

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.



4. Human resources, competence and expertise

Governments should ensure the availability of sufficient human resources for the effective delivery of occupational health services. Where possible, the occupational health service team should be multidisciplinary, covering several types of expertise, such as occupational medicine, occupational health nursing, ergonomics, occupational hygiene, psychology and accident prevention, rehabilitation and return to work. In cases, where multidisciplinary services may be difficult to organize and sustain, the basic occupational health service (BOHS) approach and proactive risk prevention and locally adjusted methods may be used.

5. Training and education

In line with the ILO Convention No. 161, special competence and training are needed for provision of competent occupational health services. Governments should ensure appropriate and updated training and education curricula for occupational health personnel. International standards and model curricula should be developed for occupational health personnel. Depending on national conditions the training could be organized at universities or other relevant institutions.

6. Sharing information and good practices

Effective exchange and dissemination of information on all aspects of occupational health should be promoted and encouraged, and good practices and guidelines should be shared via international collaboration between occupational health professional bodies, International and Non-Governmental Organizations, WHO, ILO and ICOH and other relevant institutions and associations. Dissemination of this knowledge should be supported by international and national expert communities, employers, workers and governmental organizations.

7. Research

Appropriate and adequate research support should be structured for the production of evidence based information for the development of occupational health systems, methods and good practices, training and education. Longstanding international experience has shown that research is best supported and sustained when it is nested in the National Institute of Occupational Health, or respective centre of excellence in the country.

8. Collaboration and networking

National collaboration

To ensure sufficient coordination and exchange of information within countries, continuous dialogue should be maintained and close and regular collaboration between occupational health and general health services, with occupational safety and health, social security institutions, social partners (employers and workers) and academia should be encouraged. Networking between all involved in the development of occupational health, including occupational health service providers, is also recommended.

International collaboration

International collaboration, including bilateral and multilateral networking, should be enhanced among all the key international professional associations in the field of occupational health and safety. Such networks should collaborate and provide scientific and professional support to the International Organizations, ILO and WHO.

9. Commitment

The organizers and participants of the ICOH 2015 Congress declare commitment for collaboration and support for all parties, national and international, professional and governmental in their efforts for the organization of competent occupational health services for all workers across the world.

10. Follow-up

It was agreed to follow up and evaluate the implementation of this Statement and results be presented to the forthcoming 32nd International Congress on Occupational Health, ICOH 2018, which will be organized in Dublin, Ireland.

On behalf of the 31st International Congress on Occupational Health

In Seoul, Republic of Korea, 5 June 2015,



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