Meeting of ICOH National/Area Secretaries

in connection with the 21st Asian Conference on Occupational Health (ACOH), 2-4 September 2014, Fukuoka, Japan

Date        Wednesday, 3 September 2014, 12.00–12.50 hrs
Venue               Fukuoka, Japan, Hotel Sea Hawk, Room "樟-Kusu-"

Present
Adul Bandhukul, ICOH NS for Thailand
Seichi Horie, ICOH NS for Japan
Leon Guo, ICOH Secretary for Taiwan
Kazutaka Kogi, ICOH President
Seong-Kyu Kang, ICOH Board Member
Jorma Rantanen, ICOH Past President
Suvi Lehtinen, ICOH Vice President (VP)

Topics discussed

1. Welcome

Suvi Lehtinen welcomed all participants, and described ICOH’s tradition of arranging one regional meeting of ICOH National/Area Secretaries in every region during the Triennium. She thanked the ACOH Organizers for organizing the time and venue for the ICOH NS meeting.

Dr. Andrew Whiteside of New Zealand informed the ICOH Officers of his willingness to communicate to the ICOH members in New Zealand that an ICOH NS is needed for the country. This initiative was very much welcomed by the ICOH Officers. VP will follow up this initiative.

2. Organization of the meeting

Many ICOH NSs from the Region had sent their apologies due to conflicting time schedules.

3. News from ICOH Vice President

Suvi Lehtinen briefly mentioned that the ICOH Mid-term Meeting was held in February 2014 in Helsinki. In that meeting, the report of the National Secretaries’ activities was presented to the ICOH Board.

The procedure for selection/election of ICOH NSs will be described in more detail in the next information letter by ICOH VP. In countries where the ICOH NSs have served two terms, a new candidate to be appointed by the ICOH President, should be
selected/elected. In countries where the ICOH NS has served only one term, he/she is eligible for another term, if the ICOH members in the country so agree.

Suvi Lehtinen informed that the final triennial reports of ICOH NSs are to be submitted by 30 November 2014, in order to be prepared for the Triennial Report, to be presented to the ICOH Board in May-June 2015 in Seoul.

She also informed that in 2011, a questionnaire survey was carried out among the ICOH NSs on the state of occupational health services in the countries, and that an article published in the Scandinavian Journal of Work, Environment and Health reported on this. The aim is to repeat the survey, and the questionnaire is to be sent out in October-November 2014. [http://www.sjweh.fi/show_abstract.php?abstract_id=3317](http://www.sjweh.fi/show_abstract.php?abstract_id=3317)

4. **Brief reports of ICOH National/Area Secretaries**

Seichi Horie, Japan, reported on the domestic activities relevant to ICOH during 2012-2014. The 21st ACOH is currently in session, chaired by Dr. Ken Takahashi, ICOH Past Board Member. The overview of the 30th ICOH 2012, Cancun, has been published in a Japanese journal (Occupational Health Journal 35(4), 52–57, 2012) written by Seichi Horie and Dr. Norito Kawakami, ICOH Board Member. The Korea-Japan-China Joint Conference on Occupational Health was held in May 2012 in Jirisan, Korea, and will also be scheduled consecutively after this ACOH in Fukuoka. The campaign for the 31st ICOH 2015, Seoul, was held at the 86th meeting of the Japan Society for Occupational Health (JSOH) in Matsuyama, 2013 and repeated at the 87th meeting of JSOH in Okayama in 2014. Seichi Horie and Dr. Kogi, together with the staff of the University of Occupational and Environmental Health, Japan, held an ad-hoc meeting to compile a draft of the revised ICOH Code of Ethics, in Kitakyushu, on 8–9 August 2012. Dr. Akizumi Tsutsumi, Chair of the SC on Cardiology in Occupational Health, organized the 6th ICOH International Conference on Work Environment and Cardiovascular Diseases, on 27–30 March 2013 in Tokyo. Dr. Yukinori Kusaka, Chair of the SC on Respiratory Disorders, continues to support the training course of the Asian Intensive Reader of Pneumoconiosis Course (AIR Pneumo) every year. Dr. Gaku Ichihara, a member of SC on Nanomaterial Workers’ Health, organized the 6th International Symposium on Nanotechnology, Occupational and Environmental Health (NanOEH) on 28–31 October 2013 in Nagoya. Finally, Seichi Horie has annually organized a “Meeting of ICOH Active Members in Japan” during the JSOH meeting for obtaining ICOH new members; most recently held in Okayama on 22 May 2014.

Leon Guo, Taiwan, reported on developments in Taiwan. An integrated effort for managing and reporting occupational diseases and injuries was initiated in 2007, by the Occupational Safety and Health Agency and medical sectors, including tertiary referral medical centres and primary and secondary hospitals. This is called the Network for Occupational Disease and Injury Services (NODIS). A web-based reporting system for occupational diseases was set up in 2007. Up to 2013, this network consisted of a coordination centre, nine tertiary referral centres (Centres for ODIS, CODIS), and over 60 networking hospitals, mainly primary and secondary hospitals in the general catchment areas of the nine CODISs. Reported cases of occupational diseases increased from 584 in 2006 to 2482 in 2013. Several clusters of occupational diseases were identified and investigated by epidemiological approach. The Governmental policy on occupational health was changed on the basis of the NODIS findings. These findings include (1) A cluster of occupational psychiatric diseases after occupational injuries. A follow-up of patients was carried out, and increased post-traumatic stress disorder and major depression were found in injured workers. As a result, psychiatric diseases after occupational injuries were included in the list of compensable occupational diseases. (2) Diseases attributed to both personal health and working conditions have increased, including cardiovascular and cerebrovascular diseases. Occupational health services for all industries with 300 employees or more is thus mandated by the regulation in 2011, in order to promote both workers’ health, and occupational health.
A recent amendment of the OSHAct of Taiwan emphasizes protecting workers from musculoskeletal disorders, mental conditions, affected outcomes of pregnancies, violence, etc. This amendment allows occupational health workers to further advance occupational health and workers' health.

Professor Chuang of Kaohsiung Medical University took the lead to bid for the ACOH2017 to be held in Taiwan; the proposed city being Kaohsiung. This was well accepted by the Council of ACOH.

Adul Bandhukul, Thailand, reported on various activities that are taking place in Thailand. The Asian criteria for diagnosis of occupational diseases are under development, and a special session on this topic is planned for ICOH2015. Physical medical examinations are being planned for migrant workers (3 mill.). A plan to organize occupational health services for these workers is underway. A new law also supports occupational health services for Thai workers. A new institute dealing with occupational health and safety issues is being established. Adul Bandhukul reported that it is difficult to get new members to be interested in joining ICOH because of the size of the membership fee.

Suvi Lehtinen informed participants of the possibility to pay the first triennium membership fee of selected experts from the Noro Fund. It was agreed that Adul Bandhukul would send the names of those experts (5–6) who would like to join ICOH, to Suvi Lehtinen who promised to discuss the matter with the ICOH Secretariat. This offer applies to countries in the Region with GDP<USD 15,000.

5. **ICOH Congress 2015 advances**

Seong-Kyu Kang reported on the preparation for ICOH2015 Congress which are well underway. The deadline for abstracts has been extended to 30 September 2014. The deadline for Special Session papers is 31 October 2014. Experts submitting an abstract who are ICOH members and come from a developing/transitory country, may also apply for partial financial support to attend the Congress. More information is available on the ICOH2015 website.

6. **Revised ICOH Code of Ethics**

Kazutaka Kogi reported on the revised ICOH Code of Ethics that was approved in the ICOH Mid-term Meeting in Helsinki. The revisions were made on a minimal basis in order to maintain the current structure, which has been used by some countries as a basis in their OH&S legislation. The changes deal with confidentiality, organizational ethics, and the proactive role of occupational health personnel. The Code will most probably be discussed in a special session in Seoul.

7. **Other issues**

As there were no other matters, Suvi Lehtinen thanked the participants and closed the meeting.

Notes made by SL