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WORLD HEALTH ORGANIZATION



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F. REGIONAL PLAN ON WORKERS' HEALTH

Introduction

1. The Regional Plan on Workers' Health ([Resolution CD41.R13, 1999](#)) was designed to respond to the challenges that political, social, economic, and labor development imposed on the workforce in the 1990s. Its implementation at the national level has produced multiple outcomes with many ups and downs due to the lack of recognition of the important role that the workforce plays as a key driver of sustainable human development. Today, the challenge is to prioritize the protection of workers' health in recognition of the fact that when working people are in good health and enjoy good employment and job conditions they tend to be highly productive at the social, economic, and individual level (1). Although the Plan has been reviewed and adjusted by the Pan American Sanitary Bureau (the Bureau) during its 13 years of existence, it is now imperative to explore and devise new ways to address the complex problems that the Region's workforce confronts today. Accordingly, this report presents the background, summarizes the results obtained to date, explains the realities and the gaps facing workers' health today, and requests the Executive Committee's support in reconsidering the issue.

Background

2. The Plan came into being after the launch of the concept of "sustainable development" at the 1992 Earth Summit, which included the need to protect workers' health and safety ([UNCED, 1992](#)), and the Pan American Conference on Health and Environment in Sustainable Human Development ([PAHO, 1995](#)). The Plan was based on the mandates of the Governing Bodies of the Pan American Health Organization (PAHO) regarding workers' health ([Resolution CSP23.R14, 1990](#)) the Declaration on Occupational Health for All ([WHO, 1994](#)), and the Global Strategy on Occupational Health for All ([WHO, 1995](#); Resolution [WHA49.12](#)).

3. With the formulation of "Workers' Health: Global Plan of Action" ([Resolution WHA60.26, 2007](#)) and the determinations of the WHO Secretariat and the World

Network of Collaborating Centers ([WHO/CC](#)), agreements were reached in 2012 to focus work on seven global priorities (2, 3) to which PAHO contributes in accordance with the Region's needs. Appendix 1 presents the milestones marking the Plan's origin and development.

4. The Plan's objectives were achieved by implementing actions in four programmatic areas: (a) quality of work environments, (b) policies and legislation, (c) promotion of workers' health, and (d) comprehensive health services for workers (4). Focusing on these four areas, the Bureau provided technical cooperation to the countries, with the support of the Network of Collaborating Centers in Occupational Health, and established strategic alliances with the Inter-American Conference of Ministers of Labor of the Organization of American States ([ICML/OAS](#)), the International Labor Organization (ILO), the International Commission on Occupational Health ([ICOH](#)), and the United States National Alliance for Hispanic Workers, among others.

5. The Plan's results were evaluated in 2006 by means of a survey designed for this purpose and other sources of information available in the countries (5) and partially published in the report Health in the Americas 2007 ([PAHO, 2007](#)).

Update on the Situation

6. The Region's population and the economically active population (i.e., people between 15 and 65 years old) rose from 781 million to 954 million and from 351 million to 468 million, respectively, between 1996 and 2011 (6, 7). Around 60.2% (283 million) of the active population is in Latin America and the Caribbean, and 39.5% (185 million) is in North America. The employment conditions (salary, unemployment, and social protection among others) and working conditions (workplace hazards and risks) considered to be social determinants of health (8) have been transformed in the last 15 years because of the processes of change occurring in the working world (9) creating many inequities with regard to workers' health.

7. According to the ILO (10), for 2011 the highest rates of informal employment and people working in the informal sector were present in Bolivia, Ecuador, El Salvador, Honduras, Nicaragua, Paraguay, and Peru. Precarious work expanded in the Region, making employment relationships more fragile, affecting daily work life (11), and potentially affecting workers' health (12).

8. Other serious problems are: (a) child labor (13), which is mainly present in its most dangerous forms in informal employment (agriculture 60%, services 26%, and industry 7%, as well as in mining, fishing, and street work (14); (b) forced labor, perceived as abusive practices of semi-slavery, servitude, or work exploitation, and which increased from 1.3 to 1.8 million people for 2012 in Latin America and the Caribbean (15, 16); (c) inequities for working women (17); and (d) excluded population groups such

as indigenous people, the elderly, and rural populations that in general have not been covered by social security (18).

9. Inadequate working conditions were detected through an analysis done by PAHO, based on a series of surveys carried out in Argentina, Chile, Colombia, Guatemala, and Nicaragua, indicating that uncontrolled exposure to work hazards persisted, with different levels of frequency and intensity (19), causing avoidable harm to workers' health. Estimates made on the basis of figures from 16 countries in the Region, based on working populations covered by workers' compensation systems, indicated that in 2007 there were at least 7.6 million occupational accidents, with an approximate frequency of about 20,825 occupational injuries per day (19). For 2009, it is estimated that around 11,343 fatal occupational accidents occurred, among them 5,232 in Latin America and the Caribbean and 6,107 in the United States and Canada. Nevertheless, these figures do not reflect the complete regional picture, for two reasons: both exclude people who are not affiliated with social security systems, and there is significant under-recording of cases.

10. The ILO estimates that 2.34 million work-related deaths occur (20), but among them only 321,000 are caused by occupational injuries. The rest (86%) are attributable to occupational diseases. WHO estimates that the annual toll of nonfatal occupational diseases is around 160 million cases (21). PAHO estimates, based on information on insured populations in nine countries in the Region (19), indicate that in 2009 there was an estimated average of 281,389 cases. In the Region, only 1% to 5% of occupational diseases are effectively reported (19). This underreporting is due to the limited coverage (< 30%) of the health systems and services, and occupational risk management systems; the growth of the informal sector and the invisibility of rural workers; and the countries' deficiencies with regard to monitoring, detecting, and registering occupational diseases, among others.

11. The Global Burden of Disease Study 2010 (22) shows that the greatest risk for occupational mortality in age groups from 15 to more than 80 years old continues to be occupational injuries (higher in young men, although still noteworthy in people over age 65) and exposure to asthmogenic agents in men and women from 15 to 35 years old. Deaths from exposure to occupational carcinogens and particulates occur in both sexes and at both ends of the age spectrum, while deaths from exposure to particulates occur mainly in men and women over age 40: figures that show the long latency period of chronic illnesses caused by prolonged occupational exposures to hazards present in the workplace. The Global Estimates of Occupational Burden of Disease compiled by WHO's Global Health Observatory (23) considered the most frequent risk factors for occupational diseases to be airborne particulates, carcinogens, ergonomic stressors, noise, and risk factors for injuries.

12. The current situation indicates that despite the successes that the Plan has achieved during its years of existence, gaps persist that impose large and worrisome challenges if the countries are to overcome inequities in workers' health. Health systems

are assuming the burden and the costs of providing health services to workers in the formal and informal sectors, as a result of treating occupational diseases that remain invisible due to the lack of proper diagnosis and record keeping.

13. In light of the situation described above, a call is needed to position and prioritize the subject of workers' health on the governmental agenda of the Member States and, in particular, of the health ministries. It is necessary to strengthen their leadership to generate policies and programs aimed at prevention and at protecting workers' health, increasing the provision of health services, and providing universal coverage to workers through the primary health care services. Capacity-building will lead the Ministries to better meet people's needs and close the gaps in workers' health to achieve healthy, safe, dignified, and productive work.

Measures to Improve the Situation

14. Given that the Plan's is not uniform in scope and has not reached all of the countries in the Region, it is necessary to create and develop new initiatives to work with the Member States and redefine priorities for action, so that the health sector assumes leadership in providing preventive and treatment services, and can be strengthened and equipped with state-of-the-art tools, methods, and knowledge to meet the objective of protecting workers' lives and health.

15. All of this points to the need to reconsider the Plan so that the Pan American Sanitary Bureau can respond effectively to help Member States find solutions to occupational health inequities and meet the countries' needs for technical assistance.

Action by the Directing Council

16. The Directing Council is requested to take note of this report and consider the option to present a new Plan on workers' health for the consideration of the Governing Bodies for the period 2014–2019, so as to respond to the new global, regional, and national challenges, in accordance with the PAHO Strategic Plan 2014–2019.

Annex

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Annex: Milestones in the evolution of the PAHO Regional Plan of Action on Workers' Health

