



NEWSLETTER



International Commission on
Occupational Health – ICOH

Commission Internationale de
la Santé au Travail – CIST

Volume 1, Number 2

December 2003

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Message from the President

Dear Colleagues,

A busy year approaches its end and hopefully everyone will have a short break to recover before the new objectives, target results, output indicators, etc., again start to measure everyone's productivity and efficiency next year in the globalizing world of work.

Many important events can be recorded for the year 2003, the Iguassu Conference ICOH2003 certainly being the most important one. Practical activities under the leadership of the new Scientific Committee (SC) Chairs and Secretaries are going on. In the letter of appointment, I called for certain interim outputs and for the definition of targets for the whole triennium. Many of the Committees and Groups have signalled activities to Vice-President Alain Cantineau, but some others have been silent. I would like to see each Scientific Committee and each Task Group and Working Group send a short message on their activities during the year 2003. We are planning to collect them and to put them as an 'annual report' on the website of ICOH. I am hereby inviting the respective officers (SC Chairs and Secretaries, TG and WG Chairs) to mail such a report by 15 January 2004 to the Secretary General. You will find his mailing address on the back page of this Newsletter; and he will read them and send them on to Alain and me.

Some important events in international occupational health have taken place since the previous Newsletter. Probably one of the most important is the ICOH–ILO–WHO meeting in Rome on 5 November 2003 for discussions on collaboration among the three organizations, and on possible new initiatives. As can be expected, the development of occupational health services, child work, and new safety strategies, were the most important topics of discussion. Brief news on the meeting are given on page 5.

The implementation of the plan accepted by the Board on the organization and activation of National Secretaries has started well, and Senior Vice President Ruddy Facci has already started to arrange meetings of National Secretaries, each one on a different continent. We still need to clarify the role of the National Secre-





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taries and to guide and support them in their activities. We also need to find effective methods to communicate with their constituents.

Active relations with the ICOH and national professional associations of occupational hygienists, physicians, nurses, safety engineers, psychologists, ergonomists, physiologists, etc. are of vital importance to ICOH. Simultaneously, the potential for increasing the ICOH membership will grow. The National Secretaries will be encouraged to be active towards their associations and to inform them about the activities and benefits of ICOH membership.

The development of Basic Occupational Health Services (BOHS) was one of the key ICOH strategy objectives for the triennium that was decided in the Iguassu General Assembly. As reported in the previous Newsletter, the item was introduced to the ILO Strategy Committee in June as a part of the activities of the International Labour Conference.

The Joint ILO/WHO Committee on Occupational Health discussed the BOHS in its 13th Meeting on 9–12 December 2003, and accepted the development of BOHS as one of the priorities for collaboration between ILO and WHO (and ICOH). The topic was discussed actively and the importance of the topic was recognized. The working paper on BOHS will soon be put on the ICOH website. For a brief news on the Joint Committee Meeting see page 4.

The year 2004 will be the most important one for the achievement of the triennial objectives of all of us. At the Mid-Term Meeting in January 2005, each Committee and other working bodies are expected to give a half-way report to the Board. We still have one year to cumulate outputs.

As a more general issue, I would like to say a few words on ethics. Ethical principles are of utmost importance to a professional association like ICOH, which is working on a voluntary basis and aims at the development of our professions. In fact, what ICOH can offer to its members are fora for scientific and professional collaboration and interaction, contacts and links with other colleagues working in the same areas of interest, for instance, in research, training, practice or other activities of occupational health and safety, and not least, guidance in ethical conduct in the form of the Code of Ethics.

Professional ethics in occupational health is extremely important, as we often work in the midst of very diverting interests and deal with difficult, delicate and crucial issues. We have been given much responsibility to use our competence and knowledge to the benefit of the health and safety of individual workers, of enterprises or other organizations, and often of the whole country or nation. Those of us who carry out research may have a much wider impact, reaching international and even global dimensions.

The pressure towards the ethical conduct and professional independence of experts is growing, and there are many potholes along the way. Much of the practical ethical conduct lies in the so-called tacit knowledge that benefits discussions with other colleagues, and from learning to apply the principles in practice. Trainers and educators, tutors and senior experts and leaders offer an example to the younger colleagues through their own behaviour and actions.

It is important for the overall spirit and culture of ICOH to encourage and activate discussion on professional ethics, and particularly its implementation in everyday life. May I propose that the new version of the ICOH Code of Ethics would not remain merely a remote and passive paper, but that it will be studied and discussed actively by as many members as possible. For example, the Scientific Committees in their meetings and other events could take as one item of discussion the implementation of the Code of Ethics in their respective field of activity. The various professions in their professional meetings could do the same.

Professional independence and ethical conduct go hand in hand in our field. They also support the credibility, reputation and respect of not only ICOH, but also of our professions as a whole. Therefore, we all have a moral obligation to act according to the best ICOH principles. Sometimes somebody has claimed ICOH to be too close, for example, to industry. As at least one third of ICOH's members are employed by industries, we are in fact close. But this does not mean that our work in industry would be unethical or unprofessional, but just the opposite. Our colleagues in industry want to follow the ICOH ethical principles in their practical activities as we all do in our respective organ-

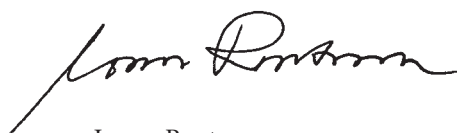
izations, no matter whether they are private, public, semipublic or governmental. The question is not for whom you work, but how you apply your professional ethics in your everyday work.

By joining our Association, each member commits him/herself to follow the ICOH ethical principles. ICOH has also provisions in the Constitution that guide us to make collective interventions if these principles are violated.

It is traditional wisdom to first ensure that each person has internalized and applied the principles in his/her own practice. If observations on misconduct are made, they should be discussed and subjected to corrective actions. Need for such actions will, however, be minimized if all of us faithfully follow the guidance of the Code of Ethics.

Let me once again express my appreciation to all active ICOH members who, in addition to their daily work, want to invest their time and energy to the benefit of our Association and the professions and disciplines it represents. It is something that we must remember to honour and encourage.

With these thoughts, I want to wish all ICOH Members a Merry Christmas and Happy New Year 2004, and thank you for your valuable work for occupational health in your countries and globally in 2003.



Jorma Rantanen
President of ICOH

From the Editor

The need for information is obvious

Feedback

The first issue of the revitalized ICOH Newsletter has been published, and hopefully has arrived to all members by now.

The feedback that we have received has been positive in the sense that it has confirmed the great need for information that exists in every corner of the world. We will do our best to develop the newsletter to fill this information need.

This issue

In this issue of the Newsletter you will find more information on the ICOH Secretariat, Sustaining Members, and forthcoming meetings co-organized or sponsored by ICOH or its Scientific Committees. The intention is to put all these also on the website of ICOH.

In addition, we continue to publish important research findings in occupational health and safety. In this issue, you can read the brief description of the Whitehall II study and its main results. We would like to take this opportunity to thank Sir Michael and his co-workers for this contribution.

We have also started publishing the names of new ICOH members, and in this issue we give an overview of the ICOH Sustaining Members. This may also encourage the joining of other new members.

Next issue

The next issue of the ICOH Newsletter will come out on mid-April 2004. The deadline for materials is 15 March 2004. Please send your contributions to suvi.lehtinen@ttl.fi or to marjaana.mattila@ttl.fi.

Paper copy of the Newsletter or reading on Internet?

We have started editing and publishing the Newsletter as a paper copy, and it has also been put on the ICOH website. If you do not wish to get the Newsletter as a paper copy by mail, please inform us either by e-mail or fill in a form at: www.ttl.fi/icohnewsletter. This will save both printing as well as mailing costs. On the basis of the previous issue, it seems that the vast majority of the members wish to read the Newsletter as a paper copy.

Also, we received some feedback concerning the contents of the Newsletter. We very much appreciate this feedback, and will do our best to meet the wishes and needs of our readers.

Thank you for collaboration in 2003

On behalf of the Editorial Board, I would like to take this opportunity and thank all of you most warmly for your contributions this year, and wish you health, happiness, peace and prosperity in the coming year.

Suvi Lehtinen
Editor

Communication in ICOH

One of the goals set by the Board for the triennium 2003–2006 was to strengthen the organization of ICOH. An active two-way communication is one of the characteristics of a strong organization. And in today's world, more and more information is transmitted in electronic form. In consequence, the Secretary General and his staff have carried out a small inquiry among 734 ICOH members in good standing to find out how adequate channel of communication the Internet and e-mail are in ICOH. Of these 734 members, about 13% (97) do not have any e-mail address. 453 members told they have an Internet access and 83% of them have a daily access. In conclusion, some 58% of the ICOH members are on the Internet very frequently. Therefore, an "ICOH Internet community" could be a real benefit in their daily life (forum, chat, newsgroups etc.) In addition, 87% of the ICOH members have an e-mail address and can be reached by official communications routed by mail webserver. All these aspects should be taken into account when planning the communication in ICOH. Development of new communication channels should, however, not lead to the negligence of the traditional, non-electronic, ways of communicating.

The ICOH Secretariat

The ICOH Secretariat supports the work of the ICOH Officers, Board and the whole membership. It works at ISPESL in Rome. Dr Sergio Iavicoli, Ms. Fabiola Spaziani and Carlo Petyx will help in all issues concerning ICOH.

Suvi Lehtinen



ICOH Code of Ethics

ICOH prepared its first Code of Ethics in 1994. Since then the Codes of Ethics have been revised twice. The ethical principles are crucial in the work of the occupational health and safety personnel. You can read the Codes of Ethics on the ICOH website: www.icoh.org.sg both in English and in French.

Joint ILO/WHO Committee on Occupational Health

The Committee recommended that WHO and ILO collaboration should focus on the following key areas:

1) Guidance and support for national OSH programmes, including:

- providing basic occupational health services;
- promoting OSH management systems and tools, including control banding;
- developing national profiles and indicators;
- assessing the cost effectiveness of OSH interventions;
- establishing effective enforcement agencies.

2) Enhancing regional collaboration and coordination, including:

- the development and dissemination of models for cooperation;

3) Coordination and enhancement of information and educational programmes and materials, including:

- the development of a joint internet-based global portal;
- statistics.

4) Awareness-raising activities and instruments, such as campaigns, events and special days.

The Committee recommends that special attention should be paid to the following global occupational safety and health issues in future ILO/WHO collaboration:

- the elimination of silicosis and asbestos-related diseases;
- ergonomics;
- violence at work;
- list of occupational diseases;
- occupational injuries.

A complete copy of the meeting report is being posted on the ILO web-site, where details and background papers are already available. Direct link: <http://www.ilo.org/public/english/protection/safework/health/session13/index.htm>

From left to right: Ms. Fabiola Spaziani, Professor Jorma Rantanen, Dr. Sergio Iavicoli, and Mr. Carlo Petyx.

ICOH–WHO–ILO Meeting on 5 November 2003

Right before the ISPEL Opening Seminar, the representatives of the three organizations, ICOH, WHO and ILO, met in Rome. The aim of the meeting was to discuss the current topics and activities in each organization and to find out ways for improving the practical collaboration.

ILO (Mr. Igor Fedotov) is in the process of finding ways to implement the Integrated Approach to Occupational Health, discussed and endorsed by the International Labour Conference in June 2003. The Resolution requests for promotional instruments on occupational health and safety, so that countries can utilize them in their own development of occupational health and safety at the country level.

The ILO/WHO Joint Committee on Occupational Health will have its next meeting in December 2003.

WHO (Dr. Marilyn Fingerhut, Dr. Gerry Eijkemans WHO/HQ) reported on several priorities, such as global silicosis prevention programme in collaboration with the ILO, development of country profiles in occupational health and safety, implementation of control banding, development of training in occupational health and safety, e-learning in particular, as well as economic evaluation of occupational health and safety measures.

ICOH (Prof. Jorma Rantanen, Dr. Sergio Iavicoli) is preparing for the ICOH2006 and the Centennial events of the Organization in June 2006. This will provide a good forum for emphasizing the priority value of occupational health both on the national and international agenda. The Mid-term Meeting of the ICOH Board and the Chairs of the Scientific Committees will be organized on 27 January 2005 in Helsinki.



Suvi Lehtinen

Dr. Gerry Eijkemans and Dr. Marilyn Fingerhut of WHO.

As a summary, the following conclusions were made concerning the future collaboration among the three organizations. The ILO/WHO Joint Committee, scheduled for 9–12 December 2003, was deemed as the main event in the near future. It was also decided to meet twice a year in connection of other events arranged by the organizations in order to keep each others informed on the recent developments. The next meeting will be in connection of the International Labour Conference (June 2004), and then in January 2005 in Helsinki OHS2005 Conference.



Suvi Lehtinen

Mr. Carlo Petyx of ICOH Secretariat, Mr. Igor Fedotov of ILO and Jorma Rantanen.

Collaboration between ICOH and Collegium Ramazzini

It was already mentioned in the first issue of the Newsletter that the Presidents of ICOH and Collegium Ramazzini had discussed the possible forms of collaboration in occupational health and safety. At the beginning of December 2003, there was a possibility for the Presidents of each association to discuss the forms and contents of collaboration more in detail.

In the discussions the following topics and forms for collaboration were agreed upon. It was agreed that no formal agreement be made but collaboration will be carried out on ad hoc basis.

Work on asbestos. A series of asbestos meetings have been arranged by FIOH and other organizations, including Collegium Ramazzini. The meetings have created much discussion, improved awareness and demonstrated practical tools for recognition of asbestos-related diseases and strategies and practices for prevention (total elimination of new use, careful protection in demolition and waste handling). It was agreed that ICOH and Collegium Ramazzini work together to promote the organization of regional asbestos meetings in South America and in Africa. They will join national meeting organizers in this endeavour.

Development and promotion of Basic Occupational Health Services (BOHS). The WHO, ILO and ICOH have launched a new concept of BOHS that in a certain sense corresponds to the Primary Health Care concept of WHO but is applied in occupational health and aims at the provision of basic occupational health services for all working people in the world. A background document on BOHS was discussed in the Joint ILO/WHO Committee on Occupational Health in December 2003 in Geneva and actions for practical measures were decided thereafter. One of the practical tasks was training of the concept and practice to those who are going to deliver BOHS and particularly to primary health care workers.

Child work. ILO/WHO/UNICEF have launched a global programme,

IPEC, for elimination of child labour. ICOH has not found it appropriate to establish any separate programme for child work but has decided to support with contributions on occupational health research the IPEC programme. For that ICOH has organised a small task group that follows the developments in IPEC and activates ICOH members in research on health effects of child work. President of Collegium Ramazzini is invited and has accepted to be a member in the ICOH group and the group work will be activated so that a special event in the ICOH 2006 Congress can be organised around child work.

Training and education. Training and education in the form of short courses are organised particularly in connection of congresses co-organised or so-sponsored by both Collegium Ramazzini and ICOH. It was agreed that some courses would be organised in collaboration preferably in connection of the meeting events organised by both parties. Topics of courses could, for example, be asbestos, BOHS and occupational health aspects of child work. ICOH President discussed in December with Mr. Roslaer, Director of IPEC, in Geneva and an agreement was made to organize a meeting in which the ICOH contribution will be discussed.

Precautionary principle. In the ICOH 2003, a special session on Precautionary Principle was organised by Collegium Ramazzini. The concept was lively discussed and the policy, administrative as well as scientific aspects were covered. The practical implementation in the everyday occupational health and environmental health practice were, however, less extensively covered. There is a need to analyse the ways and methods

for implementation of the PP in the everyday practice at the floor level. It needs still much discussion, experimenting and research. It was agreed that a meeting on PP in practice will be organised jointly by the Collegium Ramazzini and ICOH and other relevant partners and, if possible, a special session in ICOH 2006 will be again organised. The ultimate aim would be a production of guideline on PP in practice for occupational and environmental health practitioners.

Development of collaboration. It was agreed that the Group for Developing Countries of Collegium Ramazzini will collaborate with the ICOH SCOH-



Suvi Lehtinen

Dr. Philip Landrigan, President of Collegium Ramazzini, and ICOH President had long discussion on 2 December in Helsinki concerning the practical collaboration.

Dev Group and utilize the African Newsletter on Occupational Health and Safety as a channel for information dissemination.

Social gradient in health – the Whitehall II Study

Text by Professor Sir Michael Marmot



Whitehall II is a longitudinal, prospective cohort study of 10,308 women and men all of whom were employed in the London offices of the British Civil Service on recruitment to the study in 1985. The baseline data collection included a clinical examination and a self-completion questionnaire and the response rate was 73%. To date six waves of data collection have been completed and a seventh is underway. The name Whitehall II is derived from a previous study of over 18,000 civil servants (the first Whitehall study) all men.

The Whitehall studies have dispelled two myths. The first is that people in high status jobs have higher risks of heart disease. The second is that the gradient of health in industrialised societies is simply a matter of poor health for the disadvantaged and good health for everyone else.

How did the Whitehall studies dispel these misconceptions? The first Whitehall Study compared mortality of people in the highly stratified environment of the British Civil Service. It showed that among British civil servants, none of whom was poor in the absolute sense, there was a social gradient in mortality that ran from the bottom to the top of society. The more senior you were in the employment hierarchy, the longer you might expect to live compared to

people in lower employment grades. Twenty years later, the Whitehall II study documented a similar gradient in morbidity in women as well as men. A striking finding from the Whitehall Studies was that the social gradient was observed for a range of different diseases: heart disease, some cancers, chronic lung disease, gastrointestinal disease, depression, suicide, sickness absence, back pain and general feelings of ill-health. A major challenge, and a reason for the importance of these studies, was to understand the causes of this social distribution of so many disorders.

The social gradient in health is not a phenomenon confined to the British Civil Service. Throughout the developed world, wherever researchers have had data to investigate, they have observed the social gradient in health. An American study, the Panel Study of Income Dynamics, classified people according to household income and demonstrated a continuous gradient in mortality. The poorest people had the highest mortality rates, while the mortality rates of people in middle income groups were intermediate between those at the bottom and those at the top. Studies in Europe and Australasia show a clear relationship between position in the social hierarchy and mortality. The social gradient is present for most of the major causes of death.

The Whitehall studies have gone some way towards unravelling the mystery of why someone in the middle of the social hierarchy should have worse health than those above them and better health than those below them. There is a social gradient in smoking, in lack of physical activity, and in obesity (particularly in women). These aspects of lifestyle, and associated measurements such as plasma cholesterol and blood pressure are responsible for about a quarter of the social gradient. This suggested two avenues of investigation. Why there should be a social gradient in smoking and other health behaviours and second what else may be responsible for the social gradient in health. The Whitehall II study has shown evidence that the way work is organised, the work climate, social influences outside work, influences from early life, in addition to the health behaviours listed above all contribute to the social gradient in health. These lead to the uncomfortable (for some) finding that inequalities in health cannot be divorced from inequalities in society. The inescapable conclusion is that to address inequalities in health it is necessary both to understand how social organisation affects health and to find ways to improve the conditions in which people work and live.

More information on the project:

<http://www.ucl.ac.uk/epidemiology/white/white.html>
or
Whitehall II Study
Department of Epidemiology & Public Health
Royal Free and University College Medical School
University College London
1–19 Torrington Place
London WC1E 6BT

EPICOH 2004: 17th International Symposium on Epidemiology in Occupational Health

The Scientific Committee on Epidemiology in Occupational Health under the International Commission on Occupational Health (ICOH) was established in 1980. Since then it has held symposia in many cities around the world.

Now we welcome you to Melbourne, Australia from 13–15 October 2004 for the 17th International Symposium on Epidemiology in Occupational Health. As well as a stimulating scientific program and post conference epidemiological methods course, you'll be able to sample warm Australian hospitality.

EPICOH 2004 should appeal not only to people who work in occupational epidemiology, but anyone with an interest in the relationship between work and health.

EPICOH 2004 will focus on emerging issues in occupational epidemiology and its role in preventing occupational disease and injury.

You can register your interest now! Email the EPICOH 2004 Conference Secretariat with your contact details at epicoh2004@med.monash.edu.au or visit our website at www.med.monash.edu.au/epicoh2004 or fax the EPICOH 2004 Conference Secretariat at (+ 613) 9903 0556.

We hope to see you in Melbourne in October 2004.

Malcolm Sim (Monash University, Australia)
Chair Organising Committee
Neil Pearce (Massey University, New Zealand)
Chair Scientific Committee

ICOH Scientific Committee on Radiation and Work

Next Meeting—Workshop on Non-Ionizing in Seville

The ICOH Scientific Committee on Radiation and work will meet in conjunction with the ICNIRP/WHO International Non-Ionizing Radiation Workshop & Symposium, Seville, 20–22 May 2004. The Workshop is co-sponsored by ICOH and several ICOH members will be presenting lectures.

The International NIR Workshop & Symposium will take place in Seville, Spain, from 20 to 22 May 2004 immediately preceding the IRPA11 Congress of the International Radiation Protection Association in Madrid. This ICNIRP/WHO workshop is being held in collaboration with the URSI Commission K Symposium.

Internationally recognized experts in all non-ionizing radiation (NIR) specialties will present lectures on characteristics, dosimetry, interaction mechanisms, biology and health effects, standards and protective measures covering all NIR, from static fields to ultraviolet radiation. Some of the highlights will be Mobile Telephones, ICNIRP's Philosophy on NIR protection, NIR Programmes of WHO, EMFs and the Precautionary Principle, and Medical Aspects of NIR.

The registration procedure is now opened. To secure your 12.5% discount, register before 15 December 2003 at www.icnirp.org/NIRWorkshop5.htm

For inquires, please contact the ICNIRP Secretariat, Karine Chabrel

International NIR Workshop, 20–22 May 2004
Early registration discount: register soon!
www.icnirp.org

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The International Symposium on Occupational Health in

Small-scale Enterprises and the Informal Sector

Nagoya, Japan, 12–14 November 2004

The International Symposium on Occupational Health in Small-scale enterprises and the Informal Sector will be held in Nagoya, Japan from 12-15 November 2004. The meeting is organized under the auspices of the ICOH Scientific Committee on Occupational Health in Small-scale Enterprises and the Informal Sector (Chair, Prof. Wai-On Phoon).

Scope and Purposes – The main theme of the symposium will be “Learning from good practices in small workplaces”. The Symposium is intended to share advances in occupational health research and practice in small-scale enterprises and the informal sector. A special emphasis will be placed on successes in improving occupational health in this field and new methodologies and support systems in this direction. Papers on good practices and innovative strategies for occupational health in small workplaces are most welcome.

Who should participate? – The symposium will gather researchers, practitioners and experts interested in occupational health in small-scale enterprises and the informal sector. This interdisciplinary meeting is open to all those working for the health of workers in this field, including safety and health personnel, administrators, managers, workers and their trainers.

Topics – The main topics include:

- Trends and Strategies
- Innovative Approaches
- Good Practices and successes
- Practical risk assessment
- Training and Information
- Work-related Diseases and Disorders
- Worksite Health Promotion
- Networks and Supporting Services

Important Dates

Second Announcement	15 December 2003
Abstract submission	1 May 2004
Notification of abstract acceptance	15 June 2004
Early registration	1 August 2004

The Organizing Committee is chaired by Prof. Toru Itani, Nagoya City University Graduate School of Medical Sciences, with Dr. K. Kogi as Honorary Chair and Prof. N. Tachi as Secretary. The International Advisory Committee is chaired by Prof. W.O Phoon.

Contact address

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Courses

Third International Course on Occupational Health Nursing

8–12 May 2004,
Søsterhjemmet Hostel,
Copenhagen, Denmark

The course aims at helping OHNs to face the new challenges of the changing work life.

Target group

- OHNs who have worked in the field of OHS at least for five years, teachers, researchers, and authorities in OH-nursing.

Main topics

- The changing work life, a challenge for the development of OH expertise
- Nursing as a profession; what is nursing, concepts and fundamentals, aims and frameworks, basis of knowledge
- The role of the occupational health nurse in a multiprofessional OH services team
- Implementation of research into practice
- Development of methods in occupational health nursing; consultative methods in occupational health practice, follow-up and evaluation of OH services and interventions, development of the Hanasaari model.

Organisers

The course is organised in close collaboration with FOHNEU and SCOHN/ICOH. Course leaders Anne Boström, Vice President, FOHNEU and Marjatta Peurala, researcher, the Finnish Institute of Occupational Health, Finland.

Registration and further information, please contact Annika Bärlund, course secretary, NIVA (Nordic Institute for Advanced Training in Occupational Health, www.niva.org), tel. +358 9 4747 2333, e-mail: annika.barlund@ttl.fi. Deadline for registration 27 February 2004.

New ICOH Members

We will list new members of ICOH in the ICOH Newsletters in order to strengthen the contacts.

Helga Hahn, Austria

Erik Carlier, CEO, Belgium

Maria Heloisa Salgado Rocha, Clinica Medica, Brazil

Carlos Carvalho Sobrinho, DOC Assistencia Medica Ocupacional ltd, Brazil

Luiz Eduardo Pulitini Campos, L&F Saude Consultoria em Med. E Ergon., Brazil

Lailah V. Oliveira Vilela, UFMG, Brazil

Ole Andersen, Department of life an Sciences and Chemistry - Roskilde Univ., Denmark

Suvi Anneli Lehtinen, Finnish Institute of Occupational Health, Finland

Olli Juhani Punnonen, Finnish Institute of Occupational Health, Finland

Kristiina Alanko, Finnish Institute of Occupational Health, Finland

Veikko Kujala, Finnish Institute of Occupational Health, Finland

Ovidio Roberto Herмосilla C., Cementos Progreso S.A., Guatemala

Anjali NAG, National Institute of Occup. Health, India

Pingle Shyam, Reliance Industries ltd, India

Elena Herrero Hernandez, Dept. Of Traumatology, Orthopaedics and Occup. Health, University of Turin, Italy

Carlo Grandi, ISPESL - National Institute for Occupational Safety and Prevention, Italy

Pier Giorgio Piolatto, Dept. Occup. Health University of Turin, Italy

Giuseppina Bock, Dept. Of Occupational Medical Sciences University of Milan, Italy

Enrico Pira, Dept. Occup. Health University of Turin, Italy

Antonia Francesca Franchini, Dept. Of Occupational Medical Sciences University of Milan, Italy

Roberto Assini, Dept. Of Occupational Health University of Milan, Italy

Nicoletta Biggi, Director Division of Occupational Prevention Medicine S. Chiara Hospital, Italy

Alfonso Cristaudo, Italy

Toshitaka Nakahara, Kyoto Univ. – School of Medicine, Japan

Norihide Tachi, Nagoya City Univ. – School of Medicine Sciences, Japan

Kazunari Satomura, Kyoto Univ. – Dept. of Public Health, Japan

Iman Adel Nuwayhid, American Univ. Of Beirut – Faculty of Health Science, Lebanon

Rima Habib, American Univ. of Beirut, Lebanon

Abderregak Hebbazi, OCP Group, Morocco

Abdelkamal Birrou, Morocco

Hassan Ennaji, Faculté de Médecine et de Pharmacie, Service de Santé au Travail, Morocco

Khalid Talbi, Morocco

Khomsi Mohammed Bokhari, Morocco

Nadia Dihi, Morocco

Salma Boumedian, Morocco

Abdellatif Mandour, Morocco

Ghizlane Ennibi, Morocco

Abdelmalek Lehnaoui, Morocco

Kaoutar Mhijan, Morocco

Mohamed Kamal, 1er Bataillon des Trasmisions, Morocco

Bouchra Najib, Morocco

Abderrahim Riad, Morocco

Mohamed Jebbor, Morocco

Nadia Handaoui, Morocco

Maria Essaouini, Morocco

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Sustaining Members of ICOH

ICOH has both individual and collective members. An organisation, society, industry or enterprise may become a sustaining member of the ICOH. A professional organisation or a scientific society may become an affiliate member.

Sustaining members may nominate a representative who fulfils the criteria for full membership and enjoys all the benefits of an individual member. An affiliate member may nominate one representative who fulfils the criteria for full membership and enjoys the same rights as a full member.

The sustaining members of ICOH are:

- Institut National de Recherché et de Sécurité, France
- Finnish Institute of Occupational Health, Finland
- The Finnish Work Environment Fund, Finland
- Arbeitsgemeinschaft der Landesmedienanstalten, Germany
- Liberty Mutual Group, USA
- Prevent, Sweden
- University of Occupational & Environmental Health, Japan
- Nordic Institute for Advanced Training, NIVA
- FAS – Swedish Council for Working Life, Sweden
- The Swedish Work Environment Association, Sweden
- Istituto Superiore per la Prevenzione e la Sicurezza del Lavoro, Italy

- Stichting Arbouw, the Netherlands
- Institution of Occupational Safety and Health, United Kingdom
- National Institute for Occupational Safety and Health, USA
- Clinica del Lavoro “L. Devoto”, Italy
- UPM Kymmene Oy, Finland
- IBM Corporation, USA
- San Miguel Corporation
- Promotion Foundation of Occupational Health, Japan

- Aventis Pasteur, France
- National Institute for Working Life, Sweden

In connection to the ISPEL Opening Seminar, on 6 November 2003, three Sustaining Members of ICOH were given an award for their contributions to ICOH activities. These were ISPEL of Italy, INRS of France and FIOH of Finland.

Suvi Lehtinen



Dr. J.C. Andre of INRS, Prof. Harri Vainio of FIOH, and Prof. Antonio Moccaldi with ICOH President.

Publishing dates for the ICOH Newsletter in 2003 and 2004

1/2004 15 April 2004	materials by 15 March 2004
2/2004 15 August 2004	materials by 30 June 2004
3/2004 15 December 2004	materials by 15 November 2004

Message du Président

Pour la CIST, l'année 2003 a été marquée par plusieurs événements significatifs, dont le plus important fut certainement l'organisation du Congrès CIST2003 au Brésil. Les comités Scientifiques ont démarré leurs activités sous la nouvelle direction. Pour établir un rapport annuel des activités de la CIST en 2003, les responsables des Comités Scientifiques, des groupes et équipes de Travail sont invités à envoyer un résumé décrivant les résultats de leurs travaux au Secrétaire Général au plus tard le 15 janvier 2004 (coordonnées à la fin du bulletin).

J'aimerais profiter de l'occasion pour mentionner que les principes éthiques ont un rôle central dans une association professionnelle comme la CIST se fondant sur un travail volontaire visant à développer nos professions. La CIST peut offrir à ses membres, en plus d'un réseau de collaboration scientifique et professionnelle, des conseils sur la conduite éthique basé sur le Code d'Éthique. Les professionnels de la santé au travail ont une énorme responsabilité en utilisant leurs compétences et savoir-faire au profit de la santé et de la sécurité des individus, des entreprises, des organisations et même des pays entiers. Il est extrêmement important pour l'esprit et la culture de la CIST de stimuler un débat actif sur l'éthique professionnelle et son application en pratique. En conséquence, la nouvelle version du Code International d'Éthique pour les Professionnels de la Santé au Travail devrait être étudiée et discutée par autant de membres que possible au lieu de rester un document méconnu. L'indépendance professionnelle va de pair avec la conduite éthique dans notre domaine. Elles soutiennent également la crédibilité, la réputation et le respect non seulement de la CIST mais aussi de toutes nos professions. En adhérant à la CIST, chaque membre s'engage à respecter ses principes éthiques.

Finalement, je remercie tous les membres de la CIST qui à côté de leur travail principal veulent consacrer du temps et de l'énergie en faveur de notre

organisation et du domaine qu'elle représente et je vous adresse tous mes meilleurs vœux pour l'année 2004.

Mot de l'Editeur – le besoin d'information au sein de la CIST est évident

L'accueil du premier bulletin de la CIST a été positif et sa publication a confirmé le besoin d'information aux quatre coins de la planète. Nous allons faire de notre mieux en le développant pour répondre à ce besoin.

Dans ce numéro, nous continuons à publier d'importants résultats de recherches dans le domaine de la santé au travail. Les noms de nouveaux adhérents de la CIST y seront aussi publiés. Nous espérons que cela encouragera de nouvelles inscriptions.

Pour l'instant, ce bulletin sera distribué en version imprimée ainsi que sur Internet. Si vous ne souhaitez pas le recevoir par voie postale, veuillez nous le faire savoir par courrier électronique ou en nous renvoyant le formulaire à l'adresse suivante : www.ttl.fi/icohnewsletter. Cela nous permettra de réduire les coûts d'imprimerie et d'expédition. Nous vous remercions de vos divers commentaires concernant le premier numéro et attendons avec intérêt vos nouvelles suggestions afin d'améliorer notre publication.

Au nom de tout le Comité de rédaction, je profite de cette occasion pour vous souhaiter tous nos meilleurs vœux pour la nouvelle année.

Réunion de la CIST avec l'OMS et l'OIT le 5 novembre 2003

Les représentants des trois organisations mentionnées ci-dessus se sont rencontrés à Rome juste avant le séminaire d'ouverture de l'ISPEL. Le but de la réunion était d'aborder les thèmes actuels dans chacune de ces organisations et de trouver des manières de développer la collaboration.

L'OIT (représentée par M. Igor Fedotov) essaie de trouver des façons de mettre en pratique l'Approche intégrée

en santé au travail, qui a été discutée et entérinée par la Conférence internationale du Travail en juin 2003.

Le Comité mixte OIT/OMS de la santé au travail aura sa prochaine réunion en décembre 2003.

L'OMS (Dr Marilyn Fingerhut, Dr Gerry Eijkemans) a fait état de plusieurs priorités dont le programme global sur la prévention de la silicose en collaboration avec l'OIT, le développement des profils de la santé et sécurité au travail selon les différents pays, la mise en place d'outils pratiques pour le contrôle des expositions aux substances chimiques, le développement de l'éducation en santé et sécurité au travail, particulièrement l'apprentissage par voie électronique, ainsi que l'évaluation économique des différentes mesures de la santé et de la sécurité au travail.

La CIST se prépare pour le Congrès CIST 2006 et les événements qui entoureront le centenaire de l'organisation en juin 2006. Cela offrira un excellent forum pour souligner l'importance primordiale de la santé au travail aussi bien sur l'agenda national qu'international.

En conclusion, les résolutions suivantes ont été prises à propos de la collaboration future entre ces trois organisations. Le Comité mixte OIT/OMS prévu entre le 9 et le 12 décembre 2003, sera l'événement le plus important dans un proche avenir. Il a aussi été décidé de se rencontrer deux fois l'an en connexion avec d'autres événements pour échanger des informations et se tenir au courant des développements les plus importants. Les deux prochaines réunions sont prévues lors de la Conférence internationale du Travail au mois de juin 2004 et ensuite en janvier 2005 à Helsinki à l'occasion de la Conférence OHS2005.

Collaboration entre la CIST et le Collegium Ramazzini

Déjà dans le premier numéro du bulletin de la CIST nous avons mentionné que Monsieur le Président Rantanen s'était entretenu avec le Collegium Ramazzini des possibles formes de coopération en santé au travail. Au début de décembre 2003, les présidents de ces deux institutions ont eu l'occasion d'en reparler plus en détail.

Les thèmes et contenus de collaboration suivants ont été définis :

Amiante : Il a été décidé que la CIST et le CR (Collegium Ramazzini) travailleront ensemble pour l'organisation de réunions régionales sur l'amiante en Amérique du Sud et en Afrique. Ils assisteront et encourageront les organisateurs nationaux dans cet effort.

Développement et promotion des services de santé au travail de base (SSTB) : L'OMS, l'OIT et la CIST ont lancé ce nouveau concept du SSTB qui est appliqué en santé au travail et vise à offrir des services de base dans ce domaine à tous les travailleurs du monde. Le document de référence a été discuté en décembre 2003 et ensuite des décisions sur les actions pratiques ont été prises.

Travail des enfants : L'OIT, l'OMS et l'UNICEF ont lancé le Programme international pour l'élimination du travail des enfants (IPEC). La CIST a constitué un petit Groupe de Travail qui suit les activités de l'IPEC et soutient les membres de la CIST dans la recherche sur les effets de la santé des enfants au travail. Le président du CR participera au travail de ce groupe.

Formation et éducation : Il a été décidé d'organiser des cours lors de congrès co-organisés ou parrainés par la CIST et le CR.

Principes de précaution : Les deux organisations ont convenu d'une réunion sur l'application du principe de précaution, avec les partenaires relevant de ce domaine et si possible de l'organisation d'une session spéciale lors du Congrès CIST 2006. Le but ultime est de produire des lignes directrices pour l'application des principes de précaution.

Collaboration et développement : Il a été décidé que le groupe pour les pays en voie de développement du CR collabore avec le groupe SCOHDev de la CIST.

Les inégalités sociales en matière de santé – étude Whitehall II

Whitehall II est une étude longitudinale portant sur l'évolution d'une cohorte de 10.308 personnes (hommes et femmes) qui étaient à l'emploi en 1985 à Londres dans l'administration de l'État britannique lors du commencement de l'étude. La collecte des données de base comprenait un examen médical ainsi qu'un questionnaire répondu à 73%.

La série d'études Whitehall a dissipé deux mythes dont le premier était que les personnes ayant un haut statut social couraient un plus grand risque d'une maladie cardiaque. Selon le deuxième mythe, le lien entre le statut social et l'état de santé signifiait simplement que dans les pays industrialisés il y avait un plus mauvais état de santé chez les personnes défavorisées et un meilleur pour le reste de la population.

Il y a lieu de demander, comment les études Whitehall ont dissipé ces idées erronées ? La première étude Whitehall a comparé la mortalité des personnes dans un environnement très hiérarchisé dans l'administration de l'État britannique. Cette étude a démontré que parmi les fonctionnaires d'État britannique, à priori en bonne santé, il y avait un gradient social dans la mortalité qui partait du bas vers le haut de la société. L'espérance de vie était plus longue à un niveau élevé dans la hiérarchie de l'emploi. Une importante découverte des études Whitehall était que le lien entre l'état de santé et le statut social était observable pour plusieurs maladies ; par exemple diverses maladies cardiaques, certains cancers, maladies pulmonaires chroniques, maladies gastro-intestinales, dépression, suicide, absentéisme, douleurs dorsales et mauvais état de santé général.

Le lien entre l'état de santé et le statut social n'est pas un phénomène uniquement propre à l'administration de

l'État britannique mais présent dans le monde développé et figurant dans la plupart des principales causes de mortalité.

Les études Whitehall ont réussi en partie à élucider, pourquoi une personne se trouvant au milieu de l'échelle sociale, a une plus mauvaise santé que les personnes situées aux degrés supérieurs et a une meilleure santé que les personnes aux degrés inférieurs de cette hiérarchie. Il y a aussi un lien entre le statut social et l'état de santé en ce qui concerne le tabagisme, le manque d'exercice physique et l'obésité (concernant surtout les femmes). Ces différents aspects reliés au mode de vie et les paramètres associés comme le cholestérol et la pression sanguine sont responsables pour environ un quart des inégalités sociales en matière de santé. L'étude Whitehall II a aussi démontré que l'organisation et l'atmosphère du travail, la vie sociale hors du travail, ainsi que diverses influences reliées à l'enfance à côté des comportements de santé ci-dessus cités contribuent aux inégalités sociales en matière de santé. Cela nous mène à la conclusion que l'inégalité en matière de santé ne peut être séparée de l'inégalité en société. En bref, pour agir sur l'inégalité en matière de santé, il est nécessaire de comprendre comment l'organisation sociale affecte la santé et de trouver des moyens d'améliorer les conditions dans lesquelles les gens vivent et travaillent.

Plus d'information sur ce projet est disponible sur:

<http://www.ucl.ac.uk/epidemiology/white/white.html>

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