

ICOH – International Commission on Occupational Health

Constitution, Article 1, Section 1:

The International Commission on Occupational Health



(ICOH) is an international non-profitmaking, non-political, multidisciplinary scientific organisation whose sole purpose is to foster the scientific progress, knowledge and development

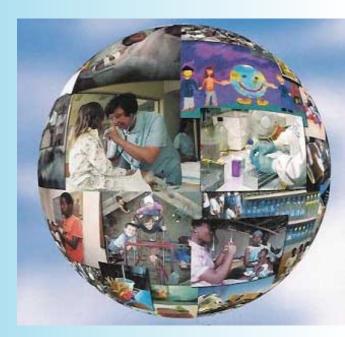
of occupational health and related subjects on an international basis.

ICOH – International Commission on Occupational Health

Constitution, Article 1, Section 2:

ICOH provides a forum for scientific and professional communication. To achieve this purpose, the ICOH:

- sponsors international congresses and meetings on occupational health;
- establishes scientific committees in various fields of occupational health and related subjects;
- disseminates information on occupational health activities;
- issues guidelines and reports on occupational health and related subjects;



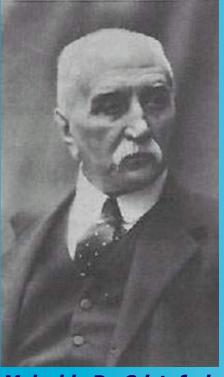
ICOH – International Commission on Occupational Health



collaborates with appropriate international and national bodies on matters concerning occupational and environmental health;

takes any other appropriate action related to the field of occupational health;

solicits and administers such funds as may be required in furtherance of its objectives.



Malachia De Cristoforis

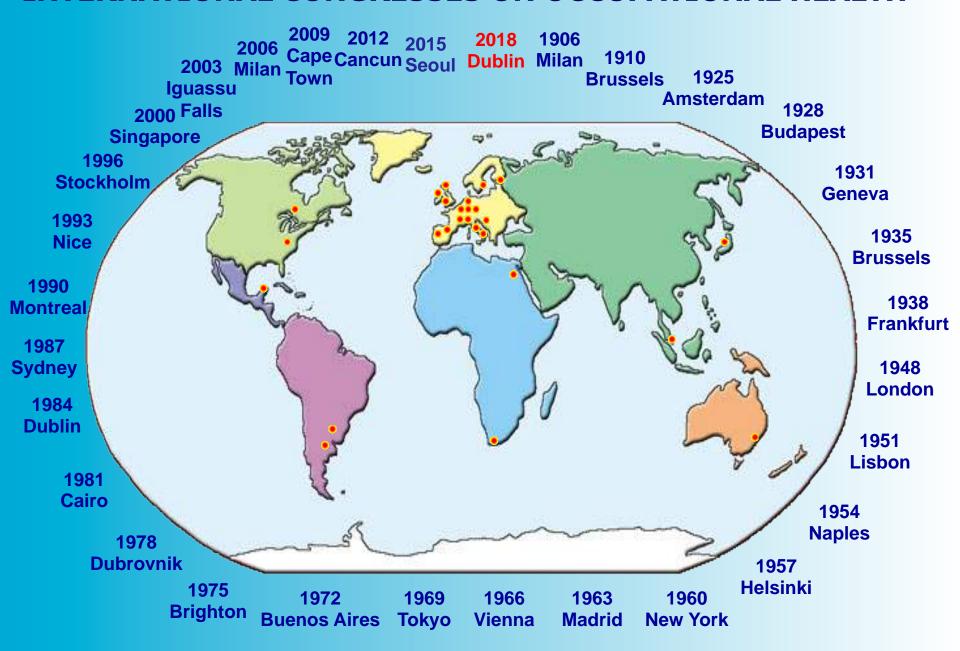
1906 Milan



First International Congress for Occupational Health

Foundation of International Permanent Commission for Occupational Health

INTERNATIONAL CONGRESSES ON OCCUPATIONAL HEALTH



12th International Congress for Occupational Health Helsinki – 1957

Abolition of the numerous clauses for national delegation membership has increased from 190 to 1127 and the countries represented have increased from 36 to 71.

21th International Congress for Occupational Health 1984 - Dublin

The Permanent Commission and International
Association of Occupational Health
becomes International Commission on
Occupational Health (ICOH).
New professional groups participate:
industrial medical officers,
occupational health specialist, etc.

ICOH Centennial Declaration





Centennial Declaration of the International Commission on Occupational Health, ICOH

The Permanent Commission – International Association on Occupational Health, now named International Commission on Occupational Health, ICOH, was founded on 13 June 1906 in Milan by Austrian, French, Bavarian, Belgian, Canadian, Dutch, Hungarian, Italian, Prussian, Swedish, Swiss and UK occupational health scientists and physicians. The aim of the Commission was to promote research on occupational diseases worldwide and disseminate the available knowledge on occupational health to the entire scientific community, to physicians, and practitioners, employers and workers. To achieve these goals it was further decided to regularly hold a Congress every three years. In June 2006, a century after the foundation of ICOH, the occupational health experts once more convene for the Centennial ICOH 2006 Congress in its birthplace, Milan, Italy.

In spite of the impressive progress made in the improvement of health, safety and social conditions of work, in the industrialised countries, the need for occupational health and safety is as evident as it was 100 years ago. While the nature of the problems, hazards and risks has changed the traditional hazards and particularly the new problems of work life still need much expert knowledge, research, training and information in order to be controlled, managed and prevented.

The conditions of work for more than two thirds of the almost three billion workers of the world do not meet the minimum standards and requirements set by the International Labour Organization and the World Health Organization for occupational health, safety and social protection. Over 2 billion workers in the developing countries work under conditions which are hazardous to their health, safety and work ability. Those workers do not have access to occupational health and safety services and are not covered by safety and health inspection. In both the industrialised and developing countries working people are increasingly exposed to time pressure, continuously increasing job demands, frequent reorganization, and job insecurity. This has led to an unreasonable work load, stress-related somatic and mental disorders such as cardiovascular diseases and depression, thus affecting work ability and shortening the work career of ageing workers.

Poor occupational health and safety results in 270 million occupational accidents and 360 000 fatalities and causes 160 million new cases of occupational diseases a year. Altogether these lead annually to 2.3 million deaths of people at their best working age. In principle they all should be preventable. We want to commemorate the millions of people who have lost their lives at work during the past 100 years of industrialization.

The adverse conditions of work constitute an enormous and unnecessary loss of health, work ability, productivity and loss of well-being among working people and their families and communities. The burden to national and company economies is also high amounting to 4–5% of business turnovers and national GDPs.

The globalization process has not succeeded in equalising the conditions of work but in fact the opposite has occurred; the gaps are increasing. Poverty, inequality and under-development are closely associated with the poor safety, health and social conditions of work, as they are also linked with illiteracy, lack of education, poor access to health services and low or non-existent social protection. Sustainable development, equity and elimination of poverty, cannot be achieved without good work ability, safety and health of working people. Moreover, decent conditions of work will ensure work ability and productivity of people and enable them to sustain themselves, their families and communities and to contribute to the national development and GDP.



...the signing at ICOH 2006

Seoul Statement on the Development of Occupational Health Services for All

Seoul Statement on the Development of Occupational Health Services for All

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

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

that in spite of positive developments of occupational safety and health particularly in industrialized countries, over three quarters of workers of the world live and work in developing and transitory countries, often working in high risk occupations in both formal and informal sectors, without adequate protection by occupational health and safety law and lacking social protection and access to occupational health services. Such gaps in prevention and protection lead to 2.3 million deaths among the workers of the world every year,

that the ILO Convention No. 161 on Occupational Health Services and the WHO Global Strategy on Occupational Health for All, as well as the Cancun Charter by the ICOH [2012], call for organization of occupational health services for all working individuals and all occupations without exclusion of any group of workers, economic sectors, including the informal sector, or workers in contracted or self-employment,

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

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

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

the 31st ICOH Congress states the following:

Every government in collaboration with social partners should, as a part of their stewardship, draw up necessary regulations, strategies and programmes for national policies on occupational health and occupational health services by using the international guidance provided by the ILO Convention No. 161. Recommendation No. 171 on Occupational Health Services and the WHO Global Strategy on Occupational Health for All. Such policy should aim at the provision of services for all, with full coverage without exclusion of any group or sector of work life.

Implementation of occupational health policies should be based on legislation, with appropriate governance structures, well-defined rights and responsibilities, establishment and strengthening of the occupational health system and respective infrastructures, and sufficient resources and financing for services. Special measures, multiple service provision models, including primary health care, and support should be developed for organization of occupational health services for small-scale enterprises, the self-employed and the informal sectors. Public occupational health services should be provided for the underserved sectors. Where front-line services are of limited scope, usually occupational medicine and nursing, they should be reinforced by secondary level support services.

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











...the signing at ICOH 2015

ICOH 2018

32nd International Congress on Occupational Health



Dublin (Ireland) was elected to host the Congress

ICOH 2021

33rd International Congress on Occupational Health



Melbourne (Australia) was elected to host the Congress

Presidents and Secretaries General from ICOH foundation

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13	J. Tak

M. De Cristoforis	1906 – 1915
L. Devoto	1915 – 1936
D. Gilbert	1936 – 1940
T. Stowell	1948 - 1951
P. Mazell	1951 – 1954
S. Forssman	1954 – 1969
L. Noro	1969 – 1975
E. Vigliani	1975 – 1981
R. Murray	1981 – 1987
S. Hernberg	1987 – 1993
J. F. Caillard	1993 – 2000
B. Knave	2000 – 2003
J. Rantanen	2003 – 2009
K. Kogi	2009 – 2015
J. Takala	2015 –



L. Carozzi	1906 – 1957
E. Vigliani	1957 – 1975
R. Murray	1975 – 1981
L. Parmeggiani	1981 – 1988
J. Jeyaratnam	1989 – 2000
K. S. Chia	2000 – 2003
S. Iavicoli	2003 –

ICOH Governmental Partners



World Health Organization



International Labour Organization



ICOH Non Governmental Partners



International Ergonomics Association

International Social Security Association





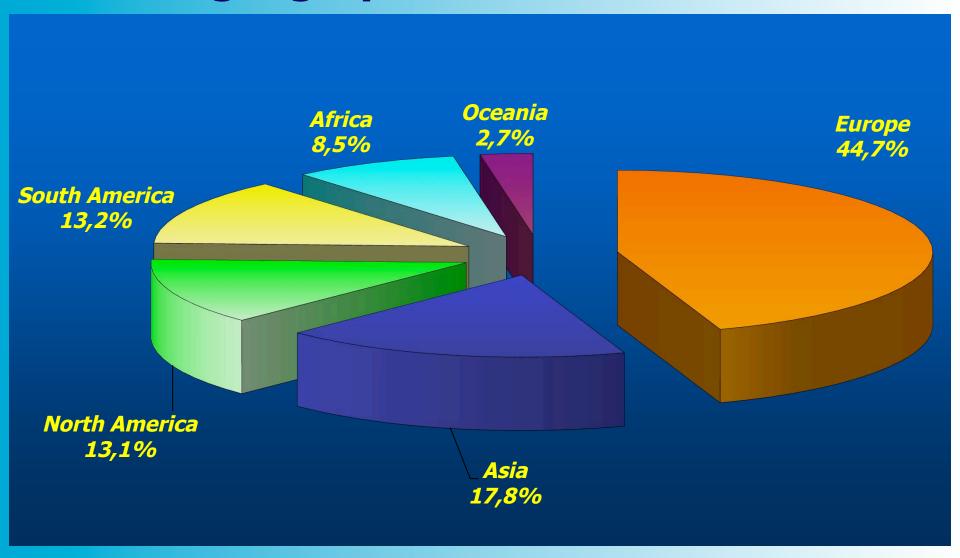
International Occupational Hygiene Association

ICOH Members

Membership type	Tot.
Active (A)	1,703
Honorary (H)	26
Emeritus (E)	143
Retired (R)	14
Sustaining (SUS)	18
Affiliate (AFF)	17
TOTAL	1,921

Members in good standing at 2014

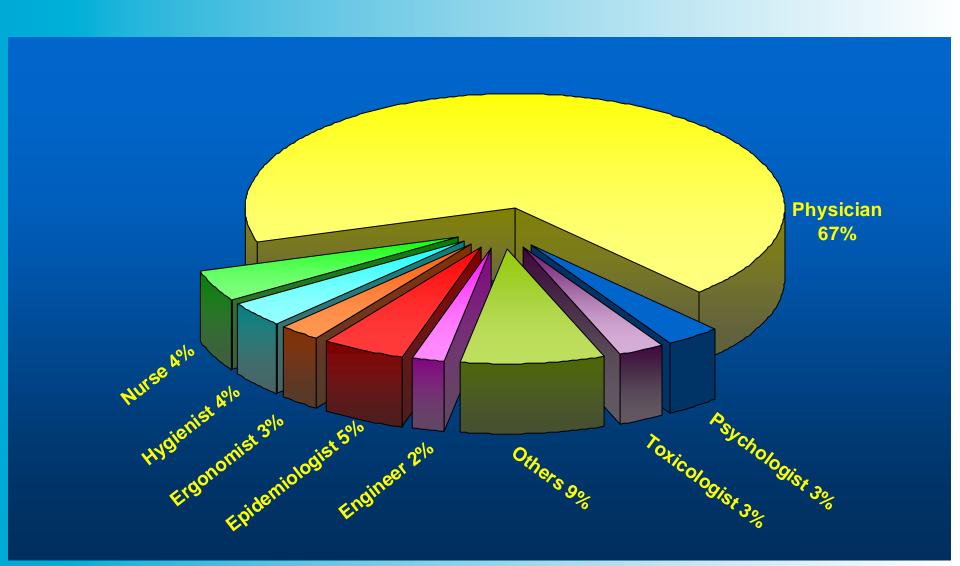
ICOH members: geographical distribution



ICOH Members per country

COUNTRY	NUMBER	COUNTRY	NUMBER
Japan	123	South Africa	46
Italy	121	Norway	46
USA	120	Rep. Of Korea	44
Brazil	113	UK	43
Peru	99	The Netherlands	42
India	99	Argentina	40
Mexico	97	Australia	40
Finland	87	Belgium	36
France	51	Canada	29
Sweden	47	Nigeria	23
Germany	47	Others	528

ICOH Members Profession



ICOH Sustaining Members in GS



Fundacentro Brazil



The Finnish Work Environment Fund Finland





Institut de recherche Robert-Sauvé en santé et en sécurité du travail Canada



Clinica del Lavoro
"L. Devoto"
Italy





Finnish Institute of Occupational Health Finland



Fondazione Maugeri Italy



KOSHA Rep. of Korea

ICOH Sustaining Members in GS



AFA Insurance Sweden



Prevent Sweden





International Institute for Risk and Safety
Management
United Kingdom



Workplace Safety and Health Institute, Singapore



National Institute for Occupational Safety and Health USA



Institut National de Recherche et de Sécurité France

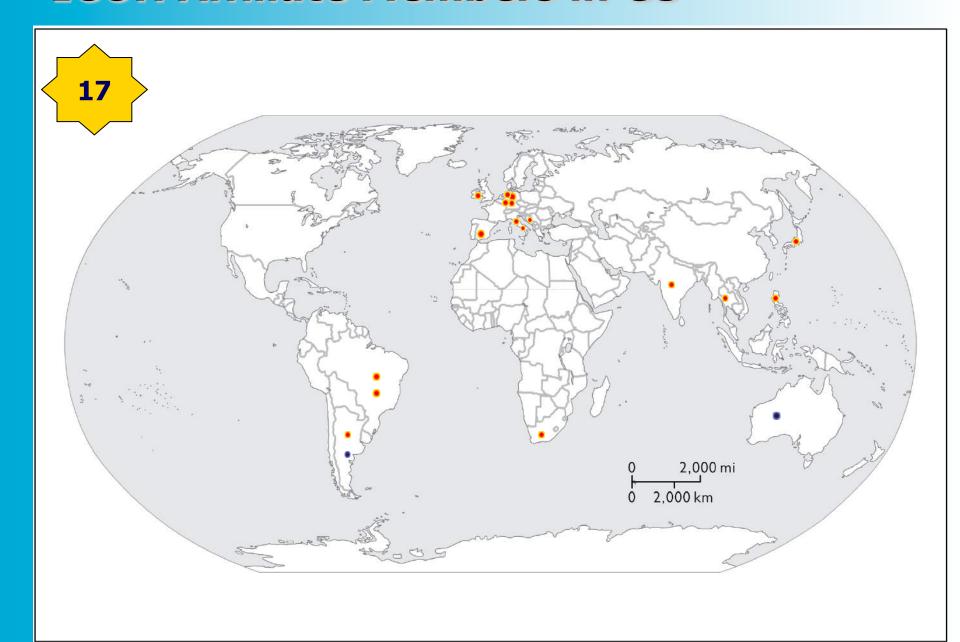


Bundesanstalt für Arbeitsschutz und Arbeitsmedizin Germany



Italian Workers
Compensation Authority,
Dept. of Occupational
Medicine (formerly ISPESL)
Italy

ICOH Affiliate Members in GS



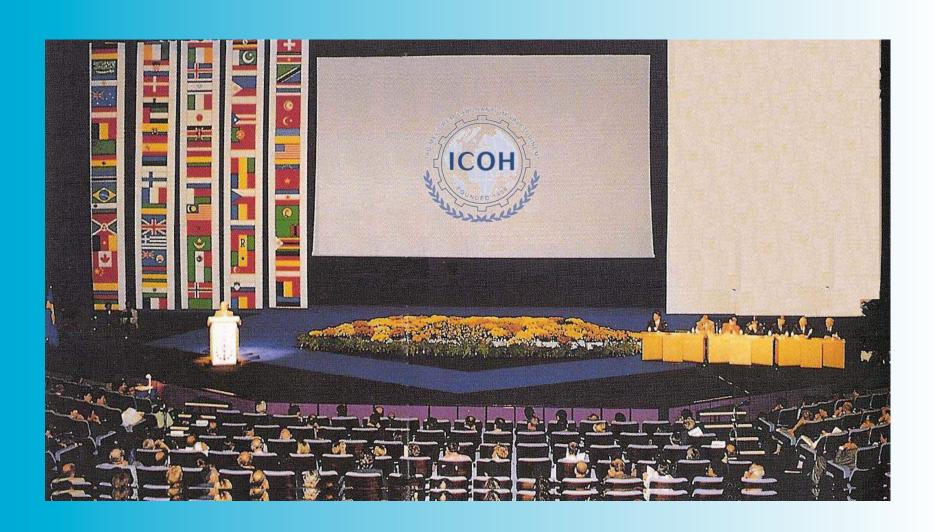
ICOH GENERAL ASSEMBLY

The General Assembly is the supreme governing body of the ICOH. It approves the Constitution, elects honorary members, one Auditor and one Vice-auditor, and decides on the venue of triennial International Congresses. The General Assembly also sets fees, accepts and approves the financial accounts, accepts the Auditor's report taking such action on it as is necessary, and approves the report on the activities of the Scientific Committees.

It consists of the individual members in good standing and one representative of each collective member.

ICOH Constitution, art. 4, section 1

ICOH GENERAL ASSEMBLY





President

Jukka TAKALA

Singapore

Secretary General

Sergio IAVICOLI

Italy



ICOH Officers



Vice-President

Seong-Kyu Kang

Republic of Korea

Vice-President

Marilyn Fingerhut
USA



ICOH Board 2015-2018













Kari Reijula



Dingani Moyo





Malcolm Sim



Mats Hagberg



Martin Hogan



Claudina Nogueira











Rosa Maria Orriols Ramos

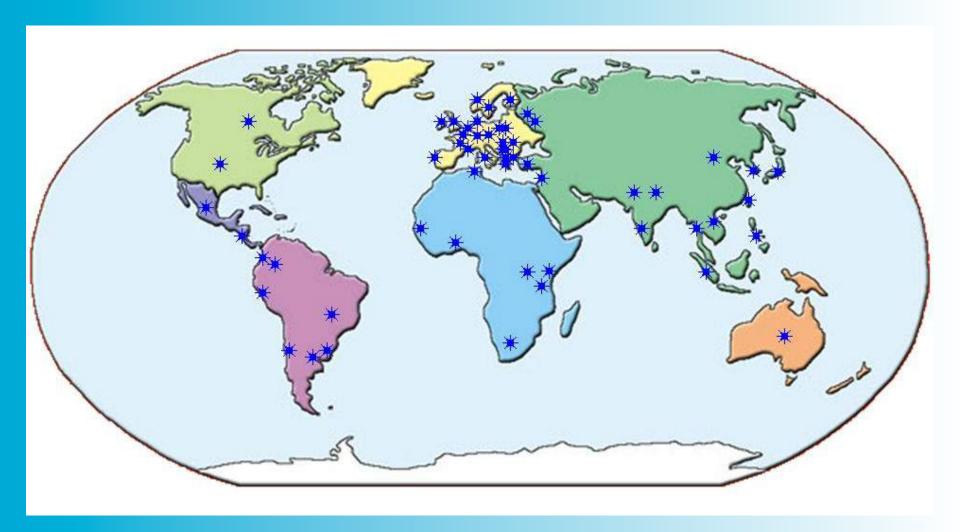
Tasks of Board Members

These are some of the most important tasks of the Board Members listed in Constitution, article 5, Section 7:

- to review the programme of work of ICOH and its Scientific Committees,

- to assist the Officers,
- to amend the Bye-laws whenever necessary,
- to recommend the venue of future International Congresses on Occupational Health to the General Assembly,
- to recommend the election of honorary members,
- to make recommendations to the President for submission to the General Assembly for its approval,
- to review the accounts.

ICOH NATIONAL SECRETARIES



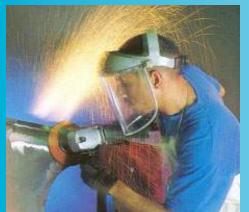
ICOH Accomplishments

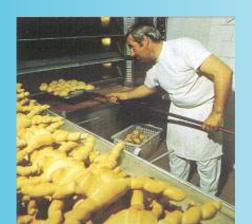


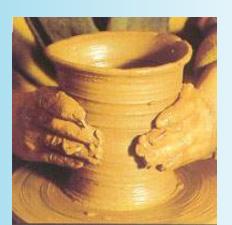




ICOH activities cover a wide range of topics, as reflected by the 35 Scientific Committees, each one focused on a specific field of work, and 1 Collaborative Network







Accident Prevention

Aging and Work

Allergy and Immunotoxicology

Cardiology in OH

Education and Training in OH

Epidemiology in OH

Emergency Preparedness and Response in OH

Health Services Research and Evaluation in OH

History of Prevention of Occupational and Environmental Diseases

Indoor Air Quality and Health

Industrial Hygiene

Mining Occupational Safety and Health

Musculoskeletal Disorders

Nanomaterial Workers'
Health

Neurotoxicology and Psychophysiology

Occupational and **Environmental Dermatoses**

OH and Development

OH for Health Care Workers

OH in the Chemical Industry

OH in Small-scale Enterprises and the Informal Sector

OH in the Construction Industry

OH Nursing

Occupational Toxicology

Occupational Medicine

Radiation and Work

Reproductive Hazards in the Workplace

Respiratory Disorders

Rural Health: Agriculture, Pesticides and Organic Dusts

Shiftwork and Working Time

Thermal Factors

Toxicology of Metals

Unemployment, Job Insecurity and health

Vibration and Noise

Work and Vision

Work Disability Prevention and Integration

Work Organization and Psychosocial Factors

Women Health and Work

ICOH Task Groups and Committees

TG on Social Determinants and Occupational Health

TG Constitution, Bye-Laws and Guidelines

Ethics and Transparency Committee

TG on Information and Communication

TG on Membership

Finance Committee

Scientific Advisory Committee

ICOH Working Groups and Networks

WG on the Elimination of **Asbestos-related Diseases**

WG on Young Workers and Child Labour

WG on the Implementation of the Global Strategy of Occupational Health for All with a special reference to global ban of asbestos and elimination Of asbestos-related diseases

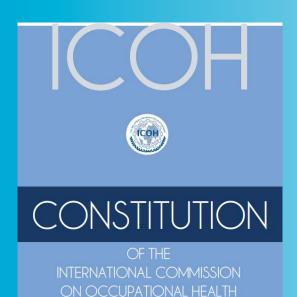
WG on Participatory
Approaches in
Occupational Health

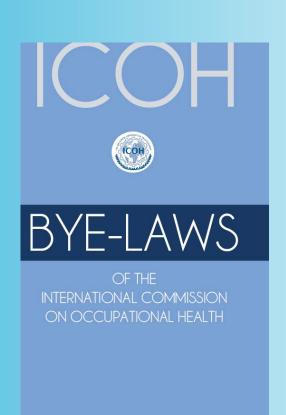
WG on Occupational Infectious Agents

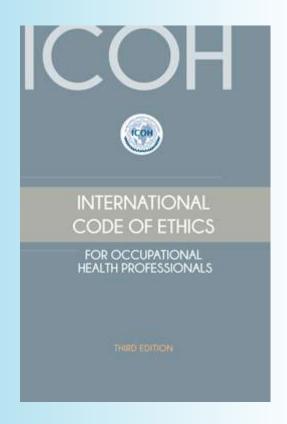
WG on Occupational Cancer

Network on International Communication and Information Technology

ICOH CORE DOCUMENTS

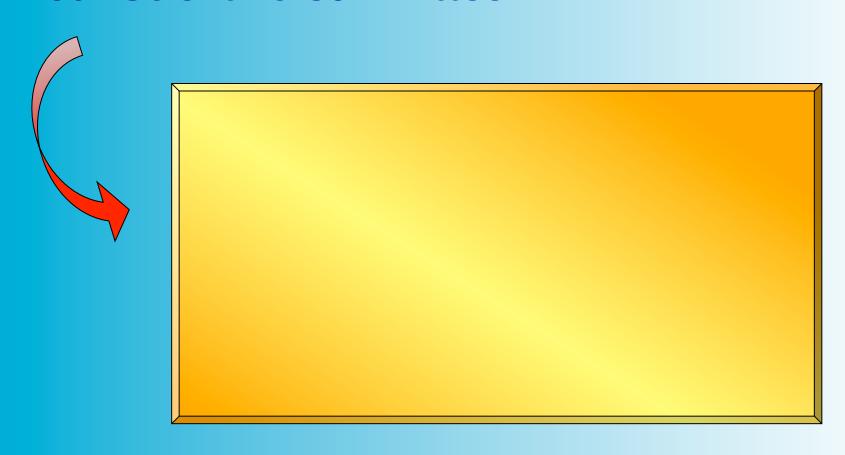






ICOH Scientific Committees

Your Scientific Committee:



ICOH Scientific Committees Virtual Office



Benefits for ICOH members

✓ A substantial reduction of the registration fee of the triennial International Congresses and some other ICOH-sponsored conferences;

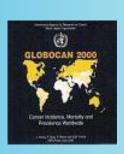
✓ 20-30% reductions of the subscription rates of international scientific journals such as:

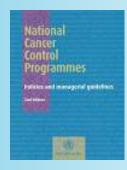


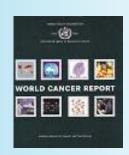
Benefits for ICOH members











- ✓ 50% reduction in the price of all ILO publications including the Encyclopaedia on Occupational Health and CIS abstracts. 40% reduction on all WHO information products.
- ✓ Epidemiology Journal, is making a discounted subscription offer to ICOH members. Irregularly the ICOH members are offered free scientific publications mainly from the WHO, the UNEP and the CEC.
 - ✓ To participate in the activities of up to three of the 35 scientific committees as well as submit materials for publication in the Newsletter.

Benefits for ICOH members





- Active participation to ICOH website internet platform and its social scientific professional community
 - ✓ Discounted fees for more than 40 among the major International conferences of OSH, in the triennium
 - ✓ Hard copy of newsletter for the members



International Commission on Occupational Health - ICOH Commission Internationale de la Santé au Travail - CIST

Founded in 1906 as Permanent Commission



Search in the website SEARCH

AROUT ICOH

CORE DOCUMENTS

Dear ICOH Colleagues,

PUBLICATIONS

NEWS

Message from the President (August, 2008)

REPORTS

FVFNTS

LINKS

PRIVATE AREA

Password or Member Code

Apply for membership

ICOH ®

Visit the official site

Last Name

lavicoli

First Name

Sergio

.....

CONTACT US

LOGIN

ICOH ORGANIZATION

Officers

Board

Scientific Commettees

National Secretaries Members

While the world athletics celebrated their Olympics in the sunny Beijing, here in the northernmost part of the northern hemisphere the summer starts gradually to retire and we move to the fourth season of the year.... Read more >

Election of ICOH Officers and Members of the Board for Triennium 2009-2011

Next event

2-6 August 2009 19th International Symposium On Shiftwork And Working Time

General Assembly convened immediately after the ICOH 2009 Congress. A



more è

ICOH - ISSA



ICOH Newsletter

Sustaining Members



The Memorandum of Understanding on collaborat between the International Commission on Occupational Health and the International

website



International Commission on Occupational Health (ICOH)



Communication Network leaflet

Renewed Newsletter



ICOH NEWSLETTE



International Commission or Occupational Health - ICOH

la Santé au Travail - CIST

Volume 9, Number 3

November 2011

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Message from the President

Dear ICOH Colleagues,

Prominent progress is seen in the ICOH activities for supporting the occupational health practice in many difficult situations. Discussion at the conferences of ICOH Scientific Committees I attended since the last Congress always focused on the practical support measures for comprehensive risk management in underserved sectors. These support measures seem effective when concrete procedures for risk assessment and control are presented. Recent progress is also noted about such procedures for promoting Basic Occupational Health Services (BOHS) and for managing multifaceted risks.



This was typically seen during the ILO/ISSA World Congress on Safety and Health at Work, held in Istanbul last September and at the ICOH Conference on Occupational and Environmental Health in Small and Medium-sized Enterprises (SMEs), held last October in Accra, Ghana by the Scientific Committee on Occupational Health in Small-scale Enterprises and the Informal Sector.

We can learn from the recent developments in action-oriented risk assessment procedures addressing multiple risks usually found in small-scale and informal workplaces. A good combination of workplace observations and the application of qualitative and other simple procedures is shown to lead to many practical improvements in risk reduction. Action-oriented training is being developed for using such procedures for BOHS and SMEs.

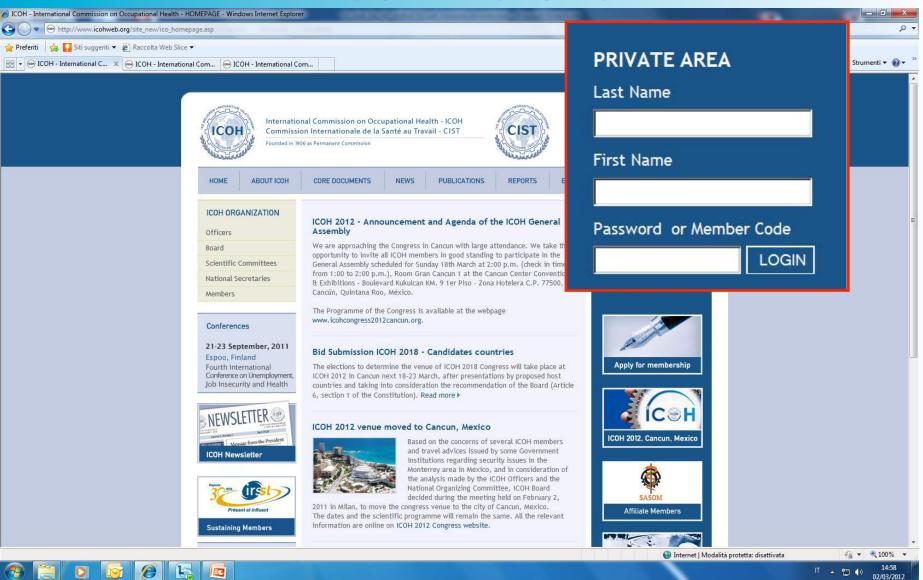
In facilitating effective support procedures in this direction, an increasing number of international and regional projects are in progress. Interactive development of such projects is noteworthy.

Trends in hazard monitoring and control

Inter-country projects reported at the Accra and other ICOH-related conferences mostly concerned practical procedures for hazard monitoring and control. For example, comprehensive procedures for addressing physical, chemical and ergonomics-related risks are being developed particularly for small-scale workplaces. Significant progress is seen in facilitating direct observation of high-risk situations or in visualizing serious exposures to physical and chemical hazards. By knowing particularly hazardous operations, the identification of necessary control measures is made easier. In so doing, active participation of employers and workers in following the procedures can be promoted.

The wider use of action-oriented training tools for improving small-scale workplaces is also noteworthy. Participatory training is successful when action-form checklists and easy-tounderstand guides are used for proposing practical risk-reducing improvements. These tools are utilized to focus on locally feasible improvements that have real impacts on risk reduction.

ICOH website



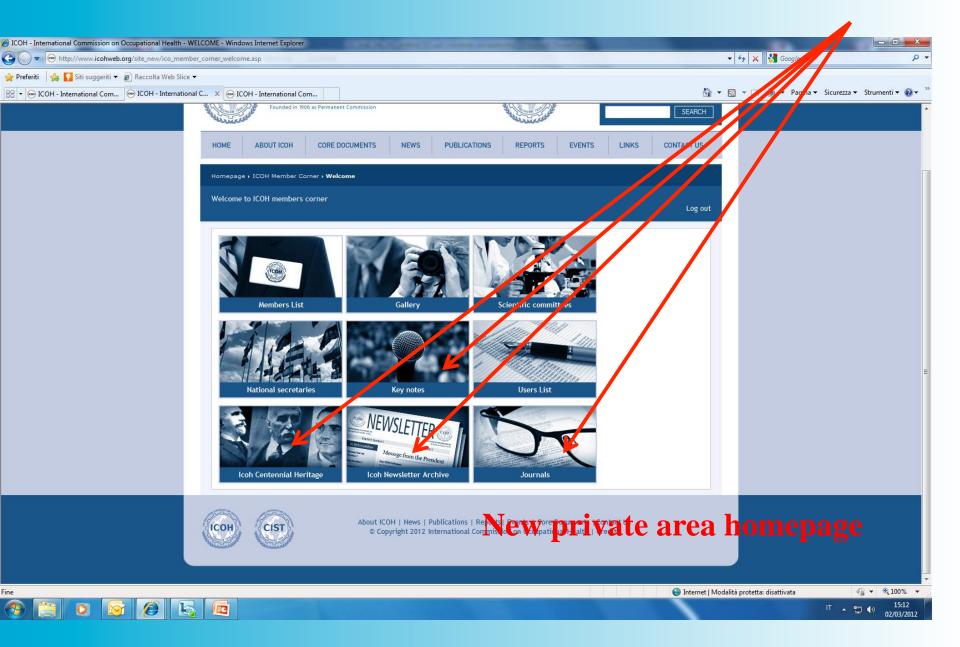
The largest OSH professionals scientific social network !!!

ICOH website

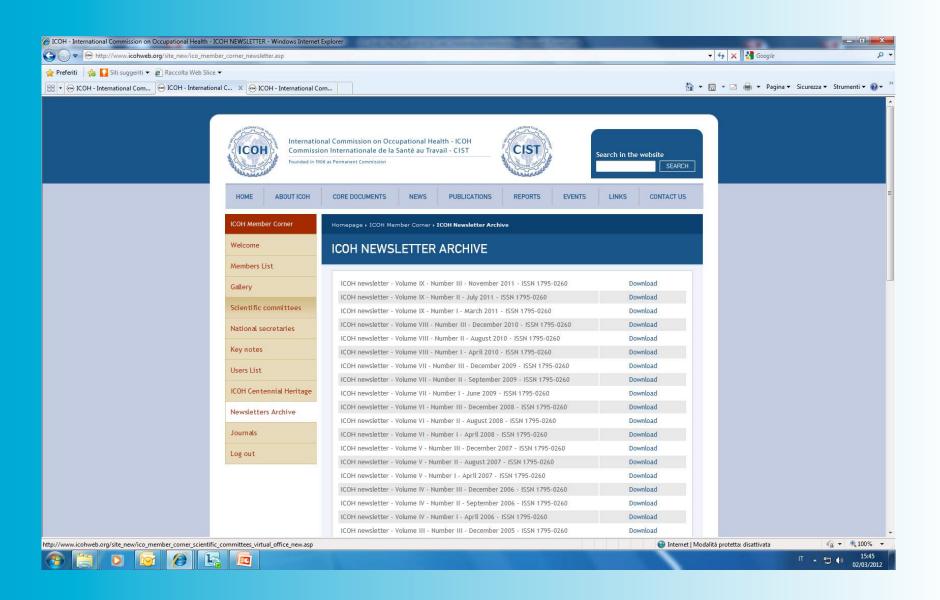
- >833 Members registered
- >54 out of 58 NS registered
- >26 out of 37 SCs Chairs registered
- ▶ 19 out of 37 SCs Secretaries registered
- >93 member's photo uploaded
- >143 member's current position indicated
- ➤115 cv uploaded



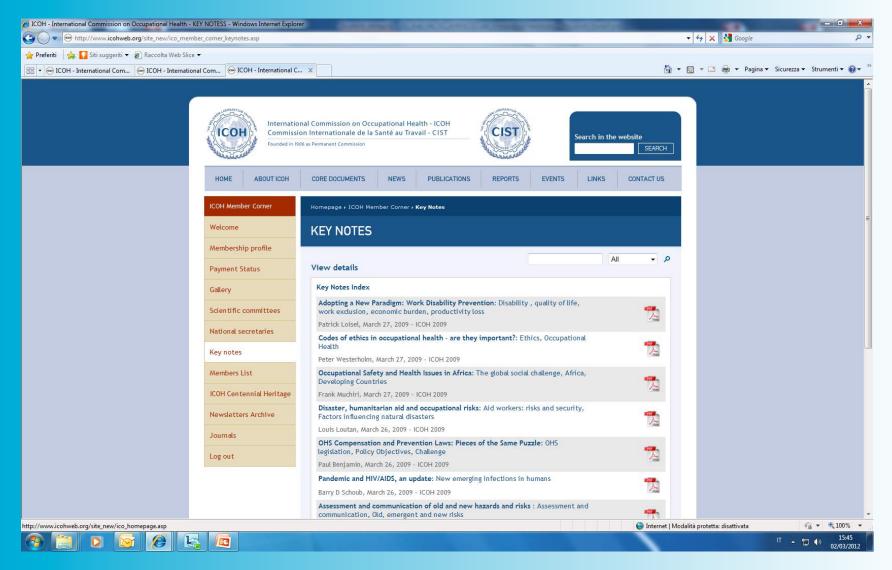
Benefit for ICOH members!



Benefit: Newsletter archive



Benefit: Key Notes of ICOH Congresses



Benefit: ICOH Centennial Heritage







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Journal Occupational Medicine

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ID request ICOHOCME000001

Date 2012-02-27

Name Jonathan

Surname Smitherson

Address Sunset Street 39

City Miami

State/province/region Florida

Zip/Postal code 33111

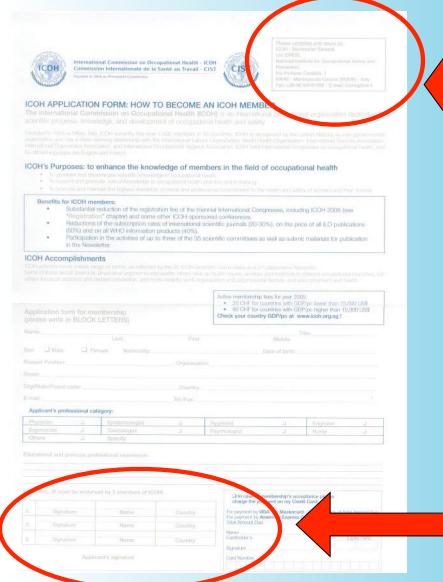
Country USA

Email g.smitherson@gmail.com

If this mail does not display properly, please contact icoh@ispesl.it.

1) Fill in the application form

It is available in English, French, Spanish and Italian at the National Secretary of your Country, and on ICOH website (www.icohweb.org)



Application form must be returned to the Secretariat General

How become
Internior

The application form must be endorsed by three ICOH members in good standing

2) The application will be verified and once accepted the new applicant will receive:





The acceptance letter from the Secretary General

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October 15, 2003

Dr. Keith Tisson Painner MRC Ell-vironmental Epidemiotogy Unit Southempton General Reserva. Tremana RD: Southempton shrinks?

Dear Dr. Pairrer,

I have the pleasure of informing you that your application for membership in the International Commission on Occupational Health has been excepted.

ENGLAND

I am enclosing a membership dues notice for your perusal and the modes of payment accordingly at your sentest convenience. Once payment is received I shall sent you the interest documents.

I look forward to selfcorring you as a member of the international Commission on Occupational Health and to your pertrapation in durorganization's activities.

Yours sincerely.

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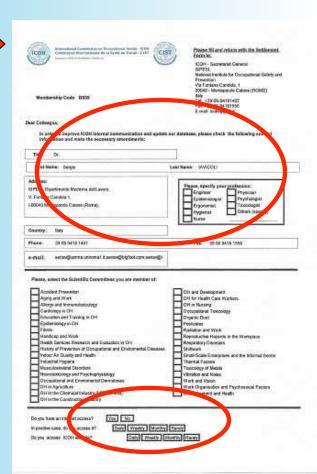
og Prof. Jorma Rantanen, ICOH – President National Secretary ENGLAND

enc settlement form contacts information form The contact form, please:

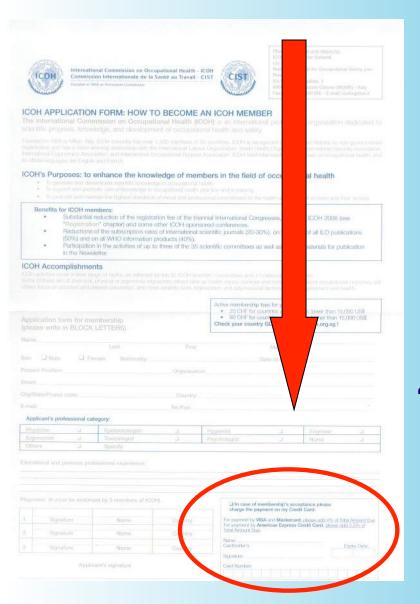
a) Check your data

b) Complete the questionnaire

...and return it to the Secretariat General



3) In order to pay the membership fee new applicant will receive a Settlement Form:



Tick the mode of payment and return it to Secretariat General:

- a) Cheque / Bank draft
- b) Direct Bank Transfer to UBS
- c) VISA credit card WA
- d) American Express credit card



e) Mastercard



4) Once in good standing new applicant will receive the membership card:

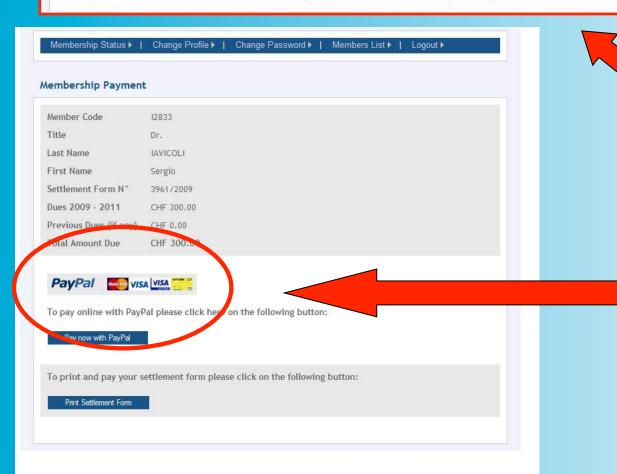




On-line Payment

Payment Status

To pay your membership fee please click here.





(in addition to the traditional one)

Membership fees For triennium 2015-2018

	Countries with GDP < 5,000 USD	Countries with GDP between 5,000 and 15,000 USD	Countries with GDP > 15,000 USD	
Active Members	45 CHF	72 CHF	345 CHF	
Young Members < 34 years old	30 CHF	45 CHF	72 CHF	
Retired Members 65 years old	30 CHF	60CHF	90 CHF	
Emeritus	No fee			
Honorary	No fee			

Membership fees

For the triennium 2015 - 2018

CHF

CHF

CHF

CHF

45

CHF 345 for Active membership from countries with GDP per capita > 15,000 USD

for Active membership from countries with GDP per capita between 5,000 and 15,000 USD

for Active membership from countries with GDP per capita < 15,000 USD

for Young members (< 34 years old) from countries with GDP per capita > 15,000 USD

for Young members (< 34 years old) from countries with GDP between 5,000 and 15,000 USD

for Young members (< 34 years old) from countries with GDP per capita < 15,000 USD

Membership fees

For the triennium 2015 - 2018

