

EXECUTIVE SUMMARY



Connecting Health and Labour

Bringing together occupational health
and primary care to improve
the health of working people

Global Conference
"Connecting Health and Labour:
What Role for Occupational
Health in Primary Health Care",
The Hague, the Netherlands,
29 November – 1 December 2011



**World Health
Organization**

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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



Introduction

1. 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.

2. The Alma Ata Declaration from 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 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).

3. 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.

Health and labour

4. Employment and working conditions have powerful effects on health equity. When these are good, they can provide social protection, social status, personal development, social relations and self-esteem, protection from physical and psychosocial hazards, and positive health effects. The health of workers is an essential prerequisite for household income, productivity and economic development. Therefore, maintaining and restoring working capacity is an important function of health services.

5. However, hazardous working conditions and substandard forms of employment result in considerable burden of ill-health and injuries representing substantial costs for health systems and for national economies and perpetuating poverty.

6. There are many effective interventions for primary prevention of occupational hazards, for developing healthy work places and for maintaining and restoring functional capability. In spite of this, coverage of occupational health services remains low, and where they do exist they often fail to meet the expectations of workers and to provide access to the most basic preventive interventions and measures for protection against occupational diseases.

7. At the same time, the lack of work focus in the provision of health care may have a negative impact on people's ability to work.

Occupational health and primary care

8. Occupational health and primary care share common values that are important for the health of people and populations, but health services that adequately addresses work is not universally available for people. In particular relevant are:

a. the holistic approach, looking at individuals in the context of their life;

b. the interest in communities – be it work-communities or living communities – to secure equity and the involvement of those with greatest needs;

c. focus on improving individuals functioning (in work and other aspects of life) and not only on disease outcomes.

9. Currently, health services based on these values are not as widely available as is desirable. Closer collaboration between occupational health and primary care would enhance the opportunities to contribute to productivity and to extend working

life. This requires moving from a care oriented on diseases and health problems to care that emphasizes optimizing functional capability of individuals.

Towards an integrated approach for addressing work by health services

10. A more integrated approach to occupational health and primary health care will yield a bigger impact on the health of people, than each can achieve on their own, to secure work-focused health care. How that integration works in practice, depends on national and local circumstances. Substantial global demographic trends (ageing, migration etc.), changing health problems and the changing nature of work mean that this integrated approach will become even more important in the decades to come. This will require more care to be provided, without the certainty of any increase the professional manpower. Important assets in initiating this collaboration are the experiments that can be found in a number of countries and settings around the world.

11. The following principles should guide further development in pursuing an integrated approach to occupational health and primary care:

- a. Workers' health is part of general health and life.
- b. Health systems should facilitate local strategies to meet workers' health needs.
- c. In moving towards universal coverage, those at greatest risk or having greatest needs should be targeted first.
- d. When developing policies about workers' health all relevant stakeholders should be involved.
- e. Training in health and work should be part of all health care professional training
- f. Empowerment of workers and the encouragement of decision-makers are critical for the promotion of the health and safety of workers.

Delivering occupational health in the context of integrated primary health care

12. The following strategic directions for delivering occupational health in the context of integrated primary health care were developed by the conference participants in parallel round tables devoted to universal coverage, people-centered care, participatory leadership and health in all policies:

13. All workers should have access to essential interventions and basic health services for prevention of occupational and work-related diseases and injuries. This requires:

- a. Emphasizing the role of national and local governments for guaranteeing the access of all

workers to curative and preventive health care that allows for full and productive working life;

- b. Including essential interventions for occupational health and work ability in the delivery of comprehensive, integrated primary care, such as advice for improving working conditions and for promoting health at work; early detection of occupational and work-related diseases and support for return to work and preservation of working capacity
- c. Including the financing of basic occupational health care for those most in need or at greatest risk, within existing arrangements for financing

of basic primary health care. New mechanisms may need to be developed where existing ones are inadequate to meet priority needs. These should, as far as possible, be integrated into existing national or local health financing systems.

- d. Developing human resource and technological capacities at the primary care level for the effective delivery of essential interventions and basic health services for prevention of occupational and work-related injuries and diseases through training, consultation, information, and supportive tools, including telecare.
- e. Strengthening and expanding specialized occupational health services, including the basic occupational health services and scaling up access to such services and increasing the number of interventions with priority on primary prevention of occupational hazards;
- f. Evaluating the models for service delivery and financing for occupational health and primary care, and carrying out research on barriers to access to and coverage with preventive interventions.

14. People in their environment, including work, should be in the center of health care. This requires:

- a. Strengthening the role and responsibilities of the primary care providers for all health-related aspects of personal life, including early recognition of occupational and work-related ill-health, as well as preserving and restoring working capacity of individuals;
- b. Building the capacities of primary care centers to respond effectively to the general and specific health needs and expectations of working populations in the catchment area, including training in basic occupational health and supportive tools for interventions ;
- c. Linking occupational health services and primary care centers under local primary health care networks, including joint training, referral systems, information on occupational hazards and other mechanisms for collaboration and continuity of care;

- d. Providing clinical guidelines and standards for health care professionals that take into account the impacts of work and employment and working capacity;
- e. Empowering and supporting individuals and work communities to take over the control of their own health, to protect themselves against occupational hazards and to promote health at the workplace, for example by training and developing programmes for healthy workplaces, introducing tools for self-assessment and for work improvement, supporting workers' health and safety representatives and community health activists;
- f. Carrying out research on the effect of the tools for empowering workers and work communities to take control over their health, including the effectiveness of work improvement techniques and community based participatory research.

15. Protecting and promoting health at work requires a new, participatory health leadership. This should include:

- a. An integrated response by all building blocks of health systems¹ to the health needs of workers in the ongoing health care reforms with priority being given to the needs in the informal sector, migrant and self-employed workers and small enterprises;
- b. Involving labour stakeholders, such as employers, trade unions, governments, civil society, and the private sector in the debates about health care reforms and the development of national and regional (preclinical, district) health strategies and plans;
- c. Developing and maintaining national profiles for workers' health, including measuring health outcomes and the performance of health systems regarding the health of workers, basic information on working conditions, workers' lifestyle, education, as well as interventions and services.
- d. Strengthening the collaboration between health and labour sectors for the ratification and implementation of core international instruments for occupational safety and health,

¹ According to WHO health systems consist of the following building blocks: leadership and governance; essential medical products and technologies; health information; health financing; health workforce; and health services

such as Occupational Safety and Health Convention 155, Occupational Health Services Convention 161 and Promotional Framework for Occupational Safety and Health Convention 187, establishing connections between labour Inspections and occupational health services and promotion of good practices on occupational health and safety and primary care.

16. The health of workers should be taken into account in designing and implementing policies in all sectors. This requires:

- a. Identification of workers' health impacts and co-benefits of national policies and strategies in the area of labour, environment, education, agriculture, economic development, trade etc. as well as capitalization of benefits and risks, and enabling healthy public policies as a common ground for dialogue across sectors.;
- b. Development of national plans of action on workers health involving all stakeholders and sectors, creating common grounds as whole-of-government health initiatives, and identifying the non-health benefits from action on workers' health;
- c. Ensuring input from primary care to the development and implementation of national public programmes for occupational health and safety, identifying, measuring and highlighting the benefits of such programmes for the delivery of integrated, comprehensive primary care.
- d. Addressing the health needs of workers and hazardous working conditions in the policies dealing with the informal economy, rural development, and labour migration, including the provision of health services to such populations,

Next steps

17. WHO, and its networks of collaborating centres for occupational health and primary care will collaborate with ILO, the non-governmental organizations in official relations with WHO and with the other international stakeholders, such as the World Bank and the International Social Security Association, on the following actions:

- a. Developing policy options, methodologies and case studies and integrated financing mechanisms, including costing of the delivery of essential interventions for occupational health at the primary care level
- b. Encouraging collaboration between the professional associations of occupational health and primary care, such as the International Commission on Occupational Health (ICOH) and the World Federation of Family Physicians (Wonca)
- c. Establishing a global repository of training materials and information for building human resource capacities for basic occupational health among primary care teams - doctors, nurses, technicians and community health workers, for facilitating the inclusion of occupational health into under graduate and post-graduate training and education in medicine, nursing and allied health;
- d. Collecting, evaluating and disseminating case studies and examples of delivery of essential interventions and basic services for occupational health in the context of integrated primary health care and setting up an agenda for interdisciplinary research on the occupational health aspects of health systems and health services delivery
- e. Supporting governments to adopt policies based on the outcomes of research on occupational hazards, to promote healthy environment at the workplace and to minimize the sickness absence, working incapacity and the related costs.



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