qualitatively, the content and multidisciplinary nature of OHS corresponds to international guidance, but the coverage, comprehensiveness and content of services remain largely incomplete due to a lack of infrastructure and shortage of multiprofessional human resources (capacity gap). The estimated coverage of services in the study group was low; only a quarter of the total employed population (coverage gap).

KEYWORDS

+Global, +2017, +Rantanen, +coverage, +financing, +expert-based OHS, +national OSH instit, +OH physicians, +national collab, +tools equipment, +02, +07, +08, +09, +13, +14,

Italy

Riva MA, Belingheri M, Castiglioni E, Bonazzi C. Primary Health Care and Occupational Health. Results from a survey on general practitioners of the Province of Monza and Brianza. Med Lav [Internet]. 2017;108:42-51. In Italian language. Abstract in English.

<https://pubmed.ncbi.nlm.nih.gov/28240732/>

or

<https://www.mattioli1885journals.com/index.php/lamedicinadellavoro/article/view/5557>

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Abstract

Background: The World Health Organization has been asking for greater collaboration between occupational medicine and primary care for many years. Objectives: To investigate the knowledge of general practitioners (GPs) working in a province of Lombardy about occupational health issues and their experiences with work-related problems among their patients.

Methods: Data were collected by telephone interview to GPs, using a 25-item questionnaire.

Results: 111 GPs answered to the questionnaire (66.5% of the sample). Only 34.2% of the doctors knew the current regulation of occupational medicine in Italy. The GPs considered that the main work-related disease among their patients were musculoskeletal disorders and work-related stress. 90% of doctors stated to have sent at least one of their patients to an occupational medicine clinic. Only 9% declared to have notified at least one occupational disease. Among GPs who suggested how to improve the relationship between primary care and occupational medicine, 44% proposed training courses on this topic. Only 16.2% said to have attended an occupational health course during university studies.

Conclusions: Italian GPs have poor knowledge about occupational medicine and they also have difficult relationships with occupational health physicians. Initiatives to improve cooperation between these two sectors are desirable.

KEYWORDS

+Italy, +2017, +Riva, +internat instit, +family physicians, +regulations, +specialised clin OHC, +structure HC, +info educ staff, +06, +07, +11, +13,

Iran

Tabibi R, Ghorbani-Kalkhajeh S, Tarahomi Sh, Valipour AA, Tajzadeh Sh, Sokooti M. Occupational health surveillance programs for Iranian farmers. *Arvand J Health Med Sci* 2017; 2: 37-39.

https://www.researchgate.net/publication/318984227_Occupational_health_surveillance_programmes_for_Iranian_farmers

Open Access. Copyright 2017, Abadan University of Medical Sciences.

Description based on the abstract. Use the link to read the full abstract and article.

Farmers and animal breeders all around the world are at high risk of exposure to different risk factors including zoonotic agents, organic dust, endotoxins, allergens, pesticides and other chemicals. It is well known that work-related injuries, illnesses and deaths are mainly preventable through providing basic occupational health services for all workers at the workplace. The main purpose of occupational health surveillance program in agriculture is to detect early signs of work-related ill health among farmers who are exposed to certain health risks and to act on those findings to improve workers' health and safety. This paper is an introduction to a large project which will address health surveillance activities among farmers and animal breeders in the region of Abadan district in southwest Iran.

KEYWORDS

+Iran, +2017, +Tabibi, +farm workers, +other target pop, +structure BOHS, +OSH info general, +07, +09, +10, +13,

India, Global

Van Dijk F, Buijs P. Manual for primary health care on Basic Occupational Health Services. Encouraging publication from India, focused on informal occupations. *Asia Pac Fam Med* (2017) 16:2; pg 1-4.

https://pmc.ncbi.nlm.nih.gov/articles/PMC5244524/pdf/12930_2017_Article_32.pdf

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Abstract

Background. Like many other countries, India has a serious occupational health service coverage problem. Therefore, the Indian Association of Occupational Health published a book (391 pages) on Basic Occupational Health Services for the informal Industry. The book and associated project can be appreciated within the WHO strategy of Universal Health Coverage, focusing on workers' health.

Objective. To discuss a new book from India intended to inform and educate primary health care professionals on workers' health problems, with the aim to encourage new initiatives.

Study design. The book is considered against the background of international developments and evaluated on the usefulness for practice and policy development.

Results. The publication focuses on the 90% of the workers in India working informal, without a contract or social security, and often exposed to poor working conditions. It is the final aim of the book to prioritize care for those at the highest risk. For informal workers specialized occupational health services are absent. Therefore, primary health care might take care of basic facilities on workers' health, when educated and adequately supported by online information, occupational health experts and clinical referral services. Such new developments started as well in other countries such as China, Thailand, Iran and Indonesia, encouraged by WHO, WONCA (family physicians), ILO and ICOH (occupational health experts). In the book working conditions are described in 22 branches of economic activities in India with many informal workers like agriculture, leather and tanning industry, oil mills and street vendors. Next, associated health complaints and occupational diseases are explained. This information is relevant for family physicians to be able to recognize work-relatedness of health complaints and diseases. Numerous diseases can be related to work such as asthma, depressive disorders, dermatitis, a variety of musculoskeletal disorders, hearing impairment, cancer of many organs, various infectious and neurological diseases. Diagnosis, treatment and prevention can be improved in primary health care, as well as advising in return-to-work activities. More detailed information on specific occupational or work-related diseases is given in clinical chapters. Comments are given to improve the usefulness in supporting new practices and policies.

Conclusion. This book from India fits well in worldwide developments promoting the integration of forms of workers' health care in primary health care.

KEYWORDS

+India, +Global, +2017, +Van Dijk, +coverage, +structure BOHS, +internat instit, +structure HC, +family physicians, +informal workers, +social security, +specialised clin OHC, +online facilities, +OSH expertise c, +referral facilities, +06, +07, +08, +09, +14,

Brazil

Vianna LCR, Ferreira AP, Vasconcellos LCF, Bonfatti RJ, Oliveira MHB.
Vigilância em Saúde do Trabalhador: um estudo à luz da Portaria nº 3.120/98
[Occupational Health Surveillance: a study in the light of Ministerial Directive
nº 3.120/98]. Saúde em Debate. 2017;41 N. 114: Pg 786 – 800. The article is in
 Portuguese, the abstract is in English.

<https://www.scielo.br/j/sdeb/a/TJYSGDChRWX5MZTwHn8VWvR/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution 4.0 International License.

Abstract

The workers' health is a field of practices and knowledge of theoretical-methodological approach in public health, whose object is the health-disease process of man in his relationship with work. The main actions on occupational health surveillance and prevention of accidents were analysed. The theoretical reference was based on the philosophical current of dialectical and historical materialism of workers' health. From the interviews, reflections and testimonies of Centro de Referência em Saúde do Trabalhador (Cerest/RJ) professionals were obtained for content analysis. The results reveal important gaps that affect the current actions in this area, regarding the distance between theoretical knowledge, its apprehension and its application.

KEYWORDS

+Brazil, +2017, +Vianna, +national OSH instit, +national collab, +01, +04, +06, +07, +13,

UK

Zhou AY, Dodman J, Hussey L, Sen D, Rayner C, Zarin N, Agius R. EELAB: an innovative educational resource in occupational medicine. *Occup Med (Lond)*. 2017;67:363-370.

<https://academic.oup.com/occmed/article/67/5/363/3829588?login=false>

Open Access. Copyright The Author 2017. Published by Oxford University Press on behalf of the Society of Occupational Medicine.

Description based on the abstract. Use the link to read the full abstract and article.

The study had the aim of evaluating an online resource (EELAB) to help physicians in the UK in developing their occupational medicine skills through using their own cases. General practitioners (GPs) in The Health and Occupation Research (THOR) network, registered prevalent occupational health problems in practice, the potential causes and their interventions. They tried to find evidence. A web portal has been developed, EELAB (Electronic, Experiential, Learning, Audit and Benchmarking) offering disease-specific information and feedback. The web portal could be accessed by 250 GPs and 224 occupational physicians and postgraduate OM students. The evaluation was very positive. Suggestions for improvements were made. External peer reviews led to accreditations. This new tool (EELAB) promoted education and feedback and has been the base for a comprehensive research database.

KEYWORDS

+UK, +2017, +Zhou, +online facilities, +family physicians, +OH physicians, +Q in outputs, +info educ staff, +research, +09, +12, +13,

2018

UK

Demou E, Hanson M, Bakhshi A, Kennedy M, Macdonald EB. Working Health Services Scotland: a 4-year evaluation. *Occup Med (Lond)*. 2018;68:38-45.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5927139/>

Open Access, Creative Commons Attribution 4.0 License.

Abstract

Background: Working Health Service Scotland (WHSS) supports the self-employed and employees of small and medium-sized enterprises (SMEs) in Scotland with a health condition affecting their ability to work, who are either absent or at risk of becoming absent due to it.

Aims: To evaluate the impact on health and work outcomes of WHSS clients over a 4-year period.

Methods: Data were collected at enrolment, entry, discharge and follow-up at 3 and 6 months after discharge. Clients completed up to three validated health questionnaires at entry and discharge-EuroQol five dimensions (EQ-5D) and visual analogue scale (VAS); Hospital Anxiety and Depression Scale (HADS); and Canadian Occupational Performance Measure (COPM).

Results: A total of 13463 referrals occurred in the 4-year period; 11748 (87%) were eligible and completed entry assessment and 60% of the latter completed discharge paperwork. Most referrals were due to musculoskeletal conditions (84%) while 12% were referred with mental health conditions. Almost a fifth (18%) of cases were absent at entry and back at work at discharge. Workdays lost while in WHSS was associated with age, length of absence prior to entering WHSS, primary health condition and time in programme. All health measures showed significant improvements from entry to discharge. Improvement in general health was sustained at 3- and 6-month follow-up.

Conclusions: The WHSS evaluation findings indicate that participation was associated with positive changes to health and return-to-work. The extent of the positive change in health measures and work ability can be highly important economically for employees and employers.

KEYWORDS

+UK, +2018, +Demou, +referral facilities, +other target pop, +standards guidelines, +participation, +psychologists, +07, +09, +13,

Indonesia

Duma K, Nuryanto MK. Safety and Health Effort on Informal Sector Workers. *International Journal of Nursing, Health and Medicine*. 2018; Vol 1, No 1: 14-19.

<https://journal.stkip singkawang.ac.id/index.php/ijnhm/article/view/586/642>

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Abstract

Every worker/labourer has the right to obtain safeguards for occupational safety and health, to realize optimal work productivity, which is carried out through safety and health efforts. These efforts have not been particularly important for informal sector workers either through the labour department or the health department. There are still only a few Puskesmas* forming UKK** for the development of occupational health, and even then, these are not operating. This indicates the absence of OSH services in informal workers as mandated by the Manpower Act 13 of 2003. Purpose of the study were to find out information and understanding of the informal sector workers about occupational health and safety through work health post (Pos upaya kesehatan kerja/UKK). The type of this research is descriptive observational. The population is the informal workers in Samarinda. A sample of 10 people from each type of informal work is taken purposively. The classification of informal employment types is provided by a statistical centre (BPS). Result of this research is that about 56,67% of informal workers never heard /read about OSH (K3), 58,33% did not know the purpose of OHS, 61,67% did not use PPE, 66,67% never told a health officer about PPE, 65,00% never heard /read risk factors of work, 91,67% never heard about UKK, 55,00% had experienced injury/wretched, 58,33% had experienced illness, 58,33% never went to Puskesmas, 55,00% had fund healthy (presumably: access to health funds). More than 50% of informal sector workers have not known about OSH and its objectives and UKK posts, but more than 50% already have healthy funds and seek treatment at Puskesmas if injured or illness.

* Puskesmas is a professional-based Public Health Centre on district level, partly also delivering individual curative services, and also responsible to support community-based 'Pos UKKs', being non-professional, community-based occupational health services, especially supporting informal workers.

**In the text, the abbreviation 'UPK' is used, but context data suggest that the term 'UKK' would be the intention. Presumably a typing error or a mistake during translation?

For the structure of BOHS in Indonesia see also the article of Adi et al. (2024) in this Repository.

KEYWORDS

+Indonesia, +2018, +Duma, +accessibility, +structure HC, +OSH info general, +OSH info specific, +informal workers, +research, +financing, +01, +06, +07, +09,

Brazil

Gomez CM, Vasconcellos LCF, Machado JMH. A brief history of worker's health in Brazil's Unified Health System: progress and challenges. *Cien Saude Colet*. 2018;23:1963-1970

<https://www.scielo.br/j/csc/a/DCSW6mPX5gXnV3TRjfZM7ks/?lang=en>

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Abstract

This article draws on current understandings of workers' health in Brazil that emerged concomitantly with advances in the field of public health. It describes the institutional trajectory of the field of workers' health within the Unified Health System (SUS), emphasizing the challenges faced in developing actions in the sphere of workers' health surveillance. It synthesizes the often-tortuous path taken over the last 30 years between multiprofessional training processes, coordination between different levels of the SUS, interinstitutional support, especially from public universities, and interaction with participatory processes. It provides an overview of progress and challenges in the face of continuous changes in working conditions and work organization and the limited effectiveness of government policies designed to address occupational health risks. Finally, it suggests that progress has come out of the intertwining of social and academic movements, with the opening of institutional spaces that transform the SUS, reviving the underlying principles of participation and health promotion in broad vision of state policy.

KEYWORDS

+Brazil, +2018, +Gomez, +accessibility, +national collab, +info educ staff, +participation, +01, +06, +07, +09, +14,

Indonesia

Heryana A, Handayani P, Puspitaloka E, Sjaaf AC. Basic Occupational Health Service Management in SJSN Era: Case Study at In-company Clinic PT X Indonesia. 2020. In Proceedings of the 1st International Conference on Recent Innovations - ICRI- Volume 1; ISBN 978-989-758-458-9, SciTePress, pages 2686-2692, 2018. Jakarta, Indonesia. Universitas Esa Unggul, Indonesia. DOI: 10.5220/0009950526862692

<https://www.scitepress.org/Link.aspx?doi=10.5220/0009950526862692>

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Abstract

Background: This research composed on the primary thinking that implementation of the National Social Security System or SJSN in Indonesia had changed the provision of basic occupational health service (BOHS). In the middle of an occupational health service's problem in Indonesia, the process of health financing reform through SJSN had to stay on the track. With the in-company clinic of PT. X as a research locus, researcher studied the implementation of SJSN to the provision of basic occupational health service at big industries or big OHS Centre.

Methodology: This research conducted with the qualitative method, primary data collected by in-depth interview to the informant from Office clinic PT. X and six selected informants from any field who linked to SJSN implementation on the provision of basic occupational health service. Data analytic conducted with reducing, displaying and the formulating of conclusion process.

The results and conclusion: implementation of SJSN changed the provision of basic occupational health service from the point of view such as health program, financing, human resources, facilities, and supporting factor (management, information, regulation, and community empowerment). Government and BPJS as the operator of SJSN should arrange the applicative solution in order to the provision of occupational health service at office clinic stay in line with SJSN without the ignorance to occupational health and safety standard.

KEYWORDS

+Indonesia, +2018, +Heryana, +research, +national collab, +structure BOHS, +financing, +specialised clin OHC, +standards guidelines, +01, +04, +05, +08, +12,

India

Kulkarni GK. Mini occupational health services for un-organized labour markets in India. Indian J Occup Environ Med 2018;22:1 Editorial or Letter to the Editor..

<https://www.ijoem.com/text.asp?2018/22/1/1/230353>

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The article has no abstract. The description is based on the full text. Use the link to read the full text.

The contribution is a (kind of) editorial. India is a vast country: total workforce is 537 million (only 29 million in the organized sector). The Indian Association of Occupational Health (IAOH), Mumbai, initiated a project to implement BOHS in the unorganized labour market in Mumbai with an NGO partner keenly working for unorganized migrant labour health, safety, and social welfare. The objective was to understand the occupational profile of informal sector workers, their occupational risks, and safety concerns and to determine BOHS interventions. The walkthrough survey surprisingly brought many unlisted occupations such as small-factory-like units, light manufacturing, assembly of machine parts, scrap work, e-waste, printing, cutting, tailoring, and construction 'naka' workers seeking casual construction work. The workforce comprised mostly of seasonal migrants from Uttar Pradesh, Bihar, Odisha, Telangana, West Bengal, and Rajasthan. Apart from unlisted occupations, the survey highlighted among others, multiple unsafe conditions, no access to formal health services and social security, frequent injuries, and long working hours. This changed our thought process that BOHS elements cannot be implemented in such an unorganized labour market. One needs to think of simpler solutions; a newer concept of "mini occupational health services or MOHS." Deliverables: basic first-aid training, first-aid kits with defined contents: protection against tetanus through vaccinations, blood group identification and provision of low-cost safety solutions, partnering with credible NGOs, creating employer motivation and responding to conflict situations. The IAOH project team has rolled out the first phase of MOHS in a labour market; the results are encouraging. Phase 2 shall be focused on preventive vaccination and blood grouping, Phase 3 shall drive pragmatic safety solutions. Many other branches of IAOH are planning to drive MOHS to cater to unorganized labour markets. This initiative shall trigger new ideas to innovate MOHS in India.

KEYWORDS

+India, +2018, +Kulkarni, +national collab, +migrant workers, +social security, +informal workers, +structure BOHS, +Q of care, +03, +04, +07, +08, +09, +10,

Canada

Kushner R, Kramer DM, Holness DL. Feasibility of clinicians asking patients about their exposure to occupational hazards: An intervention at five primary care health centres. *Work*. 2018;60:365-384.

<https://pubmed.ncbi.nlm.nih.gov/30040781/>

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Description based on the abstract. Use the link to read the full abstract and article.

In Ontario, Canada, occupational exposure data are considered important for prevention. The study has the aim to explore options for data collection in clinical primary care. Five healthcare centres were recruited for a trial. Working patients answered basic occupational exposure questions. Next, clinicians reviewed the answers with the patients. A knowledge broker (a supporting knowledge expert) supported the centres with background information and occupational expertise. Interviews with administrators and clinicians examined the usefulness and sustainability of the trial. Finally, a cross-case analysis was completed. Themes were among others the relevance of work exposures perceived to primary care clinicians and the patients. The authors concluded that clinicians “ask work exposure-related questions when patients have a health concern that the clinicians suspect may be related to a work exposure. No clear clinical purpose for routinely asking exposure questions emerged.”

KEYWORDS

+Canada, +2018, +Kushner, +structure HC, +OSH expertise c, +other addit experts, +06, +07, +09, +11, +13,

Ethiopia

Mekonnen TH, Tefera MA, Melsew YA. Sick at work: prevalence and determinants among healthcare workers, western Ethiopia: an institution based cross-sectional study. *Ann Occup Environ Med.* 2018;30:2.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5793443/>

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Abstract

Background: Going to work despite feeling sick also known as sickness presenteeism is one of the emerging global occupational health challenges. Sickness presenteeism negatively affects both health of work forces and productivity of organizations in general. However, there is insufficient research exploring this situation in majority of the Sub-Saharan African countries, including Ethiopia. Thus, this study intended to investigate the prevalence and determinant factors of sickness presenteeism among health care workers, Western Ethiopia.

Methods: This study used an institution based cross-sectional quantitative study design. The study period was from February to March 2017. We employed simple random sampling method to select 360 study samples. Data collection was performed by pre-tested structured and self-administered questionnaire. We used SPSS version 20 to carry out binary logistic regression analysis. Odds ratio with 95% confidence intervals was calculated and significance of associations was determined at p-value < 0.05.

Results: A total of 344 respondents fully completed the survey questionnaire. Mean age with standard deviation was 30.28 ± 6.181. Sickness presenteeism was 52.6% [95%CI: (47.4, 57.8)] in the past 12 months. Educational status [AOR:2.1, 95%CI: (1.17,3.90)], financial problems [AOR:1.9, 95%CI:(1.07,3.46)], sickness absenteeism [AOR:2.7, 95% CI:(1.50,5.02)], lack of staff replacement [AOR:2.7, 95%CI:(1.50,5.02)], absence of occupational health services [AOR:3.0, 95%CI:(1.34,6.70)], and pressure from supervisor [AOR:1.8, 95% CI:(1.01,3.31)] were significant predictors of the dependent variable.

Conclusion: Relatively higher proportions of workers indicated sickness presenteeism as compared to other studies. Risk factors like educational status, personal financial problems, sickness absenteeism, lack of staff replacement, absence of occupational health services, and pressure from supervisors considerably increased the likely occurrence of employees' sick attendance. It is advisable for health care managers to hire adequate health care staff, to implement basic occupational health services and to design strategies which reduce pressure from supervisors.

KEYWORDS

+Ethiopia, +2018, +Mekonnen, +research, +accessibility, +structure BOHS, +01, +03, +04, +06, +13,

Brazil

Rêgo RF, Müller JS, Falcão IR, Pena PGL. Vigilância em saúde do trabalhador da pesca artesanal na Baía de Todos os Santos: da invisibilidade à proposição de políticas públicas para o Sistema Único de Saúde (SUS). [Occupational health surveillance of artisanal fishermen in the Baía de Todos os Santos: from invisibility to the proposal of public policies for the Unified Health System (SUS)]. *Revista Brasileira de Saúde Ocupacional*. 2018; 43 Suppl. 1: e10s. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/ZYQJMpTzcm7CCzfKSJ3HYQQ/?lang=pt> (Portuguese)

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Abstract

Introduction: fishermen are one of the largest and most traditional categories of workers in the world. To address the knowledge gaps in health problems related to this activity, and to develop actions together with the Unified Health System (SUS), in 2006 a set of studies and activities aimed at artisanal fishermen and shellfish gatherers was initiated, involving 13 municipal districts in Baía de Todos os Santos, Bahia, Brazil.

Objective: to discuss results achieved in interventions and studies carried out with the purpose of subsidizing actions concerning fishermen's occupational health surveillance (Visat).

Methods: we discuss and refer to qualitative and quantitative studies developed through community-based participatory research.

Results: studies and interventions revealed artisanal fishermen's working conditions and occupational risks, especially those related to repetitive movements leading to high RSI/RMSDs prevalence. The results also contributed to the analysis of the workers' quality of life, organization of diagnostic services, adaptation of the RSI/WRMSDs clinical protocol, and training the Family Health Strategy Teams operating in fishing territories.

Conclusion: the studies and interventions indicate the possibility of reproducing this experience within the framework of Visat at SUS.

KEYWORDS

+Brazil, +2018, +Rego, +other target pop, +Q of interventions, +participation, +research, +family physicians, +standards guidelines, +01, +08, +09, +10, +13,

India

Saha RK. Occupational Health in India. *Annals of Global Health*. 2018; 84: 330–333.<https://www.ijoom.com/text.asp?2018/22/1/1/230353>

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The article has no abstract. The description is based on the article. Use the link to read the full article.

The author discusses OH legislation, constitutional provisions, OH institutions and OH Statistics. Next are described the National Policy on OH, the National Programme for Control and Treatment of Occupational Diseases, and the National List of Occupational Diseases, Compensation and Conclusion. Finally, a list of 12 Challenges is presented and eight Specific recommendations.

Among the recommendations:

4. Integration of occupational health into primary health care and general health services, through the concept of BOHS (basic occupational health services).
5. There is an urgent requirement of modern occupational health and safety legislation, adequate enforcement machinery and establishment of centres of excellence in occupational medicine in all states of the country controlled by a central institute, to catch up with the global pace.
6. There is a need to increase awareness about the concept of occupational health nursing among all stakeholders along with recruitment of adequately trained occupational health nurses for implementing basic occupational health services.

KEYWORDS

+India, +2018, +Saha, +legislation, +governance, +structure BOHS, +structure HC, +national collab, +national OSH instit, +nurses, +01, +03, +04, +05, +07, +13,

USA

Simmons JM, Liebman AK, Sokas RK. Occupational Health in Community Health Centres: Practitioner Challenges and Recommendations. *New Solut.* 2018;28:110-130.

https://journals.sagepub.com/doi/10.1177/1048291117749937?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&+

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Abstract

Primary care clinicians may be the only source of occupational healthcare for many low-wage, high-risk workers who experience disproportionate occupational hazards. The authors explored barriers to providing occupational healthcare and recommendations for overcoming these challenges. The team conducted six focus groups and eleven key-informant interviews in two community health centers and among clinicians, community health workers, and other personnel from similar settings. Clinicians reported not utilizing occupational information during clinical encounters and identified competing priorities, limited appointment time, and lack of training as key barriers. They cited workers' compensation as a source of confusion and frustration. However, most participants recognized occupation as an important social determinant of health and expressed interest in additional training and resources. Participants agreed that referral mechanisms for occupational medicine specialists and worker centers and changes in quality performance measures and electronic health records would be useful, and that workers' compensation and immigration policies need reform.

KEYWORDS

+USA, +2018, +Simmons, +structure HC, +community h w, +info educ staff, +OSH info specific, +mat digital facilities, +referral facilities, +01, +04, +05, +08, +14,

USA

Swanberg JE, Nichols HM, Clouser JM, Check P, Edwards L, Bush AM, Padilla Y, Betz G. A Systematic Review of Community Health Workers' Role in Occupational Safety and Health Research. *J Immigr Minor Health*. 2018;20:1516-1531.

Link to abstract: <https://pubmed.ncbi.nlm.nih.gov/29502238/>

Not Open Access. Copyright Springer Science Business Media, 2018.

Description based on the abstract. Use the link to read the full abstract and article.

A systematic literature review describes how community health workers (CHWs) in USA are involved in OSH research, marking future research areas and strategies. Most of the 17 included studies were related to the agriculture industry. CHWs were involved in study implementation, design and participant contacts. CHW involvement was motivated by local connections/acceptance, knowledge/skills, communication skills and access to participants. Barriers to CHW involvement are described. Involving CHWs can improve inclusion of diverse, vulnerable and isolated worker populations.

KEYWORDS

+USA, +2018, +Swanberg, +farm workers, +community h w, +research, +staff motivation, +07, +10, +11, +13,

Iran

Tabibi R, Tarahomi S, Ebrahimi SM, et al. Basic Occupational Health Services for Agricultural Workers in the South of Iran. *Ann Glob Health*. 2018;84:465-469.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6748276/>

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Abstract

The agricultural sector has by far the world's largest labour force, there are more than one billion workers in this industry worldwide, which contains half of the total world labour force. On the other hand, agriculture is one of the most hazardous occupations, and many workers suffer occupational accidents and ill health each year. Farming and animal breeding are associated with exposure to a wide variety of risk factors, including zoonotic agents, dust, elements of the thermal environment, noise, vibration and chemicals. Although half of the world's population are economically active and spend at least one third of their time in the workplace, only 15% of the workers have access to basic occupational health services. According to a WHO report, Iran has a well-structured health care system through which basic health care services are available to the entire population, and health indicators in Iran have consistently improved. The agricultural health program in Iran is being carried out in the cities and rural areas, and occupational health services are mainly integrated into the health network. This paper aims to describe the health care system and basic occupational health services (BOHS) available to 5,300 agricultural enterprises with 8,380 employees in the cities of Abadan, Khorramshahr and Shadegan in the Abadan region (Abadan, Khorramshahr and Shadegan districts), in the south of Iran.

KEYWORDS

+Iran, +2018, +Tabibi, +farm workers, +other target pop, +structure BOHS, +national collab, +01, +07, +08, +11, +14,

China Wang B, Wu C, Kang L, Huang L, Pan W. What are the new challenges, goals, and tasks of occupational health in China's Thirteenth Five-Year Plan (13th FYP) period? J Occup Health. 2018;60:208-228.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5985345/>

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Abstract

Objective: In recent years, the Chinese government has attached great importance to occupational health under the guidance of people-oriented concept. This paper introduces the current status and future development of occupational health in China's Thirteenth Five-Year Plan (13th FYP) period (2016-2020) to promote the cooperation and exchange on occupational health between China and other countries.

Methods: We collected statistical data about occupational diseases and information addressing occupational diseases. We included all types of official reports, guidelines, policies, and relevant laws published by the Chinese government.

Results: China has carried out a series of strategies and measures to reduce the incidence of occupational diseases. Progress has been made in occupational health protection. However, occupational health in China still faces severe conditions and challenges for occupational diseases that have not been prevented and controlled effectively. To actively promote the future development of occupational health during the 13th Five Year Plan (FYP) period, China has issued a series of important policy documents (such as the Plan for a Healthy China 2030, the 13th FYP for Occupational Disease Prevention and Control, and the 13th FYP for Occupational Health Hazard Prevention and Control) in the last two years.

Conclusion: The overall situation condition of occupational health in China is still serious. Occupational health in China's 13th FYP period faces a series of challenges, future tasks include plans to add the employer and regulatory levels of occupational health management, and occupational health education and publicity to the current technology-dominated approaches.

KEYWORDS

+China, +2018, +Wang B, +national collab, +regulations, +info educ population, +mat digital facilities, +01, +03, +06, +11, +14,

Global

Woldie M, Feyissa GT, Admasu B, Hassen K, Mitchell K, Mayhew S, McKee M, Balabanova D. Community health volunteers could help improve access to and use of essential health services by communities in LMICs: an umbrella review. *Policy Plan.* 2018;33:1128-1143.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6415721/>

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Abstract

A number of primary studies and systematic reviews focused on the contribution of community health workers (CHWs) in the delivery of essential health services. In many countries, a cadre of informal health workers also provide services on a volunteer basis [community health volunteers (CHV)], but there has been no synthesis of studies investigating their role and potential contribution across a range of health conditions; most existing studies are narrowly focused on a single condition. As this cadre grows in importance, there is a need to examine the evidence on whether and how CHVs can improve access to and use of essential health services in low- and middle-income countries (LMICs). We report an umbrella review of systematic reviews, searching PubMed, the Cochrane library, the database of abstracts of reviews of effects (DARE), EMBASE, ProQuest dissertation and theses, the Campbell library and DOPHER. We considered a review as 'systematic' if it had an explicit search strategy with qualitative or quantitative summaries of data. We used the Joanna Briggs Institute (JBI) critical appraisal assessment checklist to assess methodological quality. A data extraction format prepared a priori was used to extract data. Findings were synthesized narratively. Of 422 records initially found by the search strategy, we identified 39 systematic reviews eligible for inclusion. Most concluded that services provided by CHVs were not inferior to those provided by other health workers, and sometimes better. However, CHVs performed less well in more complex tasks such as diagnosis and counselling. Their performance could be strengthened by regular supportive supervision, in-service training and adequate logistical support, as well as a high level of community ownership. The use of CHVs in the delivery of selected health services for population groups with limited access, particularly in LMICs, appears promising. However, success requires careful implementation, strong policy backing and continual support from their managers.

KEYWORDS

+Global, +2018, +Woldie, +community h w, +informal workers, +volunteers, +support for staff, +info educ staff, +governance, +01, +07, +09, +11, +13,

China

Zhang J, Mei Q, Liu S, Wang Q. Study on the Influence of Government Intervention on the Occupational Health and Safety (OHS) Services of Small- and Medium-Sized Enterprises (SMEs). Biomed Res Int. 2018;2018:5014859.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6222222/>

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Abstract

The OHS services of SMEs are still in their start-up stage in China. As such, there is an absence of mature market norms, which in turn makes it difficult to guarantee the quality of OHS services. The government, as the "night watchman" of the market, is supposed to not only involve itself in the regulation of OHS service quality but also introduce and implement proper regulatory strategies. This paper employs a computational experiment approach to construct an experimental platform based on multiagent interactions. By simulating the OHS service transaction activities of SMEs, this paper takes the perspective of dynamic evolution. From this perspective, we probe into the optimal regulatory strategy covering the positive influence of government punishment, policy support, and service quality ratings of the OHS services of SMEs. These strategies should be built on the foundation of proper punishment standard and intensity, proper support standard and intensity, and quality rating information disclosure.

KEYWORDS

+China, +2018, +Zhang J, +coverage, +other target pop, +Q of program, +government, +regulations, +governance, +mat digital facilities, +Q of tools, +standards guidelines, +01, +03, +06, +10, +13,

2019

Uganda Atusingwize E, Musinguzi G, Ndejjo R, Buregyeya E, Kayongo B, Mubeezi R, Mugambe RK, Ali Halage A, Sekimpi DK, Bazeyo W, Wang JS, Ssempebwa JC. Occupational safety and health regulations and implementation challenges in Uganda. Arch Environ Occup Health. 2019;74:58-65.

<https://www.tandfonline.com/doi/full/10.1080/19338244.2018.1492895?scroll=top&needAccess=true>

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Description based on the abstract. Use the link to read the full abstract and article.

The burden of occupational diseases and injuries is high in developing countries. To explore the status of occupational safety and health (OSH) policies and related implementation challenges in Uganda, we reviewed OSH regulations and conducted key informant interviews with stakeholders. Existing OSH laws were outdated. Challenges affecting implementation are related to gaps in the legal framework, low public awareness about OSH, poor planning, and limited human capacity, transparency, and accountability. Measures to address these gaps: training, upgrading OSH laws and policies, and prioritization.

KEYWORDS

+Uganda, +2019, +Atusingwize, +regulations, +legislation, +stakeholders, +governance, +staff capacity, +info educ staff, +01, +03, +04, +06,

China

Chen W, Li T, Zou G, Renzaho AMN, Li X, Shi L, Ling L. Results of a Cluster Randomized Controlled Trial to Promote the Use of Respiratory Protective Equipment among Migrant Workers Exposed to Organic Solvents in Small and Medium-Sized Enterprises. *Int J Environ Res Public Health*. 2019;16:3187.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6747133/>

Open Access. Creative Commons BY.

Abstract

Background: Existing evidence shows an urgent need to improve respiratory protective equipment (RPE) use, and more so among migrant workers in small and medium-sized enterprises (SMEs). The study aimed to assess the effectiveness of a behavioral intervention in promoting the appropriate use of RPE among internal migrant workers (IMWs) exposed to organic solvents in SMEs. **Methods:** A cluster randomized controlled trial was conducted among 1211 IMWs from 60 SMEs in Baiyun district in Guangzhou, China. SMEs were deemed eligible if organic solvents were constantly used in the production process and provided workers with RPE. There were 60 SMEs randomized to three interventions on a 1:1:1 ratio, namely a top-down intervention (TDI), a comprehensive intervention, and a control group which did not receive any intervention. IMWs in the comprehensive intervention received a module encompassing three intervention activities: An occupational health education and training component (lectures and leaflets/posters), an mHealth component in the form of messages illustrative pictures and short videos, and a peer education component. The TDI incorporated two intervention activities, namely the mHealth and occupational health education and training components. The primary outcome was the self-reported appropriate RPE use among IMWs, defined as using an appropriate RPE against organic solvents at all times during the last week before measurement. Secondary outcomes included IMWs' occupational health knowledge, attitude towards RPE use, and participation in occupational health check-ups. Data were collected and assessed at baseline, and three and six months of the intervention. Generalized linear mixed models were performed to evaluate the effectiveness of the trial. **Results:** Between 3 August 2015 and 29 January 2016, 20 SMEs with 368 IMWs, 20 SMEs with 390 IMWs, and 20 SMEs with 453 IMWs were assigned to the comprehensive intervention, the TDI, and the control group, respectively. At three months, there were no significant differences in the primary and secondary outcomes among the three groups. At six months, IMWs in both intervention groups were more likely to appropriately use RPE than the control group (comprehensive intervention: Adjusted odds ratio: 2.99, 95% CI: 1.75-5.10, $p < 0.001$; TDI: 1.91, 95% CI: 1.17-3.11, and $p = 0.009$). Additionally, compared with the control group, the comprehensive intervention also improved all three secondary outcomes. **Conclusions:** Both comprehensive and top-down interventions were effective in promoting the appropriate use of RPE among IMWs in SMEs. The comprehensive intervention also enhanced IMWs' occupational health knowledge, attitude, and practice.

KEYWORDS

+China, +2019, +Chen W, +migrant workers, +other target pop, +Q of interventions, +info educ population, +mat digital facilities, +participation, +Q in outcomes, +03, +06, +07, +09, +10,

Brazil

Jackson Filho JM, Garcia EG, David, HG, Duracenko SRC, Simonelli AP. Acidentes de trabalho e atuação do Centro de Referência em Saúde do Trabalhador nas páginas do Jornal de Piracicaba entre 2007 e 2014 (Occupational accidents and the performance of the Occupational Health Reference Center in the pages of the Jornal de Piracicaba newspaper between 2007 and 2014). *Interface - Comunicação, Saúde, Educação*. 2019; 23: e18065. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/icse/a/KFQsRfGXnWF8gR6gKbNKYdj/?lang=pt>

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Abstract

The prevention of occupational accidents is not an issue frequently covered by the print media. The aim of this study was to identify and describe the issues and actions promoted by Piracicaba Occupational Health Reference Center (Cerest), in Piracicaba, Sao Paulo State, Brazil, that attracted the interest of the local newspaper Jornal de Piracicaba and the image the newspaper promotes of the service and the issue of occupational accidents. A total of 146 texts published between 2007 and 2014 were analysed in two categories: occupational accidents and occupational health surveillance. The findings show that the newspaper gives a voice to the actors involved and bases its coverage on the information and actions developed by the service, thus legitimizing occupational safety and health policy and the role of the local media in resolving social problems involving the community.

KEYWORDS

+Brazil, +2019, +Jackson Filho, +national OSH instit, +coverage, +awareness, +stakeholders, +01, +06, +07, +13,

Iran

Jahangiri M, Azmon H, Daneshvar A, Keshmiri F, Khaleghi H, Besharati A, Daneshvar S, Hassanipour S, Malakoutikhah M. Occupational Health Problems and Safety Conditions among Small and Medium-Sized Enterprises: A Cross-sectional Study in Shiraz, Iran. *Ann Glob Health*. 2019;85:51

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6634465/>

Open Access. Creative Commons Attribution 4.0 International License.

Abstract

Background: Small and medium-sized enterprises (SMEs) include a large part of manufacturing jobs and play an important role in developing national economics and employment.

Objectives: The present study aimed to investigate occupational health problems and safety conditions among SMEs in Shiraz, Iran.

Methods: This cross-sectional study was carried out on 711 SMEs, including 371 small enterprises (fewer than 25 workers) and 340 medium enterprises (25-99 workers), in Shiraz, Iran. The participants were selected randomly among the workplaces under the coverage of social security insurance. The researcher-made questionnaire, which consisted of demographic characteristics, the frequency rate of occupational accidents, and exposure to workplace harmful agents, were distributed among participants.

Findings: The results showed there were significantly more physical and chemical harmful agents in medium enterprises compared to small ones ($P < 0.001$). However, the frequency rate of accidents in small enterprises was significantly higher than in medium enterprises ($P < 0.001$). Also, there was no significant difference between the studied enterprises in ergonomic hazards, except for awkward posture, whose frequency rate was significantly higher in small enterprises ($P < 0.05$). Finally, among the reported symptoms, the prevalence of eye, skin, ear, and respiratory symptoms was significantly higher in medium enterprises compared to small enterprises ($P < 0.05$).

Conclusions: Occupational health and safety regulations in medium enterprises have led to improved OHS conditions compared to small enterprises. Therefore, small enterprises should be included in OHS regulations.

KEYWORDS

+Iran, +2019, +Jahangiri, +other target pop, +social insurance, +social security, +research, +other addit experts, +regulations, +OSH info general, +04, +07, +09, +10,

India

Joseph B. Universal Occupational Health Care - The Need of the Hour. Indian J Occup Environ Med. 2019; 23:59. Editorial

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6783522/>

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Description based on the editorial.

The thought-leaders of the Indian Association of Occupational Health (IAOH) unanimously resolved in June this year to adopt “Universal occupational health care – the need of the hour” as the theme for the Occupational Health Day celebrated on July 9th every year and for the commemorations that follow. “We know that at the national level barely 10% of the Indian working population has access to occupational health care. While the WHO estimated that about 100 million people are pushed into extreme poverty because of out-of-pocket expenditure on health; we are aware that for an economically active population of more than 500 million people in India, we have between 302-366 thousand (3.02-3.66 lakh) deaths due to work-related accidents and diseases. And while the WHO emphasizes on quality and accessible primary health care as the foundation for universal health coverage; we are convinced that the provision basic occupational health services is the cornerstone to universal occupational health care.” “Without doubt the goal of any organization that looks to provide universal occupational health care should be the provision of improved health care through basic occupational health services delivered to the formal and informal working population, through the existing base of primary health care providers.”

KEYWORDS

+India, +2019, +Joseph, +internat collab, +internat instit, +Q of care, +accessibility, +coverage, +structure BOHS, +structure HC, +07, +08, +10, +11, +13, +14,

China

Lancet, Editorial. Improving occupational health in China. The Lancet 2019; 394 August: 443. This online publication has been corrected. The corrected version first appeared at thelancet.com on August 23, 2019. The rectification is included in the repository BOHS (second edition, 2025).

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31799-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31799-4/fulltext)

Chinese version:

<http://www.nhc.gov.cn/xcs/s7847/201907/4b98d637039548889c3ebaab40878f3f.shtml>

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The editorial has no abstract. Description based on the editorial. Use the link to read the full editorial.

The Chinese Government prioritised occupational health in the action plan of Healthy China 2030 as one of its 15 major health projects. The National Health Commission (NHC) described China's strategy how to address the challenges. The total number of reported occupational disease cases up until 2018 was 97 500, and 90% were pneumoconiosis. About 12 million enterprises presented occupational health risks. The actual burden of occupational diseases in China is likely to be underestimated.

Many of the 280 million internal migrant workers in China are working in hazardous jobs in mining, manufacturing, and construction. China's determination to improve occupational health is welcomed as a step towards meeting the Sustainable Development Goal 8 'Full and productive employment and decent work for all'.

KEYWORDS

+Global, +2019, +Lancet, +accessibility, +national collab, +01, +02, +07, +09, +10,

Brazil

Lazarino MSA, Silva TL, Días EC. Apoio matricial como estratégia para o fortalecimento da saúde do trabalhador na atenção básica [Matrix* support as a strategy to strengthen workers' health in primary care]. Revista Brasileira de Saúde Ocupacional. 2019; 44: e23. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/3SY4zck4py5c8hMmkV8qGTj/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution 4.0 International.

Abstract

Introduction: Ensuring comprehensive care for workers' health requires systematic actions incorporation in primary health care, and including matrix* support is a powerful strategy for its viability.

Objective: to describe and analyse the matrix support practices adopted by a Occupational Health Reference Center (Cerest) for the incorporation of occupational health actions in the primary care network.

Methods: a descriptive study was conducted using a semi structured interview with 41 health professionals who participated in the matrix process. The data were analysed according to the technique of content analysis.

Results: matrix support allowed the expansion of practices that recognize the primary health network user as a worker and the work as determinant of the health-disease process. Increasing the resolution of cases and the greater articulation between the Cerest professionals and those of the primary care network made possible the referrals reduction to Cerest. Challenges identified include training of supporters, health professional's workload reduction, and greater emphasis on surveillance actions.

Conclusion: matrix support can operate as a powerful strategy to strengthen occupational health in the Brazilian Unified Health System (SUS).

* Matrix support is a Brazilian collaborative educational intervention, promoting specialist training and support for primary care physicians to increase their problem-solving capacity.

KEYWORDS

+Brazil, +2019, +Lazarino, +structure HC, +Q of interventions, +OSH info specific, +info educ staff, +support for staff, +national collab, +national OSH instit, +referral facilities, +01, +09, +11, +13, +14,

Indonesia

Mansyur, M. The role of occupational health services in the universal health coverage era in Indonesia. *Universa Medicina*. 2019; 38 (1): 1–3. Editorial

https://www.researchgate.net/publication/332327567_The_role_of_occupational_health_services_in_the_universal_health_coverage_era_in_Indonesia

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Abstract

In accordance to Act No 24 Year 2011 on The Social Security Administrating Body, the Indonesian National Social Security program is managed by two national organizations, namely: Social Security Administering Body for Health (Badan Penyelenggara Jaminan Sosial Kesehatan = BPJS Kesehatan) and Social Security Administering Body for Labor (Badan Penyelenggara Jaminan Sosial Ketenagakerjaan = BPJS Ketenagakerjaan). The former is responsible for providing health coverage for all Indonesians through the National Social Health Insurance Scheme known as the Jaminan Kesehatan Nasional/JKN. The latter is responsible for providing the workers' social security consisting of Provident Fund Benefit, Accident Benefit, Pension Benefit, and Death Benefit. The Indonesian government has been continuously improving the health service program towards better national universal health coverage and has set the 2019 functional achievement target of 95% of the population enrolled in the program. To ensure that this target of the program will be achieved, the government pays the premium of BPJS Kesehatan of the poor and near poor.

In the article it is discussed that numbers of occupational diseases (OD) compensation benefits (part of National Workers Social Security) are far below expectations, because low attention and insufficient skills in diagnosing ODs in primary health care. More attention is needed for public health problems, for OD management en workplace-based health promotion.

KEYWORDS

+Indonesia, +2019, +Mansyur, +national collab, +social security, +social insurance, +coverage, +government, +financing, +tasks, +01, +04, +05, +09,

India

Nirmala CJ, Prasad SD. Occupational hazards and public health concerns of migrant construction workers: an epidemiological study in southern India. Int J Community Med Public Health, 2019;6:818-22.

<http://dx.doi.org/10.18203/2394-6040.ijcmph20190214>

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Abstract

Background: Construction industry is one of the stable growing industries of the world and construction labour form 7.5% of the world labour force. In India, it is the largest economic activity after agriculture. Migrant construction workers are at a greater risk of developing certain health disorders and sickness than workers in many other industries. The objective was to study the socio demographic profile, morbidity profile among construction workers.

Methods: A cross-sectional study conducted at two construction sites in southern Bangalore and all workers were enrolled as study subjects. Data was collected using a pretested semi structured questionnaire. Statistical analysis used: descriptive statistics like percentages and Chi square test for test of significance.

Results: Majority of the study population belonged to 15-45 years age group (87.3%), class IV (40.3%) socioeconomic status, Hindu religion (85%). Around 40% of them were illiterates and 68% of them were unskilled workers, rest semiskilled workers. Around 50% were from Raichur district of North Karnataka. Prevalence of injury was 8%, musculoskeletal problems were around 50% followed by respiratory infections and gastrointestinal infections.

Conclusions: The prevalence of musculoskeletal problems, respiratory problems and gastrointestinal infections was reported to be high among unskilled and semiskilled construction workers. There is need for health education and other prevention strategies for control of the same. Measures are needed to improve the work environment of construction workers by ensuring availability of personal protective equipments, good living conditions and sanitation facilities at the sites.

KEYWORDS

+India, +2019, +Nirmala, +migrant workers, +other target pop, +OSH info specific, +informal workers, +info educ population, +01, +06, +10,

Malaysia**Samsuddin N, Razali A, Rahman NAA, Yusof MZ, Mahmood NAKN, Hair AFA. The Proposed Future Infrastructure Model for Basic Occupational Health Services in Malaysia. Malays J Med Sci. 2019;26:131-137.**<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6687219/>*Open Access, Creative Commons Attribution 4.0 License.***Abstract**

The objectives of occupational health services (OHS) are to create a healthy and safe working environment, prevent work-related diseases, optimise employees' functional capacity and promote health. According to the literature, global accessibility to OHS has not shown much improvement and even worsened in certain countries. The main challenges come from the small and medium enterprises (SMEs). To respond to these global challenges, the basic occupational health services (BOHS) guideline was published under the purview of the World Health Organization and the International Labour Organization. The guideline describes BOHS as part of the infrastructure called the occupational safety and health system, an essential element that ensures the high service coverage and sustainability of the programme. The BOHS guideline was introduced in Malaysia by the Department of Occupational Safety and Health with a focus on SMEs, but its accessibility is low. A gap analysis was conducted between the current BOHS in Malaysia and the published international guideline. The important challenges identified that contributes to the low BOHS accessibility in Malaysia is the weakness in the BOHS infrastructure and OHS system provision. The proposed BOHS infrastructure model is meant to increase accessibility and to provide fair and equitable health services for Malaysians.

KEYWORDS

+Malaysia, +2019, +Samsuddin, +accessibility, +target populations, +structure BOHS, +internat collab, +coverage, +standards guidelines, +02, +08, +11, +14,

Malaysia**Samsuddin N, Rahman A, Razali NA, et al. Human Resource Development for Future Basic Occupational Health Services in Malaysia. International Journal of Allied Health Sciences 2019; 3: 939-943.**<https://journals.iium.edu.my/ijahs/index.php/IJAHs/article/view/277/699>*Open Access, Users are allowed to read, download, copy, distribute, print, search, or link to the full texts of the articles in this Journal without asking prior permission from the publisher or the author.***Abstract**

A guideline on Basic Occupational Health Services (BOHS) has been established jointly by ILO/WHO/ICOH in response to poor achievements of the Occupational Health Services (OHS), especially among workers in small and medium enterprises at the global level. The international guideline describes competent and skilled human resources as an essential strategy for BOHS implementation. This commentary will discuss the challenges faced by current occupational health personnel providing OHS in Malaysia and proposes improvements of human resource development for future BOHS in Malaysia to ensure fair and better OHS coverage for Malaysian workers.

KEYWORDS

+Malaysia, +2019, +Samsuddin, +structure BOHS, +standards guidelines, +internat collab, +target populations, +08, +11, +14

Brazil

Souza HA, Bernardo MH. Prevenção de adoecimento mental relacionado ao trabalho: a práxis de profissionais do Sistema Único de Saúde comprometidos com a saúde do trabalhador [Work-related mental illness prevention: the praxis of Brazilian public health system professionals committed to the workers' health]. Rev. bras. saúde ocup. 2019; 44: e26. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/ZBBvzDsBkJ3vPFhcJjr73G/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution 4.0 International.

Abstract

Introduction: despite the innumerable evidence that the current working conditions generate mental illness in workers, public policies that approach this subject are still fragile in Brazil.

Objectives: to identify and analyse the praxis of public health professionals who understand the complexity of the work-related mental health-illness process.

Methods: a qualitative study was carried out using the open interview technique with nine health professionals from Psychosocial Care Centres (Caps) and Occupational Health Reference Centres (Cerest) of the São Paulo State primary care network.

Results: the professionals' practices involve caring to workers who were already ill and proposals for psychic health promotion in the work environment. Their praxis revealed understanding of the relationship between mental health and work and demonstrated their ethical and political commitment to the theme and to the Occupational Health field proposals.

Conclusion: for the identified actions to be taken more frequently it is necessary to invest in health professionals' argumentative trainings, to recognize the working-class central role, and to consolidate and disseminate public policies aimed at preventing work-related mental illness.

KEYWORDS

+Brazil, +2019, +Souza HA, +other addit experts, +psychologists, +regional support c, +09, +11, +13, +14,

Indonesia

Syahri IM, Fitria M. The Activity of Occupational Health Effort on Five Occupational Health Posts (Pos UKK) in Medan. In: The 2nd International Meeting of Public Health 2016: Public Health Perspective of Sustainable Development Goals: Challenges and Opportunities in Asia Pacific Region. KnE Life Sciences. 2019. pages 333–338. Conference paper

https://www.researchgate.net/publication/331640435_The_Activity_of_Occupational_Health_Effort_on_Five_Occupational_Health_Posts_Pos_UKK_in_Medan

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Abstract

The act of occupational health effort is performed in Occupational Health Posts (Pos UKK) to improve the safety of workers, especially in the informal sector. This study aimed to determine the activities of occupational health efforts undertaken in Pos UKK. This type of research was qualitative, extracting collected information and data through in-depth interviews with the five informant officers of health centres. The results showed that the activities carried out were blood sugar checks, height, and weight, health education about diabetes, clean and healthy behaviour, and simple treatment. Activities were related to the identification of hazards in the workplace and health education about the potential and risk of hazards in the workplace, how to work safely and securely, occupational nutrition, accident prevention, and personal protective equipment have not been implemented. There were also no recording and reporting of activities related to occupational health efforts in Pos UKK. It was recommended to empower cadres and workplace hazard identification training so that the implementation of occupational health efforts could be more developed.

KEYWORDS

+Indonesia, +2019, +Syahri, +structure HC, +informal workers, +research, +info educ population, +01, +06, +07, +09, +11,

Türkiye**Yildiz AN, Piskin TM, Alaguney ME, Kurt OK, Ozlu A, Basarali MK. Attitudes and behaviours of family physicians regarding occupational diseases. Arch Environ Occup Health. 2019;74:85-92.**<https://pubmed.ncbi.nlm.nih.gov/29388882/> (link to abstract in PubMed)*Not Open Access. Copyright Taylor & Francis.*

Description based on the abstract. Use the link to read the full abstract and article.

The study is an evaluation of attitudes and behaviour of family physicians in Türkiye about recognition of occupational diseases (OD) and related interventions. A questionnaire was sent via e-mail. Of 3,663 responders, 3,090 replies were included. 44 % of the family physicians reported that they were asking a detailed occupational history. Physicians who obtained a detailed occupational history, reported more often a discussion about the patient's health with an occupational physician, and had received more education about ODs. The wish to receive training in ODs was related to more referrals of patients.

KEYWORDS

+Türkiye, +2019, +Yildiz, +family physicians, +Q of interventions, +OH physicians, +info educ staff, +referral facilities, +06, +07, +09, +11,

Japan

Yoshikawa E, Kogi K. Outcomes for facilitators of workplace environment improvement applying a participatory approach. Yoshikawa E, Kogi K. J Occup Health. 2019 Sep;61(5):415-425.

<https://academic.oup.com/joh/article/61/5/415/7249637>

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Abstract

Objectives: The purpose of this study was to determine changes in awareness, behavior, and relationships among facilitators who were involved in facilitating the conduct of the participatory workplace improvement program and to examine the facilitators' outcomes as a result of their active involvement in the program. The outcome components were also examined in relationship to their associations with various factors.

Methods: An anonymous self-administered questionnaire survey was conducted for 83 facilitators. Exploratory factor analysis was applied to determine the facilitators' outcomes. The relationship between those elements which influenced the outcomes was taken into account by means of hierarchical multiple regression analysis.

Results: The outcomes for facilitators consisted of four sub-concepts: 'knowing practical ways and strategies to ensure full participation', 'building confidence and self-development', 'improving safety and health-risk sensitivity', and 'gaining better-than-expected results based on developing relationships with workers'. According to the results of hierarchical multiple regression analysis, facilitators' outcomes were significantly associated with the realization of creativity, sense of solution for safety and health issues, and facilitators' involvement.

Conclusions: It is suggested that the role of a facilitator dynamically changes through a participatory workplace improvement program as a key person in the workplace. Supporting acting facilitators' initiatives in the process of workplace improvement programs, as well as promoting the active involvement of workers and managers were considered useful for effective implementation of workplace improvement programs.

KEYWORDS

+Japan, +2019, +Yoshikawa, +awareness, +Q of interventions, +participation, +Q in outcomes, +support for staff, +01, +07, +09, +13,

Malaysia

Yusof MZ, Mahmod NAKN, Rahman NAA, Razali A, Samsuddin N, Mohamed MNNM, Jamaludin MSS, Roze AM, Hair AFA. Prevalence of Occupational Diseases among Small and Medium Industry Workers in Malaysia: A Systematic Review. Journal of Clinical and Health Sciences. 2019; Vol 4(2): 4-30.

<https://ir.uitm.edu.my/id/eprint/44069/>

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Abstract

Occupational diseases are one of the major health problems related to workplace hazards. However, the epidemiological data for this problem is scarce especially among Small and Medium Industry (SMI) workers. These workers are vulnerable to occupational health problem due to lack of knowledge and implementation of health and safety in the workplace. In Malaysia, most of the SMI workers have limited coverage for basic occupational health services which may worsen their health. Thus, this article aims to provide a review on the burden of occupational health problems among them. The electronic and library searches were used to extract the information from both published and unpublished articles that were not limited to any year of publication until 2017. One hundred and ninety-six published articles and 198 unpublished articles were retrieved from the database. Only 19 published articles and 25 unpublished articles met the eligibility criteria. Prevalence data of occupational diseases/poisoning, including overall and body specific musculoskeletal disorders) was extracted in raw data from the eligible studies. Prevalent statistics on occupational musculoskeletal diseases (1.3% - 97.6%), noise-induced hearing loss (29.4% - 73.3%), occupational skin diseases (10.5% - 84.3%), respiratory (1.9% - 92.2%) and occupational poisoning (14.9% - 17.7%) among the working population is different within published papers compared to unpublished ones. In Malaysia, there are no specific statistic that give a true picture of the burden of occupational diseases in the SMI. However, this review concludes that musculoskeletal diseases are significant occupational problems among SMI workers.

KEYWORDS

+Malaysia, +2019, +Yusof, +target populations, +info educ population, +OSH info general, +structure BOHS, +06, +07, +08, +09, +13,

2020

Australia

Adams J, Cotton J, Brumby S. Agricultural health and medicine education-Engaging rural professionals to make a difference to farmers' lives. *Aust J Rural Health*. 2020;28:366-375.

<https://pubmed.ncbi.nlm.nih.gov/32596870/>

Not Open Access. Copyright 2020 National Rural Health Alliance Ltd. (Wiley).

Description based on the abstract. Use the link to read the full abstract and article

In Australia, there are persistent higher rates of workplace injuries, early morbidity, and mortality, compounded by challenging climatic conditions. Nevertheless, few formal programs focus on the health, well-being, and safety of farmers. The agricultural health and medicine unit has the aim to empower rural professionals to support farming populations. The study reports on the use of knowledge and skills in their current occupations, by graduates of the agricultural health and medicine course (2010-2018). Forty-one graduates participated in the survey (31% response rate). The most represented occupations were nursing, medicine, and agriculture (farming). Three quarters of the responding graduates reported that the ability to diagnose, treat or prevent agricultural occupational illness or injury improved. Positively, 42% use course content professionally at least weekly. Half of the respondents noticed barriers in implementation. The agricultural health and medicine curriculum has been in continuous development. A collaborative and multidisciplinary approach is essential in improving the health, well-being, and safety of farming populations. There is a need for a strategic prioritization of farmers' health across health, agriculture, and policy settings.

KEYWORDS

+Australia, +2020, +Adams, +farm workers, +coverage, +family physicians, +nurses, +OSH info specific, +national collab, +info educ staff, +01, +06, +07, +09, +10, +13,

Brazil

Aguiar VS Jr, Vasconcellos LCF. Reflections on the work-health relationship of children and adolescents: an intervention space in worker's health training. [Reflexões sobre a relação trabalho-saúde de crianças e adolescentes: um espaço de intervenção na formação em Saúde do Trabalhador]. Revista Brasileira de Saúde Ocupacional 2020, Volume 45 elocation e5. The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/8qHrSg5LGQBvjdQBWbKN6zp/?format=pdf&lang=pt>

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Abstract

Introduction: child labor is a worldwide problem of enormous proportions and with serious social consequences. Objectives: to reflect about limits and possibilities of the Workers' Health field in the struggle against child labor.

Methods: workshop conducted in a training seminar for Workers' Health Surveillance multipliers in 2017, in the city of Rio de Janeiro, with 25 professionals from many states of Brazil.

Results: the study showed the theme complexity and the difficulty in identifying child labor cases, as well as doubts regarding referrals and procedures to be adopted. It was also noted the need to improve the performance of the Workers' Health actions together with the teams of Primary Health Care and Family Health.

Conclusion: interventions addressing the childhood / work / health relationship during professional training activities in health education, surveillance, and health care are potentially enriching. The field of Workers' Health can elucidate some aspects not considered in child labor situations. Therefore, it is potentially able to expand the possibilities of health care for children and adolescents in work situations and, consequently, contribute to the struggle against the exploitation of child labor.

KEYWORDS

+Brazil, +2020, +Aguiar, +awareness, +referral facilities, +OSH info specific, +structure HC, +family physicians, +Q of interventions, +info educ staff, +06, +09, +10, +13,

Brazil

Camara EAR, Belo MSSP, Peres F. Desafios e oportunidades para a formação em Saúde do Trabalhador na Atenção Básica à Saúde: subsídios para estratégias de intervenção. [Challenges and opportunities for Worker's Health training in Primary Health Care: contributions for intervention strategies]. Revista Brasileira de Saúde Ocupacional. 2020; 45: e10.
The article is in Portuguese, the abstract is in English.

<https://www.scielo.br/j/rbso/a/k8f7NZnXBbVXy85VTJK83qp/?lang=pt>

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Abstract

Objective: to identify and analyse the main challenges and opportunities for health workers' training, regarding the inclusion of occupational health policies within the scope of Primary Health Care.

Methods: exploratory-descriptive study, based on a review of public documents and scientific articles that supported the construction of SWOT matrices, aiming at highlighting the interfaces between the fields of Occupational Health, Primary Health Care, Management of Health Services and Health Programs.

Results: data analysis evinced challenges and opportunities for health workers' training in the four fields interface, each of them with specific demands, from academic education (emphasis on master's and doctorate degrees) to Services training (emphasis on multi-professional residences and professional master's programs).

Discussion: based on the fields interface analysis, this study may contribute to the design of intervention strategies that take into account the centrality of the health-work relations social and environmental determinants, as well as to focus on appropriated training approaches for strengthening occupational health intervention strategies in the Brazilian Public Health System (SUS).

KEYWORDS

+Brazil, +2020, +Camara, +info educ staff, +OSH info general, +structure HC, +OSH expertise c, +Q of interventions, +national collab, +01, +07, +09, +11, +12,

Global

Coman MA, Marcu A, Chereches RM, Leppälä J, Van Den Broucke S. Educational Interventions to Improve Safety and Health Literacy Among Agricultural Workers: A Systematic Review. *Int J Environ Res Public Health*. 2020;17:1114.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7037762/>

Open Access. Creative Commons By 4.0

Abstract

Health and safety education for farmers has the potential to increase the level of health, safety literacy, and thereby improve farmers' health and quality of life. The aim of this paper is to provide a systematic review of the published literature documenting different educational interventions for agricultural workers that have the improvement of health and/or safety literacy as an outcome.

A systematic search was conducted in PubMed, Embase, Scopus and PsycINFO databases for articles focusing on educational interventions for farmers' health and safety. From the 3357 initial hits, 36 unduplicated records met the inclusion criteria.

The articles included in the review used educational interventions for farmers with the purpose of preventing farm-induced diseases and injuries, increasing the health and well-being of farmers, and promoting good manufacturing practices. The educational approaches considered varied from lectures, videos, newsletters, games, and community fairs, to involving the community in designing the intervention and training farmers to deliver the intervention to the community. Interventions that used evidence-based theories, which considered cultural aspects and individual factors, used biomarkers as a behavior change measurement, and involved the community in the development of the intervention had the best results in terms of behavior change.

The strategies of educational interventions identified in this review that produced good results have the potential to inform future researchers and policy makers in the design and implementation of public health interventions, programs and policies to improve the health of farmers and their families.

KEYWORDS

+Global, +2020, +Coman, +farm workers, +OSH info general, +Q of interventions, +info educ population, +online facilities, +research, +06, +07, +09, +13, +14,

Brazil

Faria MGA, Silveira EA, Cabral GRFC, Silva RO, Daher DV, David HMSL. Worker's health in the context of family health strategy: integrative literature review. [Saúde do trabalhador no contexto da estratégia de saúde da família: revisão integrativa de literatura]. Escola Anna Nery 2020, Volume 24 N. 4 elocation e20200027. Literature review. In Portuguese and English.

<https://www.scielo.br/j/ean/a/RpqgwWBrM6B4gDZJHCxZNRg/?format=pdf&lang=en>

Open Access. Creative Commons BY.

Abstract

Objective: To identify the production of knowledge about Workers' Health in the Family Health Strategy (FHS) based on the national scientific literature.

Method: Integrative literature review. The search was carried out in October 2019 and updated in April 2020, in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS) and Scientific Electronic Library Online (SciELO), through the Virtual Health Library (VHL) portal.

Results: 754 publications were found in which the final sample of 19 articles was obtained. The analysis culminated in the construction of three categories: Actions aimed at Continuing Education; Environmental conditions and work overload; Illness and mental and emotional overload of workers.

Conclusion and implications for practice: The insertion of the line of health care for workers in the FHS is still fragile, both with regard to actions aimed at FHS workers and for other workers in the territory. The scarcity of studies points to the need to expand professional and managerial initiatives that are able to meet the needs of professionals in the territory, as well as those who work in the units.

KEYWORDS

+Brazil, +2020, +Faria, +OSH info general, +family physicians, +online facilities, +info educ staff, +info educ population, +07, +09, +11, +12,

Chile

Garrido MA, Parra M, Díaz J, Medel J, Nowak D, Radon K. Occupational Safety and Health in a Community of Shellfish Divers: A Community-Based Participatory Approach. *J Community Health*. 2020 Jun;45(3):569-578.

<https://link.springer.com/article/10.1007/s10900-019-00777-9>

<https://pubmed.ncbi.nlm.nih.gov/31728798/> (link to abstract)

Not Open Access. Copyright 2019, Springer Science Business Media.

Description based on the abstract. Use the links to read the full abstract and article.

In artisanal fishing communities in Chile, the access to OSH is limited by factors such as the informality of employment. Our objective was to analyse the working and health conditions of workers in a coastal town in Southern Chile, under a community-based participatory approach. We carried out two independent social dialogue workshops within the community. Community members' training for handling and preventing decompression sickness among divers, and the collaboration between a local health representative, stakeholders and authorities, were identified as contributing factors in reducing fatalities and sequels among divers in the past. Through risk mapping, the participants identified the relationship between working and health conditions in the community, reinforcing the necessity of improving access to health and social security. The community participation could be the first step for a strategy to address OSH through primary health care in rural communities. Training on basic OSH for health care workers, and public policies are required.

KEYWORDS

+Chile, +2020, +Garrido, +target populations, +accessibility, +informal workers, +participation, +volunteers, +stakeholders, +info educ population, +social security, +structure HC, +OSH info general, +info educ staff, +01, +04, +05, +11, +14,

Chile, Pu

Garrido MA, Encina V, Solis-Soto MT, Parra M, Bauleo MF, Meneses C, Radon K. Courses on Basic Occupational Safety and Health: A Train-the-Trainer Educational Program for Rural Areas of Latin America. *Int J Environ Res Public Health*. 2020; 17: 1842.

<https://doi.org/10.3390/ijerph17061842>

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Abstract

Integrating basic occupational health services into primary care is encouraged by the Pan American Health Organization. However, concrete initiatives are still scarce. We aimed to develop a training program focusing on prevention of occupational risks for primary healthcare professionals. This train-the-trainer program was piloted at four universities in Chile and Peru. Occupational health or primary healthcare lecturers formed a team with representative(s) of one rural primary healthcare centre connected to their university (N participants = 15).

Training started with a workshop on participatory diagnosis of working conditions. Once teams conducted participatory diagnosis in the rural communities, they designed in a second course an active teaching intervention. The intervention was targeted at the main occupational health problem of the community.

After implementation of the intervention, teams evaluated the program. Evaluation results were very positive with an overall score of 9.7 out of 10. Teams reported that the methodology enabled them to visualize hazardous working conditions. They also stated that the training improved their abilities for problem analysis and preventive actions. Aspects like time constraints and difficult geographical access were mentioned as challenges.

In summary, addressing occupational health in primary care through targeted training modules is feasible, but long-term health outcomes need to be evaluated.

KEYWORDS

+Chile, +Peru, +2020, +Garrido, +structure BOHS, +structure HC, +internat collab, +info educ staff, +OSH info general, +participation, +Q of interventions, +Q of program, +Q in outcomes, +09, +11, +13, +14,

India

Jatav M, Jajoria D. The Mathadi Model and Its Relevance for Empowering Unprotected Workers. *Economic & Political Weekly (India)*. 2020; 55, no 19: 21-23.

http://dln.jaipuria.ac.in:8080/jspui/bitstream/123456789/1626/1/7_EPW_Vol_LV_No_19-May%209%2C%202020.pdf+page=21

Open Access (in Google Scholar). All articles are published on the website. Copyright belongs to the author.

The article has no abstract. The description of the article has been written by LDOH staff. Use the link to read the article.

In this article, the relevance of the Mathadi model of social security in India is highlighted. The word 'Mathadi' is the name for the head-load labourers in the state of Maharashtra in India, being 'daily wage labourers' (casual workers) mostly performing physical labour. Not only Mathadi workers but also 'Hamal', who lift the weight on their back, and other manual workers, are organised under the "Mathadi Tripartite Boards".

Social unrest and trade union actions have laid the base for the 'Regulation of Employment and Welfare' Act (1969), referred to as the Mathadi Act or the Mathadi model. This act regulates the employment of unprotected (casual) manual workers in 14 types of employment, in connection with manual operations such as loading, unloading, stacking, carrying, weighing, measuring, and similar work. Examples of the employments are: iron and steel markets/shops; cloth and cotton markets/shops; vegetable markets; fishing industry; (un)loading foodgrains.

The law regulates "adequate supply of manual labour in the employments, appropriate utilisation of available labour, providing better terms and conditions of employment, and assuring welfare, health and safety measures to the workers." In Maharashtra, implementation of the act is performed by 36 tripartite 'Mathadi boards'. The members - nominated by the state - represent employers, unprotected workers, and state government. The boards perform many key functions such as collecting earned wages, defining conditions of employment, managing funds, etc. The second National Commission of Labour recommended adopting the Mathadi model for the unorganised sector all over India.

The model provides e.g. employment security, decent income, social security, including provident fund, gratuity, bonus, health coverage, life insurance, accident coverage, maternity benefits, paid leaves, and financial assistance for education of their children. An ILO study assessed the model as an innovative strategic regulation. Ten reasons are elaborated in the article showing the uniqueness of the model. One is the creation of conditions essential for social dialogue, a pillar for decent work.

KEYWORDS

+India, +2020, +Jatav, +social security, +regulations, +legislation, +informal workers, +governance, +stakeholders, +social insurance, +national collab, +01, +03, +04, +05, +07,

India

Kumar MM, Ruikar M. Technology driven integration of occupational health services into primary healthcare settings. *Int J Community Med Public Health*. 2020;7:2421-2425.

<http://dx.doi.org/10.18203/2394-6040.ijcmph20202509>

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Abstract

India, a growing economy has population exceeding 1.21 billion. Of this more than 65.5% of people belong to the working age group. Total workers have doubled during 1981-2011, an increase in both organized and unorganized sectors. India contributes 1/5th of non-fatal injuries, half of fatal injuries, 1/5th of occupational diseases. Early identification and appropriate management of occupational morbidities is very much possible at primary healthcare settings. The deficit of Factory Medical Officers in India is approximately 60% and hence factory workers are likely to seek primary healthcare settings for their ill-health. But doctors are neither sensitized nor trained even to suspect occupation as a cause. Thus, integration of occupational health services into primary healthcare is the need of the hour. Technology may be adopted to train not only medical officers but nurses, auxiliary nurse midwives and other healthcare workers to identify and manage occupational health problems in a comprehensive manner.

KEYWORDS

+India, +2020, +Kumar, +informal workers, +structure HC, +OH physicians, +OSH info general, +family physicians, +info educ staff, +nurses, +community h w, +03, +07, +09, +11,

Brazil

Lancman S, Daldon MTB, Jardim TA, Rocha TO, Barros JO. Workers' health intersectoriality: old questions, new perspectives? [Intersectorialidade na saúde do trabalhador: velhas questões, novas perspectivas?]. *Ciência & Saúde Coletiva* oct 2020, Volume 25 N. 10 Pages 4033 – 4044. In English and Portuguese.

<https://www.scielo.br/j/csc/a/qTqSD4vgX7M4MxCy8pQZ4YN/?format=pdf&lang=en>

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Abstract

The construction of Workers' Health (WH) intersectoriality, while fundamental, has been a challenge for this field of knowledge and practice. This paper aims to present and discuss how intersectoriality is addressed in WH public policies, in what contexts it is used, how it is defined, and the guidelines for its implementation. This is qualitative documentary research that analyzed documents enacted between 1986 and 2015, accessed through the databases of the Ministries of Health, Labor and Social Security, and the websites of FUNDACENTRO and the National Association of Occupational Medicine (ANAMT). There is clear leadership of the health sector in the documents proposing the construction of intersectoriality. Terms such as "integrated actions", "articulation", "dialogue", and "integration", and finally, "intersectoriality" were used sometimes as synonyms or conceptual advances, and generic, polysemic, and supposedly consensual expressions. Despite the developing concept of intersectoriality in the policies of this field and the growing participation of the different sectors in this construction, few clear propositions about the effectiveness of this practice among managers and workers underlying the field are observed.

KEYWORDS

+Brazil, +2020, +Lancman, +OSH info general, +research, +social security, +national collab, +national OSH instit, +01, +06, +07, +09,

Brazil

Machado LOR, Rego RT, Silva GA, Müller JS, Falcão IR. Assessing the implementation of the Surveillance and Health Care Protocol of former workers and the population exposed to lead, cadmium, copper and zinc in Santo Amaro, Bahia, Brazil. [Avaliação da implantação do Protocolo de Vigilância e Atenção à Saúde de ex-trabalhadores e da população expostos a chumbo, cádmio, cobre e zinco em Santo Amaro, Bahia, Brasil]. Revista Brasileira de Saúde Ocupacional 2020, Volume 45 elocation e9. In Portuguese, abstract in English.

<https://www.scielo.br/j/rbso/a/RFccCXPZH4Z57Dw5gTzBmpj/?lang=pt>

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Abstract

Objective: to assess the implementation of the Surveillance and Health Care Protocol for former workers and population exposed to lead, cadmium, copper and zinc in Santo Amaro, Bahia, between 2010 and 2015.

Methods: we designed a logical evaluation model and data collection instruments to assess the structure, process and results of the protocol implementation. We used the adapted Delphi method as a consensus technique to ensure the validity of content and the judgment matrix.

Results: the evaluation final score was 22.3%, considered not satisfactory according to the adopted scale. The “structure” rendered 38 points out of 100; the “process” (related to the dimension “organization and execution of the activities foreseen by the protocol”) rendered 25 points out of 100; and “results” rendered 4 points out of 100. Only 2.5% of the Protocol covered population had assistance forms filled. Moreover, there were failures in attendance, exams and notifications to the Sistema de Informação de Agravos de Notificação [National Disease Notification System].

Conclusion: the protocol implementation process needs greater commitment from the public health management, improved infrastructure, and better strategies for health care teams and for the population participation.

KEYWORDS

+Brazil, +2020, +Machado, +standards guidelines, +national collab, +participation, +structure HC, +info educ population, +info educ staff, +output, +01, +07, +09,

**Southern
Africa**

Masekameni MD, Moyo D, Khoza N, Chamdimba C. Accessing Occupational Health Services in the Southern African Development Community Region. Int J Environ Res Public Health. 2020;17:6767.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7559743/>

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Abstract

Only 15% of the global population has access to occupational safety and health services. In Africa, only 5% of employees working from major establishments have access to occupational health services (OHS). Access to primary health care (PHC) services is addressed in many settings and the inclusion of OHS in these facilities might increase efficiency in preventing occupational diseases. A cross-sectional study was conducted in four Southern African Development Community (SADC) countries aiming at assessing the availability of OHS at PHC facilities and the organization of OHS. We conducted a literature review to assess the provision and organization of OHS services. In addition to the review, a total of 23 doctors from Zambia were interviewed using questionnaires to determine the availability of OHS and training. Consultations with heads of ministries were done in four SADC countries. Results showed that in the SADC region, OHS are fragmented and lack a comprehensive approach. In addition, out of 23 PHC facilities, only two (13%) provided occupational health and PHC. However, OHS provided at PHC facilities were limited to TB screening and audiometric testing. Our study showed a huge inadequacy of trained occupational health practitioners. This study supports the World Health Organization's advocacy to integrate OHS at the PHC level.

KEYWORDS

+Southern Africa, +Lesotho, +Malawi, +Mozambique, +South Africa, +Zambia, +2020, +Masekameni, +accessibility, +OSH info general, +structure HC, +internat collab, +OH physicians, +internat instit, +02, +09, +11, +13,

Brazil

Miranda SVC, Duraes PS, Vasconcellos LCF. The vision of the rural male worker from north Minas Gerais on health care in the context of primary health care. [A visão do homem trabalhador rural norte-mineiro sobre o cuidado em saúde no contexto da atenção primária à saúde]. *Ciência & Saúde Coletiva* apr 2020, Volume 25 N. 4 Pages 1519 – 1528. In Portuguese, abstract in English.

<https://www.scielo.br/j/csc/a/btX7J3GsPBDfN8jQxrVmHZS/?lang=pt>

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Abstract

This paper aimed to understand the perceptions of rural male workers, residents in a northern territory of Minas Gerais, Brazil, regarding care practices developed during their production process. This is a qualitative research, with the application of the field observation technique, with records on a diary and accomplishment of individual interviews. Data analysis used the hermeneutic-dialectic method, allowing for the construction of three thematic categories. The men surveyed have a vision based on curative care model and on great dependence on the physician. Some related healthcare practices with habits and healthy life style, such as nutrition; hydration and non-consumption of alcohol and/or tobacco. It is important to highlight that most of the men considered the job as a tool for health care, having a direct relationship with the prevention of occupational risks. In this context, the primary healthcare professionals should encourage the distancing from the biomedical, prescriptive and non-preventive model that still predominates in the vision of the Brazilian population and mainly in the male culture and in rural areas, seeking an integral look for health promotion and maintenance.

KEYWORDS

+Brazil, +2020, +Miranda, +research, +family physicians, +structure HC, +07, +09, +11, +13,

Brazil

Pereira KT, Silva ACRS, Silva LF. Prevalence study on self-declared work accidents in areas covered by family health strategies: a cross-sectional study. *Sao Paulo Medical Journal*. 2020; 138 N° 1; pg. 79 – 85. In English.

<https://www.scielo.br/j/spmj/a/XRFV6FQcVFnSDWL6Zh5rQ8L/?lang=en>

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Abstract

Background: Occupational accidents are a complex phenomenon and a major public health problem. Occupational health surveillance actions are essential for prevention of injuries of this nature.

Objective: To ascertain the prevalence of and the variables associated with occupational accidents in the city of Itajubá (MG).

Design and setting: A cross-sectional study with a quantitative approach, based on a household survey with random sampling, was conducted in areas covered by the Family Health Strategy (FHS) in Itajubá (MG).

Methods: Questionnaires were applied to 292 people. The data were analysed by means of logistic regression.

Results: The prevalence of occupational accidents was 8.6%. The underreporting rate was 60.0%. The scenario for these accidents, according to the model established through the regression analysis, was most likely to involve males who declared their skin colour as white and who did not have a formal employment contract.

Conclusion: This study makes a contribution towards unveiling the relationship between healthcare and work and thus serves as support for the development of strategies to prevent underreporting. Lastly, the results provide the basis for future public health intervention actions and for future studies.

KEYWORDS

+Brazil, +2020, +Pereira, +family physicians, +Q of interventions, +Q of tools, +07, +08, +09, +13,

Global

Rantanen J, Muchiri F, Lehtinen S. Decent Work, ILO's Response to the Globalization of Working Life: Basic Concepts and Global Implementation with Special Reference to Occupational Health. *Int J Environ Res Public Health*. 2020;17:3351.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277660/>

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Abstract

Twenty years ago, the International Labour Organization (ILO) launched a new strategy, the Decent Work Agenda, to ensure human-oriented development in the globalization of working life and to provide an effective response to the challenges of globalization. We searched for and analysed the origin of the Decent Work concept and identified the key principles in ILO policy documents, survey reports, and relevant United Nations (UN) documents. We also analysed the implementation of the Decent Work Country Programmes (DWCPs) and examined the available external evaluation reports. Finally, we examined the objectives of the ILO Decent Work Agenda and the Decent Work targets in the UN 2030 Agenda for Sustainable Development in view of occupational health. In two thirds of the ILO's Member States, the Decent Work Agenda has been successfully introduced and so far fully or partly implemented in their DWCPs. The sustainability of the Decent Work approach was ensured through the UN 2030 Agenda, the ILO Global Commission Report on the Future of Work, and the ILO Centenary Declaration. However, objectives in line with the ILO Convention No. 161 on Occupational Health Services were not found in the DWCPs. Although successful in numerous aspects in terms of the achievement of the Decent Work objectives and the UN Sustainable Development Goals (SDGs), the Decent Work Agenda and the Decent Work Country Programmes need further development and inclusion of the necessary strategies, objectives, and actions for occupational health services, particularly in view of the high burden of work-related diseases and, for example, the present global pandemic. In many countries, national capabilities for participation and implementation of Decent Work Country Programmes need strengthening.

Note. The article has a free downloadable [Supplementary 1 containing the ILO and UN Documents](#) analysed for this article. The easily accessible documents are mainly of ILO, a few of UN on universal health coverage and on SDGs, one document is of WHO.

KEYWORDS

+Global, +2020, +Rantanen, +internat instit, +internat collab, +national collab, +02, +06, +07, +08, +13,

Peru

Sabastizagal-Vela I, Astete-Cornejo J, Benavides FG. Condiciones de trabajo, seguridad y salud en la población económicamente activa y ocupada en áreas urbanas del Perú. [Work, safety and health conditions at the jobs of the economically active urban population in Peru]. Rev Peru Med Exp Salud Publica. 2020;37:32-41.

http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1726-46342020000100032&lang=en

The link is to the English version. The article is in English and Spanish.

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Abstract

Objectives: The present study aims to know the work, safety and health conditions at the jobs of the economically active urban population in Peru.

Materials and Methods: A cross-sectional study was carried out based on a probabilistic sample of multistage areas in which 3122 people over 14 years of age distributed nationwide participated.

Results: The majority were men (53.6%) between 30 and 59 years (50%). As for working conditions, most people work more than 48 hours per week (39.8%), and Monday through Saturday (44.7%). Regarding safety, hygiene, ergonomic and psychosocial conditions, the results showed a lower risk exposure. Regarding health conditions, the majority report that the identification and evaluation of occupational hazards is not carried out in their workplace (35.9%), they do not have occupational health services (40.7%) or a delegate or a Health and safety committee (39.4%) and no occupational medical evaluations (39.3%).

Conclusions: The economically active urban population of Peru is more frequently exposed to noise, solar radiation, awkward postures and repetitive movements, work at a fast pace with little control and hide their emotions; In addition, occupational health is not managed adequately in workplaces. These conditions may affect the health of workers and the quality of work.

KEYWORDS

+Peru, +2020, +Sabastizagal-Vela, +accessibility, +awareness, +coverage, +Q of program, +Q of care, +psychologists, +registrations, +07, +09, +10, +13,

Brazil

Silvério ACP, Martins I, Nogueira DA, Mello MAS, Loyola EAC, Graciano MMC.
Assessment of Primary Health Care for rural workers exposed to pesticides.
Revista de Saúde Pública. 2020; 54: elocation 09. In English.

English version: <https://www.scielo.br/j/rsp/a/dNrQ7V53n8gPdDdJNhLF3bJ/?lang=en>
 A Portuguese version does exist as well.

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Abstract

Objective. To evaluate the attributes of Primary Health Care (PHC) for rural workers; to analyse sociodemographic conditions, history of poisoning and hospitalizations for pesticides and use of personal protective equipment; and to verify exposure to pesticides by determining bioindicators.

Methods. Cross-sectional, descriptive-analytical study with a sample of 1,027 rural workers living in municipalities belonging to a regional health department in Southern Minas Gerais, whose PHC is governed by the Family Health Strategy model. We used the adult version of the Primary Care Assessment Tool (PCATool Brazil) and a structured questionnaire to collect socioeconomic data, history of poisoning and hospitalization for pesticides and use of personal protective equipment. Blood samples were collected to measure biomarkers of pesticide exposure and signs of renal and hepatic sequelae.

Results. Low education was prevalent, as well as the intense contact of workers with pesticides. Frequent use of personal protective equipment was higher among men, as was the history of poisoning and hospitalizations for pesticides. Rates of 20% poisoning, 15% liver disease and 2% nephropathy were detected. Signs of hepatotoxicity were more frequent in men. Gender differences were all statistically significant. Regarding PHC, only the attribute “degree of affiliation” had a high score. None of the poisoning cases detected in the study were previously diagnosed.

Conclusions. Despite the high coverage of the Family Health Strategy, occupational risk and its consequences have not been detected by health services, which do not seem oriented to primary care, even lacking their essential attributes. There is a need for immediate and effective adaptation of public policies regarding the health of rural workers, with adequate training of teams and review of the portfolio of PHC services offered.

KEYWORDS

+Brazil, +2020, +Silverio, +family physicians, +Q of care, +structure HC, +info educ staff, +tools equipment, +support for staff, +OSH info specific, +Q in outputs, +07, +08, +09, +13,

Brazil

Steffani JA, Wames MMM, Eichwald Y, Dallacosta FM, Rossoni C, Cetolin SF. Ação interinstitucional e participação social na atuação da Comissão Intersectorial de Saúde do Trabalhador e da Trabalhadora: relato de caso [Interinstitutional action and social participation in the work of the Intersectoral Commission on Occupational Health: case report]. Revista Brasileira de Saúde Ocupacional. 2020; 45: elocation e1. The article is in Portuguese, only the abstract is in English.

<https://www.scielo.br/j/rbso/a/T8dNpG7CxrZV9GzNzJhC5qr/?lang=pt> (Portuguese)

Open Access. Creative Commons Attribution 4.0 International.

Abstract

Objective: to socialize the strategies developed by the Intersectoral Commission on Workers' Health (CISTT) of the municipality of Joaçaba/SC, Brazil, from 2012 to 2017.

Methods: experience report based on documentary survey and analysis of CISTT's minutes and reports, newspaper articles and websites of public institutions and trade unions.

Results: dialogues and interaction with the community through the promotion of thematic seminars on work and health; photo contest and exhibition; writing and drawing contest; book publishing; municipal law proposal and approval; implementation of the Occupational Health Surveillance System; discussion, proposition and monitoring of occupational health policies.

Conclusion: despite the institutional difficulties and simplicities that are characteristic of small municipalities in Brazil, the activities adopted in CISTT implementation constitute an important strategy for workers' health promotion.

KEYWORDS

+Brazil, +2020, +Steffani, +awareness, +regional support c, +legislation, +governance, +06, +07, +09,

Indonesia

Wahyuni, N. Program Upaya Kesehatan Kerja pada Sektor Informal [Program UKK for the informal sector]. *HIGEIA (Journal of Public Health Research and Development)*. 2020; 4 (Special 1): 101-111. In Indonesian language. Abstract in English.

<https://journal.unnes.ac.id/sju/index.php/higeia/article/view/35737/17020>

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The description is based on the abstract (in English) and on a short text part in Indonesian, translated to English. Use the link to read the abstract and the article.

Informal sector workers are dominant in Indonesia. On the other hand, informal sector workers received relatively little attention. To get closer and to get improved access to health services in the informal sector businesses, Pos UKKs * were formed. The Pos UKK service organisations are supported by a Pukesmas **. The study objective was to determine the application of occupational health effort programs in the informal sector.

Type of research was evaluative with a comparative design, performed in September 2019 to November 2019. In the study were 14 informants: 1 was head of a Puskesmas, 1 manager of an occupational health efforts program, 6 cadres of a Pos UKK, and 6 workers were triangulation informants. Purposive sampling is used as the sampling technique.

From the article text (using Google Translate): The implementation of the program resulted in an average of 22.5% (18 indicators), meaning that half of the indicator points had not been implemented. The working area of the Bergas Health Center which has the highest number of indicator points is the UKK Bodong Buster Post with 38 indicators and the Untung Lancar UKK Post with 31 indicators.

*POS UKK are community-based non-professional occupational health services, staffed by community members and focusing on informal workers' needs (FvD)

**Pukesmas are comprehensive public health centers at district level with a professional staff (FvD)

*For a recent, comprehensive overview of the Indonesian BOHS structure and its strengths and limitations, see the study of **Adi et al. 'Expansion of BOHS through public health center: policy and practice from Indonesia'** (2024). https://www.jstage.jst.go.jp/article/eohp/6/1/6_2023-0018-OW/article. The article is presented in this BOHS Repository.*

KEYWORDS

+Indonesia, +2020, +Wahyuni, +informal workers, +volunteers, +community h w, +structure HC, +national collab, +Q in outputs, +01, +07, +08, +09,

China

Wang J, Liu X, Sun X, Li S. Focus and Progress of the Occupational Health Initiative. China CDC Wkly. 2020; 2(47): 906–909.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8393148/>*Open Access. Creative Commons Attribution-NonCommercial-Share Alike 4.0 Unported License.*

Abstract

China's rapid socioeconomic development has led to the coexistence of traditional and modern occupational hazards, and workers are facing increasingly serious risks of physical and mental health issues. Combined with the Healthy China strategy acting as the innovative force in advancing China's public health, a series of national action plans has been implemented providing comprehensive strategies for protecting workers' benefits and strengthening occupational disease prevention by integrating the sources of government, employers, workers, and other stakeholders. This article interprets the objectives, strategies, and features of the Occupational Health Protection Campaign and the Action Plan for the Prevention and Control of Pneumoconiosis as two national programs for promoting occupational health and the Healthy Enterprises initiative as a great practice in integrating national theories of workplace health promotion and the World Health Organization's concepts of the healthy workplace model. It concludes that all occupational health progress achieved in the Healthy China Initiative contributes to defending health and well-being of occupational populations and promoting the sustainable development of the economy and society in China.

KEYWORDS

+China, +2020, +Wang J, +national collab, +government, +stakeholders, +accessibility, +awareness, +internat instit, +01, +02, +07, +09,

China

Zhang M, Kim R. Occupational health and safety in China: From emergency response to Jiangsu chemical explosion to long-term governance improvement. J Glob Health. 2020; 10: 010315.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7100868/>

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There is no abstract. Description based on the article. Use the link to read the full article.

An explosion in a chemical plant in China's Jiangsu Province in 2019, caused a death rate of 78 and 566 more hospitalized workers. Unfortunately, industrial accidents happen everywhere.

For China, five major chemical accidents over the past 10 years killed more than 476 people and injured some 1660 more. The annual number of deaths from occupational diseases and injuries in the factory, mine and trade are 8460, 8058, 7199, 5982 and 9691 from 2012 to 2016. Deaths from unregistered businesses, informal sector, and migrant workers are not counted. Sustainable Development Goals (SDGs) 1, 3, 8, and 16 have set OSH targets and objectives for all working people. SDG 3 calls for universal health coverage, SDG 8 for decent work.

The Healthy China 2030 Strategy aims to provide comprehensive health services for Chinese people of all ages, with an emphasis on workers' health. The National Health Commission was established in 2018. The responsibility and functionality of OSH management was assigned to the new commission. The new Ministry of Emergency Management is responsible for rescue and relief efforts for disasters and workplace accidents. Rapid emergency response is strengthened: firefighters and medical workers.

For long-term governance, legislation and enforcement, and the professional capacity for OSH should be strengthened. First, relevant international conventions would be ratified (ILO Prevention of Major Industrial Accidents Convention (No. 174), Occupational Cancer Convention (No. 139) and Occupational Health Services Convention (No. 161). Chinese laws, regulations and standards should be aligned. First, the Law on Prevention and Control of Occupational Diseases needs renewal and enforcement; the Law on Basic Health Care, Medicine and Health Promotion needs to be issued urgently. Second, the professional and institutional capacity for OSH should be promptly reinforced: occupational physicians and nurses, industrial hygienists, etc.

Conclusion

"We strongly believe that the universal health coverage aiming at health for all is not achievable without universal occupational health coverage aiming at basic occupational health services for all workers."

KEYWORDS

+China, +2020, +Zhang M, +informal workers, +migrant workers, +national collab, +national OSH instit, +governance, +legislation, +OSH info general, +info educ staff, +OSH institutions, +internat collab, +nurses, +OH physicians, +occup hygienists, +01, +02, +03, +04, +05, +07,

India

Zodpey S, Negandhi H. Revitalizing Basic Occupational Health Services Provision for Accelerating Universal Health Coverage in 21(st) Century India. Indian J Occup Environ Med. 2020;24:1-2.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7227735/>

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The editorial has no abstract. Description based on the article. Use the link to read the full article.

BOHS provision has low coverage. Quality and relevance are questionable. In India, there is an effort toward innovating for mini occupational health services. A newer paradigm may be the idea of universal health coverage (UHC) promoted by WHO. UHC includes the full spectrum of essential, quality health services for all. Achieving UHC by 2030 is part of the Sustainable Development Goals. Synergy exists with BOHS. Using synergy with the larger global movement can boost BOHS advancement. The informal sector is difficult to target. Government and industry must take initiatives and give support. IAOH (Indian Association of Occupational Health) has an important role.

KEYWORDS

+India, +2020, +Zodpey, +structure BOHS, +coverage, +Q of program, +internat instit, +internat collab, +informal workers, +government, +staff capacity, +OSH institutions, +02, +03, +04, +07, +14,

2021

USA

Flynn MA, Rodriguez Lainz A, Lara J, Rosales C, Feldstein F, Dominguez K, et al. An Innovative United States-Mexico Community Outreach Initiative for Hispanic and Latino People in the United States: A Collaborative Public Health Network. *Public Health Rep.* 2021;136:287-294.

<https://journals.sagepub.com/doi/pdf/10.1177/0033354920972699>

or:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8580388/>

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Description based on the abstract. Use the link to read the full abstract and article.

Collaborative partnerships are a useful approach to improve health conditions of disadvantaged populations. The Ventanillas de Salud (VDS) (Health Windows) and Mobile Health Units (MHUs) are a collaborative initiative of the Mexican government and US public health organizations that use mechanisms such as health fairs and mobile clinics to provide health information, screenings, preventive measures (e.g., vaccines), and health services to Mexican people, other Hispanic people, and underserved populations across the United States. From 2013 through 2019, the VDS served 10.5 million people at Mexican consulates in the United States, and MHUs served 115,461 people from 2016 through 2019. We describe 3 community outreach projects and their impact on improving the health of Hispanic people in the United States. The first project is an ongoing collaboration between VDS and the Centres for Disease Control and Prevention (CDC) to address occupational health inequities among Hispanic people. The second project was on information about Zika virus infection and health education. The third project is a collaboration between MHUs and the University of Arizona to provide basic health services to Hispanic communities in Pima and Maricopa counties, Arizona. The VDS/MHU model uses a collaborative approach that should be further assessed to better understand its impact.

KEYWORDS

+USA, +Mexico, +2021, +Flynn, +internat collab, +target populations, +info educ population, +community h w, +internat instit, +migrant workers, +OSH info general, +02, +06, +07,

USA

Flynn MA, Eggerth DE, Keller BM, Check P. J Reaching 'hard to reach' workers: Evaluating approaches to disseminate worker safety information via the Mexican consular network. *Occup Environ Hyg.* 2021;18:180-191.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8422241>

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Description based on the abstract. Use the link to read the full abstract and article.

Mexican immigrants suffer a disproportionately large number of work-related injuries and deaths given their share of the workforce. By partnering with the Mexican government and its consulate network in the USA, researchers from the NIOSH were able to assess the impact of four different information dissemination approaches (posters, passively distributed brochures, actively distributed brochures, and video kiosks) in Spanish in a five-phase study. Exit interviews were conducted with Mexicans seeking consular services. Considering all materials together, significantly more participants reported liking the materials ($p < 0.001$) than did not, learning something new ($p < 0.01$), trusting the information ($p < 0.05$), intending to seek out additional OSH information ($p < 0.01$), and intending to speak to their bosses about OSH ($p < 0.05$).

KEYWORDS

+USA, +Mexico, +2021, +Flynn, +migrant workers, +government, +internat collab, +national OSH instit, +info educ population, +Q of program, +OSH info general, +02, +06, +07,

**Southern
Africa**

Moyo D. An overview of occupational medicine and health services and associated challenges in southern Africa. *Occup Health Southern Afr.* 2021; 27:51-54.

https://www.occhealth.co.za/_assets/articles/337/2181.pdf

Open Access. Copyright Occupational Health Southern Africa. 2022.

The article has no abstract. Description based on the article. Use the link to read the full abstract and article.

The author refers to the situation in Angola, Namibia, Zambia, Tanzania, Malawi, Mozambique, Zimbabwe, Botswana, Eswatini, Lesotho and South Africa. Occupational health services and the role of the government are discussed. Workplace programs are lacking. Occupational medicine and hygiene practices suffer from the lack of human resource capital. Only South Africa has institutions offering a master's degree in medicine (occupational medicine) and an OM fellowship qualification. Occupational health services, apart from South Africa, are provided mostly by general practitioners with no specialist training in OM. Occupational health legislation is fragmented and not adequate. Adoption of the BOHS model will improve access to OHS. Donor-funded initiatives, such as those associated with the Global Fund, World Bank, and USAID do have some impact. The same for the mobilization of OSHAfrica and other organisations. A radical transformative approach by governments is needed to challenge the status quo.

KEYWORDS

+Southern Africa, +Angola, +Mozambique, +Zambia, +Malawi, +Zimbabwe, +Tanzania, +Lesotho, +South Africa, +Namibia, +2021, +Moyo, +internat collab, +accessibility, +government, +OSH expertise c, +OH physicians, +family physicians, +OSH institutions, +info educ staff, +legislation, +structure BOHS, +financing, +internat instit, +governance, +01, +02, +03, +04, +05,

India

Pal A, Dasgupta A, Sadhukhan SK, Bandyopadhyay L, Paul B, Podder D. How common are aches and pains among garment factory workers? A work-related musculoskeletal disorder assessment study in three factories of south 24 Parganas district, West Bengal. *J Family Med Prim Care*. 2021;10:917-921.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8138367/>

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Abstract

Context: Garment Industry is considered to be the second-largest employment sector in India. Occupational health problems among workers are often ignored, work-related musculoskeletal disorders (WMSD) accounts for the majority of it. The leverage of a healthy workforce is indispensable in the smooth running of the country's economic machinery.

Aims: To find out the prevalence of WMSD among the workers and to assess the relationship of WMSDs with sociodemographic, behavioural, and occupational factors. Settings and design: A cross-sectional study was conducted from June 2017 to August 2019 among 222 workers in three garment factories located in a municipality area of south 24 Parganas District, West Bengal.

Methods and Material: Sociodemographic and behavioural characteristics, occupational differentials, and morbidity profiles were assessed using a pre-designed, pre-tested schedule. Statistical analysis used: Data was analysed by SPSS ver. 16.0. Logistic regression was done to determine the associates of WMSDs.

Results: Most of the workers were males (70.27%), belonged to the age-group of 36-55 (42.34%) and were illiterate (33.78%). WMSD was prevalent among 70.72% of the workers. Presence of WMSD was significantly associated with educational status illiterate (OR: 3.59; CI: 1.56-8.22), below secondary (OR: 2.89; CI: 1.26-6.62), sitting job (OR: 2.02; CI: 1.01-4.03), unsatisfactory working environment (OR: 8.38; CI: 1.95-36.06), and level of distress {mild (OR: 2.89; CI: 1.26-6.62), moderate-severe (OR: 6.98; CI: 1.46-33.25)}.

Conclusions: Improving health awareness and periodic health check-up is the need of the hour for the sustenance of the massive workforce, which can be achieved through the integration of basic occupational health services (BOHS) with primary health care (PHC) infrastructure.

KEYWORDS

+India, +2021, +Pal, +other target pop, +structure BOHS, +structure HC, +accessibility, +awareness, +01, +09, +13, +14,

Malaysia

Roze AM, Samsuddin N, Razali A, et al. Challenges of Implementing Occupational Health Services (OHS) in Malaysia –Perspective of Occupational Health Doctors. *Pertanika J. Soc. Sci. & Hum.* 2021; 29: 993 – 101.

<https://doi.org/10.47836/pjssh.29.2.14>

or:

<http://www.pertanika.upm.edu.my/pjssh/browse/regular-issue?article=JSSH-7112-2020>

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Abstract

Mortality estimation due to work-related illness has reached up to 2.4 million each year. The current coverage of occupational health services (OHS) in Malaysia is still low. Occupational Health doctors (OHDs) are one of the essential personnel to ensure proper execution of OHS. This study was conducted to explore the experiences and views of OHDs on the challenges in implementing OHS in Malaysia. Four focus group discussions were conducted with OHDs (N = 23) from four different states in Malaysia in 2016. Another five OHDs participated in in-depth interviews to implement the identified codes or themes. The discussions were recorded and transcribed verbatim. NVivo version 11.0 was used to facilitate data analysis. The data were analysed following the thematic analysis guidelines. Three themes were identified from the discussions: difficulties in diagnosing occupational diseases and poisoning; poor practices, attitudes, and commitment by both workers and employers; and non-compliance with laws and regulations related to the industries. The common challenges discussed by the participants were the lack of knowledge and skills among OHDs, and the shortage of standard procedures, leading to difficulties to screen occupational diseases. The poor cooperation and behaviour from the industries also hindered OHDs when performing their services. This study suggests better training and provision of standard tools or guidelines to assist OHDs in making occupational disease diagnoses, increasing OHS awareness among the industries, and enacting OHS as part of the laws and regulations with adequate enforcement.

KEYWORDS

+Malaysia, +2021, +Roze, +coverage, +OH physicians, +tasks, +OSH info general, +Q of staff, +registrations, +legislation, +regulations, +staff capacity, +info educ staff, +standards guidelines, +stakeholders, +governance, +06, +07, +09, +11, +12,

Brazil

Silva DP, Freitas RF, Souza LF, Teixeira NA, Días EC, Rocha JSB. Professional practices in occupational health in Primary Care: challenges for the implementation of public policies. [Práticas profissionais em saúde do trabalhador na Atenção Primária: desafios para implementação de políticas públicas]. *Ciência & Saúde Coletiva* dec 2021, Volume 26 N. 12 Pages 6005 – 6016. In Portuguese. Abstract in English.

<https://www.scielo.br/j/csc/a/SJVvVKRnKRWmNHKfMTBxQWk/?format=pdf&lang=pt>

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Abstract

The actions in Occupational Health developed by Primary Health Care teams in a medium-sized municipality were assessed in a cross-sectional analytical study. A questionnaire consisting of 35 questions, divided up into four sections and answered by 289 health professionals, was used. The results were analyzed according to the distribution of absolute and relative frequencies using the chi-square test with a significance level of 0.05. The results revealed that activities developed in the area, as well as the epidemiological profile of the working population living in the area of coverage, are acknowledged as being productive, however interventions based on this diagnosis were not identified. It was observed that, among the professionals, more frequently it is the physician who identifies the epidemiological profile of the workers, while the nurse takes the lead role in the surveillance of diseases and in the technical-pedagogical support for the development of actions in Occupational Health. Based on the findings, it was observed that teams find it difficult to incorporate actions in Occupational Health in the planning of daily activities in their praxis, suggesting the need for professional qualification and pedagogical and institutional technical support from the specialized units.

KEYWORDS

+Brazil, +2021, +Silva DP, +national collab, +OSH info general, +structure HC, +coverage, +Q of interventions, +family physicians, +nurses, +info educ staff, +OSH info specific, +support for staff, +Q of tools, +regional support c, +specialised clin OHC, +07, +09, +11, +14,

Brazil

Silva FFV. Comprehensive worker's health care: limitations, advances, and challenges. [Atenção integral em Saúde do Trabalhador: limitações, avanços e desafios]. Revista Brasileira de Saúde Ocupacional 2021, Volume 46 elocation e12. In Portuguese. Abstract in English.

<https://www.scielo.br/j/rbso/a/VXRVP63hSNSYjhrZPM5RR7x/?lang=pt>

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Abstract

Introduction: public and social policies aimed at a comprehensive workers' health care have been weakened in face of the recently changes in the world of work and the prevailing economic interests. Objective: to reflect on themes that have contributed for workers' health care actions becoming less effective and comprehensive.

Method: essay based on a documentary research and literature review.

Results: we discussed the following themes: institutions/services in charge of the occupational health care; Occupational Health Surveillance; social protection and occupational health information systems; human resources development for occupational health care.

Conclusion: in order to reach workers' health comprehensive care, the formulation of new programmatic guidelines and the implementation of intervention measures are necessary.

KEYWORDS

+Brazil, +2021, +Silva FFV, +research, +OSH expertise c, +national OSH instit, +specialised clin OHC, +social insurance, +social security, +info educ staff, +nurses, +OH physicians, +occup hygienists, +other addit experts, +standards guidelines, +Q of interventions, +03, +04, +07, +13,

Indonesia

Syahri, I, Badaruddina, B, Utamaa, S, Zulfendri, Z. Stakeholder collaboration in improving integrated basic occupational in health services supply chain in community health centre. *Uncertain Supply Chain Management*. 2021; 9: 139-150.

https://www.researchgate.net/publication/348132470_Stakeholder_collaboration_in_improving_integrated_basic_occupational_in_health_services_supply_chain_in_community_health_center

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Description based on the abstract. Use the link to read the full abstract and article.

This study aims to describe the collaboration of stakeholder roles and analyses the influence of government, Micro & Small businesses, and workers to improve the performance of Occupational Health and Safety (OHS) officers in community health centre. The study is a survey with a cross-sectional design. The study sample was 80 people: all OHS officers from the community health centre (CHC) in the city of Medan. Independent variables are the role of government, of micro and small business, of the workers. The performance of OHS officers is the dependent variable. Data collection is performed using a validated questionnaire. Direct test results show that the government only plays a significant role in the performance of OHS officers. Micro & Small businesses significantly influence workers' role but not OHS officers' performance. The role of workers influences the performance of OHS officers. The finding confirms the importance of collaboration among stakeholders. The research needs to be expanded. Policy recommendations are given for managing an integrated occupational health service program in the community health centre involving all stakeholders in Medan.

KEYWORDS

+Indonesia, +2021, +Syahri, +stakeholders, +government, +info educ population, +community h w, +structure HC, +safety experts, +OH physicians, +national collab, +research, +01, +06, +07, +14,

2022

Brazil

Geraldi L, Miranda FM, Silva JAM, Appenzeller S, Mininel VA. Professional competencies for occupational health care. [Competências profissionais para a atenção à saúde do trabalhador]. *Revista Brasileira de Educação Médica* 2022, Volume 46 N. 2 elocation e071. In Portuguese. Abstract in English.

<https://www.scielo.br/j/rbem/a/CsdR7DkN7tKzyL4kdC65WRx/?format=pdf&lang=pt>

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Abstract

Introduction: For health actions aimed at the working population, the development of professional competencies during the graduation is essential. Although relevant and well defined by the National Occupational Health Policy, there are still gaps regarding the minimum skills required and lack of knowledge about how the articulation of these competencies to promote integrated work and meet the needs of this population.

Objective: This study aimed to identify the professional competencies for occupational health care.

Method: Descriptive-exploratory research, with a qualitative approach, developed through the triangulation of methods, carried out in a city in the interior of the State of São Paulo, Brazil. Data were collected in three stages: 1. document analysis of the National Curriculum Guidelines for health courses and pedagogical projects for seven courses in the health area of a higher education institution; 2. systematic literature review; and 3. interviews with professors from the health courses of that institution and with professionals from the municipal Primary Health Care Network.

Result: The document analysis allowed us to identify that only the Physical Education, Nursing, Physiotherapy and Occupational Therapy courses have specific competences for worker health care; the analysis of the pedagogical projects pointed to mandatory and optional subjects that address the theme. The literature review and interviews pointed out the general and specific skills needed for worker health care, such as comprehensive care, understanding the social determinants of health, communication, leadership, teamwork, conflict management, welcoming/qualified listening, health management and continuing education.

Conclusion: The identification of general and specific professional skills for occupational health care proved to be extremely relevant for the construction of comprehensive and humanized care in training and interprofessional practice.

KEYWORDS

+Brazil, +2022, +Geraldi, +national collab, +awareness, +regulations, +OSH info general, +OSH info specific, +research, +standards guidelines, +structure HC, +family physicians, +nurses, +other addit experts, +06, +08, +11, +13,

USA

Harwell EL, LePrevost CE, Cofie LE, Lee JGL. Community Health Workers' Role in Addressing Farmworker Health Disparities. *Journal of Agromedicine*. 2022; 27:391-401.

<https://doi.org/10.1080/1059924X.2022.2040069>

or:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9395548/>

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Description based on the abstract. Use the link to read the full abstract and article.

Community health workers (CHWs) are uniquely positioned to connect migrant and seasonal farmworkers to health promotion and clinical services. To explore CHWs' practices and challenges in conducting health education outreach, we conducted three focus group discussions with farmworker health CHWs (N = 28) in North Carolina. We identified three themes related to CHWs' experiences providing health information to farmworkers.

First, CHWs described short-term preparation, immediately before providing health outreach, and long-term activities, devoted to maintaining and improving their capacity to provide relevant health information to farmworkers.

Second, they described their use of various health education delivery methods.

Third, participants described their current use of technology and related challenges.

Findings reveal opportunities to improve farmworker health education through professional development for CHWs, identification of preferred methods of health education delivery to farmworkers, and provision of technology to farmworker-serving organizations. Establishing rural internet access and equipping outreach organizations with technology would position CHWs to be maximally effective.

KEYWORDS

+USA, +2022, +Harwell, +community h w, +migrant workers, +farm workers, +info educ population, +staff capacity, +mat digital facilities, +online facilities, +Q of tools, +Q in outputs, +10, +11, +13,

China

Lin C, Li T, Zou G, Li X, Ling L, Chen W. Implementation Evaluation of a Cluster Randomized Controlled Trial to Promote the Use of Respiratory Protective Equipment Among Migrant Workers Exposed to Organic Solvents in Small and Medium-Sized Enterprises. *Front Public Health*. 2022 Jul 11;10:772632.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9319860/>

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Abstract

Background: While the effectiveness of several occupational healthcare interventions has been demonstrated, successful implementation of such programs among internal migrant workers (IMWs) in small and medium-sized enterprises (SMEs) has been limited. This study aimed to evaluate the implementation of a three-arm cluster randomized controlled trial promoting respiratory protective equipment (RPE) use among IMWs exposed to organic solvents in SMEs and to assess the association between participants' compliance and effectiveness of intervention.

Methods: A total of 60 SMEs were randomly allocated to a low- or high-intensive intervention group, or a control group that did not receive any intervention. The low-intensive intervention group was subjected to both traditional and mHealth occupational health education. The high-intensive intervention group was subjected to the low-intensive group activities and peer education. The Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework was used to guide implementation evaluation of this 6-months intervention. Generalized linear mixed models (GLMMs) were used to evaluate the effects of participants' compliance with the intervention on the primary outcomes, regarding the appropriate use of RPE.

Results: Of 4,527 potentially eligible participants, 1,211 individuals were enrolled, with a reach rate of 26.8%. Sixty of the 66 SMEs approached (90.9%) SMEs adopted the intervention. Fidelity to traditional education (100.0%) and mHealth intervention (97.5%) was higher than fidelity to peer education (20.0%). Peer leaders cited inconvenient time and unfamiliarity with peers as two major barriers to delivering peer education. Compared with the control group, IMWs who complied with the interventions in both groups were more likely to wear RPE appropriately [low-intensive group: adjusted odds ratio (aOR) = 2.58, 95% confidence interval (CI): 1.56-4.28; high-intensive group: aOR = 7.52, 95% CI: 3.72-15.23]. Most participants (95.8%) were satisfied with the program and 93.1% stated that they would maintain the use of RPE in the future.

Conclusions: A multi-component occupational health intervention to promote the use of RPE among IMWs in SMEs was feasible and acceptable. Peer education had great potential to enhance the occupational health behavior of IMWs, and thus strategies to improve participants' adherence to this component warrant further investigation.

KEYWORDS

+China, +2022, +Lin, +Q of interventions, +Q in outcome, +other target pop, +governance, +info educ population, +mat digital facilities, +output, +participation, +09, +10, +12,

India

Mishra S, Sankara Sarma P, Gaitonde R. Health Problems and Healthcare-Seeking Practices of Workers Processing E-Waste in the Unorganized Sector in the Slums of a South Indian City: An Exploratory Study. *Indian J Occup Environ Med*, 2022;26:255-260.

<https://pubmed.ncbi.nlm.nih.gov/37033750/>

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Abstract

Context and Aims: The precarious nature of the work in the unorganized e-waste processing sector poses a threat to workers' health by making them vulnerable to occupational injuries as well as other work-related diseases in addition to job insecurity and related issues. **Aims:** To systematically explore and quantify employment and working conditions along with the occupational health problems and healthcare-seeking practices of workers processing e-waste in the slums of a south Indian city.

Settings, Design: Cross-sectional study conducted in the slums of a south Indian city.

Methods, Material, Statistical Analysis: We used a structured interview schedule among 248 randomly selected workers. Descriptive statistics were utilized to summarize the results. 95% CI was calculated for select proportions. Chi-square tests were used to determine statistical significance.

Results: We found a predominance of self-employment; unclear employment relationship; no paid holidays; long working hours; unequal wages; absence of work-related social security; absent workers' organization; rented units; minimal/ no use of safety equipment, no concept of good ergonomic practices. The commonest occupational health concerns were injuries (17% & 41% respectively) and musculoskeletal problems (43.5%). Private/charitable clinics were the commonest source of seeking healthcare which contributed to 'irrational' practices in the form of repeated TT injections.

Conclusions: Findings suggest that the precarious work in the unorganized e-waste processing sector could not only give rise to health problems but also make workers undermine the severity of their health problems. The non-responsiveness of the local public healthcare system compels them to rely on private and charitable clinics and pay for services that are otherwise freely available in UPHCs.

KEYWORDS

+India, +2022, +Mishra, +informal workers, +other target pop, +OSH info specific, +04, +06,

Thailand

Siriruttanapruk S, Praekunatham H. Integration of basic occupational health services into primary health care in Thailand: Current situation and progress. WHO South East Asia J Public Health. 2022; 11 (1) Jan-June:17-23.

https://journals.lww.com/wsep/fulltext/2022/11010/integration_of_basic_occupational_health_services.4.aspx

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Description based on the abstract. Use the link to read the full abstract and article.

Background: "Informal workers are high-risk groups for getting occupational diseases". A second problem is poor accessibility of occupational health services (OHSs).

In Thailand, the Basic Occupational Health Services (BOHS) program integrates work and health activities into primary health care. This article reports the development of this program and presents an update of the situation.

The program has been developed in 4 steps: (1) preparation, (2) model development, (3) implementation and expansion, and (4) quality assurance (QA).

First, in a pilot study, the situation of OH care provision in primary care units (PCUs) has been described, identifying problems for the staff. Thereafter and still in action, the model was extended, and quality assurance of the delivered care has been organized.

In 2018 and 2019, respectively 78% and 84% of PCUs (8,242) provided BOHS, decreasing to 22% (2,123 PCUs) in 2020, "probably due to the perilous situation of COVID-19 infection in the country and the change to the online self-report system" (pg. 20). The target population consisted mainly of farmers. Various clinical services were realized and so-called outreach activities in the field. The most recent health surveillance program showed that 40% of 862,585 farmers had high pesticide exposure, assessed by field-kit testing. In a quality assessment audit, 75% of the primary care units were certified "for basic or higher levels of BOHS standards".

The authors concluded that "Integration of OHS into the PCUs is feasible, successful and replicable. Its sustainability requires policy support, continued empowerment of staff, and resource allocation."

KEYWORDS

+Thailand, +2022, + Siriruttanapruk, +informal workers, +accessibility, +structure BOHS, +structure HC, +Q of program, +farm workers, +support for staff, +governance, +staff motivation, +staff capacity, +10, +11, +13, +14,

Global

Zheng S, Rivera Margarin A, Connaughton P, Spanjaard H, Crispen R, Ording J, Cloeren M. The Occupational Medicine Pipeline: Report on the Results of a Survey of International Occupational Medicine Society Collaborative (IOMSC) Member Countries. J Occup Environ Med. 2022 Mar 1;64(3):e165-e171.

https://acoem.org/acoem/media/News-Library/The_Occupational_Medicine_Pipeline_Report_on_the-22.pdf

Open Access. Copyright 2022 American College of Occupational and Environmental Medicine.

Description based on the abstract. Use the link to read the full abstract and article.

Objective: Study development of OEM expertise around the world contributing to further international development.

Methods: Survey of OEM physician leaders of the societies connected with the International Occupational Medicine Society Collaborative (IOMSC).

Results: Participation of leaders representing 46 of 48 member societies (95.8%) in 2019/2020. Most frequent educational methods were academic post-graduate and on-the-job training. Online coursework was not often used. In medical schools - in most countries - minimal OEM content is presented. For OM board certification graduate specialty training is needed and passing a certification examination. OM recertification requirements were seldomly present.

Conclusion: IOMSC can support OEM expertise internationally by sharing information from different countries.

KEYWORDS

+Global, +2022, +Zheng, +IOMSC, +OSH expertise c, +internat collab, +internat instit, +OH physicians, +info educ staff, +OSH info general, +OSH info specific, +OSH institutions, +Q of staff, +registrations, +regulations, +02, +11,

2023

Indonesia

Agustin H, Arianto ME, Rifai M. Penyelenggaraan Pos Upaya Kesehatan Kerja Terintegrasi di Desa Wisata Kasongan, Bantul- D.I. Yogyakarta.
[Implementation of Integrative Basic Occupational Health and Safety at Kasongan, a Tourism Village in Yogyakarta Province]. KESKOM. 2023; 9(3) : 637-647. Jurnal Kesehatan Komunitas (Journal of community health). In Bahasa Indonesia language. Abstract in English.

<https://jurnal.http.ac.id/index.php/keskom/issue/view/40>

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Abstract

Two hundred and twenty-two public health centers have organized Basic Occupational Health and Safety (BOHS) in Yogyakarta province in 2022. Based on previous research, most of the implementation of the BOHS of community health centers is not yet running and specific. One of the BOHS for tourism sector workers is the “Kasongan Sehat”, in the Kasongan Tourism Village. This qualitative research aims to analyze the implementation of the BOHS in the “Kasongan Sehat”. The research subjects were occupational health trainers at the Community Health Center level, cadres, pottery industry workers in Kasongan, and hamlets selected using purposive sampling. In-depth interview and observation data collection techniques. The analysis uses the content analysis method. Research findings; The basis for administering the BOHS is Bantul Regent's regulation number 42 of 2015. This post has implemented an integrated BOHS by Minister of Health Regulation number 100 of 2015, which can be seen from the combination of their activities and management. Activities have been running regularly; including measuring blood pressure, body weight, first aid, and providing referrals to community health centers. The Community Health Center has distributed facilities and infrastructure and held first aid training for treating wounds for cadres. In general, occupational health service activities by cadres at the “Kasongan Sehat” have not been implemented comprehensively, due to a lack of training on OHS and the BOHS has just been revitalized after being stagnant after the 2006 Yogya earthquake. Specific training and guidance in BOHS are needed for supervisors as well as cadres.

KEYWORDS

+Indonesia, +2023, +Agustin, +structure HC, +structure BOHS, +research, +community h w, +OSH info general, +OSH info specific, +other target pop, +governance, +regulations, +referral facilities, +Q of interventions, +info educ population, +info educ staff, +standards guidelines, +01, +08, +14,

Brazil

Barbosa AM, Neves RF, Martiniano CS, Brito GEG, Lima MAG. Conceptions and practices on Worker Health for professionals of the Expanded Core for Family Health and Primary Care. [Concepções e práticas sobre a Saúde do Trabalhador para profissionais do Núcleo Ampliado de Saúde da Família e Atenção Básica]. *Interface - Comunicação, Saúde, Educação* 2023, Volume 27 eLocation e220533. In Portuguese, English and Spanish.

<https://www.scielo.br/j/icse/a/RBnFfKdCxMyhn4GrrSYmrWP/?format=pdf&lang=en>

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Abstract and 'final considerations'.

The study aimed to understand the meanings attributed to Workers' Health (WH) by health professionals of the Expanded Core for Family Health and Primary Care (Nasf-AB in the Portuguese acronym), as well as its consequences in the production of care in PHC. Interviews with 13 professionals from different areas were analyzed based on Discourse Analysis. Meanings of work as a generator of diseases and those related to the Social Determinants of Health (SDH) emerged. Through the actions of Nasf-AB on work/worker, it was possible to see how this team works as a filter of the tensions produced by users, family health teams and management. The discourse of work as a producer of diseases is still predominant; however, the perception of work as SDH produces openings for these professionals to act in the expanded clinic as reference technicians in WH.

From the 'Final considerations' in the article. "The speech of Nasf-AB professionals pointed to an understanding of WH that considers work as a producer of diseases and that demands specialized clinical and care interventions from the EaNasf-AB, pointing to the supremacy of the biomedical model in the conceptions and care practices in these PHC territories. However, by recognizing themselves as workers, considering the SDH and yearning for changes, the Nasf-AB workers showed that, on a daily basis, they experience WH and can think about themselves as a reference professional in places where the CEREST (the regional support centre for workers' health) has operational difficulty in being present, provided they have a technical-pedagogical support to help them expand their work.

By seeing the user-workers and their demands, but not approaching them as such, it may be revealed the abyss between PHC, specialized care, and VISAT. The vacuum left by the last two in the municipalities of the 9th Health Region of the state of Paraíba reveals the effort that must be made in the structuring of the health network so that in fact the provision of care in WH follows the PNSTT (national) guidelines. In that way we do not have to wait a few more decades to see the care to the Brazilian worker materialize, as we have waited for the guidelines for WH in PHC since the 1st National Conference of Workers' Health (1986) until the publication of PNSTT (2012)."

KEYWORDS

+Brazil, +2023, +Barbosa, +accessibility, +family physicians, +structure HC, +specialised clin OHC, +referral facilities, +staff capacity, +Q of care, +regional support c, +support for staff, +standards guidelines, +national collab, +11, +12, +13,

Brazil

Barros JO, Daldon MTB, Otsuka ST, Lancman S. Worker's health and primary health care: dialogues and perspectives of integrated care in the health-work-disease process. [Saúde do trabalhador e Atenção Básica à Saúde: interlocuções e perspectivas de cuidado integrado no processo saúde-trabalho-doença]. Interface - Comunicação, Saúde, Educação 2023, Volume 27 e location e230195. In Portuguese and English.

<https://www.scielo.br/j/icse/a/ZPsDmKcH4LCzhzmdNGkNHKP/?format=pdf&lang=en>

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Abstract

The article presents and discusses the scope of Workers' Health (WH) actions in PHC in São Paulo. Within the context of a thematic project, an interview and two focus groups were carried out with professionals working in a Basic Unit in the northern region of the city in 2019. The resulting material was assessed using thematic content analysis. The private outcontracting of part of the public services management, the decay of labor rights and agendas related to workers' health, the overload of the PHC teams that started to develop actions of different lines of care, in addition to the quantitative issue and the territorial scope of the WH Reference Center (CEREST) are obstacles to the conformation and consolidation of WH practices in PHC. There is a challenge in resizing services and requalifying actions, considering the interfaces production-work-health.

KEYWORDS

+Brazil, +2023, +Barros JO, +structure HC, +regional support c, +staff capacity, +staff motivation, +financing, +governance, +OSH info general, +regulations, +03, +04, +14,

Türkiye

Gök Metin Z, Yıldız AN. Update on occupational health nursing through 21st century requirements: A three-round Delphi study. Nurse Educ Today. 2023;120:105657.

<https://doi.org/10.1016/j.nedt.2022.105657>

or:

<https://pubmed.ncbi.nlm.nih.gov/36436266/>

Not Open access., Copyright Elsevier.

Description based on the abstract. Use the links to read the abstract and article.

Occupational health nurses have been working in public health positions and at workplaces for many years, but professional practices are changing.

Objective: To develop a consensus text on definition, qualifications, responsibilities, and education of occupational health nurses, valid for the 21st century requirements.

A Delphi panel was started. For the Methods see the abstract. The experts reached a consensus on the definition of occupational health nurse indicating professionalism, good communication, etc.

Qualifications include among others observation, examination, evaluation, etc. Responsibilities were listed e.g. creating a healthy and safe workplace and participating in periodic health examinations. Aspect like occupational injuries and diseases, duties, authorities, and responsibilities of the occupational health nurse, need to be integrated into a certificate program. Suggestion for the duration is 500 hours.

The panel showed a wide perspective for competencies and educational standards. The results support starting an infrastructure of postgraduate education programs, and national/international collaborations. Consensus items can be used in national and international certificate programs preparing 'qualified advanced occupational health nurses'.

KEYWORDS

+ Türkiye, +2023, +Gök Metin, +nurses, +research, +tasks, +info educ staff, +02, +09, +11, +13,

Thailand

Passaranon K, Chaiear N, Duangjumphol N, Siviroj P. Enterprise-Based Participatory Action Research in the Development of a Basic Occupational Health Service Model in Thailand. *Int J Environ Res Public Health*. 2023; 20: 5538.

<https://www.ncbi.nlm.nih.gov/pmc/?term=10.3390%2Fijerph20085538>

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Abstract

Various basic occupational health services (BOHS) are provided, particularly in-plant BOHS; however, it might be necessary to start expanding BOHS.

The current study focuses on BOHS model development using participatory action research (PAR) at a large-sized enterprise in northeastern Thailand. The PAR began with a situation analysis using ILO Convention C161, problem and cause analysis, the development of an action plan, observation and action, evaluation, and replanning. The research tools included interviews, focus group discussions (FGDs), and participant observations. The participants included managers, human resource staff, safety officers, and workers. Both inductive and deductive thematic analyses were undertaken.

The results showed that (1) education and learning experience led to the workers detecting work-related diseases early by themselves and the implementation of medical surveillance programs; (2) the workers' occupational health needs led to return-to-work assessments and first aid room system development; (3) the employer's experience led to appropriate fit-for-work examinations and emergency preparedness; and (4) the feedback from BOHS providers led to a hospital-to-in-plant return-to-work conversion.

The study concluded that the enterprise could develop fit-for-work and return-to-work assessments as per the ILO Convention C161 under the policy; however, medical surveillance and the first aid room system need to be developed through counselling at the hospital's occupational medicine clinic.

KEYWORDS

+Thailand, +2023, +Passaranon, +participation, +research, +info educ population, +tasks, +07, +09,

Global

Sakuraya A, Iida M, Imamura K, et al. A proposed definition of participatory organizational interventions. J Occup Health. 2023; 65: e12386.<https://pmc.ncbi.nlm.nih.gov/articles/PMC9897955/pdf/JOH2-65-e12386.pdf>*Open Access. Creative Commons Attribution License.*

Abstract

Participatory organizational interventions offer an effective way to promote occupational safety and health. Despite an increasing number of studies, a common definition of participatory organizational interventions has yet to be established. Therefore, we aimed to form a definition using the following process. First, we developed a tentative draft definition of organizational interventions and participatory elements, based on the relevant literature. The tentative definition was revised in several rounds of an extensive discussion by the authors. This resulted in the draft definition. We asked 15 selected international experts in occupational safety and health to review and comment on the draft definition. We carefully reviewed their comments and formulated our final proposed definition. To summarize the key points of the final version of the definition, organizational interventions are planned actions that primarily target working conditions with the aim of promoting and maintaining of the highest degree of physical, mental, and social well-being of workers in all occupations. In addition, as participatory elements of organizational interventions in the final definition, ideally, all workers participate in every step of the intervention, while participating in part of the steps of the intervention in some cases. Furthermore, in principle, all workers participate in each step of intervention, while it is also acceptable that only elected representatives among workers participate in the intervention.

KEYWORDS

+Global, +2023, +Sakuraya, +participation, +research, +tasks, +Q of interventions, +07, +13,

Global

Valencia-Contrera M, Rivera-Rojas F. Bibliometric analysis of scientific production in occupational health nursing. *Rev Bras Med Trab.* 2023; 21(4): e20231135.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11316541/pdf/rbmt-21-04-e20231135.pdf>

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Abstract

Occupational health nursing, formerly known as industrial nursing, which in turn has its foundations in public health, develops preventive, assistance, legal, and expert activities, as well as management, teaching, and research, the last of which updates knowledge and provides answers to questions arising from clinical experience. The aim of this article was to analyse the scientific production about occupational health nursing in Scopus and Web of Science databases. This is a retrospective, descriptive, bibliometric study on the scientific production about occupational health nursing in which scientific evidence was analysed and characterized using Bibliometrix software. An unequal scientific production was evidenced, with a higher proportion of publications in countries such as the United States, South Korea, Brazil, and Spain; furthermore, there has been a sustained growth in the number of publications, whose topics of greatest interest were associated with health, risks, exposures, and care.

KEYWORDS

+Global, +2023, + Valencia-Contrera, +nurses, +tasks, +research, +internat collab, +09, +11, +14,

Global

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.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10024225/>

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Abstract

Background: Occupational health services are not available for more than 80% of the global workforce. This pertains especially to informal workers, workers in agriculture and in small enterprises, and self-employed. Many are working in hazardous conditions. The World Health Organization, the International Labor Organization, the International Commission on Occupational Health, and the World Organization of Family Doctors promote as part of a solution, basic occupational health services (BOHS) integrated in primary or community health care. Quality information on this topic is difficult to find. The objective of this study is to develop an open access bibliography, a repository, referring to publications on BOHS and similar innovations, to support progress and research.

Methods: The database design and sustaining literature searches (PubMed, Google Scholar, SciELO) are described. For each publication selected, basic bibliographic data, a brief content description considering copyright restrictions, and a hyperlink are included.

Results: Searches resulted in a database containing 189 references to publications on BOHS such as articles in scientific journals, reports, policy documents, and abstracts of lectures. A global perspective is applied in 43 publications; a national or regional perspective is applied in 146 publications. Operational and evaluative research material is still scarce. Examples of references to publications are shown.

Conclusion: The repository can inspire pioneers by showing practices in different countries and can be used for reviews and in-depth analyses. Missing publications such as from China, Russia, Japan, Republic of Korea, and Spanish/Portuguese speaking countries, can be added in the future, and translated. Search functions can be developed. International collaboration for the promotion of occupational health coverage for all workers must be intensified.

KEYWORDS

+Global, +2023, +Van Dijk, +LDOH, +research, +internat collab, +OSH info general, +02, +06, +14,

Brazil

Vidal CC, Marques ALM, Jucá AL, Silva EV, Gomes SOL, Alves CKA, Falcão IV. Occupational therapy practice with puerperal women in the actions of the family health support center. [Atuação da terapia ocupacional com puérperas nas ações do núcleo de apoio à saúde da família]. *Cadernos Brasileiros de Terapia Ocupacional*. 2023, 31, e3504. In English and Portuguese.

<https://www.scielo.br/j/cadbto/a/Pk65CHmPnVzsXZHVywQ6pZF/?format=pdf&lang=en>

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Abstract

Introduction: Occupational Therapy works in Primary Care through the Family Health Support Center, collaborating to promote comprehensive health monitoring for the population served by SUS. Among the people assisted are women in the puerperium, the period between childbirth until the next six and eight weeks is marked by several changes for those who experience it.

Objective: To investigate the role of occupational therapists with postpartum women in Primary Care actions at Family Health Support Center in Recife-PE.

Method: A qualitative exploratory study, carried out between April and May 2022, with eight occupational therapists working in Recife-PE. As a research instrument, a semi-structured interview script was produced. For analysis, the Collective Subject Discourse technique was used.

Results: The professionals report difficulties to work as a team with postpartum women due to the lack of knowledge of the possibilities of assistance on the part of the Family Health Teams. Despite this, they carry out several actions aimed at the field of action and the core of knowledge of Occupational Therapy. Among the actions carried out are home visits, individual and shared care, group care, breastfeeding support, guidance to postpartum women and support network, mental health care, guidance and resumption of occupational roles, routine structuring and guidance or support for daily activities.

Conclusion: Based on the understanding of occupation and occupational performance, the practice of occupational therapists at team represents benefits to the health of women assisted during the puerperium.

KEYWORDS

+Brazil, +2023, +Vidal, +other addit experts, +tasks, +09, +11,

2024

Indonesia Adi NP, Pahlavie BM, Mori K. Expansion of basic occupational health service through public health center: policy and practice from Indonesia. *Environ Occup Health Practice*. 2024;6: eo hp.2023-0018-OW.

https://www.jstage.jst.go.jp/article/eohp/6/1/6_2023-0018-OW/_article

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Abstract

Indonesia is an archipelago nation that structures its health services through a stratified system. The public health center (Pukesmas) serves as the institution responsible for providing primary care services and undertaking various public goods initiatives, including promoting occupational health among workers in the informal sector. Integrated Occupational Health Services Posts (Indonesian: Pos Upaya Kesehatan Kerja [Pos UKK]) are community-based initiatives (supported by public health centers) that aim to address health-related issues among workers through a community participation model. Although the program appears to be well-suited to the country's conditions, several challenges have emerged. This paper introduces the practical application of the program in the Province of Jakarta.

KEYWORDS

+Indonesia, +2024, +Adi, +structure BOHS, +structure PHC, +regional support c, +informal workers, +participation, +01, +03, +08, +10, +14,

Brazil

Barros LM, Lima MAG, Neves RF. Long-term work disability: loss of rights, survival and tangency of primary health care. [Incapacidade prolongada para o trabalho: perda de direitos, sobrevivência e tangenciamento da atenção primária à saúde]. Ciência & Saúde Coletiva 2024, Volume 29 N. 9 elocation e01422023. In English and Portuguese.

<https://www.scielo.br/j/csc/a/8pMWv8pDZtHHpBdKxRYFPvx/?format=pdf&lang=en>

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Abstract

This article aims to explore the experience of long-term work disability (LWD) of users-workers in primary health care (PHC), understanding the therapeutic itineraries and the search for social protection, the elements that contribute to the incapacitation process and the strategies constructed for living with this condition. LWD is a multidimensional phenomenon, with a negative impact on the lives of workers, families and society. PHC has an important role in caring for people on leave from work. This is a qualitative, descriptive-exploratory study of the daily lives of people in situations of LWD. The comprehensive perspective guides the analysis of data co-produced in interviews and field observation. Cross-cutting themes such as social lack of protection, lack of communication and co-operation between key actors that enhance or mitigate LWD were recognised. The social support network proved to be important to access health care and to avoid social decadence. The Family Health Strategy, with technical support in Occupational Health, emerges with potential in the production of care for worker-users, although the fragility of maintaining long-term care.

KEYWORDS

+Brazil, +2024, +Barros LM, +structure HC, +Q of care, +Q of staff, +target populations, +01, +04, +09, +10,

Brazil

Brito DC, Xavier DM, Redü AO, Lourenção LG, Soares FG, Gomes GC, et al. Strategies used by nurses regarding underreporting of rural work accidents due to pesticide use. Rev Bras Enferm. 2024;77(2):e20230384. In English and Portuguese.

<https://www.scielo.br/j/reben/a/hYbFZ7ZpHDLmTSp8MW4f47w/?format=pdf&lang=en>

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Abstract

Objective: To learn the strategies used regarding underreporting of pesticide use in rural areas.

Methods: A qualitative study was carried out in eight primary healthcare units in rural areas and two emergency care units in a municipality in southern Brazil. Data collection took place in 2023 through interviews. Twenty professional nurses participated. The data was submitted to content analysis.

Results: The strategies identified were lifelong and continuing education for the professionals who carry out the notification, active search and training of workers who deal directly with this type of substance, computerizing the notification by filling in the forms online, and carrying out research on the subject.

Final considerations: Nurses play an important role in reporting occupational accidents caused by the use of pesticides, improving occupational safety in rural areas.

KEYWORDS

+Brazil, +2024, +Brito, +nurses, +info educ staff, +farm workers, +tools equipment, +06, +09, +11, +12,

South Asia,
India,
Pakistan,
Nepal

Kawakami T. Participatory Training Activities in South Asia for Promoting Safety and Health in Informal Economy Workplaces-Roles of Trade Unions and Employer Organizations. Saf Health Work. 2024 Dec;15:500-506.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11650791/>

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Abstract

Workers and employers in the informal economy are often outside the scope of legal frameworks of occupational safety and health (OSH) service in South Asia. The present study aimed to find practical support measures to improve their safety and health. International Labour Organization's participatory training activities in five selected informal economy workplaces comprising waste collection and recycling in India, sewage cleaning in Pakistan, home-based manufacturing in Nepal, small-scale construction in Nepal, and cotton farming in India were studied. The common steps taken in the training were collaboration with local trade unions and employer organizations to reach informal economy workplaces, collection of local good practices in OSH for designing participatory training contents, training worker and employer OSH trainers, assisting trained worker and employer trainers in conducting cascading training activities in their own workplaces, and follow-up visits for support and sustainability. It was found that working with local trade unions and employer organizations had the strong potential to reach various informal economy workplaces. Applying the easy-to-apply participatory training methodologies was vital in delivering practical OSH support.

KEYWORDS

+South Asia, +India, +Pakistan, +Nepal, +2024, +Kawakami, +ILO, +participation, +info educ population, +informal workers, +info educ staff, +01, +07, +12, +14,

Chile, Colombia, Brazil, Mexico Valencia-Contrera M, Rivera-Rojas F, Castro-Bastidas JD, Robazzi MLDCC, Quintana-Zavala M, Valenzuela-Suazo S. Undergraduate Occupational Health Nursing Education in Chile, Colombia, Brazil, and Mexico. *Workplace Health Saf.* 2024;72:75-78.

<https://journals.sagepub.com/doi/10.1177/21650799231196885?icid=int.sj-full-text.citing-articles.1>

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Description based on the abstract. Use the link to read the full abstract and article.

The state-of-the-art of the training for Occupational health nursing in Latin American countries is unknown. This study focuses on undergraduate nursing education in occupational health, considering Chile, Colombia, Brazil, and Mexico. A multicentre, descriptive study was organized, consulting government databases in the four countries.

Heterogeneity was identified. Mostly, courses were given as elective courses in the last years of training. The authors recommend that training centres develop programs for occupational nursing. Better programs are needed to enhance public health in developing countries and are an “ethical and equitable response to the working population”.

KEYWORDS

+Chile, +Colombia, +Brazil, +Mexico, +2024, +Valencia-Contrera, +nurses, +info educ staff, +structure HC, +internat collab, +Q of staff, +regulations, +11, +12,

Malaysia

Yasin SM, Ismail N, Masngut MI, Abdullah NN, Yasin NE, et al. Protocol of health screening related to occupational diseases in 100 000 workers in critical sectors: a cross-sectional study with worksite risk assessment. *BMJ Open*;2024:e083796.

<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC11367312&blobtype=pdf>

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Abstract

Background: Occupational diseases are one of the most important health problems related to employment. However, in Malaysia, there are few epidemiological studies discussing these issues, especially among workers in the industry. For that, this study aimed to screen workers from high-risk industrial sectors, identify hazards in the workplace and recommend improvement measures in the workplace to prevent occupational diseases.

Methods and analysis: This is a 3-year project in which a survey of 100 000 workers from all 13 states in Malaysia will be conducted using a web-based screening tool that is comprised of two parts: occupational disease screening tool and hazard identification, risk assessment and risk control method. Data will be collected using a multistage stratified sampling method from 500 companies, including seven critical industrial sectors. The independent variables will be sociodemographic characteristics, comorbidities, previous medical history, high-risk behaviour and workplace profile. The dependent variable will be the types of occupational diseases (noise-induced hearing loss, respiratory, musculoskeletal, neurotoxic, skin and mental disorders). Subsequently, suggestions of referral for medium and high-risk workers to occupational health clinics will be attained. The approved occupational health service clinics/providers will make a confirmatory diagnosis of each case as deemed necessary. Subsequently, a walk-through survey to identify workplace hazards and recommend workplace improvement measures to prevent these occupational diseases will be achieved. Both descriptive and inferential statistics will be used in this study. Simple and adjusted binary regression will be used to find the determinants of occupational diseases.

KEYWORDS

+Malaysia, +2024, +Yasin, +OSH info specific, +research, +standards guidelines, +Q in outcomes, +specialised clin OHC, +06, +07, +11,

2025

Indonesia

Agustin H, Ruliyandari R, Ridwan Ansari M, Kodriati N. Evaluation of Effectiveness of the Basic Occupational Health Services in Mangunan, a Pine Forest Tourism Site in Yogyakarta . Jurnal kesehatan komunitas (Journal of Community Health). 2025; 10(3): 597-606. In Bahasa Indonesia language. Abstract in English.

<https://jurnal.hip.ac.id/index.php/keskom/article/view/2091>

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Abstract

Puskesmas Dlingo has initiated Basic Occupational Health Services (BOHS) in the Mangunan forest tourism village since 2019. To develop the BOHS, the program manager of the BOHS at the health centre is to carry out mentoring functions during the initiation of formation, coaching tasks after the UKK post is formed, and monitor and evaluate the implementation of the UKK post. Since its establishment, this UKK post has never been assessed for its activity. The purpose of this study was to assess BOHS in Mangunan forest tourism. This study is qualitative research with a case study approach. The informants consisted of nine people: the BOHS program manager and the head of the Puskesmas Dlingo, workers/cadres, the BOHS supervisor from the Bantul Regency Health Office, and the tourism manager. All informants were selected purposively. Data were collected using in-depth interview methods and analyzed thematically. The components to assess are the number of cadres, integrated health service activities, promotive and preventive activities, BOHS facilities, recording and reporting, and revolving funds. The study found that all components indicate the BOHS is currently less active and tends to be inactive. Puskesmas policies are needed through budgets, necessary training in occupational health empowerment, and networking.

KEYWORDS

+Indonesia, +2025, +Agustin, +Q of care, +tasks, +governance, +info educ staff, +structure BOHS, +Q of care, +staff capacity, +tasks, +05, +06, +12, +13,

Türkiye**Hasanhanoglu C, Pak Güre MD, Uğurlu Z. "Safe Work, Strong Performance": Unveiling the Nexus Between Occupational Health and Safety, and Job Performance in Turkish Social Workers. Soc Work Public Health. 2025; Apr 24:1-17. Online ahead of print.**<https://pubmed.ncbi.nlm.nih.gov/40272528/>*Presumably Not open access. Copyright Taylor & Francis.*

Description based on the abstract. Use the link to read the full abstract and article when printed.

The study examines the relationship between occupational health and safety, and the job performance of social workers. Almost 400 Turkish social workers participated in a study on the relation between their job performance and the occupational safety and health practice performance (Occupational Health and Safety Practices Performance Evaluation Scale, OHS-PES). Most social workers were employed in the public sector. About 40 % received basic occupational health and safety training. OHS-PES and job performance were positively correlated. Recommendations are in favor of interventions to improve workplace safety by improving the job performance of social workers by comprehensive training and psychosocial risk mitigation strategies.

KEYWORDS

+Türkiye, +2025, + Hasanhanoglu, +Q of staff, +tasks, +other addit experts, +info educ staff, +Q of interventions, +04, +11,

Iran **Hassanzadeh-Rangi N, Hosseini B, Akhtari Y, Khosravi Y. Development of National profile for occupational safety and health services in Iran (IRANOSH): a mixed-method study focusing on input and process indicators. BMC Public Health. 2025;25(1):1393.**

<https://pubmed.ncbi.nlm.nih.gov/40229830/>

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Abstract

Background: This study introduces a protocol for developing a national profile for occupational safety and health services (NPOSH), tailored for Iran (IRANOSH). It focuses on basic information, structure, programs, and human resources, highlighting challenges and practices in the context of OSH services.

Methods: Forty-six NPOSH indicators were identified through content analysis of literature and categorized into ten domains and six types. The NPOSH framework was customized for Iran (IRANOSH) following an initial focus group discussion. Quantitative data were collected by 2,317 occupational health inspectors from 820,846 workplaces across Iran, including 3,734,249 workers. The quantitative and qualitative indicators were further discussed in a second focus group.

Results: Quantitative findings show the target population for occupational safety and health (OSH) services was estimated to be 34% of the country's population. Small workplaces comprised 98% of all workplaces including 40% of workers. Access to OSH structures indicates one OSH center per 154 workers and 33 workplaces, one OSH engineering company per 12,447 workers and 2,736 workplaces, and one OSH medical examination center per 3,404 workers and 748 workplaces. Access to OSH human resources involves one OSH inspector for every 354 workplaces and 1,612 workers and one occupational medicine specialist per 3,270 workplaces and 14,877 workers. Qualitative findings show that the key OSH programs in Iran include targeted inspections, occupational medical examinations, and monitoring of occupational exposures focusing on difficult and hazardous occupations in medium to large workplaces. Small workplaces present the most significant challenge and priority. A pronounced shortage of human resources hampers service provision, making developing OSH services for these settings a top priority.

Conclusions: Implementing an OSH self-assessment system through trade unions is proposed to bridge OSH service gaps. Additionally, expanding the Primary Health Care system to incorporate OSH structures within public organizations is essential for improving service delivery. Customizing the NPOSH framework for other countries with various health system contexts is recommended. Updating this study and comparing current findings with other data sources will help validate the current findings.

KEYWORDS

+Iran, +2025, +Hassanzadeh-Rangi, +expert-based OHS, +structure BOHS, +staff capacity, +tasks, +structure HC, +OH physicians, +tasks, +01, +08, +09, +10, +11,

Korea

Kong JO, Choi Y, Yang S, Jung-Choi K. Challenges from 14 years of experience at Workers' Health Centers in basic occupational health services for micro and small enterprises in Korea: a narrative review. *Ewha Med J.* 2025;48(1):e7.

<https://e-emj.org/journal/view.php?doi=10.12771/emj.2025.e7>

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Abstract

Health and safety issues in micro and small enterprises (MSEs) are recognized as a global challenge. This study aimed to examine Workers' Health Centers (WHCs) as a representative public organization providing occupational health services to MSEs in Korea. WHCs were established in 2011 after a trial period aimed at addressing occupational diseases in MSEs with limited resources. As of 2024, there are 24 WHCs, 22 branch offices, and 23 trauma counseling centers for workers. These health centers are managed by the Korea Occupational Safety and Health Agency, with their actual operation delegated to private organizations. Each WHC employs an average of 13 staff members and is organized into four specialized teams: cardiovascular disease prevention, workplace environment improvement, musculoskeletal disease prevention, and occupational stress management. These centers also offer common basic programs along with region-specific specialized initiatives. In 2023, the total cumulative number of users reached 203,877, with employees from MSEs comprising approximately 88.5% of the total. WHCs can thus be seen as playing a pivotal role as case managers of health requirements in the workplace by fostering strong relationships with MSEs and linking them to other relevant programs through a problem-solving-oriented approach. Given the limited resources of these enterprises, proactive policies and the equitable application of safety and health regulations are essential. A balanced strategy that combines regulatory enforcement with practical assistance is critical to ensure the success of WHCs in improving health and safety conditions in MSEs.

KEYWORDS

+Korea, +2025, +Kong, +target populations, +structure BOHS, +regional support c, +regulations, +01, +03, +05, +08, +10, +14,

Thailand

Sasanawin P, Surawattanasakul V, Prasan S, Banomyong K. The Differences in Necessary Competencies, Skills, and Performance Abilities Among Thai Board-Certified Occupational Medicine Physicians and Basic Occupational Medicine Certified Physicians. *J Multidiscip Healthc.* 2025; 18:1423-1432.

<https://pubmed.ncbi.nlm.nih.gov/40078204/>

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Abstract

Background: Occupational physicians in Thailand are classified into two groups: Thai board-certified occupational medicine physicians (TBOMPs) and Basic occupational medicine certified physician (BOMCPs). Variations in training duration result in differences in professional competencies. Although national regulations allow both groups to perform similar duties, disparities in training have raised concerns regarding competency, necessitating further investigation.

Purpose: To explore the necessary competencies, skills, and abilities to perform in occupational medicine in TBOMPs and BOMCPs.

Patients and methods: An analytic cross-sectional survey was conducted using an anonymous online questionnaire distributed via the Redcap platform to TBOMPs and BOMCPs across institutions. The questionnaire was developed based on several standardized sources of core competencies, and is divided into three sections, which include: demographic and working conditions, necessary competencies and skills, and abilities to perform in occupational medicine.

Results: A total of 216 respondents participated in the study, comprising 58 TBOMPs and 158 BOMCPs. The TBOMPs had a slightly higher proportion of males than the BOMCPs (67.2% vs 53.2%) and a marginally lower mean age (34.84 ± 8.59 vs 37.67 ± 8.69 years). As regards necessary competencies, TBOMPs significantly rated four areas higher than BOMCPs which include diagnosis of work-related diseases (4.57 vs 4.43, $p = 0.032$), ergonomics (4.38 vs 4.10, $p = 0.005$), medical surveillance and prevention (4.63 vs 4.48, $p = 0.034$), and communication skills (4.81 vs 4.57, $p = 0.001$). Additionally, as regards the abilities to perform, TBOMPs rated all areas higher than BOMCPs except for diagnosing work-related diseases (93.1% vs 81.7%, $p = 0.053$), and leadership and teamwork (91.4% vs 87.3%, $p = 0.481$).

Conclusion: HRM, communication, teamwork, and leadership are essential competencies and skills. Enhancing training in environmental medicine, revising research methodology instruction, and introducing refresher training sessions in the Residency Training Program of Occupational Medicine (ROM) and Basic occupational medicine (BOM) curricula are recommended to improve professional practice.

KEYWORDS

+Thailand, +2025, +Sasanawin, +OH physicians, +family physicians, +Q of staff, +info educ staff, +tasks, +Q of care, +structure BOHS, +01, +03, +08, +11,



Welding on the deck of the Italian ship the "Jolly Blu". Port of Genoa.

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5 Lectures

5.1 Overview

The Lectures Section includes records on congress overviews (sessions or meetings), lecture or poster abstracts, and slide presentations.

Options to find and download contributions to ICOH congresses from 2012 to and inclusive 2024 (all open access)

2012 Cancun, Mexico. All abstracts of contributions are available in the ICOH Heritage Repository, <http://repository.icohweb.org/cancun-2012/>.

2015 Seoul, Korea (Republic of). All abstracts of contributions are available in the ICOH Heritage Repository, <http://repository.icohweb.org/seoul-2015/>.

2018 Dublin, Ireland. All abstracts of contributions are available in the ICOH Heritage Repository, <http://repository.icohweb.org/dublin-2018/>.

All abstracts are also available in 'Occupational and Environmental Medicine', https://oem.bmj.com/content/75/Suppl_2. You can search for lectures, topics, authors. For the complete collection of abstracts, use: https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf.

2022 ICOH Digital Congress. This congress is not available in the ICOH Heritage Repository. All abstracts are available in 'Safety and Health at Work': <https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>. Pages 698-732 are available in: <https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S1>.

2024 Marrakech, Morocco. This congress is not available in the ICOH Heritage Repository. All abstracts are available in 'Occupational Medicine', https://academic.oup.com/occmed/issue/74/Supplement_1.

Overview of all 106 records in the section Lectures

The records are ordered *per ICOH congress*, following the alphabetical order of the family names of the first author(s). The titles of the presentations have been shown as well in the overviews per congress.

ICOH Congress 2012 Cancun, 25 records

Balakrishnan K. Provision of BOHS through Public Health Systems in Tamil Nadu, India: Scoping a framework for risk management.

Buijs P. Bringing health care as close as possible to where people live and work.

Colosio C. Primary occupational health care in agriculture in the Region of Lombardy: Italy.

Colosio C. Linking occupational health and primary health care in Italy: an urgent need.

Colosio C. Basic OH Services for Rural Workers: Dream or Reality? Preliminary results.

Colosio C, Lopez-Abuin TM, Riva MA, Jone JW. Basic Occupational Health services in Agriculture: a strategy to increase interventions for rural workers and reduce health inequalities in rural areas.

Diep NB. Basic occupational health services in Vietnam.

Diep NB, Hai NK. Provision of basic occupational health services to health care workers.

Donham KJ. Agricultural Medicine Education, the AgriSafe Network, and the Certified Safe Farm: A U.S. model providing structure and service for OH in agriculture.

Ergor A. Demiral Y. Progress towards expanding coverage of “basic occupational health services” in Turkey.

Husman K. What can we expect from primary health care reforms? (panel discussion)

Ivanov ID. Health systems and the ‘working poor’ - what are the policy options?

Jaramillo HG. Assistance Program in Occupational Health and Safety for Micro and Small Enterprise.

Jirakalvisan R. Basic Occupational Health Services (BOHS) model utilizing governmental, academia and private enterprises network in Songkhla province, Southern Thailand: A preliminary result.

Karadzinska Bislimovska J. The role of BOHS approach in the development of OH system in R. Macedonia.

Khayongo CK, Nsubuga FM. Importance of integration of safety and health in Primary Health Care; a casing point of Uganda.

Kim R. Strategies of the WHO/Europe for improving OH services through Health 2020 and the WHO Global Plan of Action on Workers’ Health.

Kogi K. Application of BOHS (Basic Occupational Health Services) principles in practice.

Liira H. Basic Occupational Health Services (BOHS) in surveillance of small enterprises.

Luong MA. Best practices of BOHS and WIND, WISE in agriculture and traditional handicraft village in Viet Nam.

Niu S. Innovative OSH Practices in Informal Sector / SME Sector.

Rantanen J. New concept in basic occupational health services – BOHS: Lessons learned.

Siriruttanapruk S. Development of basic occupational health services for workers in the informal sector through PC units.

Siriruttanapruk S. Occupational Health in Thailand: Future Perspectives.

Tao L. China. China's practices of basic occupational health service pilot activity.

ICOH Congress 2015 Seoul, 26 records

Agius RM, Hussey L, Dodman J, Rayner C, Hirst A, Davies H, Zarin N. Building an Integrated Education - Research Model for General Practitioners committed to Occupational Health.

Arnaout S. Scaling Up the Health Coverage of Working People in Eastern Mediterranean Region. Challenges and Opportunities.

Birago JE. National policy and action on Workers' Health for All in Tanzania.

Buijs P, Van Dijk F. Historic introduction on Primary Health Care committed to Workers' Health.

Colosio C, Abuin JL, Johnes JW. Toward Universal Health Coverage for Rural Workers: the Challenge of the Third Millennium.

Denny H. Current Situation and Future Plans in Primary Health Care Activities for Workers Health in Indonesia.

Días EC, Lacerda e Silva T, Machado JH, Silva JM. Challenges and Opportunities of Primary Health Care for the Brazilian Health and Safety at Work National Policy.

Fu H, Ren H, Wang Y, Liu H, Yang Y, Zhang Z, Zhang T. Study on delivery models of health services for occupational population in Shanghai.

Garg C, Ivanov ID. Estimating the costs for delivering primary-care based essential interventions for workers' health.

Gulvady CS, Pingle S. Role of national OH associations in fostering BOHS in the country.

Ivanov ID. Essential interventions for workers' health, measuring and monitoring health coverage of workers.

Ivanov I, Tran A. Primary care-based essential interventions for prevention and control of occupational and work-related diseases.

Ivanov ID. Global Approaches to Incorporating Occupational Health into Primary Healthcare.

Kayumba A. How to Develop Occupational Health Services for African Workers?

Kim H. Role of Occupational Health Nurses in Small-scaled Enterprises.

Kogi K, Yoshikawa T, Khai TT, Kawakami T. The role of action-oriented tools in improving small and medium-sized enterprises.

Kogi K, Yoshikawa T. Use of participatory action tools in implementing Basic Occupational Health Services (BOHS) in unorganized sectors.

Nag PK. Institutional role in advancing BOHS in developing countries.

Pingle S. Outreach to Employers in Developing Countries: A New Tool to advance BOHS.

Prempre P, Untimanon O, Siriruttanapruk S. Basic occupational health services development in Thai PCUs: Farmer clinic model.

Rasanen K, Kim H, Lee K, Chae H. Lessons of Farmers Occupational Health Services in Finland to Korean agriculture.

Rodriguez-Guzman JH. PAHO Strategies for the development of occupational health services for Central and South America.

Seneviratne M. Collaborating to deliver OH services in the Informal Sector.

Siriruttanapruk S. The Policy Maker Using Good Correlations between Community Health and Occupational Health (OH).

Untimanon O, Siriruttanapruk S. Situation analysis of occupational health activities in Thai Primary Care Units (PCUs).

Zungu M. Workers' Health within Primary Health Care in South Africa.

ICOH Congress 2018 Dublin, 17 records

Denny HM. Universal health coverage and workers' health developments in Indonesia

Harrison J. The role of education and training to sustain and develop an occupational health workforce for the benefit of working people.

Kim EA, Ryoo J. The current status of occupational health services and its perspectives in Korea.

Kogi K, Y Sano. Building prevention-oriented team support for good occupational health practices in developing countries.

Kulkarni GK, Rajesh R, Desai N, Valanju N. Issues & challenges for operationalizing BOHS in an un-organised labour market, Mumbai, India.

Lopez EA. Primary care and workers' health in Latin America.

Mansyur M. The strengthening of OSH regulation in Indonesia to improve the occupational disease management.

Naik I, Mittal A, Danielson T, Nicholas R, Seneviratne M. A multi-disciplinary, inter-continental collaboration to build capability in occupational health among health care professionals.

Nicholas R, Danielsen T, Mittal A, Seneviratne M, Naik I. Welders for welders.

Ozlu A. Public health approach in occupational health and safety services/Turkey example.

Parekh R, Moti S. Mission IAOH-BOHS: occupational health service delivery for informal sector workers through primary care ecosystem.

Pingle S. Basic occupational health: a key issue for achieving health equity in India.

Rajesh R. Occupational health services in India: challenges and opportunities.

Smits P, Hulshof C, Bastiaanssen M, van Balen J. Work-related problems. What can general practitioners in the Netherlands do?

Takala J. Global background of insufficient coverage by occupational health services: what can we do to support prevention and care.

Untimanon O, Sukanun K, Chaladlard P. Development of occupational illnesses and injuries recognizing and record keeping, to strengthen occupational health services delivery among primary care units in Thailand.

Yoshikawa T, Kogi K. Intercountry networking occupational health services in Japan and Asia.

Zungu M. Occupational and environmental health and safety in primary health care in South Africa.

ICOH Congress 2022 Digital, 10 records

Betancourt L, Cuenca V. Occupational Health for Informal Workers: A Review of Approaches to Care.

Dias EC, Lima MAG. Basic health care/family and workers' health programs performed by occupational health professionals among vulnerable populations.

Gangopadhyay S, Das S, Banerjee S, Das S. Occupational Ergonomics and Industrial Hygiene for Evaluation of Health-Related Hazards in Informal Sectors and SMEs.

Khan TH, MacEachen E. A furnished house without walls: Examining the work and health support systems of self-employed workers in Ontario, Canada.

Moti S, Parekh R. Video based Modular Training on Occupational Health risks in Informal Work for Primary Care Physicians in India.

Moyo F. The Profile of OHS Amongst Informal Traders in GWERU- A Case of Zimbabwe.

Naidoo N. Protecting the Unprotected - Occupational health and safety among informal workers in Southern Africa.

Sulistomo A, Soemarko DS. Recent Approaches to Increase Access to BOHS for the Indonesian Worker Population by Government and Medical Schools.

Siriruttanapruk S, Wirichai R, Kaeokaemchan Y, Chuangchaiya J, Kredyindee S, Boonkam P. Development of tools and interventions for improvement of BOHS in Thailand.

Untimanon O, Boonmeepong K, Laplue A, Sukanan K. Quality assurance approach for BOHS provided by Primary Care Units (PCUs) in Thailand, an example for others?

ICOH Congress 2024 Marrakech, 21 records of lectures

Braham C. Women in Informal Employment - Globalizing and Organizing (WIEGO). Engaging with state and private actors to extend occupational health and safety to workers in informal employment: best practices from the WIEGO network.

Colosio C. Italy: Special attention to improve levels of health coverage in agriculture.

Dias EC, Lazarino MS. Technical and pedagogical support (matrix) for Basic Occupational Health services (BOHS) in SUS, the national health system in Brazil.

Gangopadhyay S. Necessities of OSH training in Indian informal sectors.

Jain A, Shah D. Effective delivery of Occupational Health Services (OHS): promoting safety and health as a universal fundamental right at work. Special Session abstract (four lectures, three on ILO).

Joseph B. Development of occupational health services in a medical college setting in India - looking back over 25 years to inform the future.

Leka S, Jain A. Effective delivery of occupational health services: promoting occupational safety and health as a universal fundamental right at work.

Martínez-Jarreta B, Bulat P, Majery N, Gehanno JF, Pauncu EA, Bastiaanssen M, Godderis L, Braeckman L. Undergraduate Occupational Medicine teaching and training at European medical schools. Quo vadis?

Moti S. Are Basic Occupational Health Services progressing beyond general medical care at the workplace in the informal sector in India? A scoping review.

Moti S, Van Dijk F. Report of the Special Session on 'Bottlenecks and solutions in starting and progressing Basic Occupational Health Services. (article)

Moti S, Van Dijk, F. Basic Occupational Health Services - challenges and opportunities for Universal Occupational Health Care.

Moyo D. Implementation challenges of Basic Occupational Health Services in southern Africa.

Pingle S. OH training and education in LMICs – overcoming challenges and developing solutions. Special Session abstract (four lectures: Pingle S, Dias EC, Denny H, Van Dijk F.)

Pingle S. Evolution of occupational health in a developing country from the lens of an industrial physician.

Tabibi R. Basic Occupational Health Services (BOHS) in Iran: overview of state of the art.

Untimanon O, Chuang Chaiya J, Chaiwongwat I. Development of the user-friendly basic occupational health training online course for primary care providers in Thailand.

Untimanon O, Uthaitong K. Development of the financial system for Basic Occupational Health Services delivery for informal workers in Thailand.

Van Dijk F, Moti S. Introduction Special Session. Bottlenecks and solutions in starting and progressing Basic Occupational Health Services BOHS).

Van Dijk F, Moti S. 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.

Wickramatillake A, Seneviratne M. Deficient occupational health services in Sri Lanka: capacity building to close the gap.

Ximenes C. The low rate of teaching Occupational Medicine in medical schools in Brazil and worldwide: a challenge to be overcome.

Zhang M. Basic Occupational Health Services (BOHS) in China: challenges and opportunities.

Various international congresses/meetings, 7 records

Phoon WO, Seneviratne M. Delivery of basic occupational health service to small enterprises and the informal sector. Lecture at the ICOH Congress Milan, Italy, 2006. Abstract. Australia.

Zhi S, Eijkemans G, Kawakami T, Rantanen J. Organizing Basic Occupational Health Services for China. Poster at the ICOH Congress Milan, Italy, 2006. Abstract. China.

Herrera-Moreno V. Basic Occupational Safety and Health Services in Chile – 2008. Lecture at the ICOH Congress in Cape Town, South Africa, 2009. Abstract. Chile.

Leopando ZE. The role of family physicians in the integration of Primary Care and Occupational Medicine. Lecture at the WONCA Asia Pacific conference 2017 in Pattaya, Thailand. 2017. Lecture slides. Philippines.

Sulistomo A. Soemarko D. Developing a training module on occupational diagnosis for primary care doctors-filling the gap. Lecture at the ICOH SCETOH (SC on Education and Training in OH) Symposium, Zagreb, Croatia, 2017. Lecture slides. Indonesia.

Van Dijk F. Introduction to Basic Occupational Health Services. Lecture at ICOH-OCCUCON Conference in Mumbai, India, 2020. Lecture slides. Global.

Desai K, Dave B. Occupational health and safety services in informal sectors in India: a literature review. Lecture at ICOH - EPICOH conference in Mumbai, India, 2023. Abstract. India.

5.2 All records

ICOH Congress 2012 in Cancun, Mexico

<http://repository.ichweb.org/cancun-2012/>

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Selection and overview of the records

In a hand search selecting on relevancy for BOHS, based on the titles of the contributions, we selected 25 abstracts. All records are presented on the next pages, inclusive a short content description and a link, in alphabetical order (family name of the first author).

India

Balakrishnan K. Provision of Basic Occupational Health Services (BOHS) through Public Health Systems in Tamil Nadu, India: Scoping a framework for risk management. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/provision-of-basic-occupational-health-services-bohs-through-public-health-systems-in-tamil-nadu-india-scoping-a-framework-for-risk-management/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

In India, few previous efforts were organized to protect the health of public health system workers. We propose a framework for occupational risk management in Tamil Nadu, India, providing BOHS for the public health care workers. This infrastructure might provide BOHS for other sectors as well.

Hazard identification and qualitative exposure assessments were performed in 44 health facilities (267 representative work locations). Hazard control guidance documents and training resources were implemented for on-site BOHS systems making use of existing resources. Next, an expanded compendium of training resources was developed using job-hazard profiles. Wider deployment of these training resources could be used for easier implementation of the BOHS model.

See also under Articles in this repository for a more comprehensive description of this work by the same author.

KEYWORDS

+India, +2012, +Balakrishnan, +tools equipment, +Q of care, +Q of tools, +info educ staff, +06, +09, +12,

Global**Buijs P. Bringing health care as close as possible to where people live and work. Abstract of a Lecture. ICOH 2012**<http://repository.icohweb.org/bringing-health-care-as-close-as-possible-to-where-people-live-and-work/>*Open Access. Copyright ICOH.*

Description based on the abstract. Use the link to read the full abstract.

Primary health care (PHC) is crucial to attain a sufficient health level to lead a socially and economically productive life. PHC can bring “health care as close as possible to where people live and work” (WHO Alma-Ata Declaration, 1978).

However, the link with work was lost in many places while e.g. work-related musculoskeletal and mental disorders are widely prevalent. Cooperation with occupational health care is not easy. This ‘Blind Spot for work’ is visible in many countries while PHC offers good opportunities for early detection, intervention and maybe even primary prevention. Since only 10-15% of the global workforce has access to expert-based occupational health care, it seems worthwhile exploring how PHC can pay more attention to ‘work’. These topics are on the agenda of the WHO conference Connecting Health and Labour, end 2011 in The Hague (The Netherlands).

KEYWORDS

+Global, +2012, +Buijs, +WHO, +structure BOHS, +accessibility, +02, +07,

Italy

Colosio C. Primary occupational health care in agriculture in the Region of Lombardy: Italy. A practical approach and its preliminary results. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/primary-occupational-health-care-in-agriculture-in-the-region-of-lombardy-italy-a-practical-approach-and-its-preliminary-results/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

The International Centre for Rural Health of Milan started a project to create Basic Occupational Health Services structures in the territory while offering OH care for agricultural workers and collecting more information about existing conditions and needs. Data is collected from 800 workers in 260 enterprises.

The authors report on the prevalence of occupational and work-related diseases, such as respiratory disorders. Noise-induced hearing loss prevalence is 30% in the study group, mainly in workers engaged in noisy activities. Preliminary data do not show differences between farmers and the general population for allergic and respiratory diseases. Chronic lifestyle diseases such as hypertension, ischemic heart diseases and metabolic impairments, are monitored, collaborating with General Practitioners. Seroprevalence of IgG antitetanus, measured in 100 workers, shows that migrant workers might have a higher risk, leading to specific sensitization campaigns taking care of linguistic and cultural barriers.

KEYWORDS

+Italy, +2012, +Colosio, +farm workers, +OSH info specific, +migrant workers, +tasks, +01, +09, +10, +13,

Italy

Colosio C. Linking occupational health and primary health care in Italy: an urgent need. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/linking-occupational-health-and-primary-health-care-in-italy-an-urgent-need/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Many workers have no access to occupational health and safety, even in high-income countries, especially workers in small size enterprises, informal economy, agriculture. Migrant and seasonal workers are particularly affected. Very often the only health care is by the general practitioner. Migrant workers are often unaware of various health care options, accessing the system only through the emergency divisions in hospitals. In particular conditions, occupational health must be incorporated in primary health care. The general practitioner must know the basic principles of diagnosis and prevention of occupational diseases. Interventions are needed in university curricula. A second need is the possibility of sharing patients' files between the two different professionals.

KEYWORDS

+Italy, +2012, +Colosio, +migrant workers, +other target pop, +structure BOHS, +family physicians, +info educ staff, +01, +08, +10, +11,

Italy

Colosio C. Basic Occupational Health Services for Rural Workers: Dream or Reality? Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/basic-occupational-health-services-for-rural-workers-dream-or-reality/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Italian agricultural workers lack preventive activities. Occupational diseases and accidents are underreported. Coverage by OHS legislation and health care facilities are missing.

A project is running in the Region, with the aim to create BOHSs, adapted to local needs. Activities will be health surveillance with electrocardiography; respiratory and hearing function examination; biological specimen collection; vaccinations and education. Preferably occupational hygiene instruments will be added. Collaboration between Occupational Physicians and Rural GPs will be experimented. Collaboration will be based on information exchange. The creation of BOHSs will be explored. Preliminary results show that health surveillance at the workplace is feasible, where active BOHS exist, and an increase of notifications of occupational diseases.

KEYWORDS

+Italy, +2012, +Colosio, +farm workers, +coverage, +structure BOHS, +tasks, +family physicians, +01, +08, +09, +10, +11,

Global

Colosio C, Lopez- Abuin TM, Riva MA, Jone JW. Basic Occupational Health services in Agriculture: a strategy to increase interventions for rural workers and reduce health inequalities in rural areas. Abstract of a Semi-plenary lecture, ICOH 2012

<http://repository.icohweb.org/basic-occupational-health-services-in-agriculture-a-strategy-to-increase-interventions-for-rural-workers-and-reduce-health-inequalities-in-rural-areas/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

About half of the human population lives and works in rural areas. Many of them work in agriculture. Only healthy and well-trained agricultural workers can produce healthy food, in the healthiness of the living environment. However, agricultural workers are not adequately addressed by prevention and have limited or no access to occupational safety and health.

We collected the existing evidence about size and configuration of the global agricultural workforce, the health conditions and the coverage with occupational health surveillance. "The global workforce is made of about 3 billion workers. In poor countries 647 million workers are living, 2.245 million in middle income, and only 346 million in high income countries. Informal work is higher when the economic development is low. In South and East Asia, Africa, and the Pacific region most of the workforce is informal, especially in agriculture.

In developing regions OHS coverage ranges from 5 % to 10 %. Self-employed, small-scale enterprises and the informal sector are usually not covered at all. In Europe there exists a wide variation among countries with 5 to 90% coverage. USA, Canada, Japan, Australia and Israel show coverage rates comparable to Western Europe. However, also in highly covered countries agricultural workers are underserved, in particular daily-paid workers in plantations, seasonal or migrant workers, and working children. More than 95% of rural and agricultural workers in the world have no access to occupational health care. Agriculture is still a dangerous activity given the accident rates and the incidence of various work-related and occupational diseases.

Workers exposed to the same risk factors have no equal access to prevention and health care. "The first objective to be reached is the incorporation of occupational health in primary health care". The general practitioner needs adequate tools for identification and interventions addressing specific occupational health issues. The Basic Occupational Health Structures (BOHS) must be spread in the territory, according to local needs, equipped with a minimum set of instruments and tools for the collection of biological specimens. "Activities must be run by adequately trained personnel, with the full support of employers and employees and a full involvement of rural GPs."

KEYWORDS

+Global, +2012, +Colosio, +farm workers, +accessibility, +informal workers, +coverage, +other target pop, +family physicians, +tools equipment, +02, +08, +10, +11, +12,

Vietnam

Diep NB. Basic occupational health services in Vietnam. Abstract of a lecture, ICOH 2012

<http://repository.ichweb.org/basic-occupational-health-services-in-vietnam/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

The current policy, human resources, infrastructure, contents and coverage of basic occupational health services (BOHS) in Vietnam are presented. A national survey has been organized. Questionnaires and a walkthrough were organized to study about 1600 facilities. A workshop and group discussions were arranged.

Policy almost covered all regulations and a network including various levels such as national and provincial levels and ministerial occupational health centers organizing BOHS for enterprises and workers. Various interventions are described such as working environment monitoring and comprehensive workers' health surveillance, inclusive pre-employment and periodic health examinations and occupational disease detection.

A bottleneck is the human resources needed for BOHS. BOHS coverage varied from 2 - 13% of the enterprises, and between 4 and 33 % of the workers. The BOHS coverage in industrial branches was 2-5 times higher. BOHS activities were conform to the ILO Convention (161) and Recommendation (171).

BOHS capacities need to be enlarged on all levels.

KEYWORDS

+Vietnam, +2012, +Diep, +structure BOHS, +tasks, +research, +staff capacity, +coverage, +01, +10

Vietnam

Diep NB, Hai NK. Provision of basic occupational health services to health care workers. Abstract of a lecture, ICOH 2012

<http://repository.icohweb.org/provision-of-basic-occupational-health-services-to-health-care-workers/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Health care workers (HCWs) do not receive adequately basic occupational health services (BOHS). Some activities and good practices to promote BOHS for HCWs are presented. About 130 health care facilities (HCFs) were visited; about 9500 HCWs were interviewed.

The study showed that a low number of facilities performed environmental monitoring (e.g. less than half of all hospitals). The large majority of investigated HCWs did not participate in any OSH trainings. Almost all facilities organized enough basic PPEs. Most therapeutic HCWs worked overtime and at night (80%).

A model of BOHS provision to HCWs was developed and applied in some provinces: “OSH trainings, working environment monitoring, periodic health checkup, occupational disease detection and improvement of working environment, etc.”. Expanding a model of BOHS provision to HCWs over the country was recommended.

KEYWORDS

+Vietnam, +2012, +Diep, +other target pop, +research, +tasks, +coverage, +09, +10,

USA, Global

Donham KJ. Agricultural Medicine Education, the AgriSafe Network, and the Certified Safe Farm: A U.S. model providing structure and service for occupational health in agriculture. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/agricultural-medicine-education-the-agrisafe-network-and-the-certified-safe-farm-a-u-s-model-providing-structure-and-service-for-occupational-health-in-agriculture/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Most rural areas lack basic occupational health services and surveillance for farmers. In USA a model program has set out comprising three projects; (1) an occupational health service for farmers: the AgriSafe Network, (2) an Agricultural Medicine education program, and (3) the Certified Safe Farm – CSF, being a comprehensive preventive intervention. The AgriSafe Program includes occupational health and wellness screening, education and on-farm audits to reduce OSH hazards. Agricultural Medicine Education program was developed for health care providers to recognize, treat and prevent occupational health problems.

The AgriSafe Network, a non-profit organization, has members located in 17 USA states, Canada, and Australia. The Agricultural Medicine Training program trained over 500 health professionals. The program includes a graduate certificate in Agricultural Medicine, an MS, and PhD. The CSF Program increased the use of personal protective equipment, lowered rates of respiratory disease and severe injuries, and saved up to 47% on health care costs for occupational injuries and illnesses. The program was scientifically evaluated. A new program “Building Capacity” was developed for other countries.

KEYWORDS

+USA, +Global, +2012, +Donham, +farm workers, +national collaboration, +info educ staff, +OSH expertise c, +national OSH instit, +01, +14,

Türkiye

Ergor A, Demiral Y. Progress towards expanding coverage of “basic occupational health services” in Turkey. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/progress-towards-expanding-coverage-of-basic-occupational-health-services-in-turkey/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Low coverage of occupational health services (OHS) is a big problem in Turkey. The BOHS) concept is well known, some progress can be reported.

Study materials: scientific meetings, regulations, international agreements and conventions over ten years.

Results: Between 1988 and 2000, the Turkish Medical Association implemented an “occupational physicians’ certification program” enhancing capacity building and standards. After starting the EU accession process in early 2000s, a new Labour Law was introduced and the ILO Conventions 155 and 161 were ratified. After the “1st Global Expert Meeting on Basic Occupational Health Services” (Izmir, 2007), the ministry of Labor promoted the BOHS concept. The ministry of Health and WHO signed a “Biannual Collateral Agreement”. The ministry of Health declared the intention to provide BOHS for the workers in small-scale enterprises via community health centers.

However, Turkey still is missing a single occupational safety and health act. OHS is only available for 15% of the workers under Social Security regulations. Political, strategic, managerial and operational decisions are needed.

KEYWORDS

+Türkiye, +2012, +Ergor, +coverage, +info educ staff, +legislation, +structure BOHS, +01, +03, +08, +10,

Global

Ivanov ID. Health systems and the working poor - what are the policy options?
Abstract of a Lecture, ICOH 2012<http://repository.ichweb.org/health-systems-and-the-working-poor-what-are-the-policy-options/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Some countries with developed primary health care networks developed basic occupational health services to underserved workers, organizing OH training for PHC. The integration of occupational health in PHC faces several problems: lack of mechanisms for financing, insufficient awareness in primary care providers, poor access to OH expertise, lack of coordination between OHS services and PHC centers, and a disconnection between PHC and labour policies.

WHO in collaboration with TNO Work and Employment and the Dutch Government convened in 2011 a global conference "Connecting health and labour: What role for occupational health in primary health care?" Opportunities stemming from PHC reforms were explored such as universal coverage and access. "The Conference identified policy options for integration of occupational health into primary health care at the local, regional and national levels, as well as a number of strategies, financing and partnerships needed to achieve such integration." Conclusions and recommendations from the conference will be discussed and the agenda for follow-up actions.

See in this repository in Chapter 3: WHO. Connecting Health and Labour. Bringing together occupational health and primary care to improve the health of working people. Geneva; WHO: 2012. (English, Spanish and French). 6 pages. Technical document, Executive summary.

KEYWORDS

+Global, +2012, +WHO, +Ivanov, +internat collab, +structure BOHS, +structure HC, +02, +08,

Chile

Jaramillo HG. Assistance Program in Occupational Health and Safety for Micro and Small Enterprises. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/assistance-program-in-occupational-health-and-safety-for-micro-and-small-enterprise/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

About 70% of the employed workforce in Chile is affiliated with insurance against risks of accidents and occupational diseases, public administrated by the Institute of Work Safety (ISL). ISL has developed a counselling 'assistance' program for affiliated SMEs (Small and Medium Enterprises) in prevention of work accidents and occupational diseases. The program is run in companies: advisory activities, assessments and training to employers and workers. "After completing the program, eligible companies are formally recognized as accredited companies by the ISL. This accreditation also allows access to markets that require certification of occupational safety." From 2006 to 2012, more than 1200 SMEs participated, 506 got the accreditation. Training of approximately 24,000 workers was enabled. Discussion: SMEs need tailor-made support programs improving "the value proposition", what support to expect from OSH in everyday business and work practice. An obstacle to accreditation is the costs of improvements or compliance.

KEYWORDS

+Chile, +2012, +Jaramillo, +social insurance, +social security, +other target pop, +info educ population, +01, +03, +04, +10, +14,

Thailand

Jirakalvisan R. Basic Occupational Health Services (BOHS) model utilizing governmental, academia and private enterprises network in Songkhla province, Southern Thailand: A preliminary result. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/basic-occupational-health-services-bohs-model-utilizing-governmental-academia-and-private-enterprises-network-in-songkhla-province-southern-thailand-a-preliminary-result/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

The BOHS model was introduced by the Ministry of Public Health. The provincial network in Songkhla included health providers, academia, social security department and representatives from enterprises.

Participation: 10 enterprises > 100 employees, two Primary Health Care Units (PCU) and six private hospitals and clinics. Baseline data were collected in 2011, about 100 employees were interviewed, and a one-day meeting was held.

All enterprises organize an annual medical check-up, only a few implemented OHS risk assessment. Of the workers, 61% had a medical risk checkup, 9% visited the Occupational Medicine (OM) clinic in the past year. Work-related injuries and work-related diseases were frequently reported. Half of the hospitals and clinics reported readiness for OM services.

Recommendations were presented at the meeting such as an intensive safety training course, and a more comprehensive treatment of occupational injuries and diseases. A two-days training course has been given on risk assessment and control in the BOHS Model. The study demonstrated the feasibility and quality of the BOHS model at a provincial level.

KEYWORDS

+Thailand, +2012, +Jirakalvisan, +tasks, +structure BOHS, +01, +08, +09,

Macedonia

Karadzinska-Bislimovska J. The role of Basic occupational health services approach in the development of occupational health system in R. Macedonia. Abstract of a lecture, ICOH 2012

<http://repository.icohweb.org/the-role-of-basic-occupational-health-services-approach-in-the-development-of-occupational-health-system-in-r-macedonia/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

New OH&S system reforms in R. Macedonia aim adaptation of the system to new political and socio-economic conditions. Privatization of primary health care (PHC) included the assignment of part of OH specialists to general practice in PHC. This reduced coverage of OHS and prevention declined. New OH&S legislation, according to the EU request, stimulated OH reform activities. OHS within Health Centres (PHC level) in major municipalities were excluded from privatization. The new National Institute of OH organized a national PH Network. Basic OHS approach at PHC was recommended. Since 2006, national preventive programs are running for unemployed and agricultural workers using the BOHS model. There is a need to reactivate the OH specialists to introduce the BOHS models at all levels, and to build up the capacities.

KEYWORDS

+Macedonia, +2012, +Karadzinska-Bisl, +legislation, +structure BOHS, +farm workers, +other target pop, +structure HC, +01, +03, +08, +10,

Uganda

Khayongo CK, Nsubuga FM. Importance of integration of safety and health in Primary Health Care; a casing point of Uganda. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/importance-of-integration-of-safety-and-health-into-primary-health-care-a-casing-point-of-uganda/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Lack of funding for OSH programmes is a great problem in Uganda, given the wide range of issues. A few interventions are presented. Capacity building started by the Ministry of Health and the Ministry of Gender, Labour and Social Development, and is supported by USAID. Focus: system building for OSH monitoring within the health sector. Project in 8 out of 88 districts. Evaluation after 1 year.

210 health workers and 120 district leaders were trained. "70 health facilities had OSH committees. 65% of participants were using tools developed for hazard identification, inspection and monitoring, and found them to be user-friendly." However, safety and health (OSH) systems were not integrated in the existing primary health care system which resulted in inadequate, poorly operated and maintained equipment. Discussion: enforcement is a problem within the health sector as well as underfunding and understaffing. To implement a national OSH policy among health workers, integration of OSH systems into existing primary health care systems is necessary to reduce the resources needed and to avoid duplication of efforts.

KEYWORDS

+Uganda, +2012, +Khayongo, +info educ population, +staff capacity, +other target pop, +structure BOHS, +participation, +tools equipment, +01, +08, +10,

Europe

Kim R. Strategies of the WHO/Europe for improving occupational health services through Health 2020 and the WHO Global Plan of Action on Workers' Health. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/strategies-of-the-who-europe-for-improving-occupationalhealth-services-through-health-2020-and-the-who-global-plan-of-actionon-workers-health/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

The WHO Global Plan of Action on Workers' Health recommends that the Member States provide basic occupational health services (BOHS) to all workers. Since 2008, WHO/Europe supported Member States through biennial collaborative agreements to improve coverage of occupational health services especially for underserved and vulnerable workers, following BOHS principle.

WHO/Europe achieved development of strategies and action plans on OHS services, or developed human capacities in Croatia, Montenegro, FYR Macedonia, Serbia, Albania and Türkiye. The South-East Europe Workplace Academy (SEEWA) and the Southeast Europe (SEE) Network organized training for OHS professionals. WHO/Europe is preparing Health2020 as framework guidance for new European health policy in 2012, continuing technical and policy support "for the integration of BOHS into the public health services and health systems".

KEYWORDS

+Europe, +2012, +Kim R, +WHO, +structure BOHS, +info educ staff, +internat collab, +02, +08, +14,

Global

Kogi K. Application of BOHS (Basic Occupational Health Services) principles in practice. Abstract of a Lecture. ICOH 2012

<http://repository.ichweb.org/application-of-bohs-basic-occupational-health-services-principles-in-practice/>*Open Access. Copyright ICOH.*

Description based on the abstract. Use the link to read the full abstract.

A vast majority of workers of the world (80-90%) do not have access to occupational health services, OHS. There is a challenge to provide and modify OHS to meet the needs of particularly underserved and vulnerable groups of workers. The new approach proposed by joint action of the ILO, WHO and ICOH on basic occupational health services, BOHS, provides a new approach. Many lessons have been learned from the completed and ongoing pilots which are used for further development. Several countries in South-Eastern and Eastern and Northern Europe, in Asia, in East Africa and South America have undertaken pilot projects. Evaluations find them feasible, effective both in expanding the coverage and improving the content of the services. A special training programme is a part of BOHS implementation. Much development is needed. Requests for more guidelines and training and on-site training have been presented.

KEYWORDS

+Global, +2012, +Kogi, +info educ population, +ILO, +WHO, +ICOH, +02, +14,

Finland**Liira H. Basic Occupational Health Services (BOHS) in surveillance of small enterprises. Abstract of a Lecture, ICOH 2012**

<http://repository.icohweb.org/basic-occupational-health-services-bohs-in-surveillance-of-small-enterprises/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Municipal primary health care units (PHC) deliver more than 30% of the Finnish Occupational Health Services coverage. Coverage of smallest enterprises and self-employed is not easy. Methods: Pilot study (survey) testing the feasibility of BOHS as a municipal PHC OHS unit for small and medium sized companies (SMEs). Survey on how employees, employers and occupational health professionals evaluated the BOHS method inclusively the feasibility and usefulness of BOHS for the three groups in workplace health surveillance.

Response from 11 enterprises (11 employers, 9 employees, 2 OHS professionals). Employees were less positive than employers on support for risk control. Discussion: Occupational hazards are still important. BOHS seems to be a good method to support risk assessment and preventive actions. Guidance on return to work can be improved.

KEYWORDS

+Finland, +2012, +Liira, +coverage, +structure BOHS, +other target pop, +tasks, +08, +10,

Vietnam

Luong MA. Best practices of BOHS and WIND, WISE in agriculture and traditional handicraft village in Viet Nam. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/best-practices-of-bohs-and-wind-wise-in-agriculture-and-traditional-handicraft-village-in-viet-nam/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Workers in agriculture in Vietnam represent 57% of the national work force. Small and medium scale enterprises dominate in more than 3000 traditional handicraft villages. Workers' health care is planned by providing BOHS using a WIND or WISE approach (ILO). A pilot in 5 districts running from 2009-2010 resulted in appropriate BOHS including consultations to develop a tailor-made WIND, WISE checklist; "measuring of working environment; examining workers' health; training and implementing IEC activities; consulting farmers, employers, employees of using WIND, WISE checklist and develop work improvement plan, monitoring the implementation". In training courses more than 670 working environment samples were monitored. The permission standard has been exceeded in 17% of the samples, 800 workers received health examinations. More than 1000 cheap and practical work improvements were reported. Involvement of farmers, employers and employees is crucial, and advice of an occupational physician. The BOHS and WIND/WISE approaches were appropriate and are included in the national programme 2011-2015.

KEYWORDS

+Vietnam, +2012, +Luong, +farm workers, +ILO, +standards guidelines, +info educ population, +participation, +01, +02, +07, +09, +10, +14,

Global

Niu S. Innovative OSH Practices in Informal Sector / SME Sector. Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/innovative-osh-practices-in-informal-sector-sme-sector/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Workers in the informal sector are exposed to poor working conditions and low protection standards. Labor inspection is mostly absent, recording is poor.

ILO projects in Tanzania, Senegal and Nigeria use a community health approach collaborating with PHC in advising low-cost preventive improvements in micro-enterprises to prevent injuries and diseases, and to establish a self-sustainable health insurance scheme. ILO has also conducted activities in the Philippines, Malaysia and Nepal. ILO was also active under the Work Improvement and Development of Enterprise (WIDE) Program helping micro-enterprises improve incomes, productivity and working environment. This program is extended to countries in Africa, Latin America and central Asia. The challenge in the informal sector is offering necessary information and guidance to workers on simple and inexpensive solutions to reduce risks at work and in life. "Training is a most effective measure to raise awareness and improve working conditions. ILO has developed several training packages with different objectives." Approaches can be successful and sustainable when linked to social protection and employment creation. Key to any successful strategy is the sensitization of policymakers and involvement of employers and workers and their organizations.

KEYWORDS

+Global, +2012, +Niu, +ILO, +other target pop, +informal workers, +social insurance, +info educ population, +social security, +awareness, +participation, +02, +04, +07, +14,

Global

Rantanen J. New Concept in Basic Occupational Health. BOHS: Lessons learned. Abstract and Slides of a Lecture, ICOH 2012

<http://repository.icohweb.org/new-concept-in-basic-occupational-health-services-bohs-lessons-learned/>

Link to the slides at a handout:

https://icoh.confex.com/icoh/2012/webprogram/Handout/id371/SS070.1_SS070.1

Open Access. Copyright abstract ICOH. The copyright of the slides belongs to the author.

Description based on the abstract. Use the link to read the full abstract.

While a vast majority of workers in the world (80-90%) has no access to any form of occupational health services (OHS), many existing services are outsourced and “often downsized to the minimum”. How to meet the needs of underserved and vulnerable groups of workers? A new approach, promoted by joint action of the ILO, WHO and ICOH, is starting and evaluating basic occupational health services (BOHS). General and more specific guidelines have been developed, based on feasible PHC practices. Pilots in Europe, Asia, East Africa and South America were used for further development and adjustments to national and local circumstances. Evaluations show suggestive evidence for feasibility and effectiveness. Training of Trainers programmes for pilot leaders started as well as a special e-learning platform.

KEYWORDS

+Global, +2012, +Rantanen, +accessibility, +standards guidelines, +tasks, +structure BOHS, +info educ staff, +02, +08, +09, +11, +14,

Thailand **Siriruttanapruk S. The development of basic occupational health services (BOHS) for workers in the informal sector through primary care units. Abstract of a lecture, ICOH 2012**

<http://repository.icohweb.org/the-development-of-basic-occupational-health-services-bohs-for-workers-in-the-informal-sector-through-primary-care-units/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

In Thailand, agricultural and informal workers, and self-employed have no access to OH services, Ministry of Public Health developed a project toward BOHS for these workers. BOHS model development was piloted (2004-2007). BOHS guidelines were created, a training curriculum for health officers was written, and a pilot provision of BOHS started. A link has been made between Primary Care Units (PCUs) and community hospitals (CUPs). A policy movement from the central government to local authority should support starting BOHS.

All PCUs could provide BOHS, mainly for farmers, through OH education, first aid and emergency treatment, environmental surveys, and health screening for pesticide exposure. The project created awareness in farmers and other informal workers, and in health authorities and officers at various levels. BOHS for underserved workers can be integrated into a general health service system at PCU level. To improve the quality is needed: policy support, resource allocation and nonstop capacity building for the health care staff.

KEYWORDS

+Thailand, +2012, +Siriruttanapruk, +structure BOHS, +standards guidelines, +structure HC, +farm workers, +tasks, +informal workers, +awareness, +Q of care, +01, +08, +09, +10,

Thailand**Siriruttanapruk S. Occupational Health in Thailand: Future Perspectives.
Abstract of a Lecture, ICOH 2012**<http://repository.icohweb.org/occupational-health-in-thailand-future-perspectives/>*Open Access. Copyright ICOH.*

Description based on the abstract. Use the link to read the full abstract.

In Thailand, most workers are in the agricultural sector. Occupational injuries and diseases are a burden for the country. Three government agencies (ministries) are leading in OHS. The government selected the OHS policy as a National Agenda. The Ministry of Public Health is responsible for policy development, standards and guidelines. The Ministry of Labour developed a national plan to decrease occupational injuries. The Ministry of Public Health focuses on basic occupational health service provision for workers in informal sectors, especially farmers. "The improvement of law enforcement, research and technology transfer, and capacity building among OH professionals are current needs for OHS development."

KEYWORDS

+Thailand, +2012, +Siriruttanapruk, +farm workers, +government, +national collab, +informal workers, +01, +03,

China

Tao L. China's practises of basic occupational health service pilot activity.
Abstract of a Lecture, ICOH 2012

<http://repository.icohweb.org/chinas-practises-of-basic-occupational-health-service-pilot-activity/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Introduction. A challenge is that only about 10% of workers have access to OHS. To improve OHS capacity, China launched a three-year BOHS pilot project to meet the occupational health needs of workers, especially the vulnerable groups.

Method. See the abstract.

Almost a hundred new occupational disease prevention institutions were established and OHS staff increased. OH Divisions (or groups) were established in townships. In 3 years, more than 6,000 occupational health professionals and more than 30,000 managers were trained. More than 200,000 occupational disease prevention and control training materials were published. An Occupational Health Profile was developed for all pilot counties. In a baseline survey, almost half of the enterprises showed toxic or harmful risks. Out of 3,123,185 employees, 11 % were exposed to toxic or harmful agents. 65% of 671,279 workers exposed to occupational hazards received health surveillance; 503 workers were diagnosed with occupational diseases.

The BOHS pilot practices showed suggestive evidence on the feasibility of BOHS. The multidisciplinary joint actions were most valuable. BOHS pilot areas have been expanded to 65 counties in 28 provinces. More practice guidelines, training and research are needed.

KEYWORDS

+China, +2012, +Tao L, +accessibility, +national OSH instit, +info educ staff, +info educ population, +OSH expertise c, +research, +OSH info specific, +01, +06, +08, +11, +14,

ICOH Congress 2015 in Seoul, Korea

<http://repository.ichweb.org/seoul-2015/>.

Open Access. Copyright ICOH.

For this repository for BOHS publications, we included first a record describing a Summary Report of a Special Session at this congress on 'Primary health care and workers' health' (Van Dijk F, Buijs P. Primary health care and workers' health). This summary has been published as an article in the ICOH Newsletter no 1 in 2016.

Selection and overview of the records

In a hand search selecting on relevancy for BOHS, based on the titles of the contributions, we selected 26 abstracts. All records are presented on the next pages, inclusive a short content description and a link, in alphabetical order (family name of the first author).

Global

Van Dijk F, Buijs P. Primary health care and workers' health. Summary Report of a Special Session at the ICOH Congress in Seoul, Korea, 2015. ICOH Newsletter. 2016; 14 no 1: 14-17. ICOH 2015, article.

http://www.icohweb.org/site/pdf-viewer/viewer.asp?newsletter=icoh_newsletter_vol14_no1.pdf

Open Access, Copyright ICOH, 2016. ICOH Newsletter contents may freely be translated into other languages and disseminated among ICOH members.

Description of the article. Use the link to read the full article.

After an overview of the history referring to Alma Ata (1978, primary health care, PHC) and the common statement and pledge of WONCA and ICOH (2014), Buijs recommended to form an international task force. Untimannon reported that more than one third of all Primary Care Units (PCUs) in Thailand provides integrated occupational health services. A SWOT analysis showed as strengths multidisciplinary teams and local collaborations, as weaknesses limited knowledge and insufficient personnel. National OH policy needs improvement and a good data system. Zungu, South Africa, reported limited access of workers to OHS. The Universal Health Coverage (UHC) reform of PHC might result in improvements. Ward-based PHC Outreach teams headed by a nurse can contribute to an active, population-based approach. Education and training are needed. Arnaut (WHO, Eastern Mediterranean Region) noticed a low OHS coverage. Many workers are informal or migrant workers. In the Gulf region, countries accredit hospitals and other facilities when using occupational and environmental health standards. In Iran, occupational health is integrating in primary health care. Silveira reported that half of the workers in Brazil are informal. Workers' health is under the SUS (National Health System). More PHC teams are also offering health care for workers, but the infrastructure is poor, and staff need better education. Reference Centres for Workers' Health support PHC. More political support is needed. Denny from Indonesia reported efforts from PHC centres through Occupational Health Posts (POS UKK) with community participation. OH referral centres (BKMM) and training centres (PUKESMAS) are active, but the program is not mandatory. Funding is insecure, resulting in deficiencies. Colosio, Italy, addressed agriculture workers suffering from occupational accidents and diseases. Various healthcare provision systems are possible, among these BOHS. Local level initiatives can be supported by nurses and physicians in rural health centres (also referral centres). Agius (UK) reported about the THOR-GP network of family physicians (GPs), reporting work-related ill-health cases for research and education. EELAB, an electronic resource, assists GPs in learning Occupational Medicine using their own cases. Ten provisional conclusions were formulated. One is that progress has been made. Nevertheless, this is only the beginning. Universal Health Coverage should include specified interventions for workers' health.

KEYWORDS

+Global, +2016, +Van Dijk, +LDOH, +structure BOHS, +coverage, +informal workers, +migrant workers, +info educ staff, + regional support c, +farm workers, + family physicians, +nurses, +01, +02, +08, +11,

UK

Agius RM, Hussey L, Dodman J, Rayner C, Hirst A, Davies H, Zarin N. Building an Integrated Education - Research Model for General Practitioners committed to Occupational Health. Abstract of a lecture, ICOH 2015

<http://repository.icohweb.org/building-an-integrated-education-research-model-for-general-practitioners-committed-to-occupational-health/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

In primary medical care, participation of GPs in education and research on occupational medicine (OM) is insufficient. We tried to develop a community of GPs involved in Continuing Professional Development (CPD) and research in OH.

A CPD postgraduate (PG) blended learning course in OM (non-specialist, Diploma) started and the Health and Occupation Research Network in General Practice (THOR-GP) collecting data on work-related ill health (WRI) and associated sickness absence.

The Electronic Experiential Learning, Audit and Benchmarking EELAB set off in 2011, an electronic resource assisting GPs to learn OM using their own cases.

EELAB offers cases of WRI seen by the GPs for online learning: www.coeh.man.ac.uk/eelab.

CPD is used for getting the Diploma, for about 70-100 GPs per year. "About 250 GPs participated in THOR-GP and have yielded > 6000 cases for further research" (Hussey L et al. Brit J Gen Pract. 2008;58:637-640). EELAB feedback was generally very favourable, resulting in accreditation of EELAB by the Royal College of General Practitioners.

This model of education-research-education for GPs has built a community of GPs with training in OM and is of great value for epidemiologic research in OM.

KEYWORDS

+UK, +2015, +Agius, +family physicians, +info educ staff, +online facilities, +research, +structure HC, OSH info general, +06, +08, +11, +14,

**Eastern
Medit.
Region**

Arnaout S, WHO EMRO. Scaling Up the Health Coverage of Working People in Eastern Mediterranean Region. Challenges and Opportunities. Abstract of a Lecture, ICOH 2015

<http://repository.ichweb.org/scaling-up-the-health-coverage-of-working-people-in-eastern-mediterranean-region-challenges-and-opportunities/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

In the Eastern Mediterranean Region (EMR), informal work is widespread. The non-local/ expatriate workers represent the majority of the workforce in some Gulf countries. The coverage with occupational health services is very low. Organising occupational and environmental health standards for accrediting hospitals in the Gulf countries was a joint effort of WHO/EMRO and the Gulf Committee for OHS. Infrastructures, human resources and organizational capacity will be enhanced while developing occupational health services for the health workers and for the other workers.

The International consultation on “Interventions, Indicators and Service Delivery for Workers’ Health / Caring for all working people”, in Semnan (Iran, WHO, 2014) sensitized the decision makers in the Universal Health Coverage efforts. The “Semnan Declaration” showed successful experiences in integrating occupational health in Primary Health Care (PHC). In Iran, occupational health is integrated in the health care system. Plans for integrating OHS in PHC, partnering with WONCA and others, will be addressed.

See in Chapter 2 on Policy documents:

WHO. Summary report of the international consultation on caring for all working people. Semnan, Iran, 28 - 30 April 2014. WHO. Regional Office for the Eastern Mediterranean. Cairo, Egypt. 2014. 9 pages

KEYWORDS

+Eastern Medit Region, +2015, +Arnaout, +WHO, +coverage, +migrant workers, +expert-based OHS, +structure HC, +internat collab, +02, +03, +08, +10,

Tanzania

**Birago JE. National policy and action on Workers' Health for All in Tanzania.
Abstract of a Lecture, ICOH 2015**

<http://repository.icohweb.org/national-policy-and-action-on-workers-health-for-all-in-tanzania/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

In 2007, Tanzania updated the Nation Health Policy and adopted the concept of Health for All and the Universal Coverage for Health for All. The policy addresses the provision of health facilities to at least every village. The National Health Insurance (1999) covers all public servants, and private sector/other groups capable in the contribution. Community Health Funds (2009) cover all workers outside the formal sectors and others in the community. The Public Health Act (2009) deals with the protection of workers in the working environment.

Essential OSH interventions are part of the national package of basic health services at community, primary care and district levels. However, there was little investment in conducting risk assessments. Informal mining and agriculture were not addressed appropriately. Many workers continue to work at high risk. The Ministry of Health and WHO are reviewing the national situation. A national action plan on workers' health should be developed and discussed at a national stakeholders' meeting with the objective of prioritizing actions within ongoing government programmes on public health.

KEYWORDS

+Tanzania, +2015, +Birago, +legislation, +coverage, +stakeholders, +structure BOHS, +structure HC, +financing, +government, +01, +03, +08,

Global

Buijs P, Van Dijk F. Historic introduction on Primary Health Care committed to Workers' Health. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/historic-introduction-on-primary-health-care-committed-to-workers-health/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

In 2005 Wonca (family doctors) asked active ICOH members to organize lectures and meetings at WONCA congresses (2008, 2010, 2013) on the topic "workers' health". ICOH invited the Wonca-presidents in ICOH congresses (Milan, 2006; Cape town, 2009). WHO organized the International Conference 'Connecting Health and Labour' (2011). The ICOH-Wonca Statement (2014) stated that both organizations would jointly address "gaps in services, research, 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". The content highlighted by various speakers at the congresses, could depart from different perspectives, ranging from describing and promoting regular primary health care spending more attention to aspects of work during office hours, to outreaching care such as visiting worksites, and education of workers about hazards and risks at work. Outreaching forms may be considered forms of more systematic "basic occupational health care" integrated in primary health care. Participants were asked about their experiences in primary care practice and about future opportunities.

See also:

<http://www.globalfamilydoctor.com/News/WONCAandICOHstatementonworkersandtheirfamilies.aspx>

KEYWORDS

+Global, +2015, +Buijs, +WONCA, +ICOH, +structure HC, +coverage, +internat collab, +tasks, +02, +08,

Global

Colosio C, Abuin JL, Johnes JW. Toward Universal Health Coverage for Rural Workers: the Challenge of the Third Millennium. Abstract of a Lecture. WONCA, EURIPA. ICOH 2015

<http://repository.ichweb.org/toward-universal-health-coverage-for-rural-workers-the-challenge-of-the-third-millennium/>

EURIPA: European Rural and Isolated Practitioners Association; WONCA: World organisation of family doctors (Working Party Rural Practice)

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Almost half of the world's population live and work in rural areas. ILO estimates yearly 170.000 deaths by accidents and 30 million non-fatal accidents at work. Most frequent occupational diseases are noise-induced hearing loss and musculoskeletal disorders. New zoonotic diseases are emerging. Adequate occupational health surveillance is missing, the coverage range is between 0% to 4-5% caused by many reasons, among these remoteness, child exploitation, and seasonal (migrational and informal) work practices. A high priority should be given to providing basic, accessible and effective health services and social security coverage. Local context, needs and opportunities should be the starting point for health care provision models. Examples are collaboration between Occupational Health and Primary Health Care services in creating Basic (rural) Occupational Health Services (BOHS) as realized in Iran and Thailand. A minimum set of instruments and tools should be available such as electrocardiography, hearing and respiratory function testing equipment and kits for biological specimens' collection.

KEYWORDS

+Global, +2015, +Colosio, +Euripa, +WONCA, +farm workers, +coverage, +structure BOHS, +structure HC, +tools equipment, +participation, +08, +10, +12,

Indonesia

Denny H. Current Situation and Future Plans in Primary Health Care Activities for Workers Health in Indonesia. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/current-situation-and-future-plans-in-primary-health-care-activities-for-workers-health-in-indonesia/>

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Description based on the abstract. Use the link to read the full abstract.

The workforce of Indonesia consists of 125 million workers, 118 million are actively employed.

The lecture is presenting the “current situation, future plans and activities for workers primary health care in Indonesia”.

Methods: secondary data review; multiple article reviews and input from international consultant experience.

Ministry of Health developed not only policies/regulations and a pilot project “Leading City on Occupational Health Effort”, but also “Occupational Health Training organized by the Directorate of Occupational Health and Sports covering community health workers, city health officers and provincial health officers”. All efforts are delivered through the primary health care (PHC) system, e.g. the PHCs have an assigned person in charge and an OSH task force, PHCs developed an Occupational Health Post (POS UKK), PHC’s engagement on OH services raised. More trained PHC officers were available to deliver the OH program.

The workers’ health program strength was based on community participation in local Occupational Health Posts, and on the central government offering training provisions and financial support. However, the workers’ health program is not a mandated service within the primary care system. Funding is dependent of public – private engagement and the central government, an opportunity to improve future performance. A disadvantage is that limited local governmental involvement can result in serious shortcomings. Translational research is important, gathering more evidence on long-term cost-benefits of the programs.

KEYWORDS

+Indonesia, +2015, +Denny, +research, +community h w, +staff motivation, +government, +info educ staff, +structure HC, +structure BOHS, +financing, +stakeholders, +governance, +01, +03, +07, +08, +11, +14,

Brazil

Días EC, Lacerda e Silva T, Machado JH, Silva JM. Challenges and Opportunities of Primary Health Care for the Brazilian Health and Safety at Work National Policy. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/challenges-and-opportunities-of-primary-health-care-for-the-brazilian-health-and-safety-at-work-national-policy/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Half of the 101 million Brazilian workers are informal workers, without adequate social protection, a huge challenge. The creation of the Unified Health System (SUS) increased access to health care for many Brazilians. Still, much should be done. Other advances were investments in primary care, widespread social participation, and public awareness of the right to health care. A National Policy for Workers' Safety and Health (PNSST) has been created for a comprehensive approach of workers' health care. A central coordinative role is played by Primary Health Care (PHC).

By bibliographic search and document analysis, actions of PHC teams are studied that are related to Workers' Health. Productive activities are the characterization of workers' epidemiological profiles, prioritization of interventions addressing severe problems, care for workers harmed by work-related injuries/diseases, education and health promotion, and workers' health surveillance. Recommendations are given on education and support by Reference Centers of Workers' Health (CEREST). Political support is needed, structuring, financing and redefining the roles of the public and private sectors.

KEYWORDS

+Brazil, +2015, +Dias EC, +informal workers, +participation, +government, +tasks, +info educ staff, +national collab, +regional support c, +structure BOHS, +01, +07, +08, +09, +10,

China **Fu H, Ren H, Wang Y, Liu H, Yang Y, Zhang Z, Zhang T. Study on delivery models of health services for occupational population in Shanghai. 2015. Short version of a Lecture, ICOH 2015**

<http://repository.icohweb.org/study-on-delivery-models-of-health-services-for-occupational-population-in-shanghai/>

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Description based on the abstract. Use the link to read the full abstract.

The analysis of differences in health services utilization in Shanghai is important. Information used in the survey: an overview of existing delivery models, the health services need, the utilisation of health services (also occupational services), differences in utilization between the delivery models, and factors that influence utilization of services.

Four kinds of delivery models were found: (1) the healthcare separation model, (2) the intra-services model in large enterprises, (3) the integrated model of primary healthcare (PHC) and basic occupational health services (BOHS), and (4) the private healthcare model.

Some other data: 47% of the employees in the study suffer from chronic diseases, 48% felt high pressure from work and 37% indicated poor mental health. The annual health examination rate and the biennial gynaecological examination rate were 75% and 66%.

A SWOT analysis demonstrated “that it is effective and feasible for employees of large enterprises to receive their health services through the intra-services model, while employees working in other kinds of enterprises are best served by an integrated delivery model of PHC and BOHS.”

A text describing similar developments can be found in this repository in Chapter 4 on Articles (first author Liu, 2013).

KEYWORDS

+China, +2015, +Fu, +research, +expert-based OHS, +structure BOHS, +structure HC, +01, +08, +10,

Global

Garg C, Ivanov ID. WHO. Estimating the costs for delivering primary-care based essential interventions for workers' health. Abstract of a Lecture. WHO. ICOH 2015

<http://repository.icohweb.org/estimating-the-costs-for-delivering-primary-care-based-essential-interventions-for-workers-health/>

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Description based on the abstract. Use the link to read the full abstract.

A healthy workforce is essential for productivity, yet only a minority of all workers have access to occupational health services. The WHO Global Plan of Action identified three groups of essential interventions at the primary care level:

- advice for improving working conditions and health promotion at work
- early detection of occupational and work-related diseases
- support for return to work and improving working capacity, in case of diseases/handicaps.

Associated OH interventions and services should be integrated into comprehensive PHC for all workers, inclusive informal and agriculture workers, small and medium enterprises, migrant and contractual workers.

Several countries implemented relevant interventions at primary care level. In Thailand, 65% of workers are covered for some essential interventions.

The capacities of health systems should be strengthened to achieve workers' health objectives. This paper presents costs for providing essential interventions across countries and proposes the use of the OneHealth Costing Tool to cost and scale up essential interventions for workers' health.

KEYWORDS

+Global, +2015, +Garg, +WHO, +financing, +tasks, +accessibility, +05, +10,

India

Gulvady CS, Pingle S. Role of national OH associations in fostering BOHS in the country. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/2-role-of-national-oh-associations-in-fostering-bohs-in-the-country/>

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Description based on the abstract. Use the link to read the full abstract.

The unorganized sector in India (>90% of all workers) is unaware of even essentials of occupational hazards and diseases. Any form of occupational health services is absent. Basic health needs are met by the Governmental & Municipal Primary Health Care centers and private general physicians. The Indian Association of Occupational Health (IAOH) started BOHS discussions in Mumbai, in 2008, inspired by Guidelines published by Rantanen (ICOH) and Lehtinen (ICOH, FIOH). The deliberations were intensified in 2013 when IAOH adopted the theme “BOHS – The way Forward” to encourage IAOH branches in organizing seminars for Primary Health Care Centre Doctors and involved general practitioners. BOHS presentations aimed at creating awareness while introducing OH and a variety of hazards at work.

In the period 2013-14, IAOH branches conducted seminars to train Doctors. The IAOH constituted a Core BOHS Committee and a Five-year Plan. The BOHS presentations will be converted into free self-learning modules to encourage the general population and to increase OH awareness. For recognition of the courses and funding, governmental bodies and educational institutions will be approached.

KEYWORDS

+India, +2015, +Gulvady, +IAOH, +awareness, +family physicians, +info educ staff, +online facilities, +informal workers, +01, +07, +08, +11, +14,

Global

Ivanov ID, WHO. Essential interventions for workers' health, measuring and monitoring health coverage of workers. Abstract of a lecture, ICOH 2015. 2015a.

<http://repository.icohweb.org/essential-interventions-for-workers-health-measuring-and-monitoring-health-coverage-of-workers/>

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Description based on the abstract. Use the link to read the full abstract.

The World Health Organization (WHO) is urging full coverage of all workers with essential interventions and basic health services, and has developed a set of essential interventions for workers' health at the primary health care (PHC) level:

- (1) advice for workplace improvements (visits, education)
- (2) control of occupational/work-related diseases/injuries (early detection, notification, treatment)
- (3) promotion of fitness for work (check-ups, counselling, work capacity assessment)

These interventions are feasible at various national income levels as shown in reviews and national surveys.

Proposed indicators measuring "coverage of workers' health services" stem from the 'WHO Service Availability and Readiness Assessment tool': number of facilities offering occupational health (OH) services, occupational hygiene laboratories, poison control centres, and clinics for OH diseases; availability of trained staff (OH experts and PHC staff trained in OH), guidelines, tools and equipment.

Service utilization can be estimated through the proportion of workers in enterprises mandatory provided with an OH service, the proportion of enterprises performing workplace risk assessments per year, incidents of ill health, and number of workers receiving preventive medical examinations. Financial protection can be estimated as the percentage of all workers under an employment injury scheme, the incidence of notified and/or compensated cases, and coverage with health insurance.

KEYWORDS

+Global, +2015, +WHO, +Ivanov, +tasks, +research, +OSH info specific, +registrations, +social security, +coverage, +04, +09, +10, +14,

Global

Ivanov I, Tran A, WHO. Primary care-based essential interventions for prevention and control of occupational and work-related diseases. Abstract of a Lecture, ICOH 2015

<http://repository.ichweb.org/primary-care-based-essential-interventions-for-prevention-and-control-of-occupational-and-work-related-diseases/>

Open Access. Copyright ICOH

Description based on the abstract. Use the link to read the full abstract.

WHO urges countries to realize coverage of all workers with essential interventions and basic health services to prevent occupational and work-related diseases and injuries. Special attention is needed for workers in agriculture, small and medium sized enterprises, the informal sector, migrant and contractual workers. The global conference “Connecting Health and Labour” (WHO, 2011) proposed integration of essential interventions in PHC services. A systematic review of evidence analysing interventions protecting workers’ health at primary care level, showed two groups of interventions: (A) for improving working conditions and (B) for control of occupational and work-related diseases and injuries.

Examples of the first category (primary prevention) are (1) environmental interventions such as a workplace visit and advice on risk management, monitoring and personal protection; and (2) behavioural interventions such as training, education, and supporting worker participation. Evidence came only “from developing countries where primary care centres had responsibility for a defined geographical area with its population”.

Examples of the second category are (1) taking work history (occupational exposure), (2) reporting individual cases of occupational diseases, (3) follow up of cases by counselling, referral, sickness absence, (4) medical surveillance. Evidence came from both developed and developing countries.

KEYWORDS

+Global, +2015, +WHO, +Ivanov, +internat collab, +target populations, +tasks, +research, +02, +09, +10,

Global

Ivanov ID. Global Approaches to Incorporating Occupational Health into Primary Healthcare. Abstract of a semi-plenary lecture, ICOH 2015

<http://repository.icohweb.org/global-approaches-to-incorporating-occupational-health-into-primary-healthcare/>

Open Access. Copyright ICOH

Description based on the abstract. Use the link to read the full abstract.

WHO (60th World Health Assembly, 2007) urged full coverage of all workers, with essential interventions and basic health services to prevent occupational and work-related diseases, and injuries. The coverage gap regards workers in the informal economy, agriculture, small enterprises, migrant and contractual workers. The WHO global conference “Connecting Health and Labour” (The Hague, 2011) recommended expanding preventive interventions for workers’ health into primary health care. Universal health coverage with preventive, curative and rehabilitative health services is a target for the post-2015 development agenda.

Enriching the capacities of primary care providers to care for the health needs of working people is already practiced in several countries. When primary care has the responsibility only for individual patients, clinical care dominates in activities, such as case management of occupational and work-related diseases and injuries. When primary care has responsibility for the population in a specific area, the providers are also able to access workplaces and e.g. provide simple risk assessments and advice. When healthcare of workers is based on social insurance organizations, mostly authorized health care providers outside of primary care, perform fitness-for-work assessments.

For preventive interventions by PHC a clear mandate and appropriate training are needed, the same for assessing fitness for work. In addition, access is needed to consultation facilities and specialized occupational health services for referrals and support.

Specialised (expert-based/comprehensive) occupational health services (OHS) taking care of working populations must be strengthened. OHS should collaborate with primary care providers.

The coverage of workers can be significantly increased by (1) expanding regulatory coverage with specialised occupational health services complemented by (2) interventions for workers’ health through primary care.

We need a core set of indicators measuring service availability, readiness, utilization and financial protection.

KEYWORDS

+Global, +2015, +Ivanov, +WHO, +coverage, +tasks, +social insurance, +structure HC, +referral facilities, +expert-based OHS, +regulations, +registrations, +OSH info specific, +08, +09, +10, +14,

Africa**Kayumba A. How to Develop Occupational Health Services for African Workers? Abstract of a Lecture, ICOH 2015.**

<http://repository.icohweb.org/how-to-develop-occupational-health-services-for-african-workers/>

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Description based on the abstract. Use the link to read the full abstract.

Occupational Health Services (OHS) are a basic workers' right. Most workplaces of developing African countries are informal. Health services, often partially developed, are offered only to 5-10 % of the workers. Following ILO Conventions 161 (1985) and Recommendations 171, the infrastructure for the most elaborate OHS should comprise of a well-developed system for delivering services at workplaces. African countries need to reorganize their occupational health services by applying one or more than one of the following models:

- Small and medium sized enterprises: OHS embedded within PHC units.
- Self-employed and informal workers: specialized units or clinics within PHC benefitting from their countrywide distribution.
- Secondary level support services (university departments, government agencies, accredited/official centers) should be organized by governments for specialized clinical services and training.
- Large enterprises in Africa in-house OHS with curative and preventive services; or organize group-based facilities.
- In case of an elaborate social security system: using this coverage is an option.
- Countries missing clear policies and enabling legislation, will need developing good funding mechanisms for OHS, they should promote training of OHS providers.

KEYWORDS

+Africa, +2015, +Kayumba, +expert-based OHS, +structure OHS, +social security, +referral facilities, +08, +10, +14,

Korea

**Kim H. Role of Occupational Health Nurses in Small-scaled Enterprises
Abstract of a Lecture, ICOH 2015**

<http://repository.icohweb.org/role-of-occupational-health-nurses-in-small-scaled-enterprises/>

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Description based on the abstract. Use the link to read the full abstract.

Workplace health promotion in small-scale enterprises is a problem in many countries. Lack of information and support by occupational health services (health nurses and health managers), and lack of financial means are causal factors. More than 80% of industrial accidents (2012) occurred in small-scaled enterprises in Korea.

The “CLEAN 3D Project” dealing with difficult, dangerous, and dirty work, sponsored by the Ministry of Labor for industries with < 50 employees, started in 2001. The project includes financial aid to improve the working environment and health promotion. The government also supported risks assessments and physical examinations.

The Health and Safety Center (Korea Ass. of Occupational Health Nurses) opened seven centers for small-scaled enterprises < 50 employees (free) for health promotion, OSH management and education (2001). The number of centres increased from 7 to 15 places in 2010. So called Safety-Plus Projects started for service businesses.

Workers' Health Centers (KOSHA Ministry of Employment and Labor) offer free OHS for small-scaled enterprises with vulnerable workers/work conditions. These centers located in 15 regions, with a physician, nurses and working environment experts, offer e.g. counselling for diseases.

Participatory action-oriented training (PAOT) has been used. Both types of centers should be further expanded, with financial aid from the government.

KEYWORDS

+Korea, +2015, +Kim H, +other target pop, +nurses, +regional support c, +other addit experts, +participation, +government, +financing, +structure BOHS, +structure HC, +tasks, +info educ population, +01, +05, +08, +10, +14,

Global

Kogi K, Yoshikawa T, Khai TT, Kawakami T. The role of action-oriented tools in improving small and medium-sized enterprises. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/the-role-of-action-oriented-tools-in-improving-small-and-medium-sized-enterprises/>

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Description based on the abstract. Use the link to read the full abstract.

Participatory approaches are considered of great value in promoting practicable improvements for OSH in SMEs (small and medium-sized enterprises). Recent experiences show the importance of applying action-oriented tools in primary prevention. Experiences through international networks are reviewed by comparing action-oriented tools used in facilitating multifaceted improvements.

Reviewed programmes generally apply WISE (work improvement in small enterprises) methods (ILO) resulting in numerous workplace improvements. Action-oriented tools focus on extending good practices, low-cost solutions and group work procedures, with a good eye for locally feasible improvements in multifaceted work life aspects. Recommended is a combined use of “local good examples of work-related risk reduction, action checklists listing locally feasible improvements, and work sheets facilitating the group work steps”. Success depends on action tools focusing on (a) local good-practices, (b) simple and low-cost improvements, and (c) easy-to-apply work sheets for on-site group work of workers and managers. Good-practice-based tools can be used widely.

KEYWORDS

+Global, +2015, +Kogi, +participation, +other target pop, +ILO, +standards guidelines, +info educ population, +internat collab, +tools equipment, +07, +09, +12, +14,

Global

Kogi K. Yoshikawa T. Use of participatory action tools in implementing Basic Occupational Health Services (BOHS) in unorganized sectors. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/use-of-participatory-action-tools-in-implementing-basic-occupational-health-services-bohs-in-unorganized-sectors/>

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Description based on the abstract. Use the link to read the full abstract.

Applying the BOHS (Basic Occupational Health Services) approach is spreading in developing regions. Recent experiences have been examined, combining BOHS with participatory tools for improving small-scale workplaces.

WISE (work improvement in small enterprises) and WIND (work improvement in neighbourhood development) programmes and similar training packages include action-oriented training materials and group work methods. The participatory action tools are used in assessing workplace conditions and planning suitable and feasible improvements. Usually, serial participatory steps are applied resulting in action plans and follow-up activities. Tools are a set of documented good practices, action checklists applying ergonomics and occupational hygiene principles, and group work methods. These tools are used in participatory steps with the support of BOHS teams. Simple sequential procedures should lead to concrete action plans using low-cost ideas. WISE-based tools can help in BOHS-related preventive activities by local people, in the identification of significant workplace risks and in the planning of priority countermeasures proven by local good practice.

KEYWORDS

+Global, +2015, +Kogi, +ILO, +participation, +info educ population, +07, +09, +12, +14,

Global

**Nag PK. Institutional role in advancing BOHS in developing countries.
Abstract of a Lecture, ICOH 2015**

<http://repository.icohweb.org/institutional-role-in-advancing-bohs-in-developing-countries/>

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Description based on the abstract. Use the link to read the full abstract.

The emerging economies in Asia employ nearly 1.8 billion people. India represents about 1/3rd of Asia's working population, mostly active in agriculture and micro enterprises, exposed to many health hazards. Basic Occupational Health Services (BOHS) has received wide publicity as an option by linking processes in managing the hazards and risks.

What are the institutional roles of academia, R&D and regulatory bodies in addressing feasible manners to deliver BOHS?

A case analysis of micro enterprises shows how to recognize the impact on the human system, of the workplace, work methods, processes, environment and organization. The extent of the problems must be described in epidemiological terms in a regional context. So, a well-developed recording and notification system of exposures and work-related diseases is crucial. There is a need for regulatory systems for OHS delivery for all workers, and a need for good infrastructure and manpower development. Discussions about feasible action plans must be stimulated as situations may be similar in a region.

An institutional goal is to widen the coverage of occupational health services' regulation to agriculture and informal work, using "well-resourced enforcement systems". Essential requisites are information dissemination, training tools, and social security measures. In rural and semi-urban settlements, the broader framework of BOHS, integrating with the existing primary health care systems, is a good option to create a sustainable preventative health and safety culture at workplaces.

KEYWORDS

+Global, +2015, +Nag, +OSH info general, +registrations, +coverage, +structure BOHS, +regulations, +03, +06, +14,

Global

Pingle S. Outreach to Employers in Developing Countries: A New Tool to advance BOHS. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/outreach-to-employers-in-developing-countries-a-new-tool-to-advance-bohs/>

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Description based on the abstract. Use the link to read the full abstract.

The Scientific Committee on Occupational Health and Development (SCOHDev) developed a user-friendly, concise Guide for owners and managers of small and medium enterprises (SMEs) in developing countries, on the topic of occupational health protection. The title is “Creating a Safe and Healthy Workplace”. The Guide introduces the taking of initial steps to protect the employees.

Confrontational language is avoided, simple and low-cost efforts are promoted to achieve a safer workplace, being proud of the efforts. The OH Guide is not a textbook; it is a starting point. The owner/manager will obtain the appropriate expertise or assign someone in their company for this. The Guide can be disseminated widely through employer confederations, trade associations, NGOs, etc. Large companies can offer the Guide to suppliers, contractors, and vendors.

The Guide is posted on the ICOH website in English and in the first of several translations (2015).

KEYWORDS

+Global, +2015, +Pingle, +ICOH, +other target pop, +standards guidelines, +info educ population, +07, +10, +14,

Thailand

Prempre P, Untimanon O, Siriruttanapruk S. Basic occupational health services development in Thai PCUs: Farmer clinic model. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/basic-occupational-health-services-development-in-thai-pcus-farmer-clinic-model/>

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Description based on the abstract. Use the link to read the full abstract.

Two third of all informal workers in Thailand is farmer. In 2011, 533,000 farmers were tested for serum cholinesterase level, showing that about 30% of the tested workers had risk and an unsafe blood test level. Organizing basic occupational health services (BOHS) through integration into primary care units (PCUs) is necessary. Currently, BOHS in PCUs increased screening and diagnosis of occupational diseases, providing a holistic health care for farmers, called “farmer clinic”.

Documents were reviewed, and stakeholders interviewed. The implementation of the farmer clinic included capacity building. Performance indicators were developed:

- 1) regularly delivering services, maintaining public relations,
- 2) assessing farmers’ health problems
- 3) providing diagnosis, treatment, and education,
- 4) recording occupational disease cases, collaborating with related agencies.

At the end of 2013, more than 1,000 PCUs participated, covering almost half a million farmers. Most PCUs provide BOHS corresponding to the indicators.

Limitations are:

- 1) PCU staff’s capacity for early diagnosis of occupational diseases is limited,
- 2) common hazards are identified, but the question is on how to manage the risks,
- 3) ergonomic problems still need to be evaluated.

KEYWORDS

+Thailand, +2015, +Prempre, +farm workers, +national OSH instit, +social insurance, +internat collab, +tasks, +structure HC, +01, +02, +04, +08, +09, +10,

Finland, Korea Rasanen K, Kim H, Lee K, Chae H. Lessons of Farmers Occupational Health Services in Finland to Korean agriculture. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/lessons-of-farmers-occupational-health-services-in-finland-to-korean-agriculture/>

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Description based on the abstract. Use the link to read the full abstract.

In Finland a specialized “Farmers’ Occupational Health Service” FOHS has been developed since 1984 for self-employed farmers. Municipal primary health care (PHC) centers are performing this specific form of health care, supported by the National Center for Agricultural Health cooperating with the Social Insurance Institution and the Farmers’ Social Insurance Institution. For salaried people, this is a mandatory service. Family or self-employed farmers can join (Occupational Health Care Act). However, Korea does not have similar services and legislation. The authors explored opportunities for a future system in Korea, analysing experiences in Finland.

Literature has been reviewed and interviews with experts were organized. The PHC centres in Finland are available nationwide. They are performing health checks, as well as assessments and advice on working conditions based on a walkthrough. In Korea, such a national intervention program connected with the social security system, and with municipal public health centers, does not exist.

To start a similar program in Korea, infrastructural facilities are needed such as a central organization for farmers’ safety and health, feasible evaluation tools, and a farmers’ occupational health insurance actively involved in an intervention program, and education and training of local occupational health experts.

KEYWORDS

+Finland, +Korea, +2015, +Rasanen, +farm workers, +national OSH instit, +social insurance, +internat collab, +tasks, +structure HC, +01, +04, +09, +10,

Latin Am
Caribbean

Rodriguez-Guzman JH. PAHO Strategies for development of occupational health services for Central and South America. Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/paho-strategies-for-development-of-occupational-health-services-for-central-and-south-america/>

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Description based on the abstract. Use the link to read the full abstract.

Latin America and the Caribbean have 302 million workers, about 54% are informal workers (2012) with very limited access to workers' health services and universal health coverage. About 1 to 5% of occupational diseases are diagnosed and reported.

Challenges: how to reach the most vulnerable groups of workers, how to provide comprehensive workers' health services, and how to improve diagnosis/registration of occupational injuries/diseases.

PAHO has a new action plan on Workers' Health including lines of action to increase access/coverage of workers' health services by:

- strengthening structure and competencies of PHC with basic occupational health knowledge
- developing financing mechanisms avoiding workers' high pocket expenses
- strengthening leadership of Ministries of Health by action plans on health in all policies, inclusive registration and information systems on occupational diseases, injuries and deaths.

KEYWORDS

+Latin Am Caribbean, +2015, +PAHO, +Rodriguez-G, +informal workers, +expert-based OHS, +coverage, +info educ staff, +10, +11, +13,

Global**Seneviratne M. Collaborating to deliver OH services in the Informal Sector.
Abstract of a Lecture, ICOH 2015**<http://repository.ichweb.org/collaborating-to-deliver-oh-services-in-the-informal-sector/>*Open Access. Copyright ICOH.*

Description based on the abstract. Use the link to read the full abstract.

The global working population includes many informal workers, increasingly important for the national economies. However, these workers are legally unprotected and mostly unheard in policy making. Access to basic occupational health (OH) services is crucial to prevent and treat illnesses and injuries from work. Preventive programs can be more effective by good hazard communication, health surveillance, and hygiene/ergonomic applications. Opportunities for OH professionals to collaborate will be discussed with reference to recent multi-disciplinary initiatives in Africa and Asia.

KEYWORDS

+Global, +2015, +Seneviratne, +informal workers, +info educ population, +accessibility, +02, +09, +11,

Thailand,
Global

Siriruttanapruk S. The Policy Maker Using Good Correlations between Community Health and Occupational Health (OH). Abstract of a Lecture, ICOH 2015

<http://repository.icohweb.org/the-policy-maker-using-good-correlations-between-community-health-and-occupational-health-oh/>

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Description based on the abstract. Use the link to read the full abstract.

Scientific knowledge and high-quality evidence are necessary for developing a health policy directing public health interventions. The aims of the study were (1) developing a framework for policy development to protect the health of workers and other populations in communities, and (2) sharing experiences in using OH and community health information for such policy development.

Literature, documents, data and reports were reviewed or analyzed. Representatives from organizations were interviewed.

Topics for the case study were the policy on banning toxic chemicals, the policy for farmers' health, and the healthy workplaces policy for informal sector workers

Policy development on the banning of toxic chemicals started from studying the public health impact and national state-of-the-art. Data on the magnitude of the problem, target populations, and trends were analyzed. Profiles were prepared of target chemicals. Data on community health included the health status in community, high risk behaviors, and environmental health.

"The study showed that good quality and systematic information from both community health and OH is essential to convince policy makers. Suitable strategy and process are also important for health policy development. However, not only scientific knowledge, but also strong alliances can make policy implementation successfully."

KEYWORDS

+Thailand, +Global, +2015, +Siriruttanapruk, +structure HC, +national collaboration, +OSH info specific, +research, +registrations, +farm workers, +01, +06, +14,

Thailand

Untimanon O, Siriruttanapruk S. Situation analysis of occupational health activities in Thai Primary Care Units (PCUs). Abstract of a Lecture, ICOH 2015

<http://repository.ichweb.org/situation-analysis-of-occupational-health-activities-in-thai-primary-care-units/>

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Description based on the abstract. Use the link to read the full abstract.

Access to Occupational Health Services (OHS) integrated in the Primary Care Units (PCUs) is better for high-risk workers in the communities. ILO and WHO supported a pilot project in 16 PCUs. Capacity building and supervision were the main activities. The focus was on walk-through surveys, risk assessment and screening of occupational diseases. Nowadays, 37% of all almost 10.000 PCUs provide BOHS. A SWOT analysis showed issues helping or hindering progress. Opportunities and threats are discussed.

Conclusions: Such OHS is established and progresses, but system strengthening is needed. Four issues are stressed: 1) policy makers should support operational resources and personnel needs, 2) training should improve PCUs' staff competencies, 3) continuous collaboration among related agencies must support the services, 4) OHS interventions must be specified in the benefit package of the universal coverage scheme.

KEYWORDS

+Thailand, +2015, +Untimanon, +ILO, +WHO, +coverage, +info educ staff, +structure BOHS, +staff capacity, +internat collab, +Q of staff, +tasks, +01, +02, +05, +13,

South Africa

**Zungu M. Workers' Health within Primary Health Care in South Africa.
Abstract of a Lecture, ICOH 2015**

<http://repository.ichweb.org/workers-health-within-primary-health-care-in-south-africa/>

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

South Africa has limited access to occupational health services and no reliable data from occupational diseases and injuries. Health reforms are described leading to a health system that provides workers' health services within Primary Health Care (PHC) in South Africa.

An advocacy campaign, led by various stakeholders inclusive employers' and workers' representatives, started campaigning for the inclusion of workers' health along the universal health coverage (UHC) health reforms in South Africa.

"Workers' health has been aligned to the National Health Insurance policy, introducing universal health coverage" and to a new proactive and population-based primary health care policy. Pilot sites are implemented.

The reforms are intended to provide essential workers' health services including a) mapping economic activity, b) health promotion, c) screening and d) health referrals.

The public health system will be strengthened to

- 1) provide healthcare workers with knowledge and skills to respond to specific health needs of workers
- 2) improve quality, effectiveness and community outreach on workers' health
- 3) ensure continuity of care and referral pathways for workers' health within the public health system.

KEYWORDS

+South Africa, +2015, +Zungu, +coverage, +structure HC, +info educ staff, +regulations, +referral facilities, +01, +08, +10,

ICOH Congress 2018 in Dublin, Ireland

<http://repository.ichweb.org/dublin-2018/>.

Open Access, copyright ICOH.

All abstracts are also being published in Occup Environ Med 2018, Volume 75, Supplement 2.

https://oem.bmj.com/content/75/Suppl_2. Open Access. Copyright OEM (BMJ).

You can search in: 'At a Glance Programme', Opening Keynote Session, Plenary Sessions, Semi-Plenary Sessions, a wide variety of Topic sessions such as Health Services Research, Primary Care and Work, OH and Development, Rural Health, Small Scale Enterprises and Informal Sector, and on the authors in the Author Index.

As an alternative, for the complete collection of abstracts, you can download:

https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type the page number of the abstract in the window for pages (Enter).

Selection and overview of the records:

First, we included in the Repository eight contributions to the *Special Session Scaling up workers' health coverage through primary health care*. The aim of the session was to explore ways of upskilling primary health care to offer essential occupational health to a broader population. Organizers: Frank van Dijk (SCETOH, ICOH), Peter Buijs (SCETOH, ICOH), Garth Manning (WONCA).

In a hand search selecting on relevancy for BOHS, based on the titles of the contributions to the congress, we selected another 9 abstracts.

All 17 records are presented on the next pages, inclusive a content description and a link, in alphabetical order (family name of the first author).

Indonesia

Denny HM. Universal health coverage and workers' health developments in Indonesia. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.ichweb.org/universal-health-coverage-and-workers-health-developments-in-indonesia/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 416 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

The Social Security Organisation Body in Indonesia is BPJS, formed by law in 2011). The army, police, civil employees, assistance recipients, and citizens in general are mandated to register with BPJS Kesehatan. Private company employees and expatriates working in Indonesia > 6 months can be registered with BPJS Ketenagakerjaan. This qualitative study was based on a consultative meeting with stakeholders and secondary data reviews on occupational health. Main participants were government employees.

The government has set the target to cover all Indonesian citizens and residents by 2019 (> 245 million people). BPJS Ketenagakerjaan, the social security body for private companies, administers so called "Provident Funding Benefits, Work-Related Accident Benefits, Death Benefits, and Pension Benefits." Prevention and health promotion programs increased as well as budgets for program development, advisory and inspection while implementing OSH. Universal coverage contributes to improved health of all workers, including informal workers.

KEYWORDS

+Indonesia, +2018, +Denny, +social security, +legislation, +financing, +informal workers, +01, +03, +04, +05,

UK

Harrison J. The role of education and training to sustain and develop an occupational health workforce for the benefit of working people. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/the-role-of-education-and-training-to-sustain-and-develop-an-occupational-health-workforce-for-the-benefit-of-working-people/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf . Type 6 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Education and training must prepare practitioners for a relevant practice improving the reach and efficacy of occupational health. Different initiatives globally are presented with particular reference to the UK in the development of a multidisciplinary OH workforce.

“Education and training must address structural differences in occupational health provision, as described in the basic occupational health services model.” Future occupational health workforces will be multidisciplinary and viewed as part of a public health provision.

KEYWORDS

+UK, +2018, +Harrison, +info educ staff, +structure HC, +structure BOHS, +expert-based OHS, +01, +08, +11,

Korea

Kim EA, Ryoo J. The current status of occupational health services and its perspectives in Korea. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/the-current-status-of-occupational-health-services-and-its-perspectives-in-korea/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 226 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Occupational health services have been developed continuously in Korea. The OH system, conducted by experts as occupational physicians, nurses, hygienists, ergonomists, is based on a triangle system of government, Korea Occupational Safety and Health Agency (KOSHA) and private institutions. The services were concentrated in the manufacturing industry of machinery, automobile and shipbuilding, and is expanding into the services and the construction sectors. Enterprises over 300 employees manage occupational health themselves, medium scale enterprises (50 - 299 employees) manage themselves or entrust to the specialized institutions. Small scale enterprises (< 50 employees) receive technical support from public occupational health services, such as workers' health centers. Policy, implementation, training and education are conducted progressively. Occupational safety and health are emphasized to cover all workers.

KEYWORDS

+Korea, +2018, +Kim EA, +expert-based OHS, +structure BOHS, +coverage, +OSH expertise c, +regional support c, +01, +08, +14,

Global, Asia

Kogi K, Y Sano. Building prevention-oriented team support for good occupational health practices in developing countries. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.ichweb.org/building-prevention-oriented-team-support-for-good-occupational-health-practices-in-developing-countries/>. or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 304 (Enter) in the page window.

Open access to abstract. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Occupational health teams focus on “locally adjusted support functions known as basic occupational health services”. Networked collaboration in Asian countries show the importance of facilitating primary prevention of work-related risks through participatory steps leading to multifaceted workplace improvements through locally adjusted risk management procedures.

Recent experiences within our Asian network are promoting programs in small enterprises, construction sites, agriculture and health care work. We focus on solution-oriented procedures usually identified in developing countries.

Concrete results are usually obtained when the emphasis is on feasible low-cost improvements reflecting broad-ranging local good practices. These interventions have a broad scope covering work methods, physical environment and team-work arrangements. Good practices and ‘action checklists’ listing low-cost improvements are good tools. These feasible actions represent the core function of occupational health teams in facilitating primary prevention.

Solution-oriented support of locally feasible preventive measures is found essential, rather than a detailed analysis of risk factors.

KEYWORDS

+Global, +2018, +Kogi, +Asia, +participation, +standards guidelines, +tasks, +other target pop, +info educ population, +07, +10, +11, +14,

India

Kulkarni GK, Rajesh R, Desai N, Valanju N. Issues & challenges for operationalizing BOHS in an un-organised labour market, Mumbai, India. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018. 2018b.

<http://repository.icohweb.org/issues-challenges-for-operationalizing-bohs-in-an-un-organised-labour-market-mumbai-india/> or go to

https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 493 (Enter) in the page window.

Open access to abstract. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

More than 92 % of the 537.4 million workers in India is working in the informal or un-organised sector of economy. There are 22 main listed occupations in this sector like Agriculture, Building and Construction, and Beedi making. Besides, many unlisted occupations do exist also missing access to Basic Occupational Health Services. The IAOH (Indian Association of Occupational Health) organized BOHS in Mumbai in 2017 asking an NGO partner as operating agency. A walk-through survey was undertaken, and a meeting was held to assess the needs of the labour market and to create a BOHS action plan.

As needs were formulated (a) a first-aid kit and training, (b) preventive tetanus vaccination (c) pragmatic safety solutions. Minimal Occupational Health Services was introduced as concept that can be upgraded to BOHS later.

A project started in April 2017 with different Industrial shops (Galas) including 4 labour employers. The major issues were “access to BOHS, employer concerns, socio-political challenges, and disability management.”

KEYWORDS

+India, +2018, +Kulkarni, +IAOH, +structure BOHS, +accessibility, +tasks, +tools equipment, +08, +09, +10, +12,

Latin America **Lopez EA. Primary care and workers' health in Latin America. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018**

<http://repository.icohweb.org/primary-care-and-workers-health-in-latin-america/>. or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 417 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Presumably only 10% of the working population in Latin America has access to expert-based occupational health services (OHS). The World Organisation of Family Doctors (WONCA) and the ICOH pledge "to work with their partner organisations (including WHO and ILO) to address the gaps in services, research, 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."

WONCA started a new Special Interest Group on Workers Health to promote this objective. Primary Care and Occupational Health both focus on prevention and patient-centred medicine. Both are attentive to the context of the patient. It is essential that Primary Care staff is well-educated treating occupational diseases and work accidents following high standards. This presentation will illustrate Latin American country experiences.

KEYWORDS

+Latin America, +2018, +Lopez, +WONCA, +ICOH, +info educ staff, +internat collab, +structure BOHS, +structure HC, +02, +08,

Indonesia

Mansyur M. The strengthening of OSH regulation in Indonesia to improve the occupational disease management. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/the-strengthening-of-osh-regulation-in-indonesia-to-improve-the-occupational-diseases-management/>. or go to

https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 302 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Currently, Indonesia must manage not only communicable and non-communicable diseases, but also environmental and occupational accidents and diseases. Occupational diseases are underreported. Strengthening regulations on occupational diseases management are discussed.

Articles are reviewed, as well as the practice, policy and regulations on OSH in Indonesia, exploring the state of the art.

The National Workers Social Security Agency compensated more than 100.000 cases of occupational accidents in 2015, costing IDR 661 billion. In contrast, due to underdiagnosis, fewer than 10 occupational disease cases are compensated annually. There is a lack of regulations and guidelines for the management of occupational diseases. In 2014, Indonesian Government implemented the National Social Security including the National Health Insurance and National Workers Social Security. In 2016, the Ministry of Health launched the Ministry Decree concerning Occupational Diseases management, and the Threshold Limit Values of physical and chemical exposures at the workplace. Both regulations provide guidance for the OHS professionals within the context of National Social Security and Universal Health Coverage in Indonesia.

KEYWORDS

+Indonesia, +2018, +Mansyur, +regulations, +social security, +standards guidelines, +government, +social insurance, +national OSH instit, +coverage, +stakeholders, +01, +03, +10, +11,

Global

Naik I, Mittal A, Danielson T. Nicholas R, Seneviratne M. A multi-disciplinary, inter-continental collaboration to build capability in occupational health among health care professionals. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/a-multi-disciplinary-inter-continental-collaboration-to-build-capability-in-occupational-health-among-health-care-professionals/>. or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 493 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Interaction between community, environment and the workplace is needed in basic health care services in low-income countries. The UN's SDGs, WHO, ILO and professional associations e.g. ICOH and IALI (International Association of Labour Inspection) addressed the need for capability building and integration of services. Medical doctors and nurses, unfortunately, are not well-educated in occupational health in undergraduate education. OSH professionals from four different continents organized - on a voluntary basis - workshops on workplace hazard identification, assessment and control, for health care professionals in India and Malaysia. The workshops included perspectives on occupational medicine, hygiene, ergonomics and hazard communication. Local experts demonstrated case studies. The involved health care workers shared challenges and successes. This successful experience inspired exploring options for a more sustainable 'academy' for capability building in basic occupational health. This model for collaborating at international level will be discussed.

KEYWORDS

+Global, +2018, +Naik, +info educ staff, +internat collab, +OSH expertise c, +02, +11, +14,

Global

Nicholas R, Danielsen T, Mittal A, Seneviratne M, Naik I. Welders for welders. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.ichweb.org/welders-for-welders/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 494 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Well-supported and protected welders in the formal sector can help unsupported welders working as informal workers, donating small or large funds and new or used equipment.

The primary tool for this program is triage, bringing together safety experts listening, asking questions, and advising welders. For each situation triage is developed through adapting the 'hierarchy of controls' to available resources and the work culture.

The program will start small. Based upon the program's experiences, triage guidelines can be created. Others can be trained to make on-site visits/observations and make/implement recommendations. A case study will illustrate this concept.

A triage template can be developed, and others can adjust the template. The 'Welders for Welders' could be applied to other skills in a broader context, perhaps creating a 'Workers for Workers' program'.

KEYWORDS

+Global, +2018, +Nicholas, +info educ workers, +participation, +standards guidelines, +info educ pop, +safety experts, +volunteers, +other target pop, +07, +11, +14,

Türkiye

Ozlu A. Public health approach in occupational health and safety services, Turkey example. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/public-health-approach-in-occupational-health-and-safety-services-turkey-example/> or go to

https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 417 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

OSH is a public health issue. Studies require a multi-sectoral and multidisciplinary approach to public health. Programmatic development of healthcare services in Türkiye started in 2002. Primary health care services were prioritised. The OSH Department of Public Health Institution of Türkiye (PHIT) is actively involved with occupational health since 2011. Community Health Centres (CHC) serving under the PHIT started organizing OSH services to the sector after law enactment in 2012. Smaller companies hire OSH services from a private organisation or from a CHC (10% of 900 CHCs provide OSH services). Today, approximately 23,000 family physicians are active. Surveillance studies among others for prevention are organized, especially in primary health care services. International studies and sharing experiences contribute to worldwide OSH services.

KEYWORDS

+Türkiye, +2018, +Ozlu, +government, +BOHS structure, +structure HC, +regional support c, +legislation, +expert-based OHS, +family physicians, +research, +internat collab, +01, +03, +08, +11,

India**Parekh R. Mission IAOH-BOHS: occupational health service delivery for informal sector workers through primary care ecosystem. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018**

<http://repository.icohweb.org/mission-iaoh-bohs-occupational-health-service-delivery-for-informal-sector-workers-through-primary-care-ecosystem/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 416 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

More than 400 million informal workers in India do not have access to occupational health care services. This stimulated the Indian Association of Occupational Health (IAOH) to launch 'Mission BOHS' encompassing the Universal Health Coverage and BOHS strategies (WHO, ILO, WONCA, ICOH). For the training of primary care professionals in OH, a task Force analysed "profile, size, characteristics of work and occupational health risks" of 22 informal industries. The target audience were Medical Officers of Primary Health Centres (PHC), Employees' State Insurance Hospitals and Family Physicians. The book "Basic Occupational Health Services for Informal Industry: Manual for Primary Care Providers" has been developed and published in a printed and e-book version. Training videos were developed and disseminated via satellite for PHC staff during monthly district meetings. A pilot BOHS project has been launched and the appointment of BOHS Missionaries. The mission is expected to expand further with new collaborations in India.

KEYWORDS

+India, +2018, +Parekh, +informal workers, +accessibility, +IAOH, +coverage, +info educ staff, +national collab, +online facilities, +01, +10, +11, +14,

India**Pingle S. Basic occupational health: a key issue for achieving health equity in India. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018**

<http://repository.ichweb.org/basic-occupational-health-a-key-issue-for-achieving-health-equity-in-india/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 315 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

India is the second highest most populous country in the world after China. The health scenario in India presents a paradoxical situation with lack of basic occupational health services for the majority of working population India's population crossed 1.21 billion in 2011, 833 million in rural area and 377 million in urban area. More than 90% work in the informal economy, mainly agriculture and services. Less than 10% have jobs in the organised sector; mainly industry, mining and some services. Leading occupational risks are accidents, pneumoconiosis (especially silicosis) and lung diseases, musculoskeletal injuries, pesticide poisoning, asbestosis, noise induced hearing loss and workplace stress. Women are subjected to the dual burden of homework and occupation. A typical employer-employee relationship cannot be established in self-employed, home-based work and much of the unorganised sector. Further, the focus on health and safety is lacking in the expanding service sector. Important OSH needs are legislation to extend OSH coverage to all sectors of working life, spreading stakeholder awareness about occupational health, development of OSH infrastructure and professionals, and integration of occupational health with primary health care. Equity in health system cannot be achieved in India unless the lack of basic occupational health services for all working population is addressed.

KEYWORDS

+India, +2018, +Pingle, +coverage, +informal workers, +other target pop, +legislation, +awareness, +structure HC, +01, +03, +08, +10, +14,

India

Rajesh R. Occupational health services in India: challenges and opportunities. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/occupational-health-services-in-india-challenges-and-opportunities/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 227 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract .

About 92% of the productive age group is working in the informal economy, predominantly agriculture and services, and facing a triple burden of non-communicable (NCD) and communicable diseases, and violence, injuries. No comprehensive OSH legislation exists covering all the economic sectors except for mining, manufacturing, ports, and construction sectors. The Factories Act, 1948 has been ineffective for the workers' rights against occupational diseases. Over 90% of Indian labour force falls outside its purview. OSH services in the informal sector are non-existent, occupational health (Ministry of Labour) is not integrated with primary health care (Ministry of Health). Major challenges are: 1. Lack of National OSH Policy, legislation and mechanisms for provision of Occupational health services for the informal/unorganised sector and SMEs, 2. Apathy & lack of sensitisation about OSH among stakeholders, 3. Inadequate OSH infrastructure and professional capacities, 4. Addressing the NCD burden through Workplace Wellness Movement. Opportunities: utilisation of the primary health care ecosystem for delivery of BOHS for informal sector.

KEYWORDS

+India, +2018, +Rajesh, +informal workers, +legislation, +government, +awareness, +staff capacity, +structure BOHS, +01, +03, +11, +14,

Netherlands **Smits P, Hulshof C, Bastiaanssen M, Van Balen J. Work-related problems. what can general practitioners in the Netherlands do? Abstract of a Lecture. Occup Environ Med 2018, Volume Supplement 2. ICOH 2018**

<http://repository.icohweb.org/work-related-problems-what-can-general-practitioners-in-the-netherlands-do/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 418 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Having a job is good for your health. However, an unhealthy or unsafe job can result in a work-related or occupational disease. Good attention for work and health is as essential for both general practitioners (GPs, family physicians) and occupational physicians (OPs). The Dutch College of General Practitioners (NHG) and the Netherlands Society of OM (NVAB) signed a declaration in 2014, stating that both medical disciplines will collaborate in helping people enter, stay in or return to appropriate work. This declaration aligns with the common pledge of The World Organisation of Family Doctors (WONCA) and ICOH (2014) to better integrate occupational health in the primary care setting (2014). The Dutch associations developed a guidance document to integrate workers' health in all relevant practice guidelines. Next, the authors developed and organized a workshop to support the recognition of work-related health problems. Four issues were discussed: Asking the patients about their jobs, the diagnosis of work-related health complaints and diseases, the consequences of chronic diseases of adolescents for their career choices, and collaboration with occupational physicians. The workshop was evaluated positively.

KEYWORDS

+Netherlands, +2018, +Smits, +family physicians, +OH physicians, +national collab, +standards guidelines, +tasks, +stakeholders, +01, +09, +14,

Global

Takala J. Global background of insufficient coverage by occupational health services: what can we do to support prevention and care. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.icohweb.org/global-background-of-insufficient-coverage-by-occupational-health-services-what-can-we-do-to-support-prevention-and-care/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 415 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Health disorders cause 2.4 million deaths per year (ILO), costing almost 4% of the global GDP. Only about 15 % of the working population is covered by occupational health services (OHS).

Useful solutions and good practices have been identified, but largely in developed countries. The ILO Convention 161 (Occupational Health Services) provides tools to increase the number and quality of OHS offering essentially preventive functions.

The present global coverage and content of OHS is presented. Countries with appropriate services have a healthier workforce and lower rates of work-related problems, diseases and injuries. Public and primary health care can significantly contribute to occupational health care when well-educated and supported in workers' health issues. Basic Occupational Health Services can be established.

The immediate reaction after exposure to risks at work is often limited to first aid and treatment. More attention is needed for good diagnoses, reporting, and proactive functions by health staff, including public health doctors, nurses and family doctors.

KEYWORDS

+Global, +2018, +Takala, +expert-based OHS, +ILO, +info educ staff, +family physicians, +nurses, +structure HC, +coverage, +support for staff, +08, +10, +11,

Thailand

Untimanon O, Sukanun K, Chaladlard P. Development of occupational illnesses and injuries recognising and record keeping to strengthen occupational health services delivery among primary care units in Thailand. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.ichweb.org/development-of-occupational-illnesses-and-injuries-recognising-and-record-keeping-to-strengthen-occupational-health-services-delivery-among-primary-care-units-in-thailand/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 416 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

Primary Care Units (PCUs) in Thailand are offering occupational health services activities. Nevertheless, the diagnosis of an occupational disease (OD) is not easy given many similarities between occupational and non-occupational exposures, the often long-latency period, the multifactorial aetiology of many diseases, and a lack of data.

Managing the underreport of ODs and risks by a good OD diagnosis in PCUs, would result in referrals of patients with suspected OD to an occupational medicine specialist for more specialized examinations.

Screening questions were developed to identify work-related causes of symptoms. The Bureau of Occupational and Environmental Diseases collaborated with the Health Data Centre (HDC) of the Ministry of Public Health, in adding the 14 most common OD to the data system. PCUs were recommended to use the screening questions, to provide OD diagnosis when appropriate, to include a record in the data system (job of patients, symptoms worsened at work, exposure to dust, fumes, chemicals, or noise; colleagues with similar symptoms; perceived relation between health problems and work).

More than 20% of all PCUs used the questions and added - when appropriate- the "external cause ICD-10 code" (Y96) to the record system. So, OD statistics could be arranged through HDC.

Conclusion Screening questions are useful and important for PCUs when the OD aetiology is unclear. Occupational health services provided in PCUs need to be strengthened.

KEYWORDS

+Thailand, +2018, +Untimanon, +tasks, +referral facilities, +OSH expertise c, +specialised clinical OHC, +government, +national OSH instit, +registrations +online facilities, +OSH info specific, +Q of tools, +01, +06, +12, +14,

Global, Asia,
Japan

Yoshikawa T, Kogi K. Intercountry networking occupational health services in Japan and Asia. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.ichweb.org/intercountry-networking-occupational-health-services-in-japan-and-asia/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 226 (Enter) in the page window.

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Description based on the abstract. Use the link to read the full abstract.

The subject is collaboration through inter-country networking in facilitating prevention programs performed by occupational health services, regarding experiences within Asian regional networking of action-oriented approaches, including those for small-scale workplaces. The focus is on support measures facilitating practical workplace-level improvements and toolkits development. The programs include tailored, action-oriented activities supported by OHS teams. Examples: Work Improvement in Small Enterprises (WISE) or similar methods. Improvements include low-cost investments in work methods, the physical environment and organization. Local networks of trainers are found instrumental. Effectiveness depends on simple procedures translated into locally feasible improvements; participatory approaches; and use of participatory action-oriented toolkits. Inter-country collaboration is effective. Useful support may be characterized as departing from local good practices, focusing on universally applicable improvement procedures, and the use of locally adjusted toolkits. Interactive regional networking is recommended"

KEYWORDS

+Global, +2018, +Yoshikawa, +Asia, +Japan, +internat collab, +expert-based OHS, +tools equipment, +info educ staff, +info educ population, +02, +07, +12,

South Africa

Zungu M. Occupational and environmental health and safety in primary health care in South Africa. Abstract of a Lecture. Occup Environ Med 2018, Volume 75, Supplement 2. ICOH 2018

<http://repository.ichweb.org/occupational-and-environmental-health-and-safety-in-primary-health-care-in-south-africa/> or go to https://oem.bmj.com/content/oemed/75/Suppl_2/local/complete-issue.pdf. Type 417 (Enter) in the page window.

Open Access. Copyright ICOH.

Description based on the abstract. Use the link to read the full abstract.

South Africa is an upper middle-income country with about 11 million workers in formal employment in large, small medium and micro enterprises (SMMEs). The informal economy is widespread (about 4.6 million vulnerable workers). Since 2009, South Africa accelerated health reforms, implementing among others a re-engineering of primary healthcare (RPHC). The primary health care (PHC) concept as defined in the Alma Ata Declaration is leading, being: 'the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work'. The aim is to improve "access, coverage, provision of quality healthcare, efficiency and cost effectiveness of the health system". The World Health Organisation's (WHO) six building blocks of the health system are considered: leadership and governance; healthcare financing; health workforce; medical products and technologies; information and research; and service delivery. These improvements will impact on the occupational and environmental health and safety (OEHS) of workers.

KEYWORDS

+South Africa, +2018, +Zungu, +coverage, +structure HC, +informal workers, +family physicians, +nurses, +coverage, +01, +08, +10,

ICOH CONGRESS 2022, Global Digital Congress

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>.

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All abstracts have been published in the journal Safety and Health at Work. 2022; 13 Suppl. January 2022: Pg S1 – S332. The contributions to this Congress are not (yet) included in the ICOH Heritage Repository.

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>. Go to "Search in this journal" and type the name of the first author.

Selection and overview of the records:

Four records were included based on abstracts of lectures, part of a Special Session on the development of Basic Occupational Health Services entitled "*Development of Basic Occupational Health Services, more needed than ever*". The organizers and chairpersons were Suvarna Moti, Somnath Gangopadhyay, and Frank van Dijk.

In a hand search selecting on relevancy for BOHS, based on the titles of the contributions, we selected three semi-plenary and three other lectures.

The 10 records are presented in the next pages, inclusive a content description and a link, in alphabetic order (family name of the first author).

Global

Betancourt L, Cuenca V. Occupational Health for Informal Workers: A Review of Approaches to Care. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121016875>

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Abstract

Introduction: 85% of workers in the world do not have access to health and safety services at work. In the informal sector, there are few programs that provide monitoring and evaluation of the working conditions and health of this population.

Materials and methods: a literature search was conducted using the Arksey and O'Malley framework. The search was carried out in four databases and grey literature to identify studies on basic occupational health services for informal workers. The title and abstract review were developed by two researchers using a predetermined format.

Results: The search identified 21 articles published from 1992 to 2020. The programs identified point to impacts in small settings not dependent on national public policies. They have a response approach to work accidents and occupational diseases. Funding for the programs is low and, in some cases, due to political interests. Workers' participation is limited in solving their health problems. In many cases, care is provided in primary health care settings, in which health workers have difficulty recognizing the relationship between work and health.

Conclusions: Occupational health services for workers in the informal sector are still limited. It is necessary to develop national and international policies that allow the development of strategies for basic occupational health services with universal coverage. It is necessary to involve workers in solving their work-related health problems.

KEYWORDS

+Global, +2022, +Betancourt, +informal workers, +coverage, +participation, +family physicians, +nurses, +research, +Q of staff, +01, +07, +11,

Brazil

Dias EC, Lima MAG. Basic health care/family and workers' health programs performed by occupational health professionals among vulnerable populations. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121008179>

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Abstract

Primary Health Care (PHC), in the traditional model or in different organizational formats, such as the Family Health Strategy, represents an important alternative for quality care to workers' health, especially for the most vulnerable. The basic guiding principles of PHC, in search of a comprehensive basic health care are the capillarity and organization of a territorial base, with attribution of health responsibility to a multidisciplinary team of health workers, doctors, nurses, dentists, technical and administrative staff and community health agents, usually residents of the community, who form the link between the health team and the population. It is up to this team to follow, in a longitudinal way, individuals and families who live and/or work in a geographical and sociocultural space. The team's work begins with the characterization of the population registered in the territory, including workers and productive activities developed in the territory, the situational diagnosis necessary for planning health actions. The relationship between work and people's health-disease, particularly workers, results from the organization of production processes for the generation of goods, technologies and services, based on society's wealth and well-being, even if unequally distributed. Currently, the processes of productive restructuring and globalization of the economy on a planetary scale, result from the massive incorporation of technologies and communications, and modify people's ways of life, values, beliefs and behaviors. However, high-tech processes coexist with archaic, physically strenuous, dangerous, dirty and polluting work, to ensure maximum accumulation or profit, with increased social exclusion, structural unemployment, informal and precarious work. Work, which should favor health, the construction of subjectivity and social inclusion, causes suffering, disease and death and environmental degradation. In neoliberalism, the social protection of citizens and workers guaranteed by the State is diluted in different ways of hiring work, fragmented, precarious relationships, outsourcing of activities, seasonal work and work at home in all productive sectors, even in the big economic ones. ventures such as agribusiness, mining, civil construction, and is dramatic in the service sector; compounded by restrictions on Social Security and labor protection. The "feminization" of work, marked by new forms of work, low wages and precarious conditions, is expressed in the expansion of the female presence in the labor market in Brazil, 54.5% in 2019, even though the accentuation of gender and race inequalities. In the Brazilian Unified Health System (SUS), with universal coverage, PHC is organized in a care network in the country's 5,852 municipalities and has the potential to provide comprehensive care to workers' health, with promotion, protection, surveillance and health care actions in integrated manner at the more complex secondary and tertiary levels, as long as adequate SUS funding is guaranteed, as well as valuation and training and technical and pedagogical support for the teams.

KEYWORDS

+Brazil, +2022, +Dias EC, +volunteers, +family physicians, +nurses, +community h w, +tasks, +social security, +financing, +staff support, +01, +08, +09, +11,

Global

Gangopadhyay S, Das S, Banerjee S, Das S. Occupational Ergonomics and Industrial Hygiene for Evaluation of Health-Related Hazards in Informal Sectors and SMEs. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author.

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Abstract

Introduction: More than 60% of people all over the world come under informal sectors. In developing countries such as India, the percentage is 85%. In India 80% of the labor force as well as 50% of GDP is dependent on different informal sectors. The International Labor Organization estimates informal employment worldwide to consist of 2 billion workers, or 62% of all workers. Informal employment constitutes 90% of workers in low-income countries, 67% in middle-income countries and 18% in high-income countries. Further, women tend to be more exposed to informality in low- and lower-middle-income countries, which makes them more vulnerable to economic shocks. These informal workers are bound to work in conditions with several ergonomic and health hazards.

Materials & Methods: The prime and first task of ergonomics and industrial hygiene is to find out the hazards related to health and work. Several methods are used to investigate poor working conditions like analysis of working posture, identification of mental and physical status through questionnaire and checklist, and evaluation of repetitive motions. Temperature, light and humidity of a work environment are also taken into consideration when analyzing health and hygiene concerns in that workplace.

Results: Poor postures and poor working conditions are solely responsible for the development of different types of musculoskeletal disorders

Conclusions: Through these non-invasive and low or no cost investigations, work and health status of workers can be evaluated to make a better work environment.

KEYWORDS

+India, +Global, +2022, +Gangopadhyay, +ergonomists, +informal workers, +awareness, +tools equipment, +info educ population, +06, +11,

Canada

Khan TH, MacEachen E. A furnished house without walls: Examining the work and health support systems of self-employed workers in Ontario, Canada. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121014797>

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Abstract

Introduction: Today's labor market has changed over time, shifting from full-time, secured, and standard employment relationships to entrepreneurial and precarious working arrangements. This precarity has a profound impact on workers' health and well-being, undermining the comprehensiveness of social safety net structures, employment standards, and occupational health and safety laws and policies. Globally, self-employment has emerged as a key precarious work relationship with workers being vulnerable and unprotected in terms of social security.

Methods: Drawing in-depth interviews with 24 solo self-employed people in Ontario, this paper reflects on how self-employed workers are protected with available support systems, broadly including policy, financial and emotional supports. Thematic analysis was conducted based on the narratives participants provided. The project was approved by the REB, University of Waterloo, Canada.

Findings: The findings indicate that self-employed workers drew on both formal and informal support systems. However, they more relied on an informal support system (e.g., social and cultural capital) than formal (government-provided support). Both structural (premium affordability, lack of information, lack of self-employed-focused support programs) and non-structural factors (e.g., lack of trust in government systems, discretion) resonate with poor access to formal support for self-employed workers.

Conclusion: Meagre government-provided formal support may adversely impact the health and wellbeing of self-employed workers.

KEYWORDS

+Canada, +2022, +Khan, +other target pop, +social security, +accessibility, +government, +info educ population, +01, +06, +07, +10, +14,

India

Moti S, Parekh R. Video based Modular Training on Occupational Health risks in Informal Work for Primary Care Physicians in India. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S209379112100860X>

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Abstract

Introduction: Mission Basic Occupational Health Services of the Indian Association of Occupational Health has been working to accentuate Occupational Health competency of primary health care personnel. Limitations of organizing contact training programs with scant support from formal services compelled the mission to leverage technology to create industry-specific learning resources as video-based modules for online learning followed by a mobile application. This modular program has been utilized during COVID-19 pandemic that had profoundly affected contact training due to movement restrictions during lockdowns.

Materials & Methods: BOHS for Informal Industry: Manual for Primary Care Providers was used to create videos defining epidemiological profiles of twenty-two informal trades. These videos were released on the website and YouTube platform for free access. Mobile application IAOH BOHS was launched in 2019. Game-based assessment to determine effectiveness of video-based training was undertaken in a group of 100 doctors at a tertiary care institute in India.

Results: Video modules were formally recognized as training resource. Video-assisted learning was appreciated for trade-specific content and showed selective improvement in knowledge and competence enhancement. With over 3000 views among diverse audience, 300 contact & online training sessions were conducted until 2020.

Conclusions: Video-based learning through virtual platforms offered accessible engaging learning opportunities for primary care professionals. Restrictive circumstances demand workable alternatives to facilitate learning with effective outcomes.

KEYWORDS

+India, +2022, +Moti, +IAOH, +OSH information specific, +info educ staff, +OH physicians, +family physicians, +nurses, +online facilities, +01, +06, +07, +11, +12, +14,

Zimbabwe

Moyo F. The Profile of OHS Amongst Informal Traders in GWERU- A Case of Zimbabwe. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121016863>

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Abstract

Introduction: Access to Occupational Health and Safety (OHS) services in the informal sector in Africa remains grossly constrained. OHS services amongst informal traders are almost non-existent. Informal traders constitute an important part of the population whose activities affect most people. They are involved in selling food stuffs. However, due to poor OHS legislative frameworks and poor enforcement by local authorities, most informal traders are left without any form of OHS services. This poses a threat to the health of the public.

Methods: The researcher reviewed the OHS practices of informal traders in Gweru. This was undertaken through a walk-through assessment and conducting informal interviews to find out the OHS arrangements and knowledge of basic concepts of OHS of informal traders at the marketplace in Gweru.

Results: The informal traders were found to have no form of OHS service in place. It was clear that most traders had no idea what constitutes risk management and other basic OHS principles. They lacked knowledge on hazard identification and risk assessments. They had no access to running water and ablution facilities. Overcrowding and poor hygienic practices were prevalent amongst the informal traders.

Discussion: It is very evident the informal traders in Gweru have significant ignorance as regards OHS. The lack of running water and ablution facilities and poor OHS regulatory framework constitutes a major problem in the working space. This constitutes a risky working environment that can promote outbreaks of infections. Government recommended to put regulatory framework to protect traders and the public.

KEYWORDS

+Zimbabwe, +2022, +Moyo, +informal workers, +coverage, +legislation, +OSH info specific, +awareness, +regulations, +01, +03, +06, +07, +10,

**Southern
Africa**

Naidoo N. Protecting the Unprotected – Occupational health and safety among informal workers in Southern Africa. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/science/article/pii/S2093791121008301>

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Abstract

The International Labour Organisation (ILO) estimates that approximately 2 billion people, about 61% of all globally employed people, are in the informal economy. This statistic is substantially higher for continental Africa (approximately 86%), and varies across the continent: 31.5% in South Africa, and exceeding 95% in Mozambique, Democratic Republic of Congo and Chad. The informal sector is characterised by vulnerabilities in income, job security, occupational risks and access to healthcare. The ILO, in addressing these challenges, developed Recommendation 204, the “Transition from the Informal to the Formal Economy Recommendation, 2015”. This provides a policy framework that requires a transition that provides adequate social and labour protection, extends legal coverage and protection and ensures compliance with laws. While this transition is necessary, its character, particularly with regard to occupational health and safety, needs to be shaped in accordance with needs of workers, harnessing resources from the formal economy and structuring legal frameworks that prioritise health and social protection. Informal work environments vary from extractive, manufacturing, food preparation, commercial, social and retail. Hazardous exposures vary, with workers having little or no resources to introduce controls or to protect their health. Most lack the knowledge about the risks posed by their exposures. Access to medical surveillance is non-existent. While workplace exposures are important factors, social contexts further drive health outcomes: lack of health facilities close to working environments reduce primary health care access, lack of childcare facilities result in child exposures and precarious conditions increase gender and xenophobic violence. Numerous interventions have been piloted and proposed for protecting the health of workers in this sector, including the ILO initiatives such as Work Improvements in Small Enterprises (WISE). However, the success of any intervention is dependent on the multi-stakeholder context. The SARS-CoV-2 pandemic brought into sharp focus the vulnerability of the informal sector – both in terms of economic stability as well as health protection. In South Africa alone, approximately 1.5 million informal sector jobs were lost in the first quarter of 2020. The nature of work has meant that the risk for transmission of infection is extremely high, thus return to work is likely to have resulted in disproportionately higher rates of hospitalisation and death compared to formal workers – but few countries have collected data to better understand the epidemic-related risk of informal work. The growth in the informal economy is a direct result of neo-liberal economic policies championed by government and big business. The policy infrastructure that encourages the growth in this sector excludes the protection of the health of these workers. All tiers of government should be obliged to commit to policy frameworks, local infrastructure for informal work activity and provision of resources for hazard control and medical surveillance. It is the responsibility of the state to ensure that these workers enjoy the rights to safe and healthy workplaces.

KEYWORDS

+Southern Africa, +2022, +Naidoo, +informal workers, +ILO, +social security, +legislation, +accessibility, +OSH information specific, +research, +government, +01, +02, +03, +04, +05, +06, +10,

Thailand

Siriruttanapruk S, Wirichai R, Kaeokaemchan Y, Chuangchaiya J, Kredyyindee S, Boonkam P. The Development of tools and interventions for improvement of Basic Occupational Health Services (BOHS) in Thailand. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121008623>

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Abstract

Introduction: Although most Primary Care Units (PCUs) in Thailand can provide BOHS, staff at PCUs still need empowerment in terms of health risk assessment and management. The project was initiated to find solutions to support the BOHS program. The aims of the project were to identify a health risk situation in workers and to develop tools, information systems, and suitable preventive measures for further disease prevention and control.

Materials and Methods: The project was a research and development design, targeting five groups of informal workers: farmers, waste collectors, cloth makers, masons, and taxi drivers. 26 pilot PCUs were selected to join the study. The activities included setting up the One Health (OH) information framework and data collection from target workers by questionnaire. The data was analyzed and used to identify the high priority of OH problems. Then, the models for preventive measures were developed.

Results: Ergonomic factors were a major problem among farmers (100%) and cloth makers (59.8%). In addition, stonemasons (83.8%) were very high-risk groups for getting Silicosis. Tools and other interventions which were developed included telephone application for personal health record keeping, health assessment checklist tools, and health education packages.

Conclusions: The products and outcomes of the project can support PCUs' staff to improve BOHS. Tools and preventive measures can be applied for other PCUs to provide BOHS. "

KEYWORDS

+Thailand, +2022, +Siriruttanapruk, +informal workers, +support for staff, +tools equipment, +info educ staff, +ergonomists, +OSH info specific, +other target pop, +mat digital facilities, +Q of tools, +06, +09, +12, +14,

Indonesia

Sulistomo A, Soemarmo DS. Recent Approaches to Increase Access to BOHS for the Indonesian Worker Population by Government and Medical Schools. Abstract of a Lecture. Safety and Health at Work. Volume 13, Supplement, January 2022. ICOH 2022

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to "Search in this journal" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121008611>

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Abstract

Introduction: Indonesia has a worker population of more than 138 million, with 60,47% among them working in the informal sector. With only less than 200 Occupational Medicine Specialists and about 600 doctors with a master's degree in occupational medicine, there is a wide gap to provide workers with access to Occupational Health Services. The Indonesian Government and Medical Schools have recognized this problem and have implemented various approaches to increase access to Basic Occupational Health Services.

Materials and Methods: A qualitative approach has been conducted by reviewing recently developed training programs and medical curricula which try to put BOHS as a priority. Short training programs from the Ministry of Health and curricula from 8 Medical Schools (public and private) have been reviewed on the content. In addition, evaluations of the participants/students are used.

Results: The newly developed short training program by the Ministry of Health has been improved and is widely implemented throughout Indonesia. The training is interactive and focuses on the ability to recognize and diagnose Occupational Diseases but lacks an evaluation of individual competencies. While there is a big variation in curricula on BOHS for medical students, there is a clear focus and prioritization of BOHS in several Medical Schools.

Conclusions: There is a clear effort to put more attention to providing BOHS for the Indonesian worker population. It is still in the implementation stage. The results cannot be evaluated yet.

KEYWORDS

+Indonesia, +2022, +Sulistomo, +informal workers, +coverage, +info educ staff, +government, +info educ population, expert-based OHS, +Q of staff, +01, +11, +13,

Thailand

Untimanon O. Boonmeepong K, Laplue A, Sukanan K. Quality assurance approach for basic occupational health services provided by Primary Care Units (PCUs) in Thailand, an example for others? Abstract of a Lecture. Saf. & Health at Work. Vol. 13, Suppl, Jan. 2022. ICOH 2022.

<https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

Go to ""Search in this journal"" and type the name of the first author. Or use:

<https://www.sciencedirect.com/science/article/pii/S2093791121008362>

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Abstract

Introduction: Total of 9,815 PCUs in Thailand are as a key mechanism for providing health services for all because their locations are close to the community. Integration of basic occupational health services (BOHS) in this setting is very crucial because high risk community workers can access services easily. Thailand has launched BOHS program in PCUs since 2008. Ten years later, the quality control strategy using the OHS practices standards tool was established. Such standards are divided into 5 components and 25 items including 1) organizational set up, human resources, plans, evaluation and occupational health network collaboration, 2) OHS for health workers of PCUs, 3) pro-active OHS for community workers, 4) in-house OHS and 5) integration of environmental health services (EHS). This work was undertaken to explore the OHS quality control program among PCUs following such standards.

Material and Method: The staff of the Regional Office of Disease Prevention and Control (RDDC), and the staff of the Provincial Public Health Office have been trained to audit PCUs. *Use the link for the full text of Material and Method.*

Results: During 2018-2021, 2,456 PCUs (25.7%) participated in the project and conducted self-assessment following OHS standards. Of them, 1,529/ (62.3%) PCUs could pass the criteria approved by the external auditor. Their levels were starting, good, very good and excellent amounting to 262 (17.1%), 585 (38.3%), 321 (21.0%), and 361 (23.6%) respectively. E-learning basic OH curriculum has been developed after gathering training need information from PCUs' staff. There were 12 study hours, and 7 subjects packed in the course including OH policy, walkthrough-survey, risk assessment and control, common occupational diseases (OD), practical BOHS, OD record and related OH laws. This course will plan to begin next year (2022).

Conclusions: Participated PCUs could provide BOHS following such criteria. However, they had some limitations, such as 1) the capacity of PCUs' staff for early diagnosis of OD and EHS provision were limited, 2) common hazards related to health problems have been identified, but control measure still needs to be strengthened, Currently, the web-based audit platform was very helpful because of COVID-19 outbreak. Capacity building, training and supervision were the main activities for strengthening the quality assurance system. Recommendations: The future development should be addressed in 4 issues as follows: 1) specification of OHS interventions in the benefit package of universal coverage scheme to support operational finance, 2) training PCUs' staff to enhance competency, 3) OHS quality continuous development and 4) OHS legislation enforcement.

KEYWORDS

+Thailand, +2022, +Untimanon, +Q of program, +community h w, +info educ staff, +online facilities, +Q in outputs, +financing, +legislation, +mat digital facilities, +01, +03, +05, +09, +12, +13, +14,

ICOH Congress 2024 in Marrakech, Morocco

https://academic.oup.com/occmed/issue/74/Supplement_1

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The contributions to this Congress are not (yet) included in the ICOH Heritage Repository.

The Abstract Book, containing references to all abstracts of the congress, has been published in the journal Occupational Medicine, Volume 74, Supplement 1: July 2024.

Each record contains the related page number in the Abstract Book. Type the page presented in the record, e.g. ' i97 ', in the search window of the website:

https://academic.oup.com/occmed/issue/74/Supplement_1

Selection and overview of the records.

For this part of the repository, we included as a first contribution a record of an article describing a Summary Report of this Special Session at this congress, entitled 'Report of the Special Session on 'Bottlenecks and solutions in starting and progressing Basic Occupational Health Services, ICOH Congress 2024, Morocco.' (organizers: Moti S, Van Dijk F). This short report has been published as an article in the ICOH Newsletter no 2 in 2024.

Next, we selected all ten abstracts of this Special Session on BOHS (SS 40). In a hand search selecting on relevancy for BOHS, based on the titles of the contributions, we selected with a hand search another 9 abstracts from all contributions to this congress.

Next, we added one record with an overview of all abstracts in the Special Session (SS 06) entitled 'Effective delivery of Occupational Health Services (OHS): promoting safety and health as a universal fundamental right at work.' See the record of Jain A in the next pages.

Finally, we added one record giving an overview of all abstracts in the Special Session (SS 72) entitled 'Occupational Health training and education in LMICs – overcoming challenges and developing solutions.' See the record of Pingle S in the next pages.

All 22 records are presented on the next pages, inclusive a short content description, a link, and the page number in the Abstract Book. After the record on the summary report, the other records are presented in alphabetical order (name of the first author).

Global

Moti S, Van Dijk F. Report of the Special Session on 'Bottlenecks and solutions in starting and progressing Basic Occupational Health Services (BOHS)' at the ICOH Congress 2024 in Morocco. ICOH Newsletter. 2024; 22 no 2: 30-36. Article

https://www.icohweb.org/site/pdf-viewer/viewer.asp?newsletter=icoh_newsletter_vol22_no2.pdf

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The article has no abstract. The description is based on the article. Use the link to read the article.

The report started with summarizing the introduction lecture (Van Dijk and Moti), discussing a new structure for occupational health care: expert-based occupational health services (OHS) are supplemented by basic occupational health services (BOHS) operating in primary or community health care. BOHS has good access for informal workers, employees in small enterprises, unemployed, future and retired workers. The report summarized the contribution of Moyo presenting challenges in southern Africa where occupational medicine is still in its infancy. One of the key problems is lack of good legislation and qualified OSH experts. He insisted on financial resources for implementation of BOHS. Moti reminded us that more than 80% of the Indian workforce is informal, asking for new solutions. Existing basic occupational health services in India primarily offer general medical care followed by work equipment modifications, use of PPE and practice of safe behaviour. Minimization of health hazards at work should be promoted more. A high priority is improving social security and education of health care professionals, training them in essential occupational health issues. Zhang addressed that China accounts for 30% of global manufacturing output. Occupational Health has been prioritized as one of 15 major health special campaigns in China. Legislation on OH has been strengthened. She pleaded for breaking the silos hindering coordination between sectors and advocated a global consensus inclusive a common definition of BOHS. Colosio showed how a growing awareness of agricultural workers' right to safe work, resulted in more reported occupational diseases in Italy. A specific law decree in Italy was addressed at seasonal workers. He confirmed that public health must be the engine of occupational health care in agriculture. Bandini presented a lecture of Costa Dias and Lazarino presenting Brazil where half of all workers is informal. PHC coordinates the health care for workers, within the national health system (SUS), guaranteed in the Federal Constitution (1988). Structural support for the family health teams is organized by regional Reference Centers for Workers' Health (CEREST). As an example, developments are presented in the municipality of Betim showing an increasing number of support activities. "The possibilities are exciting". Nowadays, 50% of PHC is covered by a CEREST centre.

In the panel discussion was stated that more OSH experts will be needed in the future for referrals and support of primary and community health care. Several participants in the discussion recommended to look beyond health care systems e.g. by involving civil society organisations and NGOs. Would universal occupational health care ask for facilities beyond health systems? A BOHS network group might be able to connect involved agencies and institutions.

KEYWORDS

+Global, +2024, +Moti, +LDOH, +structure BOHS, +legislation, +awareness, +OSH expertise c, +regional support c, +participation, +info educ staff, +coverage, +target populations, +informal workers, +internat collab, +01, +02, +03, +06, +07, +08, +10,

Global

Braham C. SS17-02. Women in Informal Employment - Globalizing and Organizing (WIEGO). Engaging with state and private actors to extend occupational health and safety to workers in informal employment: best practices from the WIEGO network. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. WIEGO. ICOH 2024

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1. See page i60.

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Description based on the abstract. Use the link to read the full abstract.

Ninety % of all employment in developing countries is informal. OSH provisions traditionally only cover 'formal' workplaces and enterprises. Many workers organised themselves in grassroots organizations to advocate for OSH provisions at various levels. Such organizations - members of the Women in Informal Employment – Globalizing and Organizing [WIEGO] network - present examples of workers seeking accountability to extend their right to provisions and safe and healthy work.

A home-based worker association in Thailand collaborates with the state to integrate OSH services into primary healthcare. Domestic worker unions in South Africa collaborated to secure compensation for work-related illnesses, injuries and death A trade union of waste-pickers in India negotiated with manufacturers to improve working conditions.

These examples show how to achieve OSH for informal workers, challenging the notion of workers bearing full responsibility, and emphasizing the importance of both workers' mobilization and active participation in political processes.

KEYWORDS

+Global, +2024, +Braham, +WIEGO, +informal workers, +stakeholders, +participation, +other target pop, +coverage, +awareness, +regional support c, +social security, +01, +02, +07, +10, +13, +14,

Italy

Colosio C. SS40-06. Italy: Special attention to improve levels of health coverage in agriculture. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH 2024

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1. See page i98.

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Description based on the abstract. Use the link to read the full abstract.

WHO considers lack of access to health surveillance in the workplace as a main bottleneck in agriculture. "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." A specific law decree for seasonal workers has been declared in Italy. To comply with the new law, in the Region of Lombardy, a tripartite working group (trade unions, employers' associations, academia and public healthcare) has been formed. The group recommends creating structures bringing healthcare close to the places where rural people live and work, through the creation of a "Territorial Integrated Prevention Systems" (TIPS). In these structures, health surveillance of workers must be organized, meetings, training, and the development of prevention strategies. TIPS are a first step improving agricultural workers' access to health surveillance, for the most disadvantaged subgroups.

KEYWORDS

+Italy, +2024, +Colosio, +farm workers, +coverage, +legislation, +regional support c, +info educ population, +01, +03, +07, +08, +09, +10, +11, +14,

Brazil

Dias EC, Lazarino MS. SS40-07. Technical and pedagogical support (matrix) for Basic Occupational Health services (BOHS) in SUS, the national health system in Brazil. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH 2024. Marcia Bandini (Brazil) presented the lecture in Morocco.

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i98.

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Description based on the abstract. Use the link to read the full abstract.

BOHS can support workers without access to expert-based occupational health services (OHS). The BOHS concept is integrated in the National Health System (SUS), based on the Federal Constitution of Brazil (1988). PHC is the coordinator. Matrix training is essential, which is the permanent training and technical/pedagogical support of primary health care teams. The support comes from Reference Centers for Workers' Health (Cerest) and institutions from the labor side. The authors report about experiences in the municipality of Betim, Minas Gerais (732,000 inhabitants), a region with various industries, commerce, many small and micro companies and work at home.

A broad training program was organized including reference units for treating workers' health problems. Formalization followed in a Municipal Decree (2016). Surveillance of work-related injuries and of working conditions started. Assistance was organized: meetings, online contacts, education.

Conclusions: "The successful experience shows exciting possibilities." Challenges are support of municipal management, insufficient Cerest centres, turnover of professionals, and availability of health teams.

KEYWORDS

+Brazil +2024, +Dias EC, +legislation, +regional support c, +info educ staff, +regulations, +staff capacity, +referral facilities, +01, +03, +08, +14,

India**Gangopadhyay S. SS40-01. Necessities of OSH training in Indian informal sectors. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH 2024**

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i96.*Open Access. Copyright The Author(s) 2024. Published by OUP on behalf of the Society of Occ. Med.**Description based on the abstract. Use the link to read the full abstract.*

Informal workers in India are active in different occupations and confronted with various work-related hazards. In September 2020, the Occupational Safety, Health and Working Conditions Code was passed by the Parliament. Money from fines (imposed under the Code) is destined for a social security fund. But such arrangements are minimal for the vulnerable poor and for informal workers. Moreover, they have almost no effect on prevention.

About 90% of Indian workers are informal workers. Poor awareness of provable risks at work is mostly one of the causes of adverse health effects and accidents.

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 are recommended.

KEYWORDS

+India, +2024, +Gangopadhyay, +informal workers, +info educ population, +legislation, +government, +financing, +social security, +awareness, +online facilities, +01, +03, +07, +14,

Global

Jain A, Shah D. SS 06. Effective delivery of Occupational Health Services (OHS): promoting safety and health as a universal fundamental right at work. Abstract of Special Session 06. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ILO. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See pages i41 - i42.

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Description based on the abstract. Use the link to read the full abstract.

Special Session 06. “Effective delivery of Occupational Health Services (OHS): promoting safety and health as a universal fundamental right at work.” Topics are implementation, capacity, and coverage, and the relation to Universal Occupational Health Coverage through at least basic service provision. Scope, reach and effectiveness of OHS are explored.

SS06-01. Effective delivery of OHS services is a universal fundamental right. Multidisciplinary OH services (OHS). Impact is discussed, facilitators and barriers. First findings: diversity of OSH services systems, competencies and focus.

SS06-02. ILO recognized safety and health as a universal fundamental right at work. India is an example of challenges among LMICs. Many workers have no access to OHS. Ministries seldom interact. Organized industries have OH programs, in contrast to service industry and agricultural sector.

SS06-03. Ratification of ILO fundamental OSH conventions in Latin American and the Caribbean. ILO introduced the right to a safe and healthy work environment (2022). Conventions 155 and 187 are validated as fundamental conventions. Out of 34 countries, 33 have OSH regulations. Ratification of ILO Conventions 155 resp. 187 is limited, but OSH regulatory frameworks are aligned with Convention 155. Challenge: adjusting national frameworks with Convention 187 (OSH national system and programmes). Recommendation: mobilising social and organizational stakeholders.

SS06-04. ILO, a framework for assessing OHS systems. Only 10 – 15% of workers have access to OHS (ILO Convention 161). Limited access regards especially the informal economy, non-standard employment forms, micro and small/medium sized enterprises. Better Social Health Protection (SHP) and OH services coverage contributes to safe and healthy work. A framework for assessing OH services system consists of: a legal framework, functions, organization, coverage, resources, funding and governance. Linkages between Social Health Protection and OHS services may lead to extended coverage of both systems.

KEYWORDS

+Global, +2024, +Jain, +expert-based OHS, +coverage, +ILO, +accessibility, +stakeholders, +other target pop, +social security, +legislation, +structure HC, +01, +02, +04, +08, +10,

India

Joseph B. PL 06. Development of occupational health services in a medical college setting in India - looking back over 25 years to inform the future. Abstract of a lecture. Occupational Medicine, Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See pages i7-i8.

Or:

<https://doi.org/10.1093/occmed/kqae023.0007>

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Description based on the abstract. Use the link to read the full abstract.

Occupational Health (OH) is a neglected field in community health care in India, in which domain OH should be promoted and educated. The author shows the developments from the perspective of the St. John's Medical College in Bangalore, South India, a pioneer in OH.

Occupational Health was first related to work in the plantations in South India. Other developments were related to a wider agricultural development in the region, followed by more attention in the manufacturing industry evolving towards the mental health of workers as well. More recent is the attention for health care workers. Teaching occupational health to medical students is a focus area now, with e.g. exposure visits to factories, plantations and mines.

The author closes with: "In a country where trained occupational health physicians are a rare breed, it is hoped that the training imparted to a small group of students will have a ripple-effect – calling to attention other medical colleges where the focus on the domain is poor. Simultaneously, drawing the attention of existing health care providers to basic occupational health services at the primary health care level both in the private and public health sectors through training programmes at the provincial level is the way forward."

KEYWORDS

+India, +2024, +Joseph, +expert-based OHS, +farm workers, +info educ population, +info educ staff, +structure BOHS, +01, +08, +11, +14,

Global

Leka S, Jain A. SS06-01. Effective delivery of occupational health services: promoting occupational safety and health as a universal fundamental right at work. Abstract of a lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/article/74/Supplement_1/0/7706611

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Description based on the abstract. Use the link to read the full abstract.

About 80% of the global working population has no access to basic OSH services, and implemented services differ in many aspects. High-income countries differ from low- and middle-income countries. Defining OSH services as multidisciplinary, this study has the aim to evaluate the delivery in relation to e.g. the scope of a programme, facilitators and barriers, and the competencies of professionals. The first stage of the project is presented: literature review and case studies (framework analysis), looking for OSH systems and national provisions.

First findings show a diversity of systems in various countries' contexts. Less focus has been given to mental health and wellbeing at work. Competency should receive more attention. An ICOH stakeholder survey and expert interviews will be organized to supplement the study results.

KEYWORDS

+Global, +2024, +Leka, +coverage, +expert-based OHS, +structure BOHS, +Q of staff, +Q of care, +08, +09, +10, +11, +13, +14,

Europe

Martínez-Jarreta B, Bulat P, Majery N, Gehanno JF, Pauncu EA, Bastiaanssen M, Godderis L, Braeckman L. P-059. Undergraduate Occupational Medicine teaching and training at European medical schools. Quo vadis? Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. EASOM. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i199

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Description based on the abstract. Use the link to read the full abstract.

The organizers are collaborating in EASOM, the European Association of Schools of Occupational Medicine. General Practitioners (family physicians) are or should be more active in OM, so undergraduate training in Occupational Medicine (OM) is essential. Tasks are the identification of occupational and work-related diseases and support of patients in return-to-work processes. The study analyses undergraduate OM training in medical schools in Europe. An email questionnaire survey was organized in 19 EU and some Eastern European countries.

Sixty medical schools from 21 European countries participated. A great variation is visible, also within European countries: differences in hours, topics, compulsory or voluntary OM education. What are the competencies that every doctor should have in OM? A common definition and – based on that – development of a core curriculum for undergraduate training in Occupational Medicine is recommended.

KEYWORDS

+Europe, +2024, +Martinez-Jarr, +EASOM, +info educ population, +info educ staff, +01, +11, +14,

Global

Moti S, Van Dijk, F. SPL11. Basic Occupational Health Services - challenges and opportunities for Universal Occupational Health Care. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i19

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Description based on the abstract. Use the link to read the full abstract.

Beyond the practice of occupational health care in the organised sector of large companies, we must discuss the poor access for informal workers, migrant and temporary workers, agricultural workers, and workers in smaller enterprises. About 80 percent of all workers has no or poor access to occupational health care. BOHS, mostly based upon a primary care approach, can pool the scarce resources aligned with the local needs. A survey among leading BOHS-associated experts will support the process towards Universal Occupational Health Care by developing a thematic construct of their experiences. Similarly, other models of occupational health care through primary, public or private care, will be discussed. Recommendations will shape the argumentation for a wide discourse on BOHS as one of the key foundations for Universal Occupational Health Care.

KEYWORDS

+Global, +2024, +Moti, +coverage, +structure BOHS, +internat collab, +08, +10,

India

Moti S. SS40-03. Are Basic Occupational Health Services progressing beyond general medical care at the workplace in the informal sector in India? A scoping review. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i97

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Description based on the abstract. Use the link to read the full abstract.

“Growing informal employment has been increasing, preserving low-quality employment missing health and safety (OHS) facilities in India”. Regulations and legislation for the protection of informal workers and workplaces are missing, such as for the organization of occupational healthcare. Challenges are highlighted in organizing occupational healthcare following the primary healthcare strategy. PubMed, IndMed, Google Scholar and grey literature were searched (2010-2020) for a narrative review.

The availability and affordability of medical care were studied, and issues like work equipment modifications, use of personal protective equipment and safe work behaviour. Findings: “access to basic medical care still has priority in occupational healthcare of informal workers in India”. Activities aiming to reduce hazards and risks at work should be more promoted.

KEYWORDS

+India, +2024, +Moti, +informal workers, +legislation, +structure BOHS, +tasks, +Q of program, +01, +09,

**Southern
Africa**

Moyo D. SS40-02. Implementation challenges of Basic Occupational Health Services in southern Africa. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 . See pages i96 and i97

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Description based on the abstract. Use the link to read the full abstract.

Most workers in southern African states are missing good access to occupational health services. It is difficult to start occupational medicine as a discipline, and BOHS is not easy to develop. "Access levels to occupational health services are below 20%". The results of a systematic literature review are shown, adding personal experiences in regional projects.

Results: In most countries occupational health services are offered by general medical practitioners as the specialty of Occupational Medicine is not well developed and lacks coordination. ILO Conventions: C155 (Occupational Safety and Health), and C161 (Occupational Health Services), are seldomly ratified, except South Africa. BOHS is not implemented, a well-structured legal framework for BOHS does not exist, and well-trained human resources in OSH are almost absent. "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."

KEYWORDS

+Southern Africa, +2024, +Moyo, +accessibility, +family physicians, +structure HC, +legislation, +Q of staff, +structure BOHS, +structure HC, +01, +03, +08, +11,

Global

Pingle S. Special Session 72. OH training and education in LMICs – overcoming challenges and developing solutions. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See pages i150 and i151.

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Description based on the abstract. Use the link to read the full abstract.

Special Session 72. Chair: Shyam Pingle, India. OH education and training in low- and middle-income countries (LMICs) has a lack of resources, awareness and OH education facilities. The session focuses on local solutions.

SS72-01 OH training in India. Pingle et al., India. The Ministry of Labor and Employment introduced the Associate Fellow in Industrial Health (AFIH) course in Mumbai (1995). This three-month course is the only occupational health course for doctors. The course is run by 17 institutions, educating about 600 doctors per year. So far, 4,400 doctors have been trained. There is no course for occupational health nurses. The Indian Association of OH (IAOH) organized courses and published a book on BOHS for primary care physicians. Integrating OH training with public healthcare services is challenging.

SS72-02 Días et al., Brazil. Occupational Health (OH) education in Primary Healthcare. Brazil has a Unified Health System (SUS) in which primary healthcare is delivering OH care. Two distance education courses are offered to train professionals and others, in analyzing the OH situation in the region, and on the work-health relations. Pilot groups included 2,343 participants, 725 completed the course.

SS72-03 Denny et al., Indonesia. Empowering low-education attainment farmers through long-term education on pesticide and chemical safety. The responsible use of pesticides and chemicals is basic for optimal yields and food security. The focus is on skills to work safely and healthily, without disrupting productivity.

SS72-04 Van Dijk et al., Netherlands, Indonesia, Venezuela, India, South Africa. What is the role for international collaboration in the education of OSH experts in low and middle-income countries (LMICs)? Just transplanting education from rich countries to LMICs is not a good idea, because much work in LMICs is informal, agriculture is often dominant, risks can be different, preventive solutions must be feasible. Basic questions to answer by LMICs: which target groups, content and forms of education are appropriate? What are the most suitable learning objectives? Education for BOHS-related competencies might be a good idea when fine-tuned to country-specific conditions.

KEYWORDS

+Global, +2024, +Pingle, +info educ staff, +nurses, +OH physicians, +info educ population, +farm workers, +internat collab, +Q of staff, +online facilities, +participation, +07, +11, +14,

India**Pingle S. O-195. Evolution of occupational health in a developing country from the lens of an industrial physician. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024**

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i393*Open Access. Copyright The Author(s) 2024. Published by OUP on behalf of the Society of Occ. Med.**Description based on the abstract. Use the link to read the full abstract.*

The growth of Occupational Health in India over last 40 years is influenced by:

1. The 'Bhopal Gas Disaster' 1984 causing more than 25,000 lives. Major changes in legislation and regulations followed for the industry, especially the chemical industry with a focus on regular medical surveillance.
2. The economic crisis (1991) led to liberalization and influx of global corporations to India showing global health and safety standards and boosting exposure monitoring.
3. Adoption, since 2008 of the BOHS (Basic Occupational Health Services) concept by Indian Association of Occupational Health.

Challenges are lack of awareness, coverage of small and medium enterprises, capacity building, and lack of OH data. Opportunities are imminent changes in legislation and national policy on OSH covering non-hazardous industries and workplaces in the ambit of law.

KEYWORDS

+India, +2024, +Pingle, +legislation, +awareness, +structure BOHS, +OSH info general, +coverage, +staff capacity, +01, +03, +06, +07, +10,

Iran**Tabibi R. SS40-04. Basic Occupational Health Services (BOHS) in Iran: overview of state of the art. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024**

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i97.

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Description based on the abstract. Use the link to read the full abstract.

Only 10-15% of workers in the world have access to a form of occupational health care. Health indicators in Iran are comparable with those in developed countries, and more than 85% of the population in rural and deprived regions have access to PHC services offering basic healthcare and public health services. Still a few remote areas have no access to adequate care. Improving workers' health is the task of occupational health services. National policies for health at work need strengthening. The author mentions the promotion of healthy work, exchange of experiences in healthy work practices, updating of education and training such as for occupational health professionals.

KEYWORDS

+Iran, +2024, +Tabibi, +accessibility, +info educ staff, +governance, +coverage, +expert-based OHS, +01, +10, +11,

Thailand

Untimanon O, Siriruttanapruk S, Uthaithong K. SS40-08. Development of the financial system for Basic Occupational Health Services delivery for informal workers in Thailand. Abstract of a lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

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Description based on the abstract. Use the link to read the full abstract.

The evaluation of BOHS was satisfactory but financial support could be a problem. This study aims to develop a financial system while reviewing the cost of BOHS and the legislation. In meetings the existing financial system was discussed resulting in a policy brief for the National Health Security Office. Surveillance of occupational diseases among informal workers (entitlement of health examinations) was stated in the OD Act. Costs of BOHS activities were explored: walkthrough survey, risk assessment, health surveillance, OD diagnosis and risk management. Two options were proposed (see the abstract). Option one: for all informal workers 70 Baht or 2 USD/capita, and option two: only high-risk informal workers (exposed to lead, silica dust, asbestos or pesticides) do get financial compensation for BOHS costs. Specification of BOHS cost for all informal workers is highly recommended.

KEYWORDS

+Thailand, +2024, +Untimanon, +financing, +informal workers, +legislation, +tasks, +coverage, +01, +05, +09, +10,

Thailand

Untimanon O, Chuangchaiya J, Chaiwongwat I. O-036. Development of the user-friendly basic occupational health training online course for primary care providers in Thailand. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See pages i193 and i194.

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Description based on the abstract. Use the link to read the full abstract.

Capacity building and supervision were crucial in Thailand for strengthening primary care units (PCUs) but COVID-19 pandemic caused disruptions and uncertainty. In-person contact was replaced by virtual and online communication, and this change is still present. A basic occupational health (OH) online training course has been designed for staff of PCUs in January 2022- November 2023. The process followed four phases "1) OHS project reviews, 2) course development, 3) creating a storyboard and the learning system, and 4) try out system and improvement."

The course (12 hours) included OH policy, hazards and walkthrough survey, risk assessment/control, common occupational diseases, OSH for community workers, OD recording, legislation. The learning platform and the overall of the entire course were improved after testing. The course is useful in improving PCUs' staff competency for effective OHS delivery. "However, the feedback from the trainees is crucial to improve the course continually."

KEYWORDS

+Thailand, +2024, +Untimanon, +online facilities, +info educ staff, +Q of staff, +tasks, +community h w, +participation, +governance, +01, +11, +12, +13,

Global

Van Dijk, F, Moti S. SS40 Special Session. Bottlenecks and solutions in starting and progressing Basic Occupational Health Services BOHS). Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The abstract book pdf can be downloaded from:

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Description based on the abstract. Use the link to read the full abstract.

Universal Occupational Health Coverage reduces social inequality and poverty. Basic Occupational Health Services (BOHS) are part of primary and community healthcare supporting the more than 80 % of all workers lacking access to expert-based occupational health services. In this session, we will learn from the practices in seven countries. Different aspects will be highlighted such as education of primary and community healthcare, care for informal workers or farmers and other agricultural workers, management of BOHS care, quality of care, supporting infrastructure, referral options, etc. During the panel discussion, we will discuss issues with international organizations. The aim is to increase awareness about the urgent need to create new occupational healthcare solutions, and to disseminate knowledge about challenges and solutions. "BOHS is a new and challenging topic for development, information, education, and research."

KEYWORDS

+Global, +2024, +Van Dijk, +structure HC, +coverage, +structure BOHS, +internat collab, +08, +09, +10, +11, +14,

Global

Van Dijk F, Moti S. 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. Abstract and slides of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

<https://ldoh.net/basic-occupational-health-services/>

Go to the Post "Opportunities in BOHS". Click in this post on "Slides Opportunities BOHS".

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This abstract was not included in the Abstract book pdf, caused by late program changes in the Special Session BOHS.

Abstract

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 labour 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 analyse 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 centres 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.

KEYWORDS

+Global, +2024, +Van Dijk, +LDOH, +research, +structure BOHS, +online facilities, +legislation, +regional expert c, +nurses, +01, +02, +08, +09, +10, +11, +14,

Sri Lanka

Wickramatillake A, Seneviratne M. Deficient occupational health services in Sri Lanka: capacity building to close the gap. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i395.

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Description based on the abstract. Use the link to read the full abstract.

Introduction: gives a view on history. Safety practices are widely deficient in small and medium-scale enterprises, and in the informal sector.

Methods: formal interviews and group discussions with senior management, human resources personnel, EHS personnel, the medical fraternity, and the local ILO office.

Results: Barriers are inadequate legislation and regulations, insufficient awareness of workers' health among key stakeholders such as the government, various professionals, and employees. A program of action has been developed to improve occupational health and hygiene.

Discussion and Conclusion: Sri Lankan government and workplaces, supported by international organisations, is needed to improve occupational health. Occupational medicine experts will take actions to improve awareness among professionals. Labour inspectorate will be supported in basic occupational hygiene and ergonomics. International collaborations might help improving occupational health in Sri Lanka during an economically challenging period.

KEYWORDS

+Sri Lanka, +2024, +Wickramatillake, +government, +stakeholders, +awareness, +occup hygienists, +ergonomists, +internat collab, +01, +02, +03, +07,

Brazil, Global

Ximenes C. P-079. The low rate of teaching Occupational Medicine in medical schools in Brazil and worldwide: a challenge to be overcome. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See page i207.

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Description based on the abstract. Use the link to read the full abstract.

“About 2.8 million people die each year from causes related to work (ILO), which justifies investing in the teaching of occupational medicine (OM) in medical education.”

The medical curriculums of 84 % of the 286 medical schools are published on the own website. In 2023, less than one third offered OM during graduation, while all medical schools in Australia and New Zealand (1998) offered OM, 95% in Europe (2011), 68% in USA (1994), 65% in Türkiye (2010), and 52% in Mexico (2006). Only 0.13 % of medical residency programs in Brazil were for OM, about half of these were filled.

Lack of OM education in undergraduate medical studies may have a negative impact on the inflow in specialized OM training programs.

KEYWORDS

+Brazil, +Global, +2024, +Ximenez, +info educ population, +awareness, +Q of staff, +01, +07, +14,

China**Zhang M. SS40-05. Basic Occupational Health Services (BOHS) in China: challenges and opportunities. Abstract of a Lecture. Occupational Medicine. Vol. 74, Suppl. 1, July 2024. ICOH Congress 2024**

The Abstract book pdf can be downloaded from:

https://academic.oup.com/occmed/issue/74/Supplement_1 See pages i97 and i98.*Open Access. Copyright The Author(s) 2024. Published by OUP on behalf of the Society of Occ. Med.**Description based on the abstract. Use the link to read the full abstract.*

Challenges and opportunities must be discussed in relation to the Healthy China 2030 Strategy, aligning with UN Sustainable Development Goals (SDG) 2030 and Universal Health Coverage (UHC).

1. National OH regulation has been strengthened: governmental system reform, adoption of laws, the “Action of Occupational Health Protection” under the “Healthy China Action Plan (2019-2030)”.
2. Demographic changes have an impact but also trends in workplaces.
3. BOHS have played an important role, but strategies need to adapt to the Chinese social economic development. Critical gaps: the capacities of service providers, vulnerable workers and sectors, sustainable development, and management systems that are not aligned.
4. For BOHS, not only is the capacity of the primary healthcare workforce essential, but also the efforts of specialized occupational health institutions. Silos should be broken that hinder effective communication and coordination. Combined funding from healthcare, work injury insurance, and trade unions might be needed to finance prevention and control of occupational diseases.

KEYWORDS

+China, +2024, +Zhang M, +coverage, +regulations, +legislation, +governance, +staff capacity, +OSH expertise centres, +referral facilities, +national OSH instit +national collab, +financing, +social insurance, +stakeholders, +01, +03, +05, +08, +10, +14,

Abstracts or slide presentations of lectures at various international congresses and meetings

The links are presented in the records

Open Access. Creative Commons prescriptions or Copyright licenses are presented in the records.

In the future we would like to add to the repository more results of a systematic screening of (abstracts of) lectures, posters or slide presentations dealing with BOHS and similar initiatives in the world. At this moment we cannot fulfil this plan given lack of time and manpower.

For the time being we decided to present seven contributions from ICOH and WONCA congresses (not yet available in the repository) that we have collected in the past years, considering these worthwhile for sharing now.

The seven records are presented on the next pages, in historical order, inclusive of a short content description and a link.

**Asia-Pacific
Region**

Phoon WO, Seneviratne M. Delivery of basic occupational health service to small enterprises and the informal sector. Abstract of a Lecture at the ICOH Congress Milan, Italy, 2006.

<http://repository.ichweb.org/delivery-of-basic-occupational-health-service-to-small-enterprises-and-the-informal-sector/>

Open Access. Copyright presumably ICOH.

Description based on the abstract. Use the link to read the full abstract.

Examples of effective delivery of occupational health and safety service in the Asia-Pacific Region are presented. Statutory authorities, industry groups, trade unions, medical and health associations, cooperatives and charitable foundations were involved in the organisation. In general, preventive and curative care are offered; payments are “on a pro-rata and periodic basis and low”. Subsidies are – in several cases – offered by various agencies. The professional staff (most doctors and nurses) are trained in basic occupational health and hygiene, primary health care and emergency treatment. Support comes from visiting ergonomists, occupational hygienists, and health promotional experts.

Examples are presented and suggestions on how to widen the coverage and sustainability.

KEYWORDS

+Asia-Pacific Region, +2006, +Phoon, +informal workers, +other target pop, +stakeholders, +nurses, +family physicians, +support for staff, +info educ staff, +financing, +01, +08, +11,

China

Zhi S. Eijkemans G, Kawakami T, Rantanen J. Organizing Basic Occupational Health Services for China. Abstract of a Poster at the ICOH Congress Milan, Italy, 2006.

<http://repository.icohweb.org/organising-basic-occupational-health-services-for-china/>

Open Access. Copyright presumably ICOH.

Description based on the abstract. Use the link to read the full abstract.

Rapid growth of the economy and new safety and health hazards mean a great challenge, among these 60 000 coal mines and 160 million mobile rural workers seeking urban employment e.g. in the construction sector.

The number of occupational diseases and accidents is high, especially pneumoconiosis: 580,000 cases detected and over 10,000 new cases yearly. Occupational accidents result in about 136,000 deaths annually.

The new five-year development plan for China (2001 -2006) contains new legislation on prevention and on social security.

China decided to use Basic Occupational Health Services as a model for OHS development, as part of national programming. Pilots started in practice in several provinces inclusive support services, developing local profiles and starting educational programs. Later, an evaluation will guide towards a feasible BOHS model.

KEYWORDS

+China, +2006, +Zhi, +OSH info specific, +legislation, +coverage, +migrant workers, +social security, +research, +01, +03, +04, +10,

Chile **Herrera-Moreno V. Basic Occupational Safety and Health Services in Chile – 2008. Abstract of a Lecture at the ICOH Congress in Cape Town, South Africa, 2009.**

<http://repository.icohweb.org/basic-occupational-safety-and-health-services-in-chile-2008/>

Open Access. Copyright presumably ICOH.

Description based on the abstract. Use the link to read the full abstract.

In Chile occupational safety and health has been provided since 1958 mostly by private non-profit companies created by employers' initiative and legalized by the Occupational Safety and Health Act (1968). Following this Act, all dependent workers have mandatory insurance under one of the 3 private nonprofit workers compensation companies or the state one. The costs are paid by the employers. The system covers 75% of 6,000.000 Chilean workers contracted as dependent workers. Recently, the government asked for a proposal providing coverage for independent workers. The cost of the system is an average contribution of 1,7% of the wage.

After 50 years, the system has created more than 150 medical care centers with 1200 beds for treating injured workers. "Basic OS&H services" include prevention activities, health care for occupational injuries and diseases, occupational diseases' surveillance programs, education and training, industrial hygiene practices/laboratories and medical care, including rehabilitation and back to work demands. It is stated that one of the results of this system is a fall of the rate of occupational injuries of about 35% in 1969 to 6% in 2007.

The Chilean system has shown that private, non-profit companies, which are regulated by law, can participate in an appropriate way in providing Occupational Safety and Health Services for dependent workers. "New ways have to be designed or incorporated to the current ones to provide for the independent and informal workers."

KEYWORDS

+Chile, +2009, +Herrera-Moreno, +tasks, +legislation, +structure BOHS, +informal workers, +other target pop, +social insurance, +social security, +expert-based OHS, +coverage, +info educ population, +01, +03, +04, +05, +08, +09, +10, +14,

Philippines

Leopando ZE. The role of family physicians in the integration of Primary Care and Occupational Medicine. Lecture at the WONCA Asia Pacific conference 2017 in Thailand. Slide presentation.

<https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Workers/roles%20of%20FPs%20in%20%20integration%20of%20primary%20care%20ad%20occupation%20at%20medicine.pdf>

Description. For more information see the slide presentation.

Following the WHO Declaration of Alma Ata 1978, Primary Health Care is defined as essential health care being the first level of contact with the national health system bringing health care as close as possible to where people live and work. Care would be provided, not limited by problem origin (biological, behavioral, or social) (Am. Academy of Family Physicians). As 60% of the workers are informal workers, and even employees probably go to their personal physicians for health problems, there is a need to integrate occupational health and safety in primary care (Richard Roberts, WONCA president, 2012). Reference is made to the WHO conference in The Hague, Netherlands "Connecting labour and health" in 2012, see "WHO, 2012" in this repository, or visit <https://www.who.int/publications/i/item/WHO-HSE-PHE-ES-2012.1>).

Elements of integration and principles are highlighted such as the training of family physicians. Details are presented of a postgraduate course at the Philippine College of Public Health, and of the course "Fundamental Occupational Medicine for Physicians" at the Burapha University.

The role of family physicians is to

- “Ensure effective prevention and appropriate management of injury and illness related to work
- Provide comprehensive care of the injured or sick worker, and to be able to address rehabilitation and return to employment
- Assist employers in the maintenance of a safe and productive work environment”.

(Recommended Curriculum Guidelines for Family Medicine Residents. American Academy of Family Physicians, 2015)

Attitudes, competencies, knowledge and skills for family physicians are detailed. The WONCA Special Interest Group on Workers' Health is introduced. Future challenges are addressed.

KEYWORDS

+Philippines, +2017, +Leopando, +WONCA, +informal workers, +structure HC, +info educ staff, +tasks, +standards guidelines, +01, +08, +09, +11,

Indonesia

Sulistomo A. Soemarmo D. Developing training module on occupational diagnosis for primary care doctors-filling the gap. Slides of a lecture at an ICOH SCETOH (SC on Education and Training in OH) Symposium, Zagreb, Croatia, 2017.

<https://ldoh.net/wp-content/uploads/2018/02/Sulistomo-Training-module-occupational-diseases-diagnosis-for-Primary-Care-doctors.-Indonesia.pdf>

The ICOH Scientific Committee on Education and Training in OH (SCETOH) organized an international symposium in Zagreb, Croatia, in 2017.

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Description. For more information see the slide presentation.

Background data are given about economic development in Indonesia. Data about occupational diseases is scarce. Number of workers in 2017: formal workers 46 million, informal workers 78.5 million, total 125 million workers. Half of all workers work in agriculture, forestry, and fishing. Doctors are not trained in the diagnosis of occupational diseases (ODs). Unrecognized ODs means no coverage by National Workers Insurance, and no implementation of prevention programs. The number of OM specialists in Indonesia is about 180.

There is a great need to train doctors in OD diagnosis, especially in Public Health centers. The Ministry of Health and the Association of OM specialists developed a training module in 2010 for public health centers' doctors (2010-2013, 686 doctors were trained). The evaluation in 2014 showed some shortcomings, so a new module has been developed, among others focusing on the ability to do the systematic steps of the OD diagnosis. In the new module not all diseases are educated, more case discussions and field practice were included. Training started in 2016. There is no formal evaluation yet, the number of trained doctors is still low. A high number of resources and much time is needed with the current module.

Recommendations: occupational health during medical education should be strengthened, regional health offices should be motivated to do more training, all general physicians should be trained, alternatives for training such as e-learning should be explored and implemented.

KEYWORDS

+Indonesia, +2017, +Sulistomo, +social insurance, +social security, +info educ staff, +government, +structure HC, +info educ population, +regulations, +regional support c, +family physicians, +online facilities, +01, +03, +04, +10, +11, +14,

Global

Van Dijk F. Introduction to Basic Occupational Health Services. Lecture at ICOH 2020 OCCUCON Conference in Mumbai, India, January 2020. Lecture slides.

<https://ldoh.net/wp-content/uploads/2021/03/ICOH-Mumbai.-Orientation-to-OH-Workshop-IAOH.-Introduction-BOHS.-F-van-Dijk.-30-1-2020-df-df.pdf>

Eight scientific committees of ICOH co-organised with the IAOH (Indian Association of Occupational Health) the international part of the OCCUCON Conference in Mumbai in 2020.

Open Access. Copyright is by F. van Dijk, co-author of the repository, and the IAOH. No problems are expected for re-use of lecture materials.

Description including (shortened) citations from the slides. Use the link to the slides to see the whole presentation.

This lecture was part of the workshop 'Orientation to Occupational Health' organized by the Indian Association of Occupational Health (IAOH). The lecture is a short introduction to the concept of Basic Occupational Health Services (BOHS), for Occupational Safety and Health (OSH) experts in India with no or a limited medical background. The aim was to promote better understanding and good collaboration.

The lecture started showing the initiative of Médecins sans frontières (Doctors without Borders) in Dhaka, Bangladesh organizing BOHS clinics for urban worker populations. Work-related diseases and accidents frequently occur in countries like Bangladesh and India where most of the work is informal work. Many informal workers are working in poor labor conditions causing accidents, injuries and work-related diseases, finally also threatening their families with poverty. BOHS, integrated into primary health care, will benefit workers and families by diagnosing and treating occupational diseases e.g. at a clinic in the community. Prevention will be promoted. BOHS needs to be provided to all workers and their families, financed by the public sector, and integrated into primary or community health care. Data on diseases and accidents will be generated at community level.

A new structure for occupational health care must be realized. Examples were shown of BOHS in development in Indonesia, Iran, India, Thailand, Türkiye, and Denmark. OSH experts are urgently needed for education, referrals, and support.

Conclusions:

1. The examples show the feasibility of various forms of basic occupational health care in primary health care. A programmatic approach and community participation are crucial.
2. National governments are responsible for the structural development of primary healthcare activities for workers' health: financial resources, education, evaluation, support by OSH experts and clinical referral centers.
3. We need working groups and programs at national and international levels, to promote basic occupational health care for all workers. International collaboration should be started.

KEYWORDS

+Global, +2020, +Van Dijk, +IAOH, +LDOH, +structure BOHS, +OSH expertise c, +participation, +government, +national collab, +internat collab, +01, +06, +07, +08,

India

Desai K, Dave B. Occupational health and safety services in informal sectors in India: a literature review. *Occup Environ Med* 2023;80 (Suppl 1): A1–A110. EPICOH.53. A22. EPICOH conference (ICOH) 2023, Mumbai, India.

https://oem.bmj.com/content/80/Suppl_1/A22.3.abstract

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Description. For more information see the full abstract or ask for the slide presentation.

The study is a narrative literature review of OHS service provision in the informal sector, by general web search using ‘google scholar’ and other searches using Cochrane, PubMed, Academia, Science direct, Mendeley, etc.

Reports, scientific articles, editorials and review articles were included. A total of 147 publications were reviewed.

Almost all literature mentioned a provision in the informal sector, but only a few quantified the services. Active surveillance and notification of occupational health hazards and diseases were not reported. “A bill for OHS code passed in parliament in 2020 again excluded informal sector by not defining beneficiaries.”

Two studies reported BOHS in the Primary Health Care system as a promising strategy to fulfil the gaps in occupational health care. A few efforts have been found to fulfil the coverage gap in OH service facilities. Integration with primary health care must be explored in India as a “solidification of OHS”.

KEYWORDS

+India, +2023, +Desai, +informal workers, +tasks, +legislation, +research, +coverage, +01, +03, +08, +09,



Workers across the factory floor

Workers in a Nicaraguan clothing plant.

©Photo: Marcel Crozet/ILO

6 Background of the repository

6.1 Aims

This repository is an online collection of records referring to publications that are often difficult to find.

The repository aims to support the start and further development of basic occupational health care activities and similar innovations in primary or community health care besides supporting infrastructure. The collection can operate as a source of inspiration reporting successes and lessons learned. Innovation, education and research can be promoted. Boosted collaboration of pioneers from various countries can create a learning community and a global platform promoting and discussing BOHS and better coverage of occupational health care in various forms.

Easy and well-structured access to funded scholarly information can have great advantages for workers, employers, health care practitioners, students, researchers and policy makers. Finally, the repository benefits publishers by disseminating publications to a wider audience.

6.2 Characteristics and functionalities

For good quality, the repository should be international, interdisciplinary and independent. A good connection with ICOH, the International Commission of Occupational Health, can foster quality, may invite others to join, and can increase the impact.

The practical utility of a repository depends for a large part on characteristics and functionalities such as completeness of the collection, accessibility for users, facilities enabling dissemination of publications, and options supporting international collaboration.

Groups of potential users

One way of exploring the utility of vital characteristics and functionalities is to take potential user groups as point of departure. One group may consist of individual users interested in finding specific information. Some may be working in practice, others in policy development or in research. Completeness of the collection and good accessibility of the information might be key quality characteristics for this user group. A second group may consist of national OSH institutes, schools and universities entitled to inform and educate the public, students or professionals in their country, by dissemination of (summarized) key publications on BOHS and occupational health care coverage. This group might be interested in easy to find and download key publications, and in information about open access and potential copyright problems. A third group might consist of pioneers working in BOHS practice in various countries, or in functions investigating BOHS. This group, motivated by the aim to stimulate innovation and a better coverage of workers' health care, might be interested in a repository format that facilitates international collaboration.

Support to users in finding specific information

To promote finding specific information, a collection should have the endeavour to be as complete as possible. More information from low and middle-income countries and from vulnerable groups would be included, striving for a more complete collection. Three other relevant characteristics are a transparent structure of the collection, a well-designed search system, and good readable records.

Completeness

The completeness of a collection depends largely on the coverage and quality of the underlying literature searches, and on the criteria used in the selection phase. The actual searches and in- and exclusion criteria used are described in Chapter 6.4.

The first edition of the repository (2022) was not complete, among others due to limited search terms and the use of only a few literature databases (PubMed and SciELO). On the other hand, Google Scholar has been explored for complementary literature.

The second edition of the repository is still not complete, but we could improve the coverage. Aside of searches in PubMed/MEDLINE, SciELO (Spanish and Portuguese publications) and Google Scholar, including recent years, new resources were explored. A new element added was the comprehensive screening of ICOH congress' contributions [9], and a first exploration of OpenAlex, a global collection of open access publications [10]. Finally, first searching could be performed in Europe PMC. Reference lists of many publications were screened (although not systematically) for relevant new titles. See Chapter 6.3 for a detailed overview of the searches completed in the years 2022-2024 (2025).

A separate search in PubMed/MEDLINE was organized to find recent publications on China. Preparing the first edition of the repository, 13 presumably relevant articles written in Chinese could not be included as an English abstract was lacking. Searching for the second edition, we found again many relevant articles on BOHS written in Chinese, without an English abstract. We need translations to enable inclusion of these articles.

While striving for more completeness it was decided to pay, in an explorative way, due attention to the inclusion of publications from low and middle-income countries that are underrepresented in databases such as PubMed/MEDLINE. One of the reasons for missing publications e.g. in PubMed/MEDLINE might be the use of a national language in publications about BOHS and similar innovations. Frequently searching engines/literature databases might be inclined to include preferably publications written in English or publications having at least an English abstract. In this repository you can observe this often-underestimated bias as well. The publications included are almost all written in English. In contrast, because of a considered decision, many articles from Brazil written in Portuguese were included, under condition of having an English abstract [11]. To improve the accessibility, translation in English is still needed. Exploring ways to reach a better inclusiveness, we also included a few publications in Bahasa Indonesia, with an English abstract. Several publications written in seven other not-English languages were included as well, when an English abstract was present. Translation in English is needed for 46 publications in this repository.

In future editions, publications in all languages may be included, adding good translations by native-speaking experts, or translations made by AI 'supervised' by native-speaking experts. Such a development would lead to improved accessibility of world literature. A team of professionals from various countries, inclusive from low- and middle-income countries, is needed to realize this ambition.

[9] In 2020, ICOH released the free ICOH Heritage Repository, containing abstracts from all triennial ICOH Congresses held from 1906 to and inclusive 2018. More than 20,000 free downloadable scientific papers, mostly abstracts of lectures, are included. <https://www.icohweb.org/>

[10] <https://openalex.org/about>

[11] The high number of included publications from Brazil has presumably three reasons: 1. In Brazil, primary health care has, since 1988, the legal responsibility to take care for workers' health problems in the local population, 2. Many studies were initiated in Brazil and published as articles in open access journals; several articles were already translated in English, many others were published in Portuguese but with an English abstract, 3. To find these articles, we searched in SciELO, a leading, free accessible Latin American scientific literature database based on three languages (Spanish, Portuguese and English).

Finally, we could add in total about 70 new scientific articles to the new edition of the collection. A few books/reports could be added as well.

Next, it was decided to look systematically for relevant contributions to five triennial ICOH congresses (2012 – 2024). For the years 2012, 2015 and 2018 the contributions were accessible via the newly published ICOH Heritage Repository. For the congresses in 2018, 2022 and 2024 we could use the abstracts published in scientific journals. So, for 2018 two options are available. More than 100 records of lectures could be added to the repository. We were allowed to use the abstracts of the authors as a description for the congress contributions in 2022. For the other congresses we used own descriptions based on the abstracts published.

The total number of records in the repository increased from 189 in October 2022, to 365 in December 2025.

In conclusion, an argument to substantiate the quality of the new collection (2025) might be the organisation of various comprehensive literature searches, complemented by searches in grey literature. The final inclusion of publications referring to 46 different countries or to 10 different geographical regions shows a wide representation of the global literature (list A, Chapter 7.2). International collaboration is needed to improve the repository further by adding new relevant publications. A systematic search in the lists of references in all included publications might also lead to new findings.

A major handicap in searching and selecting publications is a lack of common terminology. In Asian countries such as India, Thailand, Iran, Malaysia, Indonesia, Türkiye and China, and in a growing number of African countries, the term BOHS is used. However, the term is rather unknown in Europe, Australia, and the Americas. In Brazil, one of the frontrunners in BOHS practice, other terms are used, such as activities in primary health care for workers' health. A particular complication is the inconsistency in terminology used by WHO, ILO, ICOH and other international institutions from 2003 until now. Therefore, the term BOHS is not always used in publications even when the content is closely related to the topic.

A transparent structure of the collection

Loss of transparency in a repository is a risk when adding more sources. Part of a solution could be found in a clear new structure. All records are now assigned to one of four new sections of publications, visible in the Chapters 2 to 5. The lectures are presented as part of the associated international congresses. All records are now designed in a similar structure. The newly developed uniform system of themes, topics and keywords for searching, is explained in Chapter 7.

A good system to find information

The expansion of the collection caused problems in finding information. Therefore, a system has been developed to help users in a targeted search. To support effective searching, a 'controlled vocabulary' of keywords has been created. Keywords were assigned to all records.

The search functions in the repository are limited. Nevertheless, a surprising variety of searches is possible. Recommendations for searching are given in Chapter 1.5. Background information is presented in Chapters 6 and 7. Five lists of terms and keywords are presented in Chapter 7.2 to support targeted searches.

Readability of records

The readability has been improved largely in this second edition by using MS Word instead of MS Excel. The layout has been enhanced substantially by Designwise ^[12].

^[12] Designwise was leading in the design and layout of this publication.

Support to institutions in education and dissemination of knowledge

One group of users are the national OSH institutes or institutions, schools and universities educating students and professionals in primary, public and occupational health care. They have as well a task in informing and educating the public in their country. The repository can be used to disseminate information based on key publications, in an easy way. Students and professionals can benefit of direct access to about 90 % of the full text of all publications. So, not only education, but also research and practice can be facilitated. A wider dissemination of publications is also in favour of publishers.

Distribution of the online repository is easy via links at websites and in newsletters. Flyers will be created to disseminate promotion messages and links. There is a need to engage international organisations in the promotion. Continuous professional development will be supported with webinars and online workshops. The effectiveness of 'blended learning' using online modules, can be explored. External funding is needed to support the promotion.

Support community building for pioneers in BOHS and occupational health care coverage

Starting a community or a platform on BOHS and occupational health care coverage for pioneers is an interesting option. The repository can be a starting point for more collaboration through exchange of information, discussion about new ideas or new studies. Webinars might support collaboration.

For the repository itself is chosen for Open Access facilitating sharing. Re-use of our infrastructural work in the Chapters 1, 6 and 7, is allowed under a Creative Commons BY-NC-ND licence (See page 3 for more information). This rather 'open' license is not automatically valid for the publications referred to in this repository. The Open Access notation (yes or no), and the Creative Commons or copyright license conditions, are shown in each record. These conditions must be respected.

All records were transferred from MS Excel to MS Word. This transfer could make collaboration easier.

6.3 Overview of literature searches

Overview of searches for publications on BOHS and similar innovations

Inclusion criteria

A core inclusion criterium is the considered relevance of a publication for BOHS development, in a wide sense. A preference existed for publications about basic health care focusing on workers' health issues such as prevention, diagnostics and treatment of work-related health complaints, injuries and diseases, and avoidable work disabilities. In addition, publications were included when offering information from neighbouring fields considered useful for the development of BOHS. Publications written in English, German, and French could be included. In addition, publications in Portuguese or Chinese were included when an English language abstract was available. In the period 2022-2024 (2025) a few publications written in other languages such as Spanish, Italian and Bahasa Indonesia, having an English abstract, were accepted to explore a wider acceptance policy in future.

Exclusion criteria

Publications without full-text availability were excluded. Several publications were excluded, although relevant to neighbouring fields, when considered too far from our core interests.

The flow chart showing the selection process for the first edition of the repository, is presented in the Materials and Methods section in the corresponding scientific article (2023) [13].

Resources and search strategies

For the years 2000 - 2022

The choice for the search engines/databases PubMed/MEDLINE and Google Scholar is not only based on our experience but also on the study of Rollin et al [14], showing that the recall ratio for high-quality intervention studies in Occupational Health, using MEDLINE alone, was close to 90%. Bramer et al [15], state that “the skills and experience of the searcher are one of the most important aspects in the effectiveness of systematic review search strategies”. The authors are positive on using Google Scholar, while quoting studies showing uncertainties on using the database Scopus.

As the start, publications were selected from an existing collection of about 200 international publications of one of the authors of this repository (FvD), partly based on searches for a scoping review on a topic close to the subject of BOHS, published in 2014 [16]. Another part of the available collection was based on preparations for lectures by both authors of the repository, and on a book on BOHS in India (2016) co-authored by one of the authors of this repository (SM) [17].

Next, new publications were added based on systematic literature searches. After a testing phase, the terms ‘basic occupational’ were used as search terms in a PubMed/MEDLINE search (February 2022). In a second search in PubMed/MEDLINE (July 2022), the search terms were: *basic AND (“occupational health” OR “occupational safety and health” OR “workers health” OR “occupational diseases”) AND (services OR care) AND (2014/1/1:2022/7/1[pdat])*. This time, the tools ‘Similar articles’ (first five articles) and ‘Cited by’ were added. The search terms in an added Google Scholar search were: “basic occupational health services” and ‘PDF’ (July 2022). Filters were ‘sorted on relevance’, ‘not inclusive patents or quotes’, ‘every language’, and ‘each period’. Only the first 150 of the 501 titles/abstracts presented were screened on relevancy because the yield of relevant sources became zero above 150 results. In one extra Google Scholar search the search terms ‘*basic occupational health care*’ were used, resulting in two new relevant sources. All Google Scholar searches resulted in 27 new relevant publications for the repository; 29 other relevant publications found were already included.

Search terms on Brazil in a first search in SciELO were *occupational “primary health care”*. Filters: abstract, Brazil. In a second search were used “*occupational health*” AND “*public health*” or *community*) AND NOT “*primary health care*”. Filters: abstract, Brazil. In a search on China in PubMed/MEDLINE (Augustus 2022) search terms were *China “basic occupational”*. The tools ‘Similar articles’ (first five articles) and ‘Cited by’ were applied.

[13] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10024225/>.

[14] Rollin L, Darmoni S, Caillard JF, Gehanno JF. Searching for high-quality articles about intervention studies in occupational health. *Scand J Work Environ Health* 2010;36:484e7.

[15] Bramer WM, Rethlefsen ML, Kleijnen J, Franco OH. Optimal database combinations for literature searches in systematic reviews: a prospective exploratory study. *Syst Rev* 2017;6:245.

[16] Buijs P, Van Dijk F. Essential interventions on workers’ health by primary health care. A scoping review of the literature: a technical report. Report for WHO. Leiden: TNO Work, Health and Care; 2014. 65 pg. Available from: <https://repository.tno.nl/islandora/object/uuid:66de1083-c262-4ac6-aaab-50ec6a64817a>.

[17] Parekh R, Moti S (eds). BOHS for informal industry. Manual for primary care providers. Mumbai; IAOH (Indian Association of Occupational Health); 2016. 391 pg. Available from: <https://iaohindia.com/>.

For the years 2022 – 2024 (2025)

All search strategies used for the first edition were repeated in April - June 2025 with similar searches to extend the collection for the years 2022 – 2024 (plus a few in 2025). However, scientific articles published in 2024 can be absent in PubMed even until the end of 2025 caused by delayed full inclusion in the MEDLINE database.

The PubMed searches for 2022 – 2024 (search terms “basic occupational health services” and later “occupational health services”) resulted in 17 new articles for the repository. Google Scholar searches (search terms “basic occupational health services” and ‘PDF’) for the same period resulted in one new article. Searches in SciELO for Brazil 2022 – 2024 used as search terms ‘Brazil’ and (1) occupational “primary health care”, and (2) “occupational health” AND (“public health” or community) AND NOT “primary health care”, resulted in 13 new articles. Searches for China (search terms “basic occupational”) resulted in two new relevant studies. Unfortunately, we could not include five other relevant articles on BOHS found written in Chinese, without an abstract in English.

New resources explored in searches in 2025

In 2025 a search in *OpenAlex* has been added, a new catalogue of publications launched in 2023 including scholarly output such as research articles, datasets, books, and dissertations. OpenAlex is free for use, being an open alternative for paywalled services like Scopus. OpenAlex includes works from the Global South, in many languages. The dataset is free under CCO license, allowing reuse. Search terms were “basic occupational health services” without restriction. Of 133 findings in total, 58 publications were already included in our collection, 17 new publications could be added.

The added value of Europe PMC, the Europe PubMed Central has been explored briefly in 2025. *Europe PMC* is an open access repository of biomedical/life sciences research articles and citations with free access to more than 9 million full-text articles. For 2022 – 2025 the search terms “basic occupational health services” were used. Five relevant publications were already included in the collection; two new publications were added.

It was decided to search for relevant contributions to five recent ICOH international congresses (2012 – 2024) in the *ICOH Heritage Repository*. All contributions were selected by hand, based on the title. As a result, 105 relevant abstracts were found, almost all were added when new for the repository. In addition, we did a limited search in the complete ICOH Heritage Repository (full text search option) searching for the term ‘basic’ in the title. Of the 43 presentations found, 12 were relevant and already included, six new papers could be added.

Other new records could be added, found while preparing international lectures and an international seminar on BOHS, in March 2024. As result of all searches performed in 2025, partly restricted to the period 2022-2024, 181 records of new sources could be added to the repository.

6.4 Copyright

When publications are subjected to Creative Commons or similar ‘open’ licenses such as issued by ILO, it is permitted to use the existing abstract texts as a content description in the repository. Specific prescriptions given in such a license must be respected. For a substantial number of papers, more traditional copyright licenses are valid, requiring payment of a significant fee per abstract (mostly to the publisher), when re-using a straight copy of that abstract or summary in our repository. As we are in favour of Open Access and operate on a non-commercial basis, so far without external funds, we decided for such cases to offer the users a content description written by ourselves, as an alternative. These descriptions may contain (often shortened or adapted) quotations from the original abstract or publication, to stay closely aligned with the original content. Legally such is allowed, but under conditions. The Dutch ‘citaatrecht’ (right to quote) formulates that using quotations is allowed for the

“announcement, criticism, or scientific treatise”, when conforming to conditions such as that the number and size of the quotations are justified given the aim (of the repository) and that reference should be made to the author and title of the work. We worked according to these conditions. Copyright exceptions are as well mentioned in the EU InfoSoc Directive, Art. 5.3 (d) entitled ‘Quotation for criticism or review’. For more details, see our scientific article published in 2023 [18].

The lectures and posters in the four global ICOH congresses in 2012, 2015, 2018, and 2024 are subjected to copyright licenses. Therefore, content descriptions had to be written by LDOH staff, mostly based on the abstract, for about 90 congress contributions. This was quite ‘unnatural’ and unnecessary work as the authors themselves produced already a concise abstract text, but we had no choice. For the ICOH Congress in 2022 a Creative Commons BY-NC-ND 4.0 International License has been decided, allowing simply re-using the abstract texts for this congress, for the records in this repository. We respected the conditions NC (no commercial use) and ND (no derivatives).

[18] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10024225/>



A young adult worker at a quarry

Wakiso district, Uganda.

©Photo: Osseiran Nadine/ILO

7 Themes, topics and keywords

7.1 Development of themes, topics and keywords

Themes and topics

The development of lists of themes and topics started when we realized that users would face serious problems finding specific publications in this large collection. A user may be interested in financing BOHS, in education of the staff e.g. nurses, or in supporting infrastructure. Development of tools for indexing publications and for supporting searches could be an answer.

We adopted the concept of a 'controlled vocabulary' used in the MeSH database of the National Library of Medicine in USA for PubMed/MEDLINE. This concept has been adopted as well by the Biblioteca Virtual en Salud (BVS) in Brazil for the global collection of English, Spanish and Portuguese medical publications.

A controlled vocabulary of terms is useful e.g. to avoid missing publications by misspelling a term, or by using a synonym different from the terms many or most authors are using. Would you use the search term 'breast neoplasms', 'breast cancer', 'breast tumor', or 'Human Mammary Neoplasm'? The phrasing of a topic can differ over time periods, regions and cultures. Not using plural forms or only the male form (in Spanish) can cause missing good publications. Names of countries can be spelled differently (Korea, Corea, Republic of Korea, South Korea), accents in the author's name may be visible or not. A controlled vocabulary can help distinguishing authors in a collection who share a family name through adding letters of the first name to the predefined keyword.

Another argument, well visible in the PubMed Mesh system is the use of a predefined term as the umbrella term for sub-ordered entities. So, the controlled keyword '+education of staff', can be used as umbrella term covering publications on 'staff courses', 'training of occupational nurses', 'workshops for volunteers', 'recertification for occupational physicians', etc.

We recommend the users strongly to use the lists of predefined keywords by typing a '+' before the selected keyword from one of the lists in Chapter 7.2.

First, a framework has been created of broad themes that were supposed to be significant for the development of BOHS. This first list of themes was tested in a sample of publications. The adapted themes were – in a next step – compared with a recently found framework of themes considered essential for the development of an integrated primary health care, developed by WHO and UNICEF in 2020 [19]. Several so-called 'strategic' or 'operational' themes from this WHO/UNICEF framework were adopted or modified for our subject of BOHS, resulting in a second version framework of 11 themes for BOHS. This framework and the steps in the development process are described in the LDOH report 'Report on the development of first and second versions of a Framework of themes on BOHS' (September 2024, re-edited 1 November 2025) [20].

[19] WHO and UNICEF. Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. WHO uses the term "levers" for what we call 'themes'.

[20] Frank van Dijk, Suvarna Moti. Report on the development of first and second versions of a Framework of themes on BOHS. September 2024, re-edited November 2025. Free LDOH report, 28 pages. Go to <https://ldoh.net/category/basic-occupational-health-services-category/>

However, this framework of themes has not been developed for a detailed search in a large collection of sources. Therefore, in addition, a list of 61 more detailed topics has been developed in a reiterative process based on an exploration of 140 publications in the repository stemming from different sections and publication years. See List D and List E in Chapter 7.2.

Associated terms for topics, final list of 14 themes

In this exploration of many records, terms and phrases were found presenting similar terminology or associated aspects related to the defined 61 topics. Several of these associated terms and phrases were subsequently used to illustrate the topics for the users in List E, Chapter 7.2. Finally, the list of 11 themes has been reorganised slightly, resulting in a final list of 14 themes, see List C and List E.

Keywords

Keywords for searches have been decided for all themes and topics. For the themes, numbers from 1 to 14 were chosen as keywords. For the topics, mostly the topic name or an abbreviation has been chosen, see List C and List D in Chapter 7.2.

Next, three standard keywords were assigned to all records, starting with a keyword for a national, regional or global perspective in the publication, after that a keyword for the year of publication or lecture, finally a keyword for the name of the first author and/or the publishing institution. At the end, keywords were assigned for topics and themes indicating the content of the publication.

Examples on how to use keywords and other terms when looking for specific publications, are given in Chapter 1.5.

7.2 Lists of themes, topics and keywords

The following lists are presented in this subchapter:

- List A. Keywords for countries, regions and the global situation
- List B. Names (keywords) of all first authors and publishing institutions, year, and kind of publication
- List C. Themes and keywords for themes
- List D. Topics and keywords for topics
- List E. Themes, topics, and associated terms

List A. Keywords for countries, regions and the global situation

In total 46 countries are mentioned as the area or subject of a study or report. In other records 10 different regions (sometimes a continent) were mentioned as the subject of the study. Many publications are using a 'global', a worldwide perspective. In total 57 different options have been used.

Because the names are used as keywords for searching (using + before the name), a few long names have been abbreviated. Accent marks in the name of a country such as an acute accent, cedilla, circumflex or umlaut have been removed in this list of keywords.

Countries as a content topic

Angola
Australia
Bangladesh
Belgium
Botswana
Brazil
Cambodia
Canada
Chile
China
Colombia
Ethiopia
Finland
Gambia
Germany
India
Indonesia
Iran
Italy
Japan
Korea (South Korea)
Lesotho
Macedonia
Malawi
Malaysia
Mexico
Mozambique
Namibia
Nepal
Netherlands
Nigeria
Pakistan
Peru
Philippines
South Africa

Spain
Sri Lanka
Tanzania
Thailand
Turkiye
Uganda
UK
USA
Vietnam
Zambia
Zimbabwe

Regions as a content topic

Africa
Asia
Asia-Pacific Region
Central America
Eastern Medit Region (Medit.=Mediterranean)
Europe
Latin Am Carribean
Latin America
South Asia
Southern Africa

Global

Use a '+' before the name when using as keyword, e.g. +Zimbabwe or +Global.

Capitals are an option, but these are not required in the searching practice as searching is not case-sensitive in PDF.

List B. Names (keywords) of all first authors and publishing institutions, year and kind of publication

This list can be used in searching for a publication, especially in searching for a specific first author, or for a publication produced in the name of, or representing an institution. Use a + directly before the name or the year. Combinations of two keywords e.g. typing ‘+Agustin +2025’, is not possible in this repository.

In list B, three characteristics are presented in every record:

- the **family name of the first author**. Because the names are also used as keyword for searching, a few long names have been abbreviated. Accent marks (or diacritical marks) in a name, such as an acute accent, cedilla, circumflex, diaeresis or umlaut, grave accent, or tilde, have been removed in the keywords. As a second option, the **name of the represented or publishing institution** is presented as well when the publication of lecture can be considered as representing the opinion, product or policy of an institution. In a few cases no name of an author was available, so only the name of the institution is presented.

In many cases both, the first author and institution are mentioned in the list. For several records more than one publishing institution has been noted when the publication was a coproduction. When several first authors had the same family name, the first letter(s) of the first name have been added after the family name. These letters are included in the keywords. When one author published more than one publication in one year, the letters a, b, etc. were added after the year. These letters were not included in the keywords.

- the **year of publication**, or the year of a congress/meeting.
- the **kind of publication** corresponding with the allocation into one of the four sections: Policy documents (‘policy doc’), Books and Reports (‘book/report’), Scientific articles (‘article’), or Lectures/posters/congress-session overviews (‘lecture’).

The repository contains 365 records. In List B are more than 365 referrals presented as several records present both a first author and an institution. Other records have two or even three institutions noted.

Name	year	kind of publication			
A			Barber	2010	article
			Barbosa	2023	article
			Barros JO	2023	article
			Barros LM	2024	article
			Bastos-Ramos	2015	article
			Bauchum	2013	article
			Beckley	2011	article
			Betancourt	2022	lecture
			Birago	2015	lecture
			Blijleven	2015	article
			Bogale	2014	article
			Braham	2024	lecture
			Brito	2024	article
			Brumby	2009	article
			Brumby	2017	article
			Buijs	2012	lecture
			Buijs	2014	book/report
			Buijs	2015	lecture
B					
Balakrishnan	2012	article			
Balakrishnan	2012	lecture			
Balogun	2015	article			

C

Camara	2020	article
Carder	2017	article
Chancharoen	2012	article
Chen W	2016	article
Chen W	2019	article
Chen Y	2010	article
Colombini	2012	article
Colon-Gonzales	2015	article
Colosio	2012	4 lectures
Colosio	2015	lecture
Colosio	2024	lecture
Coman	2020	article
Culp	2007	article

D

Davis	2009	article
De Maeseneer	2008	article
Demiral	2010	article
Demou	2018	article
Denny	2012	book/report
Denny	2015	lecture
Denny	2018	lecture
Desai	2023	lecture
Dias EC	2005	article
Dias EC	2006	article
Dias EC	2009	article
Dias EC	2013	article
Días EC	2013	book/report
Dias EC	2014	article
Días EC	2015	lecture
Dias EC	2022	lecture
Dias EC	2024	lecture
Dias MDA	2011	article
Dias MDA	2013	article
Diep	2012	2 lectures
Diep	2012	article
Donham	2012	lecture
Duma	2018	article

E

EASOM	2024	lecture
Eijkemans	2004	policy doc
Elms	2005	article
Enabulele	2015	article
Ergor	2012	lecture
Euripa	2015	lecture

F

Facchini	2005	article
Faria	2020	article
Fehlberg	2001	article
FIOH	2012	book/report
FIOH	2016	book/report
Flynn	2021	article
Flynn	2021	article
Franch	2008	article
Frank	2013	article
Fu	2015	lecture

G

Gangopadhyay	2022	lecture
Gangopadhyay	2024	lecture
Gany	2014	article
Garg	2015	lecture
Garrido	2020	article
Garrido	2020	article
Garrido Campos	2020	book/report
Geraldi	2022	article
Gok Metin	2023	article
Gomez	2018	article
Govt Brazil	2018	book/report
Greenhill	2015	article
Gulvady	2015	lecture
Gunatilake	1985	article

H

Harrison	2016	article
Harrison	2018	lecture
Harwell	2022	article
Hasanhanoglu	2025	article
Hassanzadeh-Rangi	2025	article
He	2010	article
Herbert	2000	article
Herrera-Moreno	2009	lecture
Heryana	2018	article
Hussey	2008	article

I

IAOH	2015	lecture
IAOH	2016	book/report
IAOH	2018	2 lectures
IAOH	2020	lecture
IAOH	2022	lecture
ICOH	2012	lecture

ICOH	2015	2 lectures
ICOH	2015	policy doc
ICOH	2018	book/report
ICOH	2018	lecture
ICOH	2019	policy doc
ICOH	2024	policy doc
IEA	2010	book/report
IEA	2014	book/report
IEA	2019	policy doc
ILO	2003	policy doc
ILO	2012	3 lectures
ILO	2014	book/report
ILO	2015	3 lectures
ILO	2018	book/report
ILO	2018	book/report
ILO	2022	lecture
ILO	2022	policy doc
ILO	2024	lecture
IOHA	2019	policy doc
IOMSC	2022	article
Ivanov	2012	lecture
Ivanov	2015	3 lectures
Ivanov	2015	policy doc

J

Jackson-Filho	2019	article
Jahangiri	2016	article
Jahangiri	2016	article
Jahangiri	2019	article
Jain	2024	lecture
Jaramillo	2012	lecture
Jatav	2020	article
Jesus	2012	article
Jian	2009	article
Jirakalvisan	2012	lecture
Joseph	2016	article
Joseph	2019	article
Joseph	2024	lecture

K

Kaewboonchoo	2011	article
Kaewboonchoo	2015	article
Kanno	2012	article
Karadzinska-Bisl	2010	article
Karadzinska Bisl	2012	lecture
Kawakami	2007	article
Kawakami	2008	article

Kawakami	2024	article
Kayumba	2015	lecture
Kerdmuang	2014	article
Khan	2022	lecture
Khayongo	2012	lecture
Kim H	2015	lecture
Kim EA	2018	lecture
Kim JS	2014	article
Kim R	2012	lecture
Kogi	2011	book/report
Kogi	2012	article
Kogi	2012	lecture
Kogi	2015	2 lectures
Kogi	2018	lecture
Kong	2025	article
Kulkarni	2018	article
Kulkarni	2018	lecture
Kumar	2020	article
Kushner	2018	article

L

Lacaz	2013	article
Lacerda	2014	article
Lancet	2019	article
Lancman	2020	article
Lazarino	2019	article
LDOH	2016	article
LDOH	2020	lecture
LDOH	2022	book/report
LDOH	2023	article
LDOH	2024	article
LDOH	2024	lecture
Lehtinen	2018	book/report
Leka	2024	lecture
Leopando	2017	lecture
Levin	2016	article
Liebman	2009	article
Liira	2012	lecture
Lim	1982	article
Limongi	2017	article
Lin	2022	article
Liu	2013	article
Lopez	2018	lecture
Lopez	2020	policy doc
Lucca	2012	article
Luong	2012	lecture

M

Macdonald	2010	article
Machado	2020	article
Mamtani	2011	article
Manning	2020	policy doc
Manothum	2010	article
Mansyur	2018	lecture
Mansyur	2019	article
Martinez-Jarr	2024	lecture
Masekameni	2020	article
Matic	2011	policy doc
McDonald	1981	article
Mekonnen	2018	article
Miranda	2020	article
Mishra	2022	article
Moises	2011	article
Mori	2016	article
Mosshammer	2014	article
Moti	2022	lecture
Moti	2024	article
Moti	2024	2 lectures
Moyo	2015	article
Moyo	2017	article
Moyo	2021	article
Moyo	2022	lecture
Moyo	2024	lecture
Mrema	2015	article
Muralidhar	2017	article

N

Nag	2015	lecture
Nag	2020	book/report
Naidoo	2022	lecture
Naik	2018	lecture
Nat Ac Sc Engin Med	2016	book/report
Nicholas	2018	lecture
Ning	2017	article
NIOSH	2016	book/report
Nirmala	2019	article
Niu	2012	lecture
Niu	2014	book/report
Nogueira	1984	article

O

Okareh	2015	article
Omokhodion	2009	article
Omokhodion	2015	article

Omokhodion	2015	article
Oyanedel	2014	article
Ozlu	2018	lecture

P

PAHO	2015	lecture
Pal	2021	article
Pandit	2011	article
Panneer	2016	article
Parekh	2016	book/report
Parekh	2018	lecture
Passaranon	2023	article
Pedroso	2016	article
Pena	2013	article
Pereira	2020	article
Pessoa	2013	article
Phoon	2006	lecture
Pingle	2009	article
Pingle	2012	article
Pingle	2015	lecture
Pingle	2018	lecture
Pingle	2024	2 lectures
Pontes	2014	article
Prempre	2015	lecture

Q

Queiroz	2015	article

R

Rafiei	2015	article
Rajesh	2018	lecture
Rantanen	2005	article
Rantanen	2007	book/report
Rantanen	2012	lecture
Rantanen	2013	article
Rantanen	2014	article
Rantanen	2017	article
Rantanen	2018	book/report
Rantanen	2020	article
Rasanen	2015	lecture
Rego	2018	article
Riva	2017	article
Rodriguez-G	2015	lecture
Rogers	2014	article
Roy	2016	article
Roze	2021	article
Rudolphi	2015	article
Rudolphi	2015	article

S

Sabastizagal-Vela	2020	article
Saha	2018	article
Sakuraya	2023	article
Samsuddin	2019	article
Samsuddin	2019	article
Santibanez	2008	article
Santos	2012	article
Sasanawin	2025	article
Seneviratne	2015	lecture
Silva DP	2021	article
Silva FFV	2021	article
Silva TL	2011	article
Silva TL	2014	article
Silverio	2020	article
Simmons	2018	article
Siriruttanapruk	2006	book/report
Siriruttanapruk	2009	article
Siriruttanapruk	2012	2 lectures
Siriruttanapruk	2015	lecture
Siriruttanapruk	2022	article
Siriruttanapruk	2022	lecture
Smits	2018	lecture
Souza HA	2019	article
Souza TS	2013	article
Steffani	2020	article
Sulistomo	2017	lecture
Sulistomo	2022	lecture
Swanberg	2018	article
Syahri	2019	article
Syahri	2021	article

T

Tabibi	2017	article
Tabibi	2018	article
Tabibi	2024	lecture
Takala	2018	lecture
Tao L	2012	lecture
Tao Z	2011	article
Taylor	2016	book/report
Thorley	2007	article
Thorley	2009	article
Tiwari	2014	article

U

UNICEF	2020	book/report
Untimanon	2015	lecture
Untimanon	2018	lecture

Untimanon	2022	lecture
Untimanon	2024	2 lectures

V

Valencia-Contrera	2023	article
Valencia-Contrera	2024	article
Van Dijk	2016	lecture
Van Dijk	2017	article
Van Dijk	2020	lecture
Van Dijk	2023	article
Van Dijk	2024	2 lectures
Van Weel	2008	article
Vanhoorne	2006	article
Verbeek	2013	article
Verberk	2022	book/report
Vianna	2017	article
Vidal	2023	article
Vigeh	2011	article

W

Wahyuni	2020	article
Walters	2012	article
Wang B	2018	article
Wang J	2020	article
Wang X	2011	article
Weevers	2009	article
WeiWei	2014	article
WHO EMRO	2001	book/report
WHO	2003	policy doc
WHO	2006	book/report
WHO	2007	policy doc
WHO	2009	book/report
WHO	2010	book/report
WHO	2012	book/report
WHO	2012	4 lectures
WHO	2013	policy doc
WHO	2013	policy doc
WHO	2014	book/report
WHO	2015	6 lectures
WHO	2019	policy doc
WHO	2020	book/report
Wickramatillake	2024	lecture
Wittayapun	2008	article
WIEGO	2024	lecture
Woldie	2018	article
WONCA	2014	policy doc
WONCA	2015	2 lectures
WONCA	2018	lecture



WONCA	2019	policy doc
Wu	2010	article

X

Xia-Ming	2007	article
Ximenes	2024	lecture

Y

Yang	2009	article
Yasin	2024	article
Yildiz	2019	article
Yoshikawa	2018	lecture
Yoshikawa	2019	article
Yusof	2019	article

Z

Zhang J	2018	article
Zhang M	2020	article
Zhang M	2024	lecture
Zhang X	2010	article
Zheng	2022	article
Zhi	2000	article
Zhi	2006	lecture
Zhou	2017	article
Zodpey	2009	article
Zodpey	2020	article
Zungu	2015	lecture
Zungu	2018	lecture



List C. Themes and keywords for themes

A few examples or elaborations are presented between brackets after the name of the theme

themes		keywords
theme 1	National level policy and governance, actors and institutions (commitment to BOHS and to universal occupational health coverage)	+01
theme 2	International level policy and institutions (commitment to BOHS)	+02
theme 3	Legislation and regulations (on providing BOHS; related to health care and/or labour)	+03
theme 4	Social security and social insurance (for workers, enterprises, part of the population)	+04
theme 5	Financing (of forms of BOHS, of universal occupational health coverage)	+05
theme 6	Available information (on risks, occupational diseases and injuries, support and occupational health care)	+06
theme 7	Awareness and participation (of workers, staff in enterprises, healthcare staff)	+07
theme 8	BOHS structure (structural provisions in health care and/or labour sector)	+08
theme 9	Tasks and processes (in BOHS, in health care, in the labour sector)	+09
theme 10	Target populations and coverage (groups of high risk workers, sectors of industry)	+10
theme 11	BOHS professionals and volunteers (capacity, competences, education, performance)	+11
theme 12	Physical and digital facilities, tools and equipment (local available facilities)	+12
theme 13	Accessibility and quality of care (and support) when delivered	+13
theme 14	Infrastructure for BOHS (e.g. nat. OSH institute, guidelines, online facilities, research)	+14

List D. Topics and keywords for topics

List of keywords for 61 defined topics describing the content of a publication.

Before each keyword a '+' must be located, e.g. **+accessibility**. When the full name of a topic is too long for a keyword, an abbreviation of the name has been used e.g. **+community h w**. See the list.

Keywords, after a + Full topic name when the name was abbreviated for use as a keyword

accessibility	
awareness	
community h w	community health workers
coverage	
ergonomists	
expert-based OHS	expert-based occupational health services
family physicians	
farm workers	
financing	
governance	
government	
info educ population	information and education of the population
info educ staff	information and education of the staff
informal workers	
internat collab	international collaboration
internat instit	international institutions
legislation	
mat digital facilities	material and digital facilities
migrant workers	
national collab	national collaboration
national OSH instit	national OSH institutions
nurses	
OH physicians	occupational health physicians (OPs)
occup hygienists	occupational hygienists
online facilities	
OSH expertise c	OSH expertise centres
OSH info general	OSH information in general
OSH info specific	OSH information specific
OSH institutions	
other target pop	other target populations
other addit experts	other additional experts
output	
participation	
psychologists	
Q of care	quality of care
Q of interventions	quality of interventions
Q of program	quality of program
Q of staff	quality of staff
Q of tools	quality of tools
Q in outcomes	quality of care visible in outcomes
Q in outputs	quality of care visible in outputs

referral facilities	
regional support c	regional support centres
registrations	
regulations	
research	
safety experts	
social insurance	
social security	
specialised clin OHC	specialised clinical occupational health care
staff capacity	
staff motivation	
stakeholders	
standards guidelines	standards and guidelines
structure BOHS	structure of basic occupational health services/care
structure HC	structure of primary or community (public) health care
support for staff	
target populations	
tasks	
tools equipment	tools and equipment
volunteers	

Lists of themes and topics can never be ‘complete’. Fortunately, everyone still has the option to use a self-chosen term or phrase for a search on topics that are not or not ‘clearly’ present in the list of predefined topics/keywords.

Examples of search terms not using the predefined keywords for topics are ‘primary health care’, ‘PHC’, ‘occupational physician’, ‘website’, ‘Q&A’, ‘risk assessment’, ‘heat stress’, ‘agriculture’, ‘construction industry’, ‘burnout’, ‘mental health’, ‘universities’ and ‘pesticides’.

A simple search strategy can start using ‘primary health care’ as a search term, followed by using ‘PHC’ as a similar term in a separate additional search looking for missed publications in the first search. Or using successively ‘university’ and ‘universities’ in two searches.

List E. Themes, topics, and associated terms

The keywords for the themes are presented as **+01**, **+02**, etc. For the exact keyword for a topic, see List D.

Theme 1: National level policy and governance, actors and institutions **+01**

<i>Topics</i>	<i>Associated terms and phrases</i>
government	countries, states in a federation, parliament, ministries/departments, labour inspection, provinces, districts, municipalities, politics, political commitment, political will to drive reforms. See also theme 3 on legislation.
stakeholders	unions, groups of workers, companies/enterprises, employers and employers' organisations, branch-organisations, bipartite/tripartite institutions, professional associations; commitment of stakeholders. See also theme 4 on social security/insurance.
national OSH institutions	National institutes or expertise centres. A few names have been used as keywords (after a +) e.g. FIOH (Finland), IAOH (India), NIOSH (USA). See also theme 14 on infrastructure.
national collaboration	national collaboration, networking, intersectoral collaboration.
governance	policy development and implementation, public health policy, OSH-commitment by managers in primary/public health care, (good) management of health services.

Theme 2: International level policy and institutions **+02**

<i>Topics</i>	<i>Associated terms and phrases</i>
internat. institutions	international OSH or OSH-related institutions. Several names have been used as keywords (after a +) e.g. WHO, ILO, WIEGO, WONCA.
internat. collaboration	international collaboration, networking, intersectoral collaboration

Theme 3: Legislation and regulations **+03**

<i>Topics</i>	<i>Associated terms and phrases</i>
legislation	legal framework, law, implementation, enforcement, labour or health care inspection; national legislation; international legislation.
regulations	industrial branch agreements on workers' health and safety; social dialogue initiatives; social security agreements on registration, prevention, rehabilitation, compensation; OSH insurance regulations; other regulations. See also theme 4 on social security/insurance.

Theme 4: Social security and social insurance**+04****Topics****Associated terms and phrases****social security**

social security arrangements, social security institutions and programs; activities for prevention, compensation and/or health promotion. See also theme 3 on regulations.

social insurance

social or community-based health insurance; insurance regulations promoting workers' health and safety; regulations enabling rehabilitation and reintegration at work. See also theme 3 on regulations.

Theme 5: Financing**+05****Topic****Associated terms and phrases****financing**

financial models, funding, resources; funding by government, employers, employees/workers, social security, insurance models.

Theme 6: Available information**+06****Topics****Associated terms and phrases****OSH information in general**

availability of OSH information; (good quality) information (specific or in general); (sufficient, good) registrations and studies; knowledge dissemination; role of newspapers, internet, social media; knowledge infrastructure. See also theme 14 on infrastructure e.g. research, registrations, online facilities, national OSH institute.

OSH information specific

availability of specific OSH information on:

- quantitative data on various risks, exposure, preventive measures; work participation of vulnerable groups;
- available health care/support; PPE quality and use;
- figures on surveillance data, work-related ill health, occupational and work-related diseases/illnesses, occupational accidents and injuries, well-being, needs of workers, sickness absence, presenteeism, work (dis)ability, work-related mortality.

Theme 7: Awareness and participation**+07****Topics****Associated terms and phrases****awareness**

public awareness and engagement e.g. in groups of workers and enterprises, branches of industry, municipalities, social security institutions, other stakeholders.

participation

participatory approaches, participatory action-oriented training, local social security involvement, participation of local public health institutions, of employers' and workers' organisations; a public forum; role of social movements and universities.

Theme 8: BOHS structure**+08**

Topics	Associated terms and phrases
structure BOHS	structure of basic occupational health care, e.g. OH care supporting posts in the community; integration of BOHS in primary or public health care; feasibility of BOHS.
regional support centres	regional OSH support or reference centres on workers' health for primary and public health care; support centres for workers en enterprises; regional OH reference professionals, community health stations, occupational medicine units; support for specific tasks such as health surveillance, finding information, technical or pedagogical questions.
expert-based OHS	expert-based (comprehensive or multidisciplinary) occupational health services (OHS); services can be organised in-company or contracted as external providers.
specialized clinical OH care	specialized clinical occupational health care/reference centres; clinics for specific topics e.g. for occupational dermatology, post-traumatic stress disorders (PTSD), lung diseases, solvent-induced chronic toxic encephalopathy (CTE); OH clinics' networks.
structure primary/public health care	structure of primary and/or community or public health care; health care networks; integration of public policies in primary health care; community outreach projects.

Theme 9: Tasks and processes**+09**

Topics	Associated terms and phrases
tasks	BOHS tasks, activities (measures, interventions); model of good BOHS practice. <i>in-house</i>: emergency help; diagnostics and/or therapy of work-related/occupational diseases; identification, registration and reporting (notification) of occupational diseases and injuries; work-related health check-ups, health surveillance, health promotion; sickness absence consultations, rehabilitation and reintegration; evaluation of care. <i>outside activities</i>: creating workers' health profiles; organisation of first aid, first aid boxes/kits; workplace visits and inspections, estimations and assessment of physical, chemical, biological, ergonomic and psychosocial hazards and risks; workplace health promotion, preventive advice and education for workers and enterprises; improvement of working conditions, exhaust ventilation, demanding postures; PPE; specific occupational health surveillance, monitoring working environment; child labour protection.
output	workers' and management' satisfaction and program acceptance; communication quality; contact frequency with critical groups. See also theme 13 on quality in outputs.

Theme 10: Target populations and coverage**+10**

<i>Topics</i>	<i>Associated terms and phrases</i>
farm workers	farmworkers, agricultural workers, farmers, farm families.
informal workers	informal sector/ economy/ employment; unorganized labour markets or sectors; gig workers.
migrant workers	internal or interstate migrant workers (in large countries), international migrant workers.
other target populations	workers in rural and remote areas, seasonal workers, fishers, forestry workers; workers in small enterprises or microenterprises; self-employed; female workers; aged workers; workers with a chronic disease or handicap; child workers; students, unemployed, retired workers.
coverage	(good/poor) coverage of populations or communities; accessibility of health care; universal occupational health coverage (UOHC).

Theme 11: BOHS professionals (also supporting experts) and volunteers**+11**

<i>Topics</i>	<i>Associated terms and phrases</i>
staff capacity	(sufficient) human resources' capacity or shortages in capacity; staff overload. See also theme 13 on quality of staff.
information and education of staff	staff can consist of professionals and volunteers; cultural and technical competence training, training in communication and intervention strategies; training the trainers. forms of education: courses, curriculum, modules, workshops, webinars, games. qualifications, certification and re-certification.
staff motivation	staff commitment, engagement.
support for staff	(sufficient or lack) of support for staff.
quality of staff	see theme 13 on quality of staff.
nurses	occupational health nurses (OHN), community/ public/ primary health care nurses, rural nurses; nurses-in-training; auxiliary nurse midwives.
family physicians	general practitioners (GP), primary (health) care (PHC) physicians, rural physicians.
volunteers	peer-workers, peer-educators, health volunteers, female volunteers, farmer volunteers; volunteer networks.
community health workers	community health workers.
OH physicians	occupational physicians (OPs) or occupational health physicians (specialisation: occupational medicine); factory doctors; medical officers.

ergonomists	generic or specific e.g. for sector-specific working conditions; or support for workers with specific physical, sensory or mental limitations.
psychologists	mental health experts, experts on burnout, PTSD; support for workers with specific mental limitations.
occupational hygienists	industrial hygienists.
safety experts	safety experts, safety officers.
other additional experts	e.g. MSc or MS (Master of Science) in Occupational or Public Health; physio therapists (physical therapists), toxicologists, IT experts and experts in AI, communication or education; experts in environmental or planetary health.

Theme 12: Physical and digital facilities, tools and equipment (local available) +12

Topics	Associated terms and phrases
material and digital facilities	material resources, digital technologies/facilities, financial systems, housing.
tools and equipment	basic and risk-specific diagnostic tools, first aid care equipment, flyers and educational materials e.g. for Personal Protective Equipment (PPE) and first aid; simple risk assessment and information tools on a smartphone e.g. noise level meters, ladder safety tools, information on ergonomic solutions, silica content of materials, biological risk prevention protocols, Q&A access, etc.

Theme 13: Accessibility and quality of care +13

Topics	Associated terms and phrases
accessibility	geographical and online accessibility; worker/patient costs for consultation; access for vulnerable groups considering available time periods for consultations, health illiteracy or anxiety to lose a job. See also theme 11 on capacity and staff shortage.
quality of program	quality and completeness of a program of activities.
quality of staff	qualifications and competences of staff, job performance. See also theme 11 on BOHS staff.
quality of tools	screening and diagnostic instruments, protocols e.g. for hazard and risk estimation/assessment, checklists, digital tools (apps). See also theme 12 on physical and digital facilities, and theme 14 on standards and guidelines.
quality of interventions	quality of OSH interventions/activities. See also theme 9 on tasks and processes.
quality of care	quality of delivered healthcare, effectiveness, cost-effectiveness.
quality in outputs	quality of care that is visible in outputs, e.g. workers' and management' perceptions, satisfaction and program acceptance; communication quality; contact frequency with critical groups.

quality in outcomes

quality of care that is visible in outcomes; more OSH knowledge; reduction of health illiteracy, unawareness and unhealthy behaviour; increased self-efficacy; increased reduction of hazards and risks; reduction or absence of work-related mortality, of frequencies of occupational and work-related health diseases, accidents/ injuries, (avoidable) sickness absence and work disability; increased well-being or work participation of vulnerable groups.

Theme 14: Infrastructure for BOHS**+14****Topics****Associated terms and phrases****information and education of the population**

OSH information and education of workers and enterprises; education of future workers, students; managers, HR and OSH staff of enterprises, of branches of industry; medical and nurse students. See also theme 11 on education of BOHS staff inclusive volunteers.

online facilities

online facilities supporting BOHS, knowledge infrastructure, websites, newsletters, videos, helpdesk, AI support, Question and Answer (Q&A) facilities, Frequent Asked Question (FAQ) services, e-libraries, online forum and community on BOHS or universal occupational health coverage; OSH web portal; online and blended education; e-libraries.

standards and guidelines

(sufficient or lack of) updated evidence- and practice-based OH standards and guidelines; protocols how to do; checklists.

national OSH institutions

national OSH centre/ national institutions supporting BOHS; organizing websites, platforms, campaigns, archives; supporting government; advocating urgent issues; information bulletins; webinars; promotion of research and education.

research

knowledge production and dissemination, research institutes, universities; funded scientific programmes; funds for international occupational health care innovation and evaluation programmes.

registrations

infrastructure for registration and analysis of risks, occupational diseases, injuries by accidents; mental health issues; dissemination of findings.

OSH expertise centres

OSH expertise centres e.g. per branch/sector of industry, providing branch or sector-wise informative OSH websites and apps, a Q&A facility, a helpdesk, etc. Specific expertise may be organized per risk category e.g. for silicosis or asbestos exposure, work-related communicable diseases, stress prevention. Patients' associations can develop unique expertise in workers' health questions e.g. diabetes patients' associations. Universities provide concrete programmatic support to occupational health care in various countries. See also theme 8 on regional support centres for BOHS and workers/enterprises.

referral facilities

referral facilities for technical support e.g. for occupational hygiene, ergonomics, safety; mental health support; for clinical referrals and support; high-level OH clinical facilities.