



NEWSLETTER



International Commission on
Occupational Health - ICOH

Commission Internationale de
la Santé au Travail - CIST

Volume 16, Number 3

December 2018

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Message from the President



Follow up of ICOH2018 Dublin

One of the major achievements of the Dublin Congress was the sequence of policy-related events, presentations, documents and outcomes. Most of you have already noticed the full Congress Report on the ICOHweb and the separate webpage of the Dublin Statement. Some members and the Secretary General are just about to finalise a Policy-related scientific peer-reviewed paper describing this process, methodology and outcomes of these latest policy items. Our francophone ICOH-CIST colleagues have already published their account of the Congress on "Hot topics of ICOH2018 Dublin" in Archives des Maladies Professionnelles et de l'Environnement. This is in French language under the title of "Que retenir du 32e Congrès de la Commission internationale de la santé au travail "

(CIST-ICOH) (links in the e-version).

ICOH was very well represented at the WHO's World Health Assembly on 22 May 2018. ICOH led the coalition including IOHA and IEA which presented an excellent Joint Statement in Geneva for the global governmental audience including ministers and high level policy makers.

Furthermore, and thanks to the knowledgeable and active members on the topics of tuberculosis and vulnerable workers due to silica dust exposure and in health facilities, there was success in including an action statement in the UN TB Resolution: "Commit to primary prevention in high-risk occupations by reducing silica dust exposures in mining, construction and other dusty workplaces, and implementing worker TB surveillance and infection prevention and control in healthcare settings." This adoption took place on September 26, at the United Nations TB High Level Meeting of country delegates in New York where the delegates committed to actions in the TB Declaration. See further news items including a picture of the ICOH, IOHA and OK International team members at ICOHweb.

ICOH has been a founding member also of the Global Coalition by ILO and WHO. The next step is to establish



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Editors

Editor in Chief
Eun-A Kim
toxneuro@kosha.or.kr

Manuscript Editor
Kyoung-jin Sim
overseas@kosha.or.kr

Editorial Board

Seong-Kyu Kang
sk.kang@gachon.ac.kr

Sergio Iavicoli
s.iavicoli@inail.it

Suvi Lehtinen
suvi.a.lehtinen@outlook.com

Christophe Paris
christophe.paris@nancy.inserm.fr

Rosa M. Orriols
orriols@bellvitgehospital.cat

Edoardo Santino
edoardo.santino@gmail.com

Max Lum
mrl1@cdc.gov

Stephane Vaxelaire
stephane.vaxelaire@inrs.fr

Reviewed and Edited by

KOSHA (Korea Occupational Safety & Health Agency)

The electronic version of the ICOH Newsletter on the internet can be accessed at the following address: www.ichweb.org/newsletter

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Commission on Occupational Health of the opinions expressed in them.

The ICOH Newsletter contents may freely be translated into other languages and disseminated among ICOH members.

Task Groups to take care of the future action items. The starting point was the World Congress on Safety and Health at Work in 2017 organised by ILO and ISSA where the ILO – Director General Mr. Guy Ryder – agreed to take the Coalition further. ICOH will take a lead of selected work items and work together with the other institutions. These are being set up in near future. ICOH will have a central role in the Steering Group and in knowledge development, updating past Global Estimates and estimates of economic costs of poor work environment.

Toxic substances and occupational cancer

I had an opportunity to talk to toxicologists at EUROTOX2018 Conference in Brussels. We do have a number of great success stories in using toxicology knowledge at places of work. Chemical management in general has been improved, in particular, in high income areas thanks to the globally harmonised system of classification and labelling of chemicals GHS, chemical safety data sheets, and better practices. Still hazardous substances are responsible for every third person dying for work-

related reasons – 980,000 deaths from the total 2.8 million deaths at work altogether every year. Again, a lot has been done in more developed regions such as banning new use of asbestos, knowing better the role of stone dust linked to tuberculosis for miners, construction workers and in many other areas.

Meanwhile, new findings from research are telling about increasing risks of other risks created by hazardous substances: work-related asthma and COPD caused by dusts and microparticle pollution and fumes formed by nitrogen oxides of diesel exhaust gases. WHO recently pointed out that a large number of workers globally are exposed to city pollution including construction workers, cleaners, street vendors, and many others including all of those involved in city traffic for 8 or more hours a day and some exposed to 24/7 hours/days in a week.

Many of these hazardous substances are carcinogenic. I was very pleased to be involved in the latest conference on Roadmap on Carcinogens organised by the Austrian Government in her role of the EU Presidency country for the second half of 2018. This process and the Roadmap were started by the Netherlands EU Presidency in 2016



and, following the Austrian great contribution, the next European Union-wide step will be in the second part of 2019. This is to be hosted by the Government of Finland running the EU Presidency then. I made an extra effort based on the 2017 ILO Global Estimates and supported by the IHME/Global Burden of Disease and Injury estimates to update the country estimates for cancer victims at work for all EU28 countries. See picture below and details here (e-version) [Slide 13]

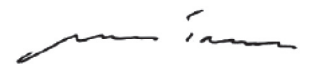
Organising ICOH and near future

By now practically all officers and the tasks of the Board, Scientific Committees, National Secretaries, Task Groups of ICOH have been assigned and I am really grateful for all the voluntary work our valued members are carrying out regularly and consistently. The General Secretariat in Italy

has, indeed, has done and continues to do really great work in support of our ICOH structure, and the backstopping by the ICOH host INAIL in Italy is highly appreciated.

We have also started to plan the ICOH 2021 in Melbourne and are likely to study the present phase of organising the next congress jointly with our Australian colleagues in January 2019. In between, similar plans for a wide range of activities and events are being planned all over the world. This includes those of our Affiliate and Sustaining Members that deserve full ICOH support and recognition.

Jukka Takala
President of ICOH



News from the Secretary General

ICOH activities in collaboration with WHO

Dear ICOH member,


In January 2017, the WHO Executive Board confirmed ICOH status as NGO in official relations with WHO based on ICOH's continuous and systematic engagement in conformity with the spirit, purposes and principles of WHO's Constitution.

ICOH continues to cooperate with WHO according to a triennial collaboration plan which provides direct collaboration with the WHO to implement BOHS at global, regional, national and local levels.

In line with WHO's End TB Strategy, ICOH is also actively promoting occupational safety and health strategies to prevent tuberculosis (TB) in high-risk occupations, including silica dust exposed workers in mining, construction and other industries. To engage partners, including OSH organizations, employers, unions, etc., two ICOH TB Statements were developed to summarize the scientific evidence and make recommendations for action. These Statements on "Preventing Tuberculosis Among Silica Dust Exposed Workers and Preventing TB among Health Workers" were approved by the ICOH Board on April 28, 2018 (information are available at <http://www.icohweb.org/site/ICOH-TB-Statements.asp>). ICOH was represented at the United Nations General Assembly Meeting on Tuberculosis (TB) on September 26, 2018 in New York City.

In addition, ICOH was invited to contribute to the Parallel Session on "Intersectoral action as part of Primary Health Care: policies, interventions and services" taking place during the Global Conference on Primary Health Care in Astana, Kazakhstan, on 25-26 October 2018. The aim of the Conference was to celebrate the 40th anniversary of the Alma Ata Declaration on Primary Health Care (1978) and to recommit towards Universal Health Coverage also by releasing a new Declaration (the Astana Declaration) to strengthen Primary Health Care as an approach to modern health and to orient the society and health systems to maximize health and well-being with equity. In collaboration with Dr. Ivan Ivanov (WHO, Department of Public Health, Environmental and Social Determinants of Health, Designated Technical Officer for ICOH/WHO relations), a document has been drafted for presentation by the Secretary General in Astana. In line with the spirit of the Alma Ata Declaration, that was "to bring health care where people live and work", this document supports the inclusion of occupational health into primary health care settings underlining the importance of ensuring specialist training to the health workforce involved in delivering primary care whenever OH physicians or OH services are not available.

Prof. Sergio Iavicoli
ICOH Secretary-General



Prof. Sergio Iavicoli, Dr. Diana Gagliardi, Dr. Ivan Ivanov

Message from the Editor

Dear Members,

In this number, ICOH newsletter delivers the vivid experience regarding hygiene training course in Zambia. ICOH participated in the United Nations General Assembly Meeting on Tuberculosis.

Continuing from last issue, we have another interesting story from China by Dr. Min Zhang about the healthcare workers. UJIH-SC (Unemployment, Job Insecurity and Health Scientific Committee) wrote important article about vulnerable workers.

I want to encourage members to send updates on upcoming events in their Scientific Committees, current events in our field, and other important news/information that can be included in our newsletter.

The editorial planning of the ICOH Newsletter

For 2018 and 2020:

- 1) Vol 1: 1st APRIL
(deadline for article submission: 10th FEBRUARY)
- 2) Vol 2: 1st AUGUST
(deadline for article submission: 10th JUNE)
- 3) Vol 3: 1st DECEMBER
(deadline for article submission: 10th OCTOBER)

Changes of Addresses

The ICOH Newsletter is published in two versions: in hard copy and electronic format. All active ICOH members, who paid membership receive it by e-mail and postal mail. To receive both versions, both the e-mail address and the postal address registered with the ICOH Secretariat need to be correct. Please inform ICOH of any changes to your addresses, by communicating with the Editorial Office (toxneuro@kosha.or.kr, toxneuro@gmail.com) or the ICOH Secretariat (icoh@inail.it).



Eun-A Kim
Editor-in-Chief,
ICOH Newsletter

Next Events

WORKSHOP ON SILICOSIS AND TB PREVENTION AT INTERNATIONAL CONFERENCE IN NEW DELHI



ICOEH
4th INTERNATIONAL CONFERENCE
ON OCCUPATIONAL & ENVIRONMENTAL HEALTH
February 13-17, 2019 New Delhi

Organized by : Association of Occupational & Environmental Health (AOEH),
Dept. of Community Medicine, Lady Harding Medical College & Vardhman Mahavir Medical College and
Occupational Health & Safety Management Consultancy Service (OHS-MCS)

VENUE : Lady Hardinge Medical College, New Delhi

Join us for
ICOEH 2019
www.conferenceoeh.com

Organisers :

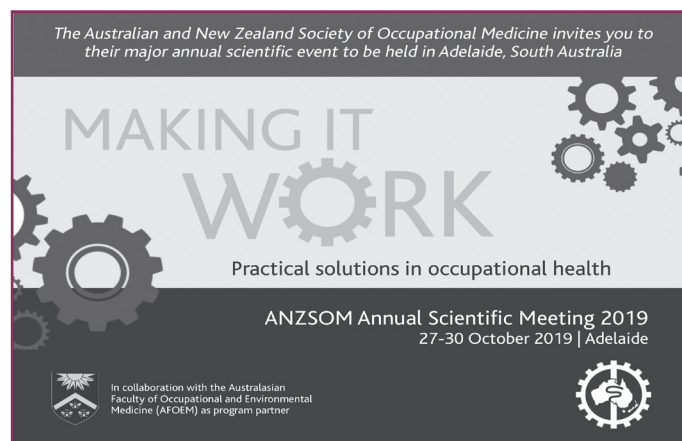
AOEH | Lady Harding Medical College | Vardhman Mahavir Medical College | OHS-MCS

CONFERENCE SECRETARIAT
4th International Conference on OEH (ICOEH 2019),
Dept. of Community Medicine, Lady Harding Medical College, New Delhi - 110 001, India.
Mobile: +91-97188 72900, +91-93130 54881, +91-95827 92331
Email: secretariat@conferenceoeh.com, info@oeh-mcs.org

Inspired by the ICOH initiatives to prevent TB among silica dust exposed workers, SCOHSSEIS will co-sponsor and facilitate a Pre-Conference Workshop “Silicosis and TB prevention: A Multi-Professional Approach” at the the 4th International Conference on Occupational and Environmental Health (ICOEH 2019) to be held at Lady Harding Medical College, New Delhi, India.

SCOHSSEIS will engage with other interested Scientific Committees, ICOH members and collaborating partners to ensure this Workshop will put into action some of the capacity building strategies in the ICOH Statement on Silica-TB approved by the ICOH Board at Dublin in April 2018. This Workshop will be one of various other pre-Conference workshops scheduled for 13 - 14 February 2019 to provide an educational platform to enhance practical skills to respond and to develop control measures in preventing illness. For more information visit www.conferenceoeh.com

ANZSOM Annual Scientific Meeting 2019, 27 – 30 October 2019 ADELAIDE, South Australia



The Australian and New Zealand Society of Occupational Medicine invites you to their major annual scientific event to be held in Adelaide, South Australia

MAKING IT WORK
Practical solutions in occupational health

ANZSOM Annual Scientific Meeting 2019
27-30 October 2019 | Adelaide

In collaboration with the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) as program partner

The Australian and New Zealand Society of Occupational Medicine, in collaboration with the Australasian Faculty of Occupational Medicine, invite you to the 2019 ANZSOM Annual Scientific Meeting to be held in Adelaide, the state capital of South Australia and a renowned cultural and scientific hub. This will be an inaugural collaborative event, with AFOEM as a Scientific Program Partner. Keep up to date by subscribing to ANZSOM news: www.anzsom.org.au

ICOH2021



ICOH 2021
www.ich2021.org

HOSTED BY ANZSOM

SHARING SOLUTIONS IN OCCUPATIONAL HEALTH: Locally, Regionally, Globally

33rd International Congress on Occupational Health
21-26 March 2021 | MELBOURNE AUSTRALIA

Visit www.ich2021.org for further information

ANZSOM is proud to be hosting the 33rd International Congress on Occupational Health in Melbourne in 2021. The congress theme “Sharing solutions in occupational health:

locally, regionally, globally” will bring together occupational health researchers, practitioners and policy makers from around the globe to share their collective knowledge about improving worker health and safety. Register your interest on the website to ensure you receive the latest information about ICOH2021: www.icoh2021.org

EPICOH 2019



11TH INTERNATIONAL SYMPOSIUM ON BIOLOGICAL MONITORING IN OCCUPATIONAL AND ENVIRONMENTAL HEALTH (ISBM-11)

The Scientific Committee of Occupational Toxicology (SCOT) of the International Commission on Occupational Health (ICOH) welcomes you to the 11th International Symposium on Biological Monitoring in Occupational and environmental Health in Leuven, Belgium, on 28-30 August, 2019. The symposium is organized by SCOT in collaboration with other ICOH Scientific Committees, like the one on “Nanomaterial Workers’ Health”.

You can enroll, submit abstracts and find more information on: <https://kuleuvencongres.be/isbm-11>.

The symposium is an ideal opportunity for you to share your work with world’s leading scientists, experts, practitioners and students in biological monitoring, to learn, discuss and share state-of-the-art knowledge on biomarkers of exposure, effect and susceptibility to occupational and environmental agents. ISBM-11 aims to present new research and methods

on biomarkers and to promote the use of biomonitoring data as part of a prevention strategy in workplaces and the general environment and, therefore, it will also be of interest to professionals involved in risk assessment, regulation and control through the use and interpretation of human biomonitoring data.

The general topic of ISBM-11 is “Biomonitoring in Exposure and Human Health Assessment” comprising several topics that are more specific:

Methods to identify human internal exposure to environmental and occupational chemicals comprising:

- Novel analytical techniques and approaches (targeted vs untargeted analysis)
- Highly sensitive analytical methods for biomarkers assessment
- Accurate mass screening and identification of emerging pollutants and metabolites
- Alternative matrices for human biomonitoring
- Validation and use of new exposure biomarkers
- Analytical techniques for mixtures

Identification and assessment of biomarkers of effect: from mechanisms to risk assessment

- Epigenetic biomarkers
- “Omics”
- Susceptibility and early disease biomarkers
- Interplay between nutritional factors and chemical toxicity
- Stress biomarkers
- Genetic polymorphism and metabolic phenotype
- Metals and nanomaterial toxicity

Occupational and environmental exposure evaluation:

- Applying biomonitoring to chemical accidents
- Case and field studies on occupational exposures
- Dermal exposure and its contribution to the total body burden
- Population based studies and environmental exposures
- Maternal and children’s exposure
- Human biomonitoring and public health

Members' Activity

Collaborative training builds occupational hygiene capacity to end tuberculosis in Southern Africa

Claudina Nogueira – ICOH Vice President for Scientific Committees 2018-2021 and WHWB Board member
E-mail: claudinanogueira@hotmail.com

Peter-John (Jakes) Jacobs – IOHA President 2018-2019 and WHWB member
E-mail: pjjacobs@sedulitas.co.za

Introduction

Workplace Health Without Borders (WHWB), in collaboration with the New Partnership for Africa's Development (NEPAD) Agency, presented the Occupational Hygiene Training Association's (OHTA, www.OHlearning.com) 'Basic Principles of Occupational Hygiene' (W201) training course at the Sherbourne Hotel in Kitwe, Zambia, from 23 to 27 July 2018. Other partners of the training course were the Government of Zambia (Ministries of Health, Mining, and Labour), the Government of South Africa, and the School of Public Health, University of the Witwatersrand, South Africa.

WHWB (www.whwb.org) is an international non-profit organisation founded in 2011 with the main objective of addressing the limited expertise that exists globally for the prevention of workplace disease and injury. Through its established and growing network of professionals who volunteer their time and expertise, WHWB is able to offer capacity building in the broad occupational health field, through collaborations that benefit under-served populations and vulnerable workforces across the globe. WHWB had a strong presence at the recent ICOH2018 Congress in Dublin, and contributed to raising the profile of the occupational hygiene discipline within ICOH. Two of the special sessions on international collaboration showcased the work of WHWB, as did the WHWB business meeting, which had the main aim of starting a collaboration process with occupational health professionals across the globe.

The NEPAD Agency (www.nepad.org) is the implementing agency of the African Union (AU) that facilitates and coordinates the development of NEPAD continent-wide programmes and projects, mobilises resources and engages the global community, regional economic communities and member states in the implementation of these programmes and projects.

Background to the Training

This training initiative was held under the umbrella of the Southern Africa Tuberculosis (TB) and Health Systems Support (SATBHSS) Project, which was launched in December 2016 as part of the response to the TB challenge in the Southern African region, and is being implemented in four countries, viz. Lesotho, Malawi, Mozambique, and Zambia, with spill-over benefits across the Southern African Development Community (SADC) region. Very broadly, the aim of the project is to (i) improve the coverage and quality of TB control and occupational lung disease services, and (ii) strengthen regional capacity to manage the burden of TB and occupational lung diseases.

Mining is an important economic contributor in the SADC region but this comes with a heavy burden of high TB incidence rates. This is due to poor working conditions in mining environments, such as prolonged exposure to respirable dust, poor ventilation, and inadequate control of hazards. The situation is exacerbated by inadequately skilled occupational hygienists who evaluate occupational exposure to hazards such as silica dust, and recommend appropriate control measures. The Project also aims to advise both the government and private sector of dust exposure control limits and dust management policies and standards. It is expected that the training will build a cadre of experts who will support the development and implementation of a standardised approach to the occupational hygiene principles of identification, evaluation, monitoring, and control of hazards thereby ensuring healthier workplaces.

Training Course Objectives and Logistics

An introductory course was offered, outlining the broad principles of occupational hygiene as the basis for anticipation, recognition, evaluation, and control of hazards encountered in the workplace. Course participants were active occupational

health / hygiene professionals, willing to continue their training to become certified occupational hygienists. It was expected that, upon completion of the introductory course, the participants would be able to motivate and provide support for practitioners (in both the public and private sectors) in their own countries, to start the process of establishing their own occupational hygiene associations, for example, thus growing the profession in Africa.

A total of 19 delegates, as well as a NEPAD staff member from South Africa, participated in the training and sat for the post-course written examination (open book). Participants represented the following SADC countries, and were mostly employed at inspectorates of the respective Departments / Ministries of Labour, Mining and/or Health: Lesotho (7), Mozambique (2), Malawi (2), Zambia (8), and South Africa (1).

The training was funded by the World Bank and there was no charge to participants. NEPAD Agency made the required logistical arrangements and covered the travel and accommodation costs of the facilitators and the course participants from the designated countries.

The course was presented by WHWB through the following voluntary facilitators:

- Peter-John (Jakes) Jacobs (Course Director and Main Facilitator; registered occupational hygienist) – who is also the President of the International Occupational Hygiene Association (IOHA), 2018-2019
- Claudina Nogueira (Translator – Portuguese/English and Facilitator; occupational health consultant) – who is also the ICOH Vice President for Scientific Committees, 2018-2021
- Goitsehang Keretsetse (Facilitator; registered occupational hygienist and lecturer)

Prior to commencement of the course, all participants were requested to stand for a moment of silence to remember the more than two million people who die annually as a result of workplace diseases and injuries.

The facilitators worked well together and supported one

another during all aspects of the training. Training duties were equally divided between the facilitators with the following benefits:



United We Stand, Divided We Fall – Participants, facilitators, organisers and coordinators of the WHWB-NEPAD occupational hygiene training course held in Kitwe, Zambia, from 23 to 27 July 2018

1. The workload distributed and facilitator fatigue avoided
2. Learner fatigue and boredom were avoided through a mixed approach to facilitation
3. Facilitators were able to talk to their specific areas of expertise and share their own experiences – more to share and better learnings for participants
4. Easy translation and personal contact and assistance was provided for Portuguese speakers

Arrangements for logistical assistance and technical support (one sound engineer and two technicians for simultaneous translation) were handled very professionally by NEPAD; the two main role-players being:

- Mr Norman Khoza (Senior Programme Officer – Occupational Health and Safety Specialist)
- Ms Nthabiseng Moiloa (Project Administrator)

Outcomes of the Training Course

The course covered a large volume of information focussing on basic principles of occupational hygiene and ran for five full days, with attendees receiving homework at the end of

every day for completion and discussion at the start of the following day. All participants displayed a positive attitude throughout and actively participated in group work and class discussions, and it was evident that there was a ‘hunger’ for the information provided. Attendees worked late into the evenings in groups, completing homework and preparing for the following day’s feedback sessions.

During the training week, participants were afforded the opportunity to visit the Occupational Health and Safety Institute (OHSI) facilities in Kitwe, which are within walking distance from the training venue. The OHSI is a statutory agency in Zambia where miners report for mandatory annual medical examinations (as per the requirements of the Workers Compensation Act No.10 of 1999). More recently, the medical examinations and facilities at the OHSI have been made available to the general public, farmers, self-employed entities, small and medium scale business enterprises, and to companies other than mines, who are concerned about the occupational health and wellbeing of their employees.

Post-course evaluations by participants revealed three critical elements:

- The need for the training to be spread out over a longer period – one week duration was deemed by most participants to be too short
- The need for further training, to build on this introductory module, i.e. the intermediate OHTA training modules
- The need for more time to be spent on practical sessions for demonstration and use of occupational hygiene measuring equipment, and the possible inclusion of a worksite visit.

The training intervention was deemed a resounding success. Key recommendations include:

- Using the current group of course attendees as a ‘learner pool’ and supporting them through the OHTA intermediate training modules, to the point of international certification – IcertOH
- Using the same group of facilitators to present the intermediate modules to the ‘learner pool’ for the purpose of continuity
- Extending the course duration to eight days i.e. lectures

from Monday to Sunday, with the examination written on the Monday directly after the training

In the final wrap-up session of the training course, prior to the examination, all course participants including facilitators and support staff i.e. the sound engineer and translators, were asked to articulate a ‘take-home message’ of their main learnings, and how they would apply their newly-acquired occupational hygiene knowledge to actively contribute to reducing the global burden of fatal occupational disease and injuries.



Busy Bees with a ‘Hunger’ for Knowledge – All participants displayed a positive attitude throughout the duration of the course and actively participated in group work and class discussions

The training course also proved to be the ideal platform to share information and raise awareness about global organisations in occupational health / occupational hygiene viz. WHWB, IOHA, ICOH, and their main objectives, mandates and membership benefits.

Very fortuitously, the training was presented shortly after the publication of the ICOH global statements on TB prevention in healthcare and silica-exposed workers. More recently, ICOH and IOHA participated in the United Nations (UN) General Assembly Meeting on TB, held in New York City on 26 September 2018, where world leaders endorsed the UN Political Declaration on TB ‘United to end TB: An urgent global response to a global epidemic’. The intense efforts by ICOH, IOHA and other partners over the past year led to the

suggested language related to workers being successfully included in this endorsed Declaration. The declaration identifies ‘healthcare workers, miners and others exposed to silica’ as high-risk vulnerable groups, and commits to ‘implementing primary prevention in high-risk occupations by reducing silica dust exposures in mining, construction and other dusty workplaces, and worker TB surveillance and infection prevention and control in healthcare settings’.

ICOH and IOHA Participated in the September 26, 2018 in New York City the United Nations General Assembly Meeting on Tuberculosis (TB)

On September 26, 2018, World Leaders endorsed the UN Political Declaration on TB “United to End Tuberculosis: An Urgent Global Responseto a Global Epidemic”. The Declaration begins with the wording “We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations in New York, with a dedicated focus for the first time on the global tuberculosis epidemic, reaffirm our commitment to end the tuberculosis epidemic globally by 2030 in line with the Sustainable Development Goals target and commit to end the epidemic in all countries, and pledge to provide leadership and to work together to accelerate our national and global collective actions...”

We are happy to confirm that thanks to an intense year of effort by ICOH, IOHA and other partners, our suggested language related to workers is successfully included in this endorsed Declaration. Paragraph 17 identifies “health care workers, miners and others exposed to silica” as high-risk vulnerable groups, and Paragraph 31 says: “Commit to... implementing primary prevention in high-risk occupations by reducing silica dust exposures in mining, construction and other dusty workplaces, and worker tuberculosis surveillance and infection prevention and control in healthcare settings”.

We are also pleased to share that Dr. Sophie Kisting, lead developer of the ICOH Statement on “Preventing TB among Health Workers” and Executive Director, National Institute for Occupational Health, South Africa, was a key presenter at

the Africa Side Event held on September 25, prior to the UN TB Meeting. Her outstanding presentation was well-received. She addressed “Prevention of TB through inclusive workplace action”.



ICOH was represented at the UN TB Meeting by Gwen Brachman, Perry Gottesfeld, Marilyn Fingerhut, and Sophie Kisting. IOHA was represented by Andrea Hiddinga, immediate past President International Occupational Hygiene Association (left in picture).

Next steps include development of workplans to facilitate assistance to countries and organizations to implement workplace practices to reduce silica in workplaces and to protect health workers. These efforts will take place via the ICOH TB-Silica Subcommittee of SC MinOSH and the TB-Health Worker Subcommittee of SC OH Health Workers. We will be reaching out to ICOH SCs and members, IOHA, and the (currently 65) organizations which endorsed the ICOH TB Statements. The Statements and endorsers are located at <http://www.icohweb.org/site/ICOH-TB-Statements.asp>

WORK & SPIRITUALITY

New approaches and ideas

Summary Report of a Special Session at the ICOH 32nd International Congress in Dublin, Ireland, May 1st, 2018

Prof. Frank van Dijk¹, Co-chairman, opened the first part of this session which he initiated with Prof. Michel Guillemin² and Prof. Christophe Paris³, who also chaired the second part of the session.

Scope and objective of the session

Occupational Safety and Health (OSH) that up to now has been focused mainly on diseases and ill-health and their prevention, will come more and more under strain to open as well new avenues for work perceived from another perspective. Meaningful and safe work can have a powerful positive effect on the health and wellbeing of workers. The job, including the relationships at the work floor, is regarded by many workers as one of the most important positive aspects of life. For ICOH this vision on work can be considered from a comprehensive perspective. In addition, it is a challenge to consider factors and conditions that impact on the positive effects of work on health. This session intends to stress the importance of a more integrated approach to workers' health and wellbeing by occupational safety and health professionals. The focus will be laid on new ideas and innovations, research and education, by presenting practical examples and relevant studies illustrating these new emerging dimensions.

At the 31st ICOH Conference 2015 in Seoul (South Korea) a Special Session devoted to the same topic (“Work & Spirituality”) rose a considerable interest among participants

-
- 1) Frank van Dijk : v.dijk.workandhealth@gmail.com - Foundation Learning and Developing Occupational Health (LDOH), Hilversum, The Netherlands
 - 2) Michel Guillemin :michel.guillemin@gmail.com Professor Emeritus – University of Lausanne, Switzerland. President of the Association “Global Health and Work”
 - 3) Christophe Paris : christophe.paris@inserm.fr - Occupational Medicine Department, Rennes 1 University, France



Prof. Frank van Dijk



Prof. Christophe Paris



Prof. Michel Guillemin

and caused also disappointment for a lot of people unable to enter the crowded standing-room-only⁴. In order to keep this momentum, it has been decided to organize a new Special Session in Dublin (SS-ICOH-2018) that is a continuation of the Session in Seoul. The aim is to emphasize the importance of including a spiritual⁵ dimension complementary to the physical, social and psychosocial dimensions in a more comprehensive approach to Occupational Health. Positive effects of work can be seen in various forms as compassion in nursing and environmental protection work, passion in creative arts, technical and construction work and ICT⁶, engagement in work striving for justice and teaching. Meaningful work can therefore be considered as a salutogenic component of work. Activities of occupational safety and health professionals supporting access to work and return to work for those suffering of a chronic disease or with a handicap, or in the process of rehabilitation can be considered as well from the perspective of work as a positive source for health and well being.

-
- 4) HOT Topic – Work & Spirituality – Summary Report of a Special Session at the ICOH 31st International Congress in Seoul Korea, June 2nd., 2015 - ICOH Newsletter Vol. 14 Nr 3, December 2016, p. 15-19
 - 5) Spiritual being not equal or similar to the concept of religious, but being complementary to material aspects of (working) life, representing a dimension of deep feelings and beliefs related to aspects of life like the meaningfulness of (working) life, to basic values of mankind like passion, compassion, engagement, inclusiveness, sustainability and personal growth.
 - 6) ICT Information and Communication Technology

The reasons to focus on these aspects are twofold: 1. The positive effects of work on health are only marginally considered in research and education and should be emphasized and 2. Such a new vision is strongly related to fundamental human values that make sense for work and that build up ethics for occupational health professionals.

Therefore, the objectives of this SS were to improve the participants' awareness for these positive aspects of Global Workers' Health and to promote activities and programs that increase their impact.

The spiritual dimension in Occupational Health: a key emerging issue

Prof Michel Guillemin presented relevant arguments showing why the concept of "Global Health at Work" has to include a spiritual dimension.

Occupational Health (OH) is dedicated not only to prevent diseases but also to promote health in its global perspective, including the spiritual wellbeing. This dimension must not be confused with mental wellbeing or religious beliefs, since it refers to intangible assets and deep feelings such as ethics, compassion, dignity, tolerance, engagement, inclusiveness, sustainability and individual growth among others. In this

respect, spirituality is complementary to the other dimensions of wellbeing at work such as the physical, mental and social ones.

Though this dimension has not been much studied in the field of Occupational Health up to now, it is more and more an emerging demand from people willing to give sense to their life by allowing these intangible assets to become factors of their wellbeing at work and in their private life. Surveys in Europe have shown that the young generation prefers a meaningful job to a lucrative one. The meaningfulness of work strongly depends on its coherence with the



Dr. Ashish Mittal



Dr. Angela G.E.M. de Boer



Dr. Evelyn Kortum

fundamental values of individuals. Moreover, it has been shown that the "Sense of Coherence", the basic concept of Salutogenesis – science focusing on factors that support human health and wellbeing, rather than on factors that cause disease – is closely linked with "good health" and implicitly related to spiritual values of individuals. Therefore, it becomes more and more obvious that OH has to open to this new field of research and to integrate these new principles into workplaces.

And the Science of Management too has opened its research on its spiritual dimension for many years now, as illustrated by the Spiritual Division of their international Academy of Management. New forms of management focusing on care (benevolent leadership for example) belong to these emerging issues that OH should promote and develop since they contribute to set up healthy and productive workplaces.

UNBUTU the African Spirituality in Occupational Safety and Health

Dr. Muzimkhulu Zungu⁷ introduced the African perspective of spirituality in the field of OHS.

South Africa is an upper middle-income economy with a fledgling tertiary sector (service, financial and knowledge economy) rooted in the primary sector (mining and agriculture) and secondary sector (manufacturing). South Africa's diverse economy has contributed immensely to the mortality and morbidity of the South African workforce as a result of occupational injuries and diseases. While there is limited data on occupational injuries and diseases for South Africa namely rock fall accidents and silicosis in mining; tuberculosis and musculoskeletal injuries in healthcare; motor vehicle accidents and fall from heights in construction; noise induced hearing loss as well as mental health issues

7) Muzimkhulu Zungu :muzimkhulu.zungu@nioh.nhls.ac.za - National Institute for Occupational Health a division of the National Health Laboratory Services, Johannesburg, South Africa. University of Pretoria – School of Health Systems and Public Health.

across industries; these are but a few causes for concern in occupational and environmental health and safety (OEHS) in South Africa.

South Africa, like most Southern African Development Community (SADC) member states with precarious working conditions, still has limited and/or absent access to OEHS. This is a phenomenon that “echoes an uncaring society”, especially on the part of the South African tripartite leaders (regulator, employer and trade union movement), which suggest that as a country we may be falling short of the African spirit of UBUNTU.



Dr. Muzimkhulu Zungu

Broadly UBUNTU is an essential human virtue with compassion and humanity embedded in it. It embodies the spirit of the greater good of growing together and caring for one another as human beings, families, communities and nations. In OHS numerous statutes give responsibilities to tripartite

leaders on compliance with minimum OHS standards and services for the workforce. Thus, this paper looks at the spirit of UBUNTU and OHS by addressing the question: “Do tripartite leaders (human beings) in their roles in managing the country’s economy and providing OHS services - which are a basic human right for the workforce (human beings) - consider the spirit of UBUNTU in executing their responsibilities?”

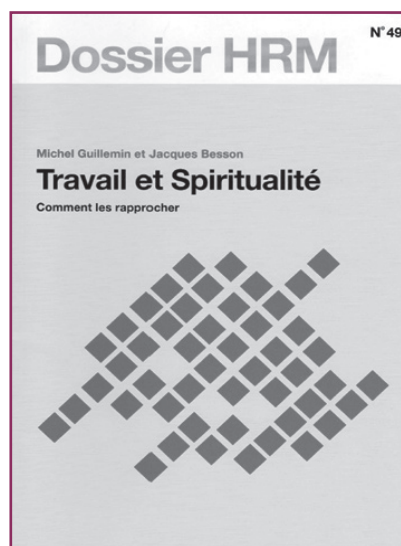
Quality of Working Life and Value of Work of Cancer Survivors

Dr. Angela de Boer⁸ presented research carried out with colleagues⁹ in Amsterdam, on employees with a chronic disease.

Previous research on employees with a chronic disease,

8) Dr. Angela de Boer :a.g.deboer@amc.uva.nl - Academic Medical Center, Department Coronel Institute of Occupational Health. Amsterdam, the Netherlands

9) Dr. Merel de Jong, Dr. Sietske J. Tamminga and Prof. dr. Monique H.W. Frings-Dresen



This booklet - in French - explains why the spiritual dimension of health has to be considered to promote wellbeing and quality of life at the workplace. It is in open access : https://avenue.argus-datainsights.ch/Kundenartikel_ab_2016_08_31/2018/03/1084202/69053328.pdf

including employees who have been diagnosed and treated for cancer, mainly focused on work outcomes such as absence from work, productivity and unemployment. It has been seldom taken into account how employees with a chronic disease experience their working life and how they value their work.

The concept of Quality of Working Life encompasses the subjective work experiences of

working individuals. This study aimed to: 1) describe issues that contribute to the Quality of Working Life (QWL) of employees with a chronic physical disease, and 2) identify important QWL issues of cancer survivors.

A systematic literature search was conducted to identify experiences and perceptions during the working life of employees with a chronic physical disease. These experiences were synthesized into issues that contributed to their QWL. During three focus groups with 24 cancer survivors, issues contributing to their QWL were discussed.

An overview of 73 QWL issues was found which could be identified into five categories: 1) individual work perceptions including issues about enjoyment and evaluation of priorities in working life; 2) social structure and environment containing issues about disclosure, discrimination, misunderstanding and awareness by employers and colleagues; 3) organizational characteristics such as communication and decision making; 4) job characteristics including work accommodations; and 5) effect of disease and treatment on work ability. The issues

discussed by cancer survivors in the focus groups included several themes including feelings, such as 'feeling safe and familiar at work' and work issues such as 'working gives me structure in life'.

This study described QWL issues of employees with a chronic physical disease and of cancer survivors. These issues may function as a starting point for occupational support and evaluation of occupational health services studies.

Mundane jobs – Motivation for Work in India

Dr. Ashish Mittal¹⁰ presented the problem of mundane jobs from a human perspective.

Mundane (Latin mundānus = worldly) jobs are unexciting, boring, monotonous day to day work jeopardising psychosocial health and safety of the workers at the workplace. These routine jobs do require workers to perform with sufficient levels of task identity, task significance, and skill variety to feel their work has meaning and value. Sufficiently high levels of autonomy and Task Feedback inspires the worker to feel responsibility for the work. The combined effect of these psychological states results in desired personal and work outcomes: intrinsic motivation, job satisfaction, performance quality, low absenteeism, and low turnover rate.

Workers involved in many of the hazardous, mundane works (sewage cleaning and maintenance workers, tannery workers, e-waste workers, brick kiln workers, stone crusher workers, landfill site workers, welders, street vendors etc.) with poor health outcomes related to their workplace exposures having high morbidity and mortality were interviewed / reviewed during the baseline of their respective occupational health studies. Reasons for them choosing the said occupation, willingness to continuing the same work, or choosing the same work for their kids were looked for.

The collective response of sewage workers is - the work is regarded as menial with no dignity of labour, discriminatory,

stigmatizing, low paid, with no job security, no secure livelihood or other work options, no promotions, having no personal identification being known as worker only and characteristically lack of fundamental rights of equality, life and liberty. They have no bargaining power for wages, safety and health, to demand, to resist, to protest, with no allowances / benefits, and they hide community, caste and their identity from society at large.

Although people do continue with their mundane jobs with some intrinsic basic motivations, we need to integrate the psychosocial aspects and behavioural modifications of work addressing the above issues to promote health and safety at workplace.

Does Mindfulness have a role at work ?

Dr. Evelyn Kortum¹¹ introduced mindfulness from a global perspective.

Mindfulness means to adhere to an object of consciousness with a clear mental focus in a given moment in Sanskrit and as understood in the traditional Buddhist context. Western research adds the focus on paying attention to purpose in a non-judgmental manner. Research now associates mindfulness to improved social, mental and physical health and wellbeing and health. It has also been described as an opening to spirituality by way of meditation. There are distinct effects on mental and physical health including beneficial effects on the brain such as a strengthened hippocampus or a thickened and strengthened prefrontal cortex for short-term memory and attention among others. Mindfulness is only one tool of many different approaches but obtained increased attention more recently. For the workplace, mindfulness approaches have therefore a number of implications which relate to the possibility of decreased stress and heightened wellbeing, higher individual resilience, better and more focused performance and enhanced positive relationships. Mindfulness may help workers in situations where they have lack of control over their work tasks and workplace structures.

10) Dr. Ashish Mittal : info@ohs-mcs.org - CEO, Occupational Health & Safety Management Consultancy Services, New Delhi, India

11) Dr. Evelyn Kortum : evelyn_kortum@yahoo.com - Occupational Psychologist, Geneva, Switzerland

The Experience of Work



Robin Nicholas

Robin Nicholas¹² concluded this session with an original and inspiring presentation of work and the way we consider it and live it.

In its most ideal state, work can provide an opportunity for us to experience and explore ourselves through our work. We can experience ourselves through our

identity, our understanding as a whole person, our core values and internal motivations, and the behaviors that arise from those core values and motivations.

One way to explore all this is through the practice of inquiry – simply by asking, “Who are we when we work?” The answer is not some kind of intellectual exercise where we analyze or quantify ourselves. Instead, the answer comes from how we experience ourselves, our coworkers, and the work itself.

In the right work environment, we have the opportunity to experience ourselves in ways that are unique for each of us. We can come to understand ourselves through our awareness, our relationships, our self-excellence, and how we bring our whole selves — our human spirit — to our work. When work nourishes the human spirit, we can live the greater parts of ourselves. This is the potential experience of the whole person, because indeed, each person is greater than the sum of their parts.

Because of who we are at work, we can dedicate ourselves to our families, we can learn and grow, we can create, and we can contribute to something bigger than ourselves. The ultimate gift of work is that experiencing ourselves at work can lead to experiencing ourselves in life. The reverse is equally true, because who we are in life is who we are at work. John Keats wrote, “Nothing ever becomes real till it is experienced.” Work has the potential to provide that real

12) Robin Nicholas : robin.m.nicholas@gmail.com Director – Robin Nicholas Communications / Health – Safety – Wellbeing, Santa Fe, NM – USA

experience.

Safety Culture Campaign: toward VISION ZERO at workplaces

Amani Waheed^{13, 14}, Ayman.EkramFahim¹³

Sustainability has become an important strategic goal for organizations. The focus is on the “cultural shift” or change and its effects on the financial, environmental, and social performance of an organization. This shift entails (1) the management of human resources, health and safety at work, and adaptation to change, and (2) the management of environmental impacts and natural resources. It is important to assess the potential benefits of strong safety culture as well as health literacy; specifically, the management and organizational support to find the direct and indirect effects of safety culture change on firm performance and workers’ wellbeing. The safety culture is associated with several performance indicators, mostly linked to sustainable development (environmental, financial, and safety performance). Importantly, findings suggest that the relationships between safety culture and safety performance are mediated by the level of implemented environmental/safety practices within workplaces. Creating and sustaining a safety culture is integral to move toward zero workplace accidents. Safety culture is one of the basic principles on which the zero deaths vision is based. These principles include: [cultural change and sustainability, systems approach, human fallibility and shared responsibility]. It is expected that in 2019; an event would take place to launch the Vision Zero/Safety Culture campaign from Egypt and may include contributions from MENA region countries. Efforts and partnerships with other stakeholders are promoted toward safe, sustainable workplace.

13) Department of Public Health, Community Medicine, Environmental and Occupational Medicine, Faculty of Medicine, Suez Canal University, Ismailia 41522 EGYPT.

14) ICOH national secretary of Egypt

Fifteen-year experience on occupational health protection for healthcare workers in China



Min ZHANG

School of Public Health, Chinese Academy of Medical Sciences & Peking Union Medical College, China.
(minzhang928@vip.sina.com, zhangmin@sph.pumc.edu.cn)

Tuo LIU

National Institute of Occupational Health and Poisoning Control, Chinese Center for Disease Control and Prevention, Beijing, China.

Liang CHEN

Fujian Provincial Center for Disease Control and Prevention, China

Chunlan SHI

Institute of Health and Family Planning Inspection, Chaoyang District of Beijing, China.

Introduction

The World Health Report 2006 defined health workers as people whose jobs is to protect and improve the health of their communities. Healthcare settings have been recognized worldwide as being complex environment which can at times dangerous. International Labour Office (ILO) and World Health Organization (WHO) summarize that occupational hazards in health facilities mainly include: (1) physical hazards; (2) chemical hazards; (3) biological hazards; (4)

poor ergonomic condition or work design hazards; (5) job stress and psychological hazards.¹

Historically, occupational health in China has been focused on traditional industries, such as chemical, machinery, manufacturing, mining and construction. Occupational health system and preventive culture in the health care sector, however, have not been fully established. Under the universal recognition that the quality of care provided by healthcare workers (HCWs) is partly dependent on the quality of their work environment, decent work in health sector must take into account with worker's health and their well-being. Per recommendation from the United Nation High-Level Commission on Health Employment and Economic Growth, decent work as well as health and well being of health worker will directly contribute to the achievement of Sustainable Development Goals (SDGs), particularly the SDG 3 for "Good Health and Well-Being" and SDG 8 for "Decent Work and Economic Growth". Promoting the health of HCWs is also of critical importance toward the implementation of the Global Strategy on Human Resources for Health: Workforce 2030.^{2, 3}

As early as the 2003 SARS outbreak in China, the infection and death of HCWs caused by SARS had set off strong alarm for occupational health issues in health facilities. Per a WHO record, 30% SARS cases reported at the early outbreak period in Guangdong province were occurred amongst HCWs⁴.

In the beginning of new millennium, the pandemic of Human Immunodeficiency Virus (HIV) and Acquired Immune

1) International Labour Office (ILO), World Health Organization(WHO). HealthWISE-Action Manual. Work improvement in health services. Geneva: International Labour Office; 2014.

2) Richard Horton, Edson C Araujo, Haroon Borat, Saskia Bruysten, Claudia Gabriela Jacinto, Barbara McPake, et al. Final report of the expert group to the High-level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016.

3) Seretariat of Seventeenth World Health Assembly, Human resources for health and implementation of outcomes of the United Nations' High-level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2017.

4) Consensus document on the epidemiology of severe acute respiratory syndrome(SARS). Department of Communicable Disease Surveillance and Response. Geneva: World Health Organization; 2004.

Deficiency Syndrome (AIDS) raised emerging concern about bloodborne pathogens prevention and control for HCWs in China.⁵ Chinese government was highly cautious, with the Chinese National Medium- and Long-term Strategy Plan (1998-2010) issued by the State Council, requiring a protection mechanism on exposure to bloodborne pathogens for HCWs and other HIV/AIDS related professionals. Led by Min ZHANG, a research team was set up in 2003, in this context, to build up a nationwide programme focusing on health protection for HCWs in China (hereafter referred as the Programme). The Programme is to undergo its 15th year anniversary, representing an important opportunity to review and summarize its progress, with three stages of the Programme described in the following text.

Alongside the Programme, qualitative and quantitative researches have been conducted continually, with a dozen of academic articles and specific manuals published. Knowledge and evidences generated through the Programme has significantly contributed to the sensitization and policy making process.

Given the huge magnitude of HCWs in China, the occupational health for HCWs is extraordinary challenging. By the end of 2016, China is home to 11.173 million healthcare personnel,⁶ which counts for one fourth of the 43 million health workforce across the world.⁷ Meanwhile, there is limited literature available about national policy development and practice on occupational health protection for HCWs both in developed and developing countries, especially from a long-term perspective.

The primary aim of this article is to objectively summarize the experience of occupational health protection for HCWs over the last 15 years in China, to systematic analyzes the

evidence and research outcomes drawing from baseline and follow-up researches, and to generate recommendations for further actions. Experience and lesson learnt from the Programme may also contribute to the development of similar programmes in other countries.

The first stage: policy analysis and the development of evidence-based national guideline

National policy analysis

Relevant laws (issued by the National People's Congress) and regulations (issued by the State Council) were reviewed as the initial of the Programme. Under the Constitution of the People's Republic of China, the major laws and regulations were listed in Box 1. Specifically, detailed requirements were provided in the Law of Prevention and Treatment of Infectious Diseases and the Law of Prevention and Control of Occupational Diseases, in addition, principle requirements were mentioned respectively in the other laws listed.

Box 1. The main laws and regulations in China on occupational health for HCWs

- Law of the People's Republic of China on the Prevention and Treatment of Infectious Diseases (adopted in 1989, amended in 2004)
- Trade Union Law of the People's Republic of China (adopted in 1992, amended in 2001)
- Law on Licensed Doctors of the People's Republic of China (adopted in 1998)
- Law of the People's Republic of China on Prevention and Control of Occupational Diseases (adopted in 2001, amended in 2011, 2016 and 2017, respectively)
- Administrative Regulation on Nurse of the People's Republic of China (adopted in 2008)
- Law of the People's Republic of China on Mental Health (adopted in 2012)

The Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases was amended according to

5) WuZY; Qi GM; Zeng Y; Detels R. Knowledge of HIV/AIDS among health care workers in China. *AIDS Education and Prevention*. 1999Aug; 11(4):353-63. PMID: 10494359

6) National Health and Family Planning Commission of People's Republic of China. *China health and family planning statistical digest 2017*. Beijing: Peking Union Medical College Press; 2017.

7) Health workforce requirements for universal health coverage and the sustainable development goals. Geneva: World Health Organization; 2016.

the experience and lessons from SARS prevention and control. The law requires that: (1) Persons who contract diseases, are disabled or die due to participation in the work of preventing and treating infectious diseases shall be subsidized or compensated in accordance with relevant regulations. (2) In order to strictly prevent laboratory infection of the infectious diseases pathogens and the spread of pathogenic microorganisms, laboratories of disease prevention and control institutions, medical agencies and units engaged in experimentation of pathogenic microorganisms shall measure up to the requirements and technical standards specified by the State, establish strict supervision and control systems, and exercise strict supervision and control over the samples of the pathogens of infectious diseases in accordance with the specified measures.

The Law of the People's Republic of China on Prevention and Control of Occupational Diseases is the principle law on occupational health in China. The law applies to all public institutions, providing legal foundation for the occupational health protection at health care settings. Particularly, it stresses clearly that the HCWs enjoy the same right to occupational health as the workforce in other sectors. The law provides that: (1) The occupational diseases mentioned in the law refer to the diseases contracted by the workers of enterprises, public institutions and individual economic organizations and other employer due to their exposure in the course of work to dusts, radioactive substances and other toxic and harmful agents, etc. (2) In prevention and control of occupational diseases, the principle of "prevention at the first place" and "integrating prevention with control" shall be upheld, the mechanism consisted by employers' accountability, administration departments' supervision and management, sector or industry's self-management, employees' participation, and social supervision shall be established, and the diseases shall be controlled under different categories and dealt with in an all-round way.

Although these laws and regulations played critical roles in protection of occupational health for HCWs, there were obvious policies gaps between governance and challenges. For instance, relevant requirements among these laws and regulations in Box 1 were not interacted to each other, as they

were separately enforced by different departments. Integrated and comprehensive legal instrument for occupational health for HCWs is still vacant.

Main outcomes from a cross-sectional study and a meta-analysis

The Occupational Health Standards Committee of National Health Standard Commission under the Ministry of Health had paid close attention to the HCWs' potential occupational exposure to bloodborne pathogens, with a working plan of national standard research on OSH of HCWs approved in 2003. In this stage, main activities and objectives were to understand status of occupational exposure to bloodborne pathogen, to raise awareness and promote knowledge, to identify and select the valid technical guideline to protect HCWs, as well as to conduct policy-gap analysis.

Box 2. Outline of the Guideline for Prevention and Control for Occupational Exposure Bloodborne Pathogen (code: GBZ/T213)

1. Scope of application
2. Normative references
3. Terms / definitions
4. Principles and responsibilities of the employer
5. Hazard identification and risk assessment of occupational exposure
6. Risk prevention and control
7. Assessment, prevention and follow-up to post-exposure
8. Communication of occupational hazards
9. Occupational health information and training
10. Establishment, maintenance and transfer of records

Four appendixes

- A Instruction for application
- B Framework of occupational safety and health management system in health care settings
- C Hierarchy of controls applied to risk of bloodborne pathogen exposure
- D Injection Safety

To support the development of national occupational health

standard, a cross-sectional survey was conducted in 2004 at a large scale general hospital in Beijing. The study reflected the basic situation of serious occupational exposure to blood and body fluids, with a total incidence and average number of episodes exposure to blood and body fluids of 66.3/100 HCWs per year and 7.5 per person per year, respectively.⁸ A systematic review on nurse's occupational sharp injury in China was afterwards undertaken in 2009, by means of targeting 26 retrospective investigation articles published from 2001 to 2008 covering 19171 nurses in 229 hospitals in 23 cities. The systematic review unveiled the urgent need in China for addressing sharp injury in health institutions: 83.1% of nurses had sustained at least once sharp injury in the past year (a prior to the study), with only 9.42% of episodes reported. The study also identified the key factors related to the management of sharp injury, including workload, law and regulation implementation, and technical guideline support.⁹

Development of the Voluntary National Occupational Health Standard

The Programme made efforts to narrow the policy gap by developing an occupational health standard for the protection of HCWs, based upon a series of research. After several years' draft, review and going through a number of national legal procedures,^{10,11} the voluntary national standard, *Guideline for Prevention and Control for Occupational Exposure Bloodborne Pathogen (hereafter referred as Guideline)* (code: GBZ/T213), was issued by the National Health Standard Commission in 2009 (Box 2). The *Guideline* (code: GBZ/T213) not only stresses technical

prevention and control measures in a comprehensive way, but also clarify hospital's responsibilities and the rights and benefits of health workers.¹² In 2012, when *The Categories and List of Occupational Diseases in China* was revised, with technical support of the *Guideline* (code: GBZ/T213), occupational-caused AIDS occurred among HCWs and policemen were formally included as a new type of occupational disease. They were later on included in the *Categories and List of Occupational Risk Factors in China*, marking a critical breakthrough and policy achievement in the field of occupational health for HCWs in China.

The second stage : implementation of the guidelines and hospital intervention pilots

Multiple-channel national training courses and workshops

During the second stage, three major types of activities were conducted, including training material development, training of trainers (TOT), and leadership engagement with policy suggestion and intervention at the institutional level. The aim of this stage was to advance the capacity-building at both national and institutional level. At the national level, national network was established with participants leading the activities in their respective province. Leveraging with the network established, an implementation note of the *Guideline* (Code: GBZ/T213) was developed and disseminated, the need assessment of technical supports was conducted and relevant recommendations were provided. At the institutional level, we conducted intervention pilots in typical hospitals of various types to identify the various mechanism of HCWs protection, to evaluate the effectiveness of the intervention and to grant model hospital for exchange and sharing of good practices.

The main outcome of the pilot hospital

Bloodborne pathogens intervention for HCWs was

8) Zhang M, Wang HQ. Occupational exposure to blood and body fluids among health care workers in a general hospital, China. *American Journal of Industrial Medicine*. 2009; 52 (2): 89-98.

9) Wang HQ, Zhang M, Li T, Du XY. A pooling analysis of occupational sharp injury on clinical nurses in China. *Chinese Journal Of Industrial Hygiene And Occupational Diseases*. 2009; 27(2):65-70. Chinese.

10) Zhang M. Meaning of advancing development of the standard on occupational health protection of bloodborne pathogens. *Industrial Health And Occupational Diseases*, 2006; 32(1): 1-4. Chinese.

11) Zhang M. Control technology of occupational disease hazards from bloodborne pathogens. *Industrial Health And Occupational Diseases*, 2006; 32(1): 10-17. Chinese.

12) Zhang M. The background of drafting the guideline for prevention and control for occupational exposure bloodborne pathogen and its explanation. *Chinese Nursing Management*. 2010; Vol.10 (7):10-12. Chinese.

continually performed at public hospitals across the country during 2009 and 2012, with the aim to establish national model hospitals. The Programme has also developed a set of *Quantitative Structured Assessment Tables for Occupational Exposure to Bloodborne Pathogen*, which is the first quantitative assessment tool in Chinese. A pilot study was conducted in this context at a large scale general public hospital of Shandong Province, with two independent cross-section investigations (pre and post intervention) carried on. The results illustrated that the total score were significant improved after the intervention, with the average number of episodes of needle-stick and other sharp injury (per 100 hospital health care workers) significantly decreased from 83.88 to 23.47 among doctors and from 90.10 to 22.67 among nurses.^{13,14,15} Further analysis suggested that, as compare to the baseline level, the percentage of score 10 and 9 for the knowledge of Bloodborne Pathogens Prevention and Control and the percentage of score 10 for the knowledge of Universal Precautions were significant increased; three types of episodes exposure were significant decreased with 74.10% lower for percutaneous injury (PCI), 66.31% lower for mucous-membrane exposure (MME), and 76.31% lower for exposure by damage skin, respectively. In general, evidences generated through this assessment support the usefulness of such intervention and the effectiveness of these comprehensive measures.

The third stage: a systematic approach toward the upgraded health and well-beings of HCWs

HISOH Model formulation

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- 13) Shi CL, Zhang M, Xie C. Study on status of needle-stick and other sharps injuries among healthcare workers in a large general hospital. *Chinese Journal of Industrial Hygiene and Occupational Diseases*. 2011; 29(12):939-943. Chinese.
 - 14) Shi CL, Zhang M, Shen CH. Study on status of needle-stick and other sharps injuries among hospital-based nurses in a large general hospital. *Journal of Safety Science and Technology*. 2011; 7 (12):168-174. Chinese.
 - 15) Li WJ, Zhang M, Shi CL, Xie C. Study on intervention of bloodborne pathogen exposure in a large general hospital. *Chinese journal of industrial hygiene and occupational diseases*. 2017; 35 (1):34-41. Chinese.

The third stage has been conducted since 2013, integrating national and international instruments/ technical tools, with a special reference to the joint ILO/WHO product- HealthWISE. The Model of Hospital Initiative on Systematic Occupational Health (HISOH Model) was gradually established in this period. The core principle of the HISOH Model is the protection and maintenance of the possible highest degree of safety, health and well-being of HCWs, through the establishment of a safe and healthy working environment and working conditions by means of comprehensive occupational health management system and culture.¹⁶

HISOH Model has been applied in a wide range of pilot hospitals across the country, including but not limited to the following: the First Affiliated Hospital of Zhengzhou University (general hospital) with 8200 beds in Henan Province,¹⁷ the Hunan Provincial Cancer Hospital with 1300 beds, AIDS Clinical Treatment Center of Nanning City with 550 beds in Guangxi Zhuang Ethnic Minority Autonomous Region,¹⁸ the Third Affiliated Hospital of Guangxi Medical University with 1500 beds.¹⁹ Internal coordination mechanism on occupational health and safety of HCWs was developed within the pilot hospitals. The characteristics of HISOH Model was featured as follows: 1) Targeted occupational risk factors were expanded from bloodborne pathogen to poor ergonomic condition, job stress, workplaces violence, cytotoxic drugs and other biological agents; 2) intervention activities were expanded from trainer training to comprehensive management system establishment; 3) strategies and measures were shifted from emergency response and post-exposure prophylaxis (PEP) to universal

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- 16) Zhang M, Xu LH, Liu T, Du XY, Li Q, Chen L, Shi CL. Model of Hospital Initiative on Systematic Occupational Health: from advocacy to practice of health protection for healthcare workers. *Chinese Nursing Management*. 2018; 18(2):145-149. Chinese.
 - 17) Zhang SJ, Zhang HF, Sun LQ, Li JY, Yang Y, Liu SN, Li FQ. Practice of occupational exposure protection for medical staff in a large general hospital. *Chinese Nursing Management*. 2018; 18(2): 154-158. Chinese.
 - 18) Wu YF, Dong WY, Wei CY, Liu DQ, Xie ZH. Construction of occupational safety system in hospitals for infectious disease in high incidence areas of AIDS. *Chinese Nursing Management*. 2018; 18(2): 150-153. Chinese.
 - 19) Wang L, Li JM, Gan YJ, Li RL, Huang WL, et al. Practice of project management applied to occupational health protection of medical staff. *Chinese Nursing Management*. 2018; 18(2): 158-161. Chinese.

precaution and standard precaution, being finally towards the fostering of active occupational health culture, preventive comprehensive measures and sound work life balance.

Leadership support and network development

The Programme has successfully obtained national political supports. In 2013, a proposal about the occupational protection for HCWs was drafted by the Programme and submitted to the National Committee of the Chinese People's Political Consultative Conference. Dr. CHEN Zhu, the Vice Chairman of the Standing Committee of the National People's Congress, has written the preface for the Chinese version of *HealthWISE Action Manual and Trainer's Guide*. In the preface, Dr. CHEN Zhu encouraged and pledged to create a sound social environment enabling the promotion of occupational health for HCWs in hospital via a standardized, specialized and regularly way.^{20,21}

By means of different types of national forums and workshops, the Programme has convened cumulatively more than 200 key stakeholders. In its 15-year history, the Programme has successfully engaged with all the top seven medical colleges in China and 70 hospitals across 11 provinces. Two model provinces and ten model hospitals were established. The Programme worked closely with the Chinese national and local governmental organizations, trade unions, pilot hospitals and professional organizations, NGOs, as well as international organizations. More than 20 national workshops were organized and supported by the Programme, and four HealthWISE TOT workshops for HCWs were jointly organized by ILO and Chinese Association on AIDS/STD Prevention and Control (CASAPC).

A multi-sectoral, multi-disciplinary national network, the

20) Zhang M, chief in translation. International Labour Office (ILO), World Health Organization (WHO). *HealthWISE-Action Manual. Work improvement in health services*. Beijing: Science Press; 2016. Chinese version.

21) Zhang M, chief in translation. International Labour Office (ILO), World Health Organization (WHO). *HealthWISE-Trainer's Guide. Work improvement in health services*. Beijing: Science Press; 2016. Chinese version.

Occupational Health Protection Committee for Health Care Workers under the CASAPC was initiated in 2015. Stakeholders of more than 15 professions have joined the board of the committee.

Lessons learnt and recommendations for next step

Strengthen political commitment across the system

Strong political commitment is important catalyst for HCWs protection. Globally, health and well-being of HCWs are aligned with the United Nations SDGs, and the *Five Year Action Plan for Health Employment and Inclusive Economic Growth (2017-2021)* adopted through the Working for Health ILO-OECD-WHO joint partnership. The population health strategy is central to the Chinese government. *Healthy China 2030 Planning Outline* was launched by Chinese Central Party Committee and the State Council in 2016, the Outline includes optimizing the human resources for health, and it indicates the political commitment to health sector development.

Undoubtedly, only the political commitment at global and national level would not be sufficient to achieve the goal of HCWs occupational protection. Commitment should be strengthened across the whole system through multi-sectoral collaboration and social mobilization, the ultimate objective is to reach an agreement among all stakeholders that good health and well-being of HCWs will improve the quality of service for patients, make a significant contribution to health service productivity, and eventually accelerate progress toward the inclusive economic growth.

Consolidate legislation and policy advocacy

At present, Chinese laws and regulations do not fully meet the practical needs of health and well-being for HCWs. National occupational health policies development for HCWs should be accelerated.

ILO Convention on Occupational Health Service Facilities

(1985, No. 161)) should be ratified in China. Since 2015, the legislation of the *Basic Health Care Law* has been initiated by the National People's Congress.²² Legislative campaign should be made to include occupational health protection for HCWs into this law. Under this context, an integrated and essential national programme of occupational health for HCWs should be formulated further.

From occupational health standard perspective, prioritized occupational disease among healthcare workers, such as occupational diseases caused by HBV, HCV and TB should be included into *The Categories and List of Occupational Diseases in China*.²³ It is recommended that some effective voluntary national occupational health standards should be upgraded to mandatory implementation, such as the *Guideline (code: GBZ/T213)*. A national occupational health standard of comprehensive measures to protect health care worker should be strengthened, it should not only include biological, chemical and physical hazards, but also ergonomic condition, shift work, work organization and violence.²⁴

Capacity building

Based on the already developed national network, a multidisciplinary technical center, specialized in health and well-being for health care workers, is to be established and hosted at the Chinese Academy of Medical Science (CAMS)/ Peking Union Medical College (PUMC).

Appropriate training should be provided to hospital directors. As an integral part of essential requirements for professionalized managerial capacity, their accountability in HCWs protection should be improved. One training course for Chinese hospital directors at the International Training

Center of ILO (Turin) is in the preparation process.

A culture of transparency, accountability and rights protection should be nurtured in health facility, the common value of health and well-being of HCWs must be enshrined in and be effectively communicated within stakeholders. At this regard, Health WISE model hospitals and provinces will be expanded to countrywide, demonstrating the leading effect of good practice.²⁵

There is an urgent need to leverage with strengthened scientific researches and evidence-based policy advice; priority targets would be intervention evaluation, disease burden analysis for occupational health of HCWs, workplace violence, ergonomic conditions, mental health, shift work, and job hazards analysis. One of the priority activities, a systematic analysis and policy recommendations on Chinese laws and regulations on workplace violence in healthcare settings would be accomplished.²⁶ Under the authorization, work team of the Programme is working at translation and publishing a Chinese version of the ILO report for 2016 World Day for Safety and Health at Work Report- *Workplace Stress: A Collective Challenge*.

22) National People's Congress. Beijing: Legislation of law on basic medical health has been launched substantially; 2015. Chinese. Available from: http://www.npc.gov.cn/npc/bmzz/jkww/2015-01/04/content_1892366.htm. [cited 2017 November 20]

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1.5 billion vulnerable workers and the role of OH professionals

Dr. Jacques Tamin (Member), UJIH-SC and Dr. Minha Rajput-Ray (Chair) UJIH-SC

* UJIH-SC Unemployment, Job Insecurity and Health Scientific Committee



Introduction

“On the basis of the principle of equity, occupational health professionals should assist workers in obtaining and maintaining employment notwithstanding their health deficiencies or their handicap.”^[1] Moreover, OH professionals are in a key position to provide the preventive, protective and individually adjusted services that the different groups of vulnerable workers need ^[2].

Workers can be defined as vulnerable because of: (i) their economic and social circumstances; (ii) being in high risk occupations; or (iii) their health or psycho-physiological situation.

In addition, as in keeping with the UN Sustainable Development Goals (SDGs)^[2] when we consider the strong links between poverty, lower education attainment, unemployment or insecure employment (often described as the “social determinants” of health) and poor health, then it is likely that there is considerable overlap between the groups of vulnerable workers.

Given that there are an estimated 1.5 billion vulnerable workers globally^[3], this is a significant challenge for all

countries, and OH professionals have an important role in addressing this.

For example, a study of Korean employees found “cumulative vulnerability caused by the overlap in low social status, and this affects adverse work environments and poor health outcomes.”^[3] It concluded that “key social determinants of occupational health in Republic of Korea were precarious employment and manual labour occupations.”^[4]

Therefore, vulnerability of workers can be multi-dimensional, that is, those of lower social status (linked to lower income and poor educational achievement) are more likely to work in jobs that may adversely affect their health, and therefore their vulnerability is compounded.

We know that good work is good for health^[5]. Good work tends to have the following characteristics: it is work for which we feel we are suitably recompensed; we feel that we are treated fairly; we have some control over the way we work; and we can develop and progress at work^[6]. Participation in this type of work is so much more than just having an income.

The very concept of meaningful work is derived from this.^[7] Sustainable working lives reference: This can comprise of the three dimensions of meaningful work as described by Steger et al (2012), (for example it can help give us a sense of purpose, improve our self-worth and social inclusion).^[8]

There are so many multi-layered ways in which good employment and/or meaningful work - it can improve our physical and psychological health. The converse is also true: bad work (such as insecure jobs) can be detrimental to the workers’ health. It can be just as bad as being unemployed, and unemployment causes more illness and premature death ^[9].

As OH professionals, we should therefore constantly remind employers and policy makers of this important relationship between work and health. This health-work relationship applies to all workers, but some groups of vulnerable workers are at greater risk of being in lower paid jobs and being

treated less favorably. One such group of vulnerable workers includes those who are disabled, so we will next consider the relationship between disability, health and work.

Disability

There are various conceptions and definitions of disability. These range from a focus on the individual's impairments or conditions (the "medical model" of disability) on the one hand, to an emphasis on the social configurations and arrangements which can either be functionally limiting or enabling to the individual (the "social model") on the other. A combination of both approaches is probably the most helpful considering vulnerable groups.

An example of this is the UNCRPD definition, which notes both the individual impairments, whether physical, psychological, intellectual or sensory, and the barriers which may "hinder their full and effective participation in society on an equal basis with others"^[10].

As OH professionals, we are very familiar with this at a practical level with reference to workability. One of our major contributions in this area is to advise on adjustments to the working environment and/or conditions which can enable those with impairments to both access and function successfully in the job market. Without such support and modifications in the workplace, those with impairments might otherwise have struggled in some of these jobs or deemed to be "unfit" for these jobs.

Thus, we have much first-hand experience of how altering the social (in this case, work) environment and support can make such a difference to a disabled individual's ability to fully and effectively participate "in society on an equal basis with others".

Not all disabled individuals are poor, nor may they consider themselves as having a health problem. Indeed, Paralympians are elite athletes who would outperform most able-bodied individuals in the sporting context. But there are many disabled people who are trapped in "multidimensional

poverty".

The multiple dimensions that compound their poverty include poor health, lower educational attainment and less favorable (or no) employment^[11]. In addition, it has been noted that the disabled have greater difficulty in converting earnings into improvements in their quality of life (called a "conversion handicap") because of the additional costs of overcoming the disadvantages of their disability^[12]. For example, if they have mobility problems, then it may cost them more to travel. In a study of disabled households in the UK, it was concluded that this conversion handicap is around 30-40%, depending on which metric is being considered^[13].

One of the ways out of this poverty trap is through paid employment. Furthermore, if we take account of the beneficial effects of good work, then there is even greater reason to facilitate the employment of disadvantaged disabled individuals.

Hence, Occupational Health provision can play an important role in alleviating this otherwise challenging picture. But we should also note that the description of "vulnerable workers"^[3] is apposite for the disadvantaged disabled worker in all three domains: the disabled can be more vulnerable on socio-economic grounds, on health grounds, and they may also be in less good jobs and riskier job situations.

For example, in the UK disabled employees are more likely to be in part-time jobs; to be paid less, to have fewer opportunities for training and development; and are more likely to have their employment rights infringed.

They also experience difficulties during employment "which are not caused by their impairments or long-term health problems but can be traced to the behaviour of employers, managers and other employees"^[14].

Therefore, the role of OH professionals in providing "preventive, protective and individually adjusted services" for this group of disadvantaged and vulnerable workers (who may also have hidden impairments) can be especially important.

The capability approach

We believe that the capability approach (CA) provides us with the most useful theoretical framework in conceptualizing social justice and the ethical issues around our OH role in relation to disadvantaged vulnerable workers. This approach to social justice was first conceptualized by Amartya Sen ^[9], Nobel Prize laureate in Economics. Its focus is on the individual: what he/she is able to be and what she is able to do (his/her “capabilities”) and what she actually achieves in terms of beings and doings (his/her “functionings”).

The role of a fair social system or structure is to enable her to achieve her capabilities. But whether she converts these into functionings is up to him/her, as the CA holds the notion of agency (or him/her right to make choices in the light of him/her values) as pivotal.

We may already be familiar with one practical application of the CA, in the form of the United Nations Human Development Index (HDI) ^[15], which has been used for example, to correlate OH services coverage with countries according to their HDI, in an ICOH survey ^[16]. The HDI offers an alternative metric to the GNP (Gross National Product) in welfare economics and is more relevant to our interest in the welfare of individuals, especially of vulnerable workers and disadvantaged groups.

An exciting new development in the fields of OH and the CA has been the pioneering work by researchers based at Tilburg University and other institutions, under the leadership of Professor van der Klink. They have developed a conceptual model of sustainable working life based on the CA ^[17], with the subsequent development of a “Working Role Functioning Questionnaire” (WRFQ) ^[18]. This approach considers work capability to be present if a worker values a particular aspect of their work, and the work arrangements allow them to achieve this value for themselves.

This focus on what workers value in their work and enabling them to achieve these particular functionings makes it so much more likely that their work will be “good work” It recognizes the importance of a worker’s agency (in terms of

meaningful work vs good employment) and having opportunities to flourish in the job, which are central features of the CA. It is also what we aim to promote as OH professionals.

This work capability paradigm would be of benefit to all workers, but one can envisage this approach being especially protective of worker health and wellbeing when we are concerned about vulnerable workers.

Conclusion

Much of OH practice can be of direct benefit to disabled and vulnerable individuals. For example, we make individual assessments and recommend appropriate workplace adjustments. We know when to recommend individual risk assessments to prevent harm to the health of a worker with a specific vulnerability.

So much of our expertise in the field of OH can help remove unnecessary barriers and prejudices when advising on the suitability of disabled individuals to work. Moreover, as OH professionals, we are uniquely placed at the health-work interface and we have an equitable duty to share our insights and experiences to influence employers and policy makers to help vulnerable workers and the disadvantaged (such as the disabled and the unemployed) in matters of work and health. The WRFQ based on the CA may therefore provide us with a useful tool in this regard, as not all work is necessarily good for worker health.

We therefore take this opportunity as members of the ICOH’s Unemployment, Job Insecurity and Health Scientific Committee (UJIH-SC) to ‘declare our particular interest in the plight of vulnerable workers.’

Implementation

We hereby invite other OH professionals who share our interest in aiming to protect the health of vulnerable and disadvantaged groups to join our Scientific Committee by

contacting Dr. Anna Suraya, Secretary of the Scientific Committee, anna_suraya2005@yahoo.com

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10. United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). 2006. http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf : "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." (Article 1, p3).
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Résumé en français

Message du Président

Compte-rendu de l'ICOH2018 à Dublin



L'une des principales réalisations du Congrès de Dublin fut la séquence d'événements, de présentations, de documents et de résultats en lien avec les politiques. La plupart d'entre vous ont déjà consulté le rapport complet du Congrès sur le site

ICOHweb et la page Web indépendante avec la Déclaration de Dublin. Certains membres et le Secrétaire général sont sur le point de finaliser un article scientifique évalué par des pairs sur les politiques et décrivant le processus, la méthodologie et les résultats de ces derniers éléments de politique. Nos collègues francophones ICOH-CIST ont déjà publié leur compte rendu du Congrès sur les "Sujets d'actualité de l'ICOH2018 à Dublin" dans les "Archives des Maladies Professionnelles et de l'Environnement". Cet article a été rédigé en français sous le titre "Que retenir du 32e Congrès de la Commission internationale de la santé au travail (CIST-ICOH)" (liens dans la version électronique).

L'ICOH a été très bien représentée à l'Assemblée mondiale de la Santé de l'OMS le 22 mai 2018. L'ICOH est à la tête de la coalition comprenant l'IOHA et l'IEA, qui a présenté à Genève une excellente déclaration commune à l'intention du public gouvernemental mondial, composé de ministres et de décideurs de haut niveau.

Par ailleurs, grâce aux membres chevronnés et actifs sur les thèmes de la poussière de silice et de la tuberculose, nous avons réussi à inclure une déclaration d'action : "S'engager en faveur de la prévention primaire dans les métiers à haut risque en réduisant l'exposition à la poussière de silice dans les mines, la construction et dans d'autres lieux de travail poussiéreux, et en mettant en place une surveillance de la tuberculose et une prévention et un contrôle de l'infection dans les établissements de santé." Cette adoption a eu lieu le 26 septembre lors de la réunion de haut niveau des Nations Unies sur la tuberculose à New York, où les délégués se sont engagés à prendre des

mesures dans le cadre de la Déclaration sur la tuberculose. Consulter d'autres informations, y compris une photo des membres de l'équipe ICOH, IOHA et OK International sur l'ICOHweb.

L'ICOH fut également un membre fondateur de la Coalition mondiale avec le BIT et l'OMS. La prochaine étape consiste à créer des groupes de travail chargés des futures actions. Le point de départ fut le Congrès mondial sur la sécurité et la santé au travail de 2017 organisé par le BIT et l'ISSA, à l'occasion duquel le Directeur général du BIT, M. Guy Ryder, avait accepté d'aller plus loin dans la coalition. L'ICOH prendra en charge certains travaux et collaborera avec les autres institutions. Ceux-ci sont mis en place dans un proche avenir. L'ICOH aura un rôle central à jouer dans le groupe de pilotage et dans le développement des connaissances, en actualisant les estimations mondiales antérieures et les estimations des coûts économiques d'un environnement de travail médiocre.

Substances toxiques et cancer professionnel

J'ai eu l'occasion de parler à des toxicologues lors de la conférence EUROTOX2018 à Bruxelles. Nous avons de nombreuses réussites dans l'utilisation des connaissances en toxicologie sur les lieux de travail. La gestion des produits chimiques en général a été améliorée, en particulier dans les régions à revenu élevé, grâce au système de classification et d'étiquetage des produits chimiques SGH harmonisé à l'échelle mondiale, aux fiches de données de sécurité et aux meilleures pratiques. Des substances toujours dangereuses sont responsables d'un tiers des décès liés au travail - 980 000 décès sur un total de 2,8 millions de décès au travail chaque année. Encore une fois, beaucoup de choses ont été faites dans les régions plus développées telles que l'interdiction des nouvelles utilisations de l'amiante, le lien entre la poussière de roche et la tuberculose chez les mineurs, les ouvriers du bâtiment et dans beaucoup d'autres secteurs.

Parallèlement, de nouvelles découvertes issues de la recherche révèlent des risques croissants d'autres risques créés par des substances dangereuses : asthme professionnel et BPCO causés par la poussière et la pollution par des microparticules

Table 1 Rough division of occupational cancer by EU28 member states and subterritories within the EU in 2011 And new ILO data released in 2017

Country	Occupational cancer deaths	Country	Occupational cancer deaths	GBD/IHME in 2017
Andorra	17	Italy	11,057	10609
Austria	1896	Jersey	23	23
Belgium	2098	Latvia	510	491
Bulgaria	1481	Lithuania	710	694
Croatia	849	Luxembourg	110	98
Cyprus	183	Malta	80	75
Czech Republic	2326	Monaco	23	21
Denmark	1285	Netherlands	3879	3721
Estonia	303	Norway	759	7501
Finland	1163	Poland	7874	7501
France	12,623	Portugal	2457	2371
Germany	18,180	Romania	4498	4233
Gibraltar	5	San Marino	10	0
Greece	1678	Slovakia	1211	1150
Greenland	13	Slovenia	446	442
Guernsey	13	Spain	10,248	9807
Hungary	1860	Sweden	2201	2103
Ireland	968	Switzerland	2905	2907
Isle of Man	18	United Kingdom	14,082	13330
		Total EU	106,307	102,517
				99,083

Source: geo.gis/ILCOI
Source new, ILO: geo.gis/ILCOI
Source new, GBD/IHME: geo.gis/ILCOI

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et les vapeurs formées par les oxydes d'azote des gaz d'échappement issus du diesel. L'OMS a récemment signalé qu'un grand nombre de travailleurs dans le monde sont exposés à la pollution urbaine, notamment les ouvriers du bâtiment, les agents d'entretien, les vendeurs ambulants et bien d'autres, y compris tous ceux qui sont impliqués dans le trafic urbain pendant au moins 8 heures par jour et dont certains sont exposés 24h/24, 7j/7 pendant la semaine.

Beaucoup de ces substances dangereuses sont cancérigènes. J'ai été très heureux de participer à la dernière conférence sur la Feuille de route sur les agents cancérigènes organisée par le gouvernement autrichien dans le cadre de sa présidence de l'UE pour le second semestre de 2018. Ce processus et la feuille de route ont été lancés par la présidence néerlandaise de l'UE en 2016 et, après l'importante contribution de l'Autriche, la prochaine étape à l'échelle de l'Union européenne aura lieu au cours de la seconde moitié de 2019. La conférence sera accueillie par le gouvernement finlandais lors de sa présidence de l'UE. J'ai fait un effort supplémentaire basé sur les estimations globales 2017 du BIT et soutenu par les estimations IHME / Global Burden of Disease and Injury afin d'actualiser les estimations par pays pour les victimes du cancer au travail pour tous les pays de l'UE à 28. Voir l'image ci-dessous et les détails ici (version électronique) [Diapositive 13]

Organisation de l'ICOH dans un avenir proche

À l'heure actuelle, pratiquement tous les responsables et les activités du conseil, des comités scientifiques, des secrétaires nationaux et des groupes de travail de l'ICOH ont été assignés et je suis très reconnaissant du travail bénévole que nos précieux membres effectuent de manière régulière et cohérente. En effet, le Secrétariat général en Italie a fait et continue de faire un travail remarquable pour soutenir la structure de notre ICOH, et le soutien de l'organisme hôte de l'ICOH, l'INAIL, en Italie, est très apprécié.

Nous avons également commencé à planifier l'ICOH 2021 à Melbourne et nous allons probablement étudier la phase actuelle de l'organisation du prochain congrès conjointement avec nos collègues australiens en janvier 2019. Dans l'intervalle, des projets similaires pour un large éventail d'activités et d'événements sont planifiés dans le monde entier. Cela inclut ceux de nos membres affiliés et de soutien qui méritent un soutien et une reconnaissance totale de la part de l'ICOH.

Jukka Takala
President de la CIST

Infos du Secrétariat général

Activités de l'ICOH en collaboration avec l'OMS

Cher membre de l'ICOH,

En janvier 2017, le Conseil exécutif de l'OMS a confirmé le statut d'ONG de l'ICOH en relations officielles avec l'OMS, sur la base de son engagement continu et systématique en conformité avec l'esprit, les objectifs et les principes de la Constitution de l'OMS.


L'ICOH poursuit sa coopération avec l'OMS conformément à un plan de collaboration triennal prévoyant une collaboration directe avec l'OMS pour la mise en œuvre du BOHS aux niveaux mondial, régional, national et local.

Conformément à la stratégie de lutte contre la tuberculose de l'OMS, l'ICOH s'emploie également à promouvoir des stratégies de sécurité et de santé au travail visant à prévenir la tuberculose dans les professions à haut risque, notamment les travailleurs exposés à la poussière de silice dans les industries minière, de la construction et autres. Afin de mobiliser les partenaires, y compris les organisations de SST, les employeurs, les syndicats, etc., deux déclarations sur la tuberculose de l'ICOH ont été élaborées pour résumer les preuves scientifiques et faire des recommandations d'action. Ces déclarations sur la prévention de la tuberculose chez les travailleurs exposés à la poussière de silice et sur la prévention de la tuberculose chez les travailleurs de la santé ont été approuvées par le Conseil de l'ICOH le 28 avril 2018 (les informations sont disponibles à l'adresse <http://www.ichoweb.org/site/ICOH-TB-Statements.asp>). L'ICOH a été représentée à la réunion de l'Assemblée générale des Nations Unies sur la tuberculose (TB) le 26 septembre 2018 à New York.

En outre, l'ICOH a été invitée à participer à la session parallèle sur "l'action intersectorielle dans le cadre des soins de santé primaires : politiques, interventions et services" qui se tiendra pendant la Conférence mondiale sur les soins de santé primaires à Astana, au Kazakhstan, les 25 et 26 octobre 2018. L'objectif de la conférence est de célébrer le 40ème anniversaire de la Déclaration d'Alma Ata sur les soins de

santé primaires (1978) et de réaffirmer notre engagement en faveur de la couverture sanitaire universelle en publiant une nouvelle déclaration (Déclaration d'Astana) visant à renforcer les soins de santé primaires en tant qu'approche de la santé moderne et pour orienter la société et les systèmes de santé de manière à maximiser la santé et le bien-être avec équité. En collaboration avec le Dr. Ivan Ivanov (OMS, Département de la santé publique, des déterminants environnementaux et sociaux de la santé, responsable technique désigné pour les relations ICOH / OMS), un document a été rédigé pour présentation par le Secrétaire général à Astana. Conformément à l'esprit de la Déclaration d'Alma Ata, qui consistait à "apporter les soins de santé là où les gens vivent et travaillent", ce document préconise l'inclusion de la santé au travail dans les établissements de soins de santé primaires, soulignant l'importance d'assurer une formation spécialisée au personnel de santé impliqué dans la prestation des soins primaires chaque fois que les services ou les médecins du travail ne sont pas disponibles.

Prof. Sergio Iavicoli
Secrétaire Général de l'ICOH



Prof. Sergio Iavicoli, Dr. Diana Gagliardi, Dr. Ivan Ivanov

Message de l'éditrice

Chers membres,

Dans ce numéro, la lettre d'information de l'ICOH décrit la saisissante expérience du cours de formation à l'hygiène en Zambie. L'ICOH a participé à la réunion de l'Assemblée générale des Nations Unies sur la tuberculose.

Pour faire suite au dernier numéro, nous avons une autre histoire intéressante du Dr. Min Zhang en Chine concernant les travailleurs de la santé. L'UJIIH-SC (Comité scientifique sur le chômage, l'insécurité de l'emploi et la santé) a écrit un article important sur les travailleurs vulnérables.

Je souhaite encourager les membres à envoyer des mises à jour sur les événements à venir au sein de leurs comités scientifiques, les événements actuels dans notre domaine et d'autres informations importantes qui peuvent être incluses dans notre lettre d'information.

[La planification éditoriale du bulletin de la CIST]

Pour 2018 et 2020 :

- 1) Vol 1: 1er AVRIL (date limite de soumission des articles: 10 FEVRIER)
- 2) Vol 2: 1er AOÛT (date limite de soumission des articles: 10 JUIN)
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Changement d'adresse

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Eun-A Kim
Editrice en chef,
Bulletin de la CIST

ICOH Scientific Committee Officers for Triennium 2018-2021

Accident Prevention

Chair: Dr. Su WANG
Email: su.wang@doctors.org.uk
Secretary: To be appointed

Aging and Work

Chair: Dr. Jodi OAKMAN
Email: j.oakman@latrobe.edu.au
Secretary: Dr. Karin PROPER
Email: karin.proper@rivm.nl

Allergy and Immunotoxicology

Chair: Prof. Takemi OTSUKI
Email: takemi@med.kawasaki-m.ac.jp
Secretary: To be appointed

Cardiology in OH

Chair: Prof. Alicja BORTKIEWICZ
Email: alab@imp.lodz.pl
Secretary: Dr. Elzbieta Hanna GADZICKA
Email: elag@imp.lodz.pl

Education and Training in OH

Chair: Ms. Marija BUBAS
Email: mbubas@hzzsr.hr
Secretary: Prof. F.J.H. VAN DIJK
Email: v.dijk.workandhealth@gmail.com

Effectiveness in Occupational Health Services (EOHS)

Chair: Mrs. Stefania CURTI
Email: stefania.curti@unibo.it
Secretary: Mr. Jani Henrik RUOTSALAINEN
Email: jani.ruotsalainen@ttl.fi

Emergency Preparedness and Response in Occupational Health

Chair: Dr. Alexis DESCATHA
Email: alexis.descatha@inserm.fr
Secretary: Dr. Susanne SCHUNDER-TATZBER
Email: susanne@schunder.at

Epidemiology in OH

Chair: Dr. Roel VERMEULEN
Email: R.C.H.Vermeulen@uu.nl
Secretary: Dr. Damien MCELVENNY
Email: Damien.McElvenny@iom-world.org

History of Prevention of Occupational and Environmental Diseases

Chair: Prof. Paul BLANC
Email: Paul.Blanc@ucsf.edu
Secretary: Prof. Kjell TOREN
Email: kjell.toren@amm.gu.se

Indoor Air Quality and Health

Chair: Dr. Peder WOLKOFF
Email: pwo@nrcwe.dk
Secretary: Dr. Kenichi AZUMA
Email: kenazuma@med.kindai.ac.jp

Industrial Hygiene

Chair: Ms Lena ANDERSSON
Email: lena.andersson4@regionorebrolan.se
Secretary: Dr. Hyunwook KIM
Email: hwkim@catholic.ac.kr

Mining Occupational Safety and Health

Chair: Dr. Erik JORS
Email: erik.joers@rsyd.dk
Secretary: Prof. Jinky leilanie del prado LU
Email: jinky_lu@yahoo.com

Musculoskeletal Disorders

Chair: Prof. Roberta BONFIGLIOLI
Email: roberta.bonfiglioli@unibo.it
Secretary: Prof. André KLUSSMANN
Email: andre.klussmann@haw-hamburg.de

Nanomaterial Workers' Health

Chair: Prof. Ivo IAVICOLI
Email: ivo.iavicoli@unina.it
Secretary: Prof. Irina GUSEVA CANU
Email: irinacanu@hotmail.com

Neurotoxicology and Psychophysiology

Chair: To be appointed
Secretary: To be appointed

Occupational and Environmental Dermatoses

Chair: Dr. Sanja KEZIC
Email: s.kezic@amc.uva.nl
Secretary: Prof. Swen M JOHN
Email: sjohn@uos.de

Occupational Health Nursing

Chair: Ms Kim DAVIES
Email: davies.kim1@gmail.com
Secretary: Ms Kirsi Helena LAPPALAINEN
Email: kirsi.lappalainen@ttl.fi

Occupational Medicine

Chair: Prof. Timothy DRISCOLL
Email: tim.driscoll@sydney.edu.au
Secretary: Dr. James Alexander ROSS
Email: dingojim@hotmail.com

Occupational Toxicology

Chair: Ms Kate JONES
Email: kate.jones@hsl.gsi.gov.uk
Secretary: Prof. Silvia FUSTINONI
Email: silvia.fustinoni@unimi.it

OH and Development

Chair: Dr. Diana GAGLIARDI
Email: d.gagliardi@inail.it
Secretary: Dr. Ganapati Vasant PRABHU
Email: gvprabhu@goashipyard.com

OH for Health Workers

Chair: Dr. Gwen Orr BRACHMAN
Email: gobmd@yahoo.com
Secretary: Prof. Antoon DE SCHRYVER
Email: Antoon.DeSchryver@idewe.be

OH in the Chemical Industry (MEDICHEM)

Chair: Dr. William Murray COOMBS
Email: mcoombs@iafrica.com
Secretary: Prof. Kenneth A. MUNDT
Email: kmundt260@gmail.com

OH in the Construction Industry

Chair: Mr. Krishna Nirmalya SEN
Email: krishnanirmalya@gmail.com
Secretary: Dr. Alberto CABAN-MARTINEZ
Email: acaban@med.miami.edu

Radiation and Work

Chair: Dr. Marc WITTLICH
Email: marc.wittlich@dguv.de
Secretary: Dr. Alberto MODENESE
Email: albertomodenesel@gmail.com

Reproductive Hazards in the Workplace

Chair: Dr. Hsiao-Yu YANG
Email: hyang@ntu.edu.tw
Secretary: Dr. Pau-Chung CHEN
Email: pchen@ntu.edu.tw

Respiratory Disorders

Chair: Dr. Rafael E. DE LA HOZ
Email: Rafael.delaHoz@mssm.edu
Secretary: Dr. Thomas KRAUS
Email: thomas.kraus@post.rwth-aachen.de

Rural Health: Agriculture, Pesticides and Organic Dusts

Chair: To be appointed
Secretary: To be appointed

Shiftwork and Working Time

Chair: Dr. Stephen POPKIN
Email: Stephen.Popkin@dot.gov
Secretary: Prof. Claudia roberta de castro MORENO
Email: crmoreno@usp.br

Small-Scale Enterprises and the Informal Sector

Chair: Mr. Mahinda SENEVIRATNE
Email: mahinda.seneviratne@workcover.nsw.gov.au
Secretary: Dr. Somnath GANGOPADHYAY
Email: ganguly1961@yahoo.com

Thermal Factors

Chair: To be appointed
Secretary: To be appointed

Toxicology of Metals

Chair: Dr. Natalia Urszula PAWLAS
Email: n-pawlas@wp.pl
Secretary: Dr. Veruscka LESO
Email: veruscka.leso@unina.it

Unemployment, Job Insecurity and Health

Chair: Dr. Minha RAJPUT-RAY
Email: mrr008@googlemail.com
Secretary: Dr. Anna SURAYA
Email: anna_suraya2005@yahoo.com

Vibration and Noise

Chair: Dr. Renata SISTO
Email: r.sisto@inail.it
Secretary: Dr. Enrico MARCHETTI
Email: e.marchetti@inail.it

Women Health and Work

Chair: Dr. Marcia BANDINI
Email: marcia.bandini@icloud.com
Secretary: Prof. Igor Jesus BELLO
Email: ibello.medex@gmail.com

Work and Vision

Chair: Dr. Agueda Rossangella MUÑOZ DEL CARPIO TOIA
Email: teamproyectosganadores@gmail.com
Secretary: Dr. Miguel Sergio KABILIO
Email: dr@kabilio.com

Work Disability Prevention and Integration

Chair: Dr. Johannes Regnerus ANEMA
Email: h.anema@vumc.nl
Secretary: Dr. William Stanley SHAW
Email: wshaw@uchc.edu

Work Organisation and Psychosocial Factors

Chair: Prof. Akihito SHIMAZU
Email: ashimazu-ky@umin.ac.jp
Secretary: Ms Tessa Susanna BAILEY
Email: Tessa.Bailey@unisa.edu.au

National Secretaries Triennium 2018-2021

Country/Area	Secretary	E-mail
ARGENTINA	Dr. Claudia María DE HOYOS	<i>dradehoyos@gmail.com</i>
AUSTRALIA	Prof. Lin FRITSCHI	<i>lin.fritschi@curtin.edu.au</i>
AUSTRIA	Prof. Eva SCHERNHAMMER	<i>eva.schernhammer@muw.ac.at</i>
BELGIUM	To be appointed	
BRAZIL	Dr. Rosylane ROCHA	<i>rosylanerocha@yahoo.com.br</i>
BULGARIA	Dr. Milena TABANSKA-PETKOVA	<i>milena_tabanska@abv.bg</i>
CANADA	To be appointed	
CHILE	To be appointed	
COLOMBIA	Dr. David Andres ALVAREZ RINCON	<i>daalvare@ualberta.ca</i>
COSTA RICA	Dr. Marco Antonio Garcia Saenz	<i>marco.garcia@recope.go.cr</i>
CROATIA	Dr. Milan MILOSEVIC	<i>milan.milosevic@snz.hr</i>
CZECH REPUBLIC	Dr. Sergej ZACHAROV	<i>sergej.zacharov@vfn.cz</i>
DENMARK	Dr. Inger SCHAUMBURG	<i>isc@nrcwe.dk</i>
ECUADOR	Gonzalo Francisco Albuja	<i>imacorreo1@aim.com</i>
EGYPT	Prof. Abdallah Amani WAHEED EL-DIN	<i>amaniwaheed@yahoo.com</i>
ESTONIA	To be appointed	
FINLAND	Dr. Jarmo HEIKKINEN	<i>jarmo.k.heikkinen@uef.fi</i>
FRANCE	Dr. Quentin DURAND-MOREAU	<i>qu.durand@gmail.com</i>
FYROM	Mr. Sasho STOLESKI	<i>sstoleski@yahoo.com</i>
GERMANY	Prof. Volker HARTH	<i>harth@uke.de</i>
GHANA	Dr. Fred Yaw BIO	<i>yaw_bio@yahoo.co.uk</i>
GREECE	Mrs Styliani TZIAFERI	<i>sttziaf@hotmail.com</i>
GUATEMALA	Dr. Ovidio Roberto HERMOSILLA C.	<i>roberto.hermosilla@progreso.com</i>
HUNGARY	To be appointed	
INDIA	Dr. Ashish MISHRA	<i>amishra@dow.com</i>
INDONESIA	Dr. Nuri PURWITO ADI	<i>urin_id@yahoo.com</i>
IRAN	Dr. Mehdi JAHANGIRI	<i>jahangiri_m@sums.ac.ir</i>
IRELAND	Dr. Anne DRUMMOND	<i>anne.drummond@ucd.ie</i>
ISRAEL	To be appointed	
ITALY	Prof. Alfonso CRISTAUDO	<i>alfonso.cristaudo@med.unipi.it</i>
JAMAICA	Mrs Janice Alisa GREEN	<i>janiceg@jnbank.com</i>
JAPAN	Dr. Toru YOSHIKAWA	<i>yoshikawat@jnioshwork.com</i>
KENYA	Dr. Kipkemoi Kibor KEITANY	<i>boranym@gmail.com</i>
LUXEMBOURG	Dr. Elisabeta PLETEA	<i>elisabeta.pletea@stm.lu</i>
MALAYSIA	Dr. Victor CW HOE	<i>drvictorhoe@gmail.com</i>
MALI	Dr. Birama DIALLO	<i>drbirama@gmail.com</i>
MEXICO	Prof. Aida Lucia FAJARDO MONTIEL	<i>aidalucia.fajardo@gmail.com</i>

Country/Area	Secretary	E-mail
MONTENEGRO	To be appointed	
MOROCCO	Dr. Khalil Kinani	<i>k.kinani@ocpgroup.ma</i>
NEPAL	To be appointed	
NEW ZEALAND	Dr. David MCLEAN	<i>d.j.mclean@massey.ac.nz</i>
NIGERIA	Dr. Uche Josiah ENUMAH	<i>uchedine507wed@gmail.com</i>
NORWAY	Dr. José Hernan ALFONSO	<i>jose.alfonso@stami.no</i>
P.R. CHINA	Dr. Junming DAI	<i>jmdai@shmu.edu.cn</i>
PANAMA	To be appointed	
PARAGUAY	Dr. Derlis NICOLICCHIA KURTH	<i>dank@rieder.net.py</i>
PERU	Dr. Aquiles MONROY	<i>aqmonroy@yahoo.es</i>
PHILIPPINES	Dr. Margaret Lazaro LEACHON	<i>margie_laz610@yahoo.com</i>
POLAND	Prof. Konrad RYDZYNSKI	<i>konrad@imp.lodz.pl</i>
PORTUGAL	Dr. Teresa Mariana Faria PINTO	<i>teresamfpinto@gmail.com</i>
Rep. of KOREA	Prof. Jaechul Song	<i>jsong@hanyang.ac.kr</i>
ROMANIA	Prof. Carmen BUSNEAG	<i>carmenbusneag@yahoo.com</i>
RUSSIAN FEDERATION	Dr. Evgeny evgeniyevich SHIGAN	<i>EEShigan@gmail.com</i>
SAUDI ARABIA	Dr. Marwan ahmed BEHISI	<i>marwan.behisi@jhah.com</i>
TAIWAN, CHINA	Prof. Saou-Hsing LIOU	<i>shliou@nhri.org.tw</i>
SENEGAL	Dr. Mame Diarra FAYE	<i>mamediarrafaye@gmail.com</i>
SERBIA	Dr. Jelena Djurdje DJOKOVIC	<i>djokovicjelena10@gmail.com</i>
SINGAPORE	Dr. Andrew Epaphroditus TAY	<i>drtaysk@yahoo.com</i>
SOUTH AFRICA	Prof. Daniel J. KOCKS	<i>daniel.kocks@smu.ac.za</i>
SPAIN	Ms Araceli SANTOS POSADA	<i>presidente@enfermeriadeltrabajo.com</i>
SWEDEN	Dr. Martin ANDERSSON	<i>martin.andersson@envmed.umu.se</i>
TANZANIA	Dr. Simon Henry MAMUYA	<i>mamuyasimon2@gmail.com</i>
THAILAND	Dr. Kathawoot DEEPREECHA	<i>kocmed@gmail.com</i>
THE NETHERLANDS	To be appointed	
TOGO	Dr. Kokdu Silvere KEVI	<i>silvereck@yahoo.fr</i>
TURKEY	Dr. Buhara ONAL	<i>buharaonal@yahoo.com</i>
UGANDA	Mrs EVA KATUSABE	<i>lynmzs@yahoo.com</i>
UNITED KINGDOM	Prof. David FISHWICK	<i>david.fishwick@hsl.gsi.gov.uk</i>
URUGUAY	Dr. Maria Elena ALPUIN	<i>malpuinsa@gmail.com</i>
USA	Dr. Charles milton YARBOROUGH	<i>cyarborough@cyhealthassociates.com</i>
VENEZUELA	Prof. Yohama Auxiliadora CARABALLO	<i>medicinadeltrabajoucv@gmail.com</i>
VIETNAM	Dr. Thu Ha NGUYEN	<i>thuhayhd@yahoo.com</i>
ZIMBABWE	Dr. Blessing GARAMUMHANGO	<i>garamumhangob@mimosa.co.zw</i>

President**Dr. Jukka Takala**

Lintuniemennokka 33
FI - 33680 TAMPERE
Finland
Tel: +358 33600321
Email: ICOHPresident@inail.it

Secretary General**Prof. Sergio Iavicoli**

ICOH - Secretariat General
c/o Italian Workers' Compensation
Authority
- INAIL

Department of Occupational and
Environmental Medicine,
Epidemiology and Hygiene
Via Fontana Candida, 1
00078 Monteporzio Catone (Rome)
Italy
Tel: +39 06 94181506
Fax: +39 06 94181556
Email: s.iavicoli@inail.it

Vice-President**Ms. Claudina Nogueira**

South African Society of Occupational
Medicine (SASOM)
P. O. Box 32
Silverton 0127
South Africa
Tel: +27829266205
Email: claudinanogueira@hotmail.
com

Vice-President**Prof. Seong-Kyu Kang**

Former Vice President of KOSHA
Dept of Occupational and
Environmental Medicine
Gachon University Gil Medical Center
21 Namdong-daero 774beon-gil,
Namdong-gu
Incheon 21565
Rep of Korea
Tel: +82-32-460-3790
Fax: +82-32-460-3999
Email: sk.kang@gachon.ac.kr

Past President**Dr. Kazutaka Kogi**

Institute for Science of Labour
2-8-14, Sugao, Miyamae-ku
Kawasaki 216-8501
Japan
Tel: +81 44 977 2121
Fax: +81 44 977 7504
Email: k.kogi@isl.or.jp

Prof. Maureen Dollard

University of South Australia
Australia
Email: maureen.dollard@unisa.edu.au

Dr. Olivier Lo

International SOS
Singapore
Email: olivier.lo@internationalsos.com

Prof. Frida Marina Fischer

School of Public Health Dept. Environmental Health
University of Sao Paulo
Brazil
Email: fischer.frida@gmail.com

Dr. Rosa Maria Orriols Ramos

Hospital Universitari Bellvitge
Spain
Email: orriols@bellvitgehospital.cat

Prof. Mats Hagberg

Göteborg University
Public Health and Community Medicine
Sweden
Email: mats.hagberg@amm.gu.s

Prof. Christophe Paris

Rennes 1 University
Occupational Medicine Department
France
Email: christophe.paris@inserm.fr

Dr. Martin Hogan

Faculty of Occupational Medicine
Royal College of Physicians of Ireland
Ireland
Email: martin.hogan@chi.ie

Dr. Shyam Pingle

Indian Institute of Public Health Gandhinagar
India
Email: drshyampingle@gmail.com

Prof. Seichi Horie

University of Occupational and Environmental Health
Japan
Email: horie@med.uoeh-u.ac.jp

Prof. Kari Reijula

Helsinki University
Medical Faculty
Finland
Email: kari.reijula@helsinki.fi

Prof. Sunil Kumar Joshi

Department of Community Medicine
Kathmandu Medical College
Nepal
Email: drsunilkj@gmail.com

Dr. Paul Schulte

NIOSH
USA
Email: pas4@cdc.gov

Dr. Eun-A Kim

Korean Occupational Safety and Health Agency
Rep. of Korea
Email: toxneuro@kosha.or.kr

Ms. Maria Luisa Tupia Gonzales

P&G Industrial Perú-SRL
Peru
Email: marutupia@gmail.com

Prof. Stavroula Leka

Centre for Organizational Health and Development
University of Nottingham
United Kingdom
Email: stavroula.leka@nottingham.ac.za

Prof. Francesco Violante

Occupational Medicine Unit
Sant'Orsola Malpighi Hospital
Italy
Email: francesco.violante@unibo.it