

Seoul Statement on the Development of Occupational Health Services for All

The 31st International Congress on Occupational Health, ICOH 2015, was organized by the International Commission on Occupational Health, ICOH, the Korea Occupational Safety and Health Agency, KOSHA, and the Korean Society of Occupational and Environmental Medicine, KSOEM, from 31 May to 5 June 2015 in Seoul, Republic of Korea. The Congress approved a “Seoul Statement on the Development of Occupational Health Services for All”.

Recalling

that decent conditions of work, occupational health and occupational safety constitute a basic human right of workers as declared by the UN International Covenant on Economic, Social and Cultural Rights of working people (1966), the ILO Declaration on Fundamental Principles and Rights at Work (1998), the Centennial Declaration of the International Commission on Occupational Health, ICOH (2006) and the Seoul Declaration on Safety and Health at Work adopted by the ILO, ISSA, KOSHA and ICOH together with a high number of other Non-Governmental and Professional Associations (2008),

Emphasizing

that in spite of positive developments of occupational safety and health particularly 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 both formal and informal sectors, without adequate protection by occupational health and safety law and lacking social protection and access to occupational health services. Such gaps in prevention and protection lead to 2.3 million deaths among the workers of the world every year,

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, economic sectors, including the informal sector, or workers in contracted or self-employment,

Taking into consideration

that new challenges, risks and hazards continuously emerge, due to changes in economic structures, transfer of technologies, demographic changes, migration and social dynamics. The management of and adjustment to the continuous change need active sharing of information, the effective use of existing knowledge, and the generation of new research on occupational health.

Recognizing

that a growing body of research evidence speaks for positive economic and productivity impact of occupational health services, due to prevention of loss by accidents and diseases, sickness absenteeism and disabilities, and through facilitation of production processes,

Reminding

that according to the principles of the ICOH International Code of Ethics for Occupational Health Professionals, protection and promotion of workers' health is a professional, ethical and social imperative for all occupational health professionals and for the international occupational health 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 on Occupational Health Services 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

Implementation of occupational health policies should be based on legislation, with appropriate governance structures, well-defined rights and responsibilities, establishment and strengthening of the occupational health system and respective infrastructures, and sufficient resources and financing for services. 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

The content and activities of occupational health services at the workplace level include prevention and management of physical, chemical, biological and ergonomic factors, prevention of occupational diseases and injuries, prevention of excessive work load, and work life constraints, promotion of health and work ability, rehabilitation and return to work, as well as first aid and curative services. Such services should be adjusted to the health needs of working people, by taking into consideration the existing hazards and responding to the needs of various groups of workers, including young, female, ageing and migrant workers and various types of vulnerable groups.



