



NEWSLETTER



International Commission on
Occupational Health – ICOH

Commission Internationale de
la Santé au Travail – CIST

Volume 6, Number 3

December 2008

In this number

- **Message from the President** 1
- **From the Editor** 3
- **European Strategy for Promoting Health and Safety at Work** 4
- **Unemployment, job insecurity and health – European and global development and how to update the research agenda** 6
- **New Members** 8
- **Asian Association of Occupational Health AAOH News** 9
- **12th Conference on Occupational Health: Province of Buenos Aires Occupational Health Society, Argentina** 10
- **ICOH and BOHS in East Africa** 11
- **Organizing successfully the third International Occupational and Environmental Health Conference in Hanoi** 11
- **South Africa and ICOH invite you** 12
- **Obituary: Dr. Bernardo Bedrikow (Brazil)** 13
- **Résumé en français** 14

Message from the President

Dear ICOH Members,

This is the last time I communicate through this Newsletter as ICOH President and my feelings are mixed. I feel much insufficiency due to not having been able to serve the Association as maximally as I wished, but on the other hand, I am proud and happy that my successor will step up to lead an organization which is vital, increasingly younger, and, while looking curiously to the future also takes good care of its history and heritage. ICOH has a leading position on the global occupational health scene and has strong alliances with other international organizations, both inter-governmental and non-governmental.

Most of the period of 2003–2008 has been a time of impressive development in work life, and of a continuous growth in living standards and well-being almost throughout the world. But during the recent weeks, perspectives have taken a totally different track. ICOH's vitality, energy and wisdom will be challenged not only by the rapid changes in work life, but also by the sudden global economic crisis, that appeared promptly and is spreading like a pandemic. Queen Elisabeth II of the United Kingdom aptly interpreted the feelings of most of us, by asking whether it would not have been possible to anticipate this situation: *'Why did nobody notice it?'* The crisis indeed is an indication of the severe inability of the world economy research community to predict changes and identify the weaknesses of the global economy governance system. But even more, the roots of the crisis are in the lack of business ethics among the key players of global econo-



mies. Due to these weaknesses, the whole world will now suffer from a recession for 2 to 10 years, depending on the various scenarios.

Unfortunately, it is ultimately the working people of the world, not due to any cause of their own, who have to bear the consequences. It means harder work for everyone and less resources for health, environment and social protection. Occupational health is also at a risk of suffering from cutbacks. This is particularly unfortunate, as the need for occupational health is likely to grow, as times get harder. We should remind decision-makers, business leaders and even trade unions of the evidence obtained during the last global recession 15 years ago, which showed that efficient social protection programmes and services provided effective buffers against the most negative impacts of the economic crisis and accelerated quick recovery by enabling, for example, the effective mobilization of working people back to the labour mar-





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

NEWSLETTER

Volume 6, Number 3
December 2008

ICOH Newsletter

Published by the
International Commission on
Occupational Health

Editorial Board

Suvi Lehtinen
suvi.lehtinen@ttl.fi

Sergio Iavicoli,
seriav@iol.it

René Mendes
rene.mendes@uol.com.br

Franklin Muchiri
muchiri@ilo.org

Louis Patry
LPatry@santepub-mtl.qc.ca

Ken Takahashi
ktaka@med.uoeh-u.ac.jp

Editor

Suvi Lehtinen

Layout

Tuula Solasaari-Pekki

The electronic version of the ICOH Newsletter on the Internet can be accessed at the following address:
www.icohweb.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.

© International Commission on Occupational Health, 2008

ISSN 1459-6792 (Printed publication)
ISSN 1795-0260 (On-line publication)

ket when the post-crisis recovery started. Slowing growth also presents the opportunity to make improvements in the basic safety and health structures of the work environment and in workers' health, as production pressure decreases. There is also more time for competence upgrading, and training and education of personnel, including training in safety and health. This is also wise preparation for future recovery. We should encourage decision-makers to refrain from short-sighted dismantling and downsizing of research programmes and occupational health service programmes, as their need does not disappear in a recession.

As an association, we have focused on two main categories of priorities: the development of substantive activities, and the development of ICOH as an association. The former group of priorities has covered, for example, the development of scientific committee activities, the development of occupational health services and particularly basic occupational health services, the effectivizing of internal and external information activities, including the revitalization of the Newsletter, and continuous, active development of the ICOH website.

Strengthening ethical dimension and its implementation in ICOH, and collecting and cultivating ICOH history and heritage, particularly in connection with ICOH Centennial events, has been most rewarding. The Scientific Committees have been active and productive during both the past two tenures, and have organized approximately 80–100 Scientific Symposia or Conferences during this time. The reorganization and merging of three Committees, the reorientation of some Committees and the establishment of two new Committees have taken place, to ensure that the content of ICOH scientific activities better correspond to the needs of modern work life. The hundredth anniversary of ICOH in 2006 was a high point for the Association. It resulted in the extremely successful Milan Congress and in the launching of the *Centennial Declaration of the International Commission on Occupational Health*.

The second group of priorities has included the strengthening of ICOH as Association through the renewal of regulations and production or updating of all the key guidelines needed for ICOH core activities, increasing membership, and developing membership services and the activities of national secretaries. Strengthening links and collaboration with the

International Inter-Governmental Organizations and with our NGO-Allies, IEA, IOHA and ISSA has been one of the most prominent priorities. The Memoranda of Understanding between NGO-Allies and ICOH have provided a more solid basis to our collaboration.

The Officers, Scientific Committees, National Secretaries and our Committees, Task Groups and Working Groups including the Networks, have been active and provided valuable service to ICOH. The two Boards of the two tenures have also been supportive to Officers, and either collectively or through individuals' capacities contributed strongly to both strategic leadership and strategy implementation. By providing their trust to the Officers and Board and by participating in dozens of Scientific Committee activities and ICOH Congresses, ICOH members have kept the organization alive and dynamic.

Let me personally most sincerely thank my dear colleagues, the ICOH Officers, for all their contributions and support; the Board, both collectively and each member individually; the Chairs and Secretaries of the Scientific Committees, and the National Secretaries for a most interesting and stimulating two tenures within the framework of ICOH. It has been a privilege to work with all of you. On behalf of the whole Leadership of ICOH, Officers and the Board I also wish to thank the ICOH members for their support and participation in all the activities of ICOH.

Much has been achieved, but much remains to be done. The next leadership faces incredible challenges in today's turbulent world. The election of Officers and the Board is on the way, and the results will be available in Cape Town. ICOH deserves a wise, professionally and ethically strong leadership, capable of navigating the Association through what is likely to be the rocky waters of the next few years. May I wish ICOH and its Officers, Board and members the utmost success in your great mission for improved occupational health for all the working people of the world.

Professor Jorma Rantanen MD, PHD
President of ICOH

Contents of this issue

State-of-the-Art Report

The introductory article in this issue of ICOH Newsletter deals with one of the most topical current issues of our everyday life – unemployment, job insecurity and health. This article has been prepared by a group of well-known and prominent scientists in the field. It is also strongly involved in the development of the activities of ICOH Scientific Committees.

Elections

The elections of ICOH Officers and Board Members are under way. The ballots have been sent to all members in good standing. The ballots need to reach the Secretariat by 22 February 2009.

Cape Town 2009 Congress

We are now heading for the Cape Town 2009 Congress. I would like to encourage all members to get acquainted with the highly interesting scientific programme of the Congress, and register for the event.

Contributions from the SCs

In this issue, the number of contributions from the Scientific Committees is again rich. Thank you so much for your contributions!

We would also appreciate your ideas for future ICOH Newsletters in 2009. It would be good if we could convey a message with ideas for development to the next Editorial Board of

the Newsletter. If you have any thoughts on topics of occupational health and safety that might be of interest to experts in other countries, please let us know. We would then try to find the best experts to write and share information on these topics. Also other ideas to further develop the exchange of information to ICOH members are welcome.

Changes of addresses

To ensure that you receive the Newsletters in time, please check that you have paid your membership fee and informed the ICOH Secretariat (carlo.petyx@ispesl.it or pierluca.dionisi@ispesl.it) of possible changes to your address.

Next issue

I have had the privilege to work with you all during the past six years. I appreciate that time very much, it has been an educational period in my work life. The new President of ICOH will decide in due course how the information activities of ICOH will be arranged in the next term. The next issue of the ICOH Newsletter will be out at the end of April 2009 if the Newsletter schedule will be kept as it has been during the past years. As we do not know about the arrangements concerning the editing of the ICOH Newsletter, I would like to ask you to send your contributions to suvi.lehtinen@ttl.fi. I will then forward the material to the person in charge.

Special thanks also go to members of the Editorial Board who have actively supported the publishing of the Newsletter.

Thank you so much and best wishes for the Season!

Suvi Lehtinen
Editor

European Strategy for Promoting Health and Safety at Work

Jukka Takala, Director, European Agency for Safety and Health at Work

Background and target

While legal measures, directives, national laws and regulations are vital, these do not work alone. There is a need to have a range of measures – often called as a toolbox – that will be built around the backbone of legal measures.¹ These include social dialogue, good practices, awareness raising, services and research, corporate social responsibility, economic incentives and mainstreaming.

At EU-level, this holistic approach towards occupational safety and health (OSH) has been adopted in the form of Community Strategies on Health and Safety at Work. The latest Community Strategy 2007–2012 has been prepared by the European Commission and endorsed by the European Council Resolution, the European Parliament Resolution, as well as by the Resolution of the European Senior Labour Inspectors' Committee.

The current Community Strategy aims to achieve a 25% cut in accidents at work across the EU by 2012. There is a specific reference to have a uniform reduction also in occupational illnesses, while, due to lack of a proper reference point, a quantified target was so far not possible. To achieve these goals the strategy calls for action by players at all levels – European, national, local and workplaces.

Previous European Strategy emphasized already prevention policies, partnerships, and management systems. The Lisbon strategy acknowledged the need for quality and productivity at work and recognized that poor occupational safety and health could lead to absenteeism and/or permanent occupational disability that entail harmful human and economic consequences. The fatal accident rate fell 17% in 2002–2006 and days lost due to accidents went down.

Meanwhile the 4th European survey on working conditions stated that 28%



of workers in Europe say that they suffer from non-accidental health problems which are or may be caused by their current or previous job. Moreover, 35% of workers on average feel that their job puts their health at risk. The burden is not, however, equally distributed: some groups are much more exposed: young workers, workers in insecure jobs, migrant workers and those working in small and medium-sized enterprises (SMEs), in addition to the differences between safer and more hazardous sectors, such as construction, agriculture, fishing, transport, health care and social services. ILO reports 167,000 fatal work-related outcomes, out of which 7,400 caused by accidents and the rest by work-related diseases in the EU27 in 2003².

Workplace and workforce changes

Employment patterns are changing: more part-time work, more sub-contracting, self-employed, temporary agency work, telework... Also the sectoral structures are changing. Most people in Europe

work in the service sector rather than primary production and manufacturing, which in turn mean different types of exposures than in the past: new and emerging risks, new work patterns and organization, new materials, chemicals and products, such as nanoparticles. Similarly, the workforce has undergone changes: more women, more ageing workers, more migrant workers.

Key measures to achieve the European objectives

The following list identifies the most important measures to be taken.

- Guarantee the proper implementation of EU legislation
- Support SMEs in the implementation of the legislation in force
- Adapt the legal framework to changes in the workplace and simplify it, particularly in view of SMEs
- Promote the development and implementation of national strategies³
- Encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches
- Finalize the methods for identifying and evaluating new potential risks
- Improve the tracking of progress
- Promote health and safety at international level.

A key concept and fundamental pillar for reaching the objectives of this Community Strategy is the development and implementation of coherent national strategies in the EU Member States. The success of the Community Strategy depends on the adoption of such coherent national strategies and these should include:

- Quantitative objectives for reduction of accidents and illnesses
- Target sectors and companies with worst track record

- Focus on the most common risks
- Focus on the most vulnerable workers
- Detailed evaluation of national situation (profile)
- Consultation of all interested parties, including the social partners.

It has been widely recognized that new strategies are emphasizing information-driven measures as compared to purely regulatory measures. This shift towards new strategies is a global one. The ILO adopted in 2006 its Promotional Framework for Occupational Safety and Health; the WHO embraced a Global Plan of Action Plan on Workers' Health 2008–2017⁴. Also, many countries outside the EU have developed occupational safety and health strategies to provide a clearer focus on the overall direction and to set the OSH priorities in their countries.

An essential step in the development of a national OSH strategy and programme is the preparation of a national OSH profile. Today, several countries have already developed such profiles, which provide an inventory of all the tools and resources available in the country to implement and manage OSH.

In the present international finance and economic crisis, there is a high risk that those that become unemployed are staying long periods out of work life. This in turn pushes many into long-term absence from work, permanent disability or

premature retirement. A major part of the potential workforce is affected, up to 25% in many countries. For example in Finland, the average retirement age is 57 years (median retirement age at 59) which means 8 years short of the earlier expected retirement age of 65. This missing contribution of 8 years of an expected 40 years of work life is already 20%. On top of that it is a known fact that companies that have a proper OSH management system can keep the every day absenteeism rate much below the average 5%.

The European Agency for Safety and Health at Work has an important role in implementing the new European Strategy. As emphasized in the ILO Convention No. 187, the awareness raising, campaigning, and good practices have a major and increasing role to play in putting correct policies into practice. The European Risk Observatory – established by the earlier strategy – has now a bigger role to look into new and emerging risks, to have better evidence of existing risks and exposures, and to foresee key problems in future. One just cannot wait that the consequences will appear 30 years later if exposures can be reduced now. Furthermore, encouraging research collaboration and setting European research priorities will reduce duplication in Member States and provide better results for setting priorities.

What can ICOH and ICOH members do

1. Encourage your government to ratify the ILO Convention No.187, to follow the WHO Resolution, and take action to set up a national strategy, a national programme and a national profile
2. Cooperate with national authorities such as the labour inspection
3. Provide expertise in drafting/proposing elements and setting national priorities, evidenced by research and facts, look at good practices in other countries
4. Provide expertise to set up and enhance the coverage of occupational health services
5. Promote contacts and dialogue between workers, employers, governments and professional organizations, such as ICOH and national associations
6. Follow ICOH ethical guidelines.

We need to have harmonized safety and health values and levels. It is just not enough to have an interchangeable Euro-coin in the pocket. Social Europe must include equal treatment of its workers and their families, independently of the size, sector or location of their workplace, gender, nationality, language or age.

¹ EU-OSHA pages on OSH Strategies: http://osha.europa.eu/en/organisations/osh_strategies

² ILO Report “Beyond Deaths and Injuries”, 2008, and ILO Report “Decent Work – Safe Work”, 2005, and Accident and Disease Information: www.ilo.org/safework

³ National European Strategy documents: http://osha.europa.eu/en/organisations/osh_strategies/list_eu_strategies#EU%20Member%20State%20strategies%20and%20programmes

⁴ International organisations' strategies: http://osha.europa.eu/en/organisations/osh_strategies/1st_eu_strategies#International%20organisations%20strategies

Unemployment, job insecurity and health – European and global development and how to update the research agenda

Thomas Kieselbach, University of Bremen, Institute for Psychology of Work, Unemployment and Health (IPG), Germany – Chairperson of the SC Unemployment, Job Insecurity and Health

Simo Mannila, National Research and Development Centre for Welfare and Health (STAKES), Finland – Secretary of the SC Unemployment, Job Insecurity and Health

Jukka Vuori, Finnish Institute of Occupational Health, Finland

1. Development of the SC Unemployment, Job Insecurity and Health (SC UJIH) research agenda

The roots of the unemployment research date back to the early 1930s, but it was not until the 1980s as the research into unemployment and health developed into a major field of research bringing forth high-level research in many Western countries. The development of the field was then also politically motivated: there was a general concern of unemployment as a social problem, and a keen interest in the impact of unemployment on health. This concern was also supported by a network of the WHO Regional Office for Europe addressing social inequity and health, promoting international co-operation. The traditional research into links between unemployment and health had its focus on the health effects of job loss and long-term unemployment and later also on the positive impact of various interventions to limit the negative health effects. A policy-relevant point often made was whether and how an integration of the experience from these interventions could be used in the development of occupational health (e.g. to integrate occupational health services in enterprise restructuring; to monitor the health of unemployed people through regular health checks). Another policy concern was whether the interventions might reduce the unemployment spells and be, thus, socially cost-effective. Successful interventions would also combat against social exclusion reducing the hysteresis effect of unemployment, i.e. reducing the

psychosocial and social barriers to re-employment.

The increased interest in unemployment research, changing nature of work life and the increase of psychosocial stressors and morbidity led to the establishment of two new Scientific Committees of ICOH in the 1990s to address these new challenges of occupational health: the SC Work Organisation and Psychosocial Factors and the SC Unemployment and Health (in 2006 renamed as SC Unemployment, Job Insecurity and Health). The idea of the creation of the SC Unemployment, Job Insecurity and Health was to bridge the areas of psychological, sociological and socio-medical unemployment research and integrate this research with considerations of social policy and human resources management, which then were mainly separated from the field of occupational health.

When Jean Bertran and Bjorgulf Claussen invited unemployment researchers from countries all over the world to join ICOH in 1998 and to form the ICOH Working Group on Unemployment and Health, they proposed to bring unemployment research closer to the research into employment. The underlying assumptions were that the increased precariousness of the work and need for restructuring lead to a situation where occupational transitions, including unemployment become more and more common; that transitions are potentially stressful for unemployed persons and those facing job insecurity and that the increased requirement to adapt should also be facilitated by the occupational health service system. This is a social concern relevant both for jobseek-

ers, employees and for employers to maintain the workforce healthy and employable. In the course of the past ten years, the following aspects were identified and discussed in various conferences of the SC: health situation of the unemployed, the repercussions of the precariousness of work on the health of the workforce, the new demands on the organizations in regard to corporate social responsibility in the process of restructuring, and preferably closer links between labour market and social policy, as well as occupational health policy.

In the course of the past ten years, the SC has increased focus on the quality of re-employment and job insecurity. It has become obvious that the simple dichotomy of employment vs. unemployment is inadequate in the globalized post-modern labour markets. The change of the labour markets with increasing flexibility and a trend towards more precarious forms of employment lead to a growing discrepancy between the core employees and those being temporarily employed on a short-term or fixed-term basis. The relationship of job insecurity and health is culturally conditioned, but there is enough evidence for stating that it is not good for health. There are also other forms of employment that would deserve increased interest; these include, for instance, hidden unemployment and underemployment, with usually a direct impact on income and subsistence and an indirect health risk.

2. Present state of affairs of the SC

At present, the heydays of the research

into unemployment and health are in the past in Europe, as well as in other Western countries. Some of the Central European countries suffer from slow economic growth and persistent unemployment, but in all Western countries the focus shifted in the 1990s from unemployment to more differentiated labour market precariousness and to the right of all persons to participate in the labour market and work during various phases of the life course, i.e. the focus shifted from unemployment to employment. At the same time the concern for the links between unemployment, job insecurity and health seems to have diminished and been replaced by purely economic concerns. It is unclear how the starting recession caused by the financial crisis will influence the scientific and socio-political agenda in various countries. According to some very preliminary estimates, the crisis will make world-wide approximately 20 million people redundant, which highlights the continuous importance of the focus of the SC Unemployment, Job Insecurity and Health.

The necessity to adapt to the globalization of the market, goods and services has stimulated the restructuring of companies and organizations in all countries, sectors and branches. Economic restructuring has already in many ways transformed the nature of jobs and work and has increased the need for flexibility of the workforce. The increasing amount of transitions during the life course - into and out-of work, between jobs - may challenge the well-being, motivation and health of individuals. In compliance with the idea of lifelong learning, people now have to update their education and vocational skills throughout their work career in order to maintain their status in the labour market. The development changes also the ways in which generations of young people make their transition from school to work. Their work careers are often characterized by discontinuity, and they may find themselves overeducated and under-employed. Youth unemployment is recognized as one of the key risks of social exclusion and sometimes exacerbated by e.g. discrimination and ethnic segregation. Employees who try to return to work after longer absence from work or disabled persons willing to take up working, too, have difficulties in reintegrating themselves into work. Senior workers have to face challenging work changes as they try to keep up with the new developments and stay healthy and

motivated before their final work transition to retirement. This means that there is an increasing need of work ability programmes, based on human resources management and interventions of occupational health. Despite increasing literature on work transitions, well-being and health, there are many open questions, and there is very little research on coping in work transitions and on its consequences for well-being and health, work life participation and productivity in the long run. Research needs to identify the mediation processes that produce different health outcomes.

This brings growing challenges for individuals, organizations including enterprises and for societies. How individuals respond to increasing work transitions and flexibility and how this affects individual well-being and health, will greatly depend both on individual resources for coping with the transitions and on social resources for all kinds of support, in other words resources accessed through networks, organizational practices and public policies. It has been shown, for example, that preparedness for work life transitions and mental health can be improved with resource-building interventions in various settings. Preparedness and effective coping may be seen as motivators in a process whereby individuals adjust to work environment, make plans and set goals for their future and evaluate their possibilities and competencies in achieving these goals. The challenge of societies is to develop work life in such directions that employees are provided security in the changing work life and to promote the development and implementation of knowledge to increase individual coping resources and resources for support and design corresponding policies.

3. New challenges

Empirical evidence shows that a considerable number of dismissed people display difficulties to adapt to the new situation without any external support, and this had led, for instance, into the development of the concept of a “social convoy” in occupational transitions. This means a scheme to accompany people in the process of transition from employment to out-of-work, training schemes or job search, and finally re-entering employment. This process involves a new interaction between human resources management and occupational health as

well as between public and private employment services and psychosocial interventions and implies an extension of the organizational responsibility for dismissals beyond the actual employment (active labour market policy; “active social plans”). The new role of occupational health in this framework would be the monitoring of the health of persons in transition including out-of-work as well as those at risk of unemployment.

The overarching concept for such a new balance between individual and social responsibility can be seen in the employability policies compensating for the reduced security of the workplace (due to increased flexibility and precariousness) with a greater security of employability. In the life course perspective this means that job careers are constituted in a different way from a traditional model: continuity and security is provided for by new means, and there are new psychosocial risks which one must be able to cope with. This should mean a better individual adaptation in the labour market with a lifelong investment in acquiring requested qualifications and competencies on the one hand and a greater openness of the various institutions accompanying the life course which produce these skills (schools, education and training, in-job based training, rehabilitation) on the other hand. In this process the human resources management and occupational health face new tasks in regard to the changing nature of employment. Equity should play a crucial role: how do we attain flexicurity and at which cost? There should be strong policies to address the differences between secure vs. insecure employment, victims-of-layoffs vs. survivors-of-layoffs, and the obvious discrepancy between occupational health and rehabilitation services available in major enterprises vs. small and medium-sized enterprises.

In order to obtain and secure a better impact of organizational interventions on an institutional and individual level there should be a better integration between interventions of the employment authorities and approaches which try to bring together health promotion and labour market reintegration. The existing research into active labour market policies and various activation measures does not seem to give here conclusive advice. Too little is known about career development and health outcomes related to the transitions and the impact of various interventions. There has also been little re-

search on the socialization or re-socialization in the workplace for the first entrants or after a re-entry. This knowledge would also be of great importance for developing interventions to promote well-being, health and productivity in the ongoing work transitions.

Traditional unemployment research has mainly focused on health effects of the victims of organizational restructuring, and there is still a controversy concerning the societal impact of unemployment found at a macro level by means of time series related to morbidity and social disorganization. What has been widely neglected in discussions on restructuring and health, is those who remain in the company after restructuring, the so-called “survivors-of-layoffs”: they experience considerable stress levels as well due to the changed requirements, new task designs with new routines and increased job insecurity. We should also focus on the managers responsible for organizing the process, and revitalize the discourse on the fate of the families of the victims and of the survivors as well as the communities in which the restructuring occur. If we want to preserve the key features of a European social model as reflected in labour market and employment relations under the new demands of a globalized competition we must not forget the individual effects of restructuring on the workforce which will show a considerable

long-term impact on the competitiveness of the economy as well: growth, competitiveness and employment go hand in hand. This understanding broadens the perspective from a unilateral shareholder perspective to a more balanced view on the interests of all stakeholders involved in the process of economic adaptation to the globalized economy.

There is empirical evidence that restructuring processes which neglect these issues often produce a vicious circle of restructuring leading into a loss of productivity after restructuring as ILO has pointed out. The health aspect of restructuring of the labour markets, labour market policies and enterprises should be considered an investment in the future at the social and enterprise levels in the same way as health is generally recognized as a key value and resource at the individual level. This understanding will bring still new stakeholders into the fore and have an impact on health insurance systems. This should also bear an impact on the new research agenda of the SC Unemployment, Job Insecurity and Health.

The change of the labour markets in the industrialized countries due to globalization means also increased focus on developing countries and countries in transition. In order to understand the new problems related to the new health risks, we must establish new dialogue on the labour market development and

health with researchers on a global scale. The Scientific Committee on Unemployment, Job Insecurity and Health has recently made very serious efforts to reach out to research from outside the Western countries, but much still remains to be done in this respect. We see that it would also be productive to enhance cooperation with some other scientific committees, for instance with the SC on Small-scale Enterprises and Informal Sector as well as the SC on Occupational Health & Development.

This paper describes some present challenges of the Scientific Committee and updates the position of the Scientific Committee in the changing labour markets in a globalized world. In the industrialized parts of the world, the focus has shifted from traditional unemployment research to management of organizational restructuring, work transitions, job insecurity and research searching solutions for better and more secure participation in work life during the life course. In contrast, the informal employment, underemployment, hidden employment and traditional unemployment still hound the great majority of the countries of the world and they have significantly less research potential.

New Members

Antonio Luis Casanova	Argentina	Venant Kavuyimbo	Burundi	Roxana Maria Stamatin	Romania
Julian Cukier	Argentina	Jakob Hjort Bonlokke	Denmark	Mohamed Aqiel Dalvie	South Africa
José Luis Drago	Argentina	Raed Mohamed El Azab	Egypt	Basil Dhaniram	South Africa
Mario Eduardo Leibel	Argentina	Maurice Bouziat	France	Willem Johannes Du Toit	South Africa
Paula Marcela Salvarredi	Argentina	Wolfgang Ahrens	Germany	Robin Virgil George	South Africa
Mario Roberto Sanchez	Argentina	Eleni Zorba	Greece	Po-Ching Chu	Taiwan
Alejandro César Trubian	Argentina	Styliani Tziaferi	Greece	Joshua Mwita Matiko	Tanzania
Marijke Soogen	Belgium	Lalitha Burra	India	Ramadhan Ladislaus Msimbira	Tanzania
Titus Motswadi Maswabi	Botswana	Francesco Draicchio	Italy	Kees Hommes	The Netherlands
Maria Elza Cordeiro	Brazil	Tomoko Ikeda	Japan	Iwona Van Zanten-Przybysz	The Netherlands
Mauro Curi Castanheira	Brazil	Tatsuhiko Kubo	Japan	Alpaslan Erturk	Turkey
Helton De Souza Rosa	Brazil	Hiroto Nakadaira	Japan	Yusua Matouu Katula	Uganda
Gustavo Dutra Dos Santos Pereira	Brazil	Kohei Nasu	Japan	Nsubuga Fred Mangasi	Uganda
Jairo Oliveira Goncalves	Brazil	Akihito Shimazu	Japan	Ronaldley Miti	Uganda
Arizio Jose Fonseca De Azevedo	Brazil	Etsuko Takahashi	Japan	Rada Kamil Dagher	USA
Luiz Carlos Kulikowski	Brazil	Kazurou Yoshida	Japan	Linda Susan Forst	USA
Luis Fernando Manzano	Brazil	Mutuku A. Mwanthi	Kenya	Karen Jacobs	USA
Alvaro Antonio Moreira Gomes	Brazil	Fredrick Odhiambo Ogonji	Kenya	Parveen Nedra Joseph	USA
Ivan Jorge Ribeiro	Brazil	Zaiton Hassan	Malaysia	Marie-Claude Lavoie	USA
Eber Assis Santos Junior	Brazil	Martha Gallegos	Mexico	Custodio Valentim Muianga	USA
Ricardo Antonio Turenko Beca	Brazil	Raul Jesus Gomero	Peru	Margaret Quinn	USA
Ricardo Villas-Boas Del Segue	Brazil	Ema Sacadura Leite	Portugal	René Loewenson	Zimbabwe
Nduwamungu Barnabe'	Burundi	Claudia Mariana Handra	Romania		

Asian Association of Occupational Health

AAOH News



The 19th Asian Conference on Occupational Health: Redefining Occupational Health in the Face of Globalisation

The 19th Asian Conference of Occupational Health (ACOH) was held from 17–19 September 2008 in the wonderful small country of Singapore at the Suntec Convention Centre. The theme for the conference was “Redefining Occupational Health in the Face of Globalisation”. The choice of the theme was due to the rapid industrialization and increasing international movement of workers, industries and technologies in the Asia-Pacific. Besides the “old” and prevalent problems, such as traumatic injury, respiratory disease and occupational dermatitis, workers also face new hazards many of which are transboundary. The conference thus aimed to address how occupational health professionals can meet this dual set of challenges. The conference was also held in conjunction with the annual OSH+Asia Exhibition and the 3rd International Public Health and Occupational Medicine Conference.

There were numerous invited speakers at both the keynote and symposium

sessions, ranging from eminent organizations such as the ILO, ICOH; to multinational companies like ExxonMobil and Shell; to academics from Universities. For instance, Professor Jorma Rantanen, President of ICOH discussed in his keynote lecture “Globalisation and OSH: Challenges and Achievements” and Dr Sameera Maziad Al-Tuwaijri, Director of the International Programme on Safety & Health at Work, ILO spoke on “The ILO’s Role in Promoting Safe and Healthy Jobs”. We also learned about the development of occupational health in Singapore and the Middle East; as well as an update on the asbestos situation in the Asia-Pacific, the impact of environmental endocrine disruptors on health and developments in occupational genetic epidemiology. The free paper and poster sessions also received strong participation from local and foreign delegates. Dr Judy Sng from Singapore won the Young Asian Scientist Award for her paper entitled “Changes in healthcare

workers’ risk perception and preparedness for respiratory infection outbreaks during the SARS episode and 3 years later”.

The Council of the Asian Association on Occupational Health that met during the 19th ACOH agreed to further its cooperation with ICOH in the region and report about the conference to the ICOH Newsletter.

The 19th ACOH has been a huge success not just in terms of scientific updates; but also in fostering the relationships between the Asia-Pacific countries. We look forward to the 20th ACOH which will be held in November 2011 in Bangkok, Thailand.

Report submitted by

Dr Gregory Chan
1st Vice-President, Asian Association of Occupational Health
National University of Singapore
Email: oshcctg@nus.edu.sg)



From left:
Drs Edwin Whiteside, Yothin Benjawung, Lee Lay Tin, Yukinori Kusaka, Wai-On Phoon, Kazutaka Kogi, BJ Singh, Oscar Tinio, Tsuyoshi Kawakami, Guo How-Ran and Gregory Chan

12th Conference on Occupational Health: Province of Buenos Aires Occupational Health Society, Argentina

2nd River Plate Conference on Occupational Health: “Searching for Answers to Present Challenges of the Occupational Health in the River Plate” (in conjunction with the Uruguayan Occupational Health Society).

During 3–5 September 2008, the 12th Conference of Occupational Health and the 2nd River Plate Conference on Occupational Health were held in Buenos Aires, Argentina. The Conference topics were: Population Dynamics and Occupational Health, Ecotoxicology, The Role of National and International Occupational Health Societies, Occupational Health Emergencies: Safe and Security, Health Care Workers, Agricultural Medicine and Rural Health in the River Plate, Corporate Social Responsibility and Occupational Health, Inequity and Globalization, Occupational Health and Meat Industry in the River Plate, Agricultural Medicine and Rural Health and Work under Extreme Conditions.

Dr. Sergio Iavicoli, Secretary General of ICOH attended the meeting and gave the Opening Lecture and a Magistral Lecture at the Ministry of Labour. Dr. Iavicoli was designed Honorary Member of the Province of Buenos Aires Occupational Health Society. Dr. Antonio Werner (Argentina), Honorary Member, Dr. Jorge Morales Camino (Mexico) Board Member, Dr. René Mendes (Brazil) Board Member, Dr. Raul Barañano, Uruguay NS and Dr. Claudio Taboada, Argentina NS, President of the Scientific Committee of the Conference, attended the meeting, too.



Dr. Iavicoli's Opening Lecture



Dr. Sergio Iavicoli and Dr. Claudio Taboada during the Official Dinner



From left to right:
Dr. Claudia de Hoyos (Argentina ICOH member), Dr. Ernesto Barrios (President of the Argentine Federation on Occupational Health); Dr. Federico Marco (Argentina ICOH Emeritus Member), Dr. Sergio Iavicoli (ICOH Secretary General), Dr. Claudio Taboada (Argentina ICOH NS); Dr. Elizabeht Chavez (President of the Uruguayan Society of Occupational Medicine), Dr. Raul Barañano (Uruguay ICOH NS), and Dr. Antonio Werner (ICOH Honorary Member)

ICOH and BOHS in East Africa

Suvi Lehtinen



Introduction

The Finnish Institute of Occupational Health has been working together with its East African sister institutions for more than three decades. During the past few years, much preparatory work has been carried out both with the East African Community Secretariat, the member countries, the Finnish Institute of Occupational Health, the Finnish Ministry for Foreign Affairs, and the International Organizations WHO and ILO, as well as ICOH.

Launching Meeting

The launching meeting of the Regional Programme was held on 25–26 September in Arusha, Tanzania. Experts from Burundi, Kenya, Tanzania and Uganda attended. Experts from Rwanda had sent their apologies, but looked forward to joining the collaboration as soon as possible.

The Finnish experts and experts from ILO and ICOH acted as resource persons. During the 2-day meeting, clear plans for the countries to proceed in the five objective areas of the Programme were prepared: development of occupational safety and health management, including legislation; development of service infrastructures, and Basic Occupational Health Services in particular; Research and development, including indicators and profiles; Training in occupational health and safety; and Information, communication and networking.

The planning work will continue over the next ten months and by next autumn, a plan for a 4–5-year programme will be available for further decisions on continued funding.

Workplace visits

In connection with the Launching Meeting, Tanzanian colleagues organized for

the Finnish group two workplace visits in order to discuss the challenges of the workplaces, and to check the feasibility of the BOHS guides in practice.

In the launching meeting, nine experts from the East African countries wished to join ICOH. They were warmly bid welcome to the international network of occupational health and safety experts.

Organizing successfully the third International Occupational and Environmental Health Conference in Hanoi

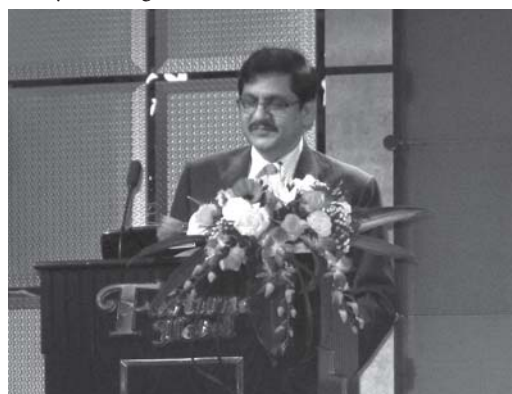
The Third International Scientific Conference on Occupational and Environmental Health was successfully held in 21–23 October 2008 in Hanoi, Vietnam by the National Institute of Occupational and Environmental Health in collaboration with the Vietnam Association of Occupational Health, and International Scholars in Occupational and Environmental Health program at the University of Washington and Liberty Mutual Research Institute for Safety in the United States.

Under the theme of "*Occupational and environmental health in sustainable development*", the Conference boasted an attendance of 12 invited keynote speakers, 100 oral and poster presenters and 200 participants from 13 countries around the world to discuss the latest topics on occupational and environmental health in the region and in the world.

This conference was a scientific forum for scientists to discuss on hazardous factors in work environment, working conditions, health effects, occupational and work-related diseases in different occupations, interventions and measures for improvement of working conditions, preventive measures for health protection for workers. In addition, it was an opportunity to exchange information on environmental health and school

health which were practically meaningful to contribute to the improvement of environment and health care and health protection for children and community.

This conference was actively supported and contributed by the ICOH Scientific Committee on Occupational Health & Development (SCOHDev). One of the keynote speeches of the Conference was delivered by the General Secretary of the SCOHDev, Dr. Shyam Pingle.



Dr. Shyam Pingle, India

Meetings

THIRD ANNOUNCEMENT

South Africa and ICOH invite you.

Download the combined brochure in English (1.8 MB) in [A4](#) | [Letter](#) format.

Download the 3rd Announcement Brochure (1.3 MB) in [A4](#) | [Letter](#) format.

Download the 2nd Announcement Brochure (1.7 MB) in [A4](#) | [Letter](#) format.

You are invited to attend the 29th International Congress on Occupational Health at the Cape Town International Convention Centre, South Africa. This triennial scientific event is supported by the International Commission on Occupational Health (ICOH).

The programme will bring together, for the first time in Sub-Saharan Africa, an international panel of experts with presentations that will enable you to present quality Occupational Health Programmes with confidence. We invite you to submit an abstract and enjoy the excitement of sharing your research with colleagues from all parts of the globe.

The ICOH 2009 will be an international inventory of the new developments in occupational health research and in best practices during the last three years.

Please join us to discuss the present and the future developments of occupational health and help to make *Occupational Health a basic right and a valuable asset to society*.

PROF DJ KOCKS
Chairperson:
Organising Committee

PROF J RANTANEN
President: ICOH

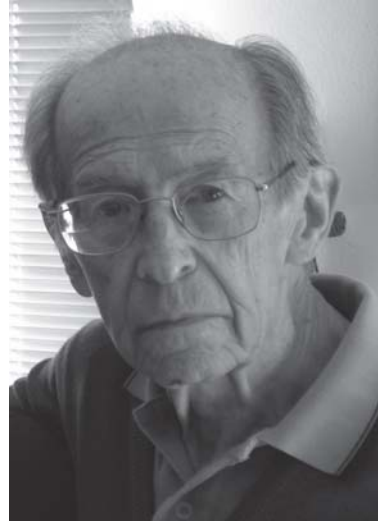


www.ich2009.co.za

Obituary:

Dr. Bernardo Bedrikow (Brazil)

Brazil, Latin America and the World have lost a pioneer and leader in the field of Occupational Safety and Health – Dr. Bernardo Bedrikow – who passed away on October 6th, 2008, just five weeks before turning 84 years. Bernardo Bedrikow is considered, respected and loved – along with Diogo Pupo Nogueira and Oswaldo Paulino – as one of the most outstanding professionals who pushed forwards the development of Occupational Safety and Health, in Brazil, in the Region of the Americas, and in other parts of the world. A Medical Doctor graduated in 1947, he got his Master Degree in Public Health at Harvard School of Public Health, in the early 1950s, and then, attended a training program at the Institute of Occupational Health in Lima, Peru. Back in Brazil, he dedicated his career to the development of an Outpatient Clinic on Occupational Diseases of the Social Service of Industry (SESI), in São Paulo, which became a local, regional and national reference for research and training in Occupational Pathology, Toxicology and Industrial Hygiene in this country. Also, he served the School of Public Health of the University of São Paulo and the School of Medical Sciences of “Santa Casa” of São Paulo, as Professor of Occupational Medicine. In 1977, he was hired by the International Labour Office, ILO, as Regional Adviser of Occupational Safety and Health for Latin America and the Caribbean, based in Lima, Peru. In 1981, he was transferred to the ILO Headquarters, in Geneva, where he served in the Section of Occupational Medicine, until his compulsory retirement in 1985. Back in Brazil again, he spent 23 more years as Consultant and invited Professor, with and for several institutions, mainly the Social Service of Industry (SESI), the ILO’s Office in Brasília, the Ministry of Labor, the Ministry of Health, the Fundacentro Headquarters in São Paulo, the State Secretary of Health (São Paulo), the School of Medicine of the University of São Paulo, and the School of Medical Sciences of “Santa Casa”. Within a broad scope of interests and a comprehensive area of scientific knowledge and erudition, he was active in the ICOH family and in several ICOH events. Always committed to Workers’ Health values, Dr. Bernardo Bedrikow played a long-term role as a reference of good practice and a permanent availability and interest in advising young generations of health professionals.



We will miss him a lot.

René Mendes – Brazil

Message du Président

Chers membres de la CIST,

C'est la dernière fois que je m'adresse à vous par l'intermédiaire de ce bulletin comme Président de la CIST et mes sentiments sont partagés. D'une part, j'ai des regrets de ne pas avoir été capable de servir notre Association aussi bien que je l'aurais voulu. D'autre part, je suis fier et content de pouvoir laisser à mon successeur une organisation dynamique, de plus en plus jeune et avec de nombreux atouts pour le futur. Aujourd'hui, la CIST occupe une position de premier plan sur la scène internationale de la santé au travail et a des alliances fortes avec d'autres organisations internationales.

La plus grande partie de la période 2003–2008 a été marquée par un développement impressionnant dans la vie au travail et par une augmentation continue du niveau de vie et du bien-être de la population active et ce, à peu près dans tout le monde entier. Mais au cours des dernières semaines, les perspectives ont pris une tournure complètement différente. Le dynamisme, l'énergie et la sagesse de la CIST ont été mis aux défis non seulement par les brusques changements dans la vie de travail mais aussi du fait de la crise économique qui est apparue soudainement et s'est propagée comme une pandémie.

Malheureusement, ce sont les travailleurs en premier lieu qui, malgré eux, doivent en subir les conséquences. Cela signifie plus de travail et moins de ressources pour la santé, l'environnement et la protection sociale. La santé au travail risque d'être marquée par des réductions budgétaires. Nous devons rappeler à nos décideurs politiques, dirigeants d'entreprises et syndicats de l'évidence acquise durant la dernière récession internationale, il y a 15 ans, qui a montré que les programmes et les services effectifs de la protection sociale ont fait efficacement barrage aux effets les plus négatifs de la crise et ont accéléré le redressement de l'économie. Le ralentissement de la croissance offre aussi une bonne occasion pour améliorer les structures de base. Il y a aussi plus de temps pour améliorer les compétences et pour former le personnel.

Au cours des deux dernières périodes triennales, nous avons mis l'accent sur

deux groupes de priorités : premièrement nous nous sommes concentrés sur les activités considérées comme essentielles et deuxièmement, renforcé la CIST comme association. Le premier groupe des priorités a couvert, entre autres, le développement des activités des Comités Scientifiques, ainsi que celui des services de santé au travail, l'amélioration de la communication interne et externe, y compris la revitalisation de ce bulletin, et le perfectionnement continu du site internet de la CIST. Le renforcement des dimensions éthiques et la collection et l'enrichissement de l'histoire et de l'héritage de la CIST ont également figuré parmi les priorités, particulièrement en connection de la célébration des événements centenaires de la CIST.

Le deuxième groupe des priorités a compris le renforcement de la CIST comme association par le biais du renouvellement des règlements et la mise à jour des lignes directrices de la CIST. Les services aux membres ont été améliorés avec succès par notre Secrétaire Général. Notre Vice-Président a intensifié les activités des Secrétaires Nationaux et les liens avec les associations nationales. Une collaboration plus étroite avec les organisations internationales a aussi été une de nos plus importantes priorités.

Les membres du Bureau, des Comités Scientifiques, les Secrétaires Nationaux et nos comités, groupes de tâches et groupes de travail, y compris les réseaux, ont travaillé activement et rendu un précieux service à la CIST. Je veux remercier sincèrement mes chers collègues pour leurs contributions et leur soutien. Cela a été un privilège de travailler avec vous tous. De la part de la direction, du Bureau et du Conseil, je veux également exprimer mes vifs remerciements aux membres pour votre concours et votre participation aux activités de la CIST.

Beaucoup a été réalisé mais il reste également beaucoup à faire. La prochaine direction fera face à d'immenses défis dans un monde du travail de plus en plus turbulent. Je suis convaincu que la CIST peut relever ce défi. C'est pourquoi la CIST mérite une direction prévoyante et professionnellement et éthiquement forte qui est capable de diriger notre Association à travers des changements de la vie du travail global.

Je souhaite à la CIST, à son futur Bureau et Conseil ainsi qu'à ses membres beaucoup de succès dans sa mission pour améliorer la santé au travail pour tous les travailleurs du monde. Je voudrais conclure en vous souhaitant mes meilleurs vœux pour les fêtes de fin d'année et une bonne année 2009.

Jorma Rantanen
Président de la CIST

Mots de l'Editeur

L'article qui introduit ce numéro traite d'un thème d'actualité dans la vie de tous les jours : le chômage, la précarité de l'emploi et la santé. Cet article est écrit par un groupe de scientifiques éminents participant ardemment au développement des activités des Comités Scientifiques de la CIST.

Les préparatifs pour l'élection des membres du Bureau et du Conseil sont en cours. Les bulletins de vote ont été envoyés à tous les membres en règle. Ils doivent parvenir au Secrétariat au plus tard le 22 février 2009. Le Congrès 2009 au Cap approche et je vous encourage à prendre connaissance de son programme scientifique très intéressant et de s'y enregistrer.

J'ai eu le privilège de travailler avec vous tous pendant les six dernières années. Le nouveau Président de la CIST décidera de la manière dont la communication de la CIST sera organisée pendant la prochaine période triennale. Si les horaires de parution ne sont pas changés, le prochain bulletin paraîtra à la fin du mois d'avril 2009. Comme nous ne connaissons pas encore le futur, je vous prie d'envoyer vos contributions et vos suggestions concernant le bulletin à suvi.lehtinen@ttl.fi. Je transmettrai le matériel à la personne en charge du bulletin.

Pour recevoir votre exemplaire à temps, veuillez vérifier que vous êtes en règle et que vous avez informé Carlo.Petyx@libero.it ou pierluca.dionisi@ispepl.it de tout changement d'adresse.

Suvi Lehtinen
Editrice

Chômage, précarité de l'emploi et santé

par Thomas Kieselbach, Simo Mannila et Jukka Vuori

1. Développement de l'agenda de recherche du Comité Scientifique sur le chômage, la précarité de l'emploi et la santé

Les premières recherches sur le chômage remontent à 1930, mais ce n'était pas avant les années 1980 que la recherche sur le chômage et la santé est devenue un domaine majeur produisant des études de haut niveau dans plusieurs pays occidentaux. L'accroissement de ce domaine était aussi motivé politiquement : il y avait une préoccupation générale sur le chômage comme problème social et un intérêt sur l'effet du chômage sur la santé. Cette préoccupation était aussi partagée par le réseau du Bureau régional de l'Europe de l'OMS qui s'occupe des questions de l'inégalité sociale et de la santé. La recherche traditionnelle s'occupait, en premier lieu, des effets sur la santé lors de la perte d'un emploi et, plus tard, aussi de l'impact positif des interventions diverses dont le but était de limiter les effets négatifs sur la santé.

L'intérêt croissant de la recherche sur le chômage avec la nature changeante de la vie de travail et l'augmentation des facteurs de stress psychosociaux et de la mortalité ont eu comme résultat l'établissement de deux nouveaux Comités Scientifiques au sein de la CIST dans les années 1990 dont le but était de trouver des solutions aux nouveaux défis de la santé au travail : le Comité Scientifique sur l'organisation du travail et les facteurs psychosociaux et le Comité Scientifique sur le chômage et la santé (ce dernier a été renommé et est devenu en 2006 le Comité Scientifique sur le chômage, la précarité de l'emploi et la santé). L'idée de la création du Comité Scientifique sur le chômage, la précarité de l'emploi et la santé était de combiner la recherche psychologique, sociologique et socio-médicale sur le chômage et adapter cette recherche aux considérations de la politique sociale et de la gestion des ressources humaines qui jusque là avaient été séparées du domaine de la santé au travail.

Quand Jean Bertran et Bjorgulf Claussen de l'Université d'Oslo (Norvège) ont invité les chercheurs spécialisés sur le domaine du chômage du monde entier à se joindre à la CIST en 1998 et de former un groupe de travail sur le chômage et la santé, ils voulaient rapprocher l'une de l'autre la recherche sur le chômage et sur l'emploi.

L'idée était que l'accroissement de la précarité de l'emploi et le besoin de restructuration avaient comme résultat une situation où les transitions de l'emploi, y compris le chômage, devenaient de plus plus communes et que les transitions étaient potentiellement stressantes pour les chômeurs et pour les personnes faisant face à la précarité de l'emploi et que c'était du devoir du système des services de santé au travail de faciliter l'adaptation à ces changements. Au cours des dix dernières années, le Comité Scientifique s'est concentré de plus en plus sur la qualité de la réinsertion professionnelle et sur la précarité de l'emploi.

2. L'état des actualités du Comité Scientifique

Durant les années 1990 et ce, dans tous les pays occidentaux, l'attention s'est dirigée du chômage vers l'emploi c'est à dire sur la précarité de plus en plus diversifiée du marché du travail, sur le droit de toutes les personnes à participer au marché du travail et sur le travail durant les différentes étapes de la vie. En même temps, la préoccupation concernant les liens entre le chômage, la précarité de l'emploi et la santé a diminué et a été remplacée par des préoccupations purement économiques. Nous ne savons pas encore quel effet la nouvelle récession causée par la crise financière aura sur l'agenda scientifique et sociopolitique dans les différents pays.

Le nombre croissant des transitions – du travail au chômage – peut mettre en danger le bien-être, la motivation et la santé des individus. Conformément à l'idée de la formation tout au long de la vie, les gens doivent mettre à jour leur formation et leurs capacités professionnelles tout au long de leurs carrières pour garder leurs places sur le marché du travail. Cela change aussi la manière dont les jeunes font leur transition de l'école au travail.

Les employés qui, après une longue absence, essaient de retourner sur le marché du travail ou les personnes handicapées qui veulent y entrer, ont du mal à se réinsérer. Les travailleurs vieillissants doivent faire face aux changements difficiles du travail en même temps qu'ils essaient de se tenir au courant des changements et de rester en bonne santé et motivés avant leur dernière transition c'est à dire celle du travail à la retraite. Cela signifie que nous avons besoin plus que jamais de programmes améliorant la capacité de travail, basés sur la gestion des ressources humaines et des interventions des services de santé au travail.

Malgré un nombre croissant de publications sur les transitions de l'emploi, le bien-être et la santé, il y a beaucoup de questions posées et très peu d'études sur l'adaptation aux transitions et sur leurs conséquences sur le bien-être et la santé, la participation au travail et la productivité à long terme.

3. Nouveaux défis

Les preuves empiriques montrent qu'un nombre considérable de personnes licenciées éprouve des difficultés à s'adapter à de nouvelles situations sans soutien externe. Cette nouvelle réalité a favorisé, entre autres, le développement du concept de « support social » dans les situations de transition de l'emploi. Cela fait référence à un système mis en place pour soutenir les gens qui sont en période de transition d'un emploi au chômage, qui ont des plans de formation ou qui sont à la recherche d'un emploi et qui finalement reviennent sur le marché du travail. Ce processus nécessite une nouvelle interaction entre la gestion des ressources humaines et les services de la santé au travail ainsi qu'entre les services de l'emploi privés et publics et comprend des interventions psychosociales et étend la responsabilité des organisations au-delà de l'emploi actuel (politique active de l'emploi ; programmes sociaux actifs).

Pour obtenir et garantir de meilleurs effets suite à des interventions aux niveaux individuel et institutionnel, il faudrait une meilleure intégration entre les interventions des autorités responsables de l'emploi et les approches qui visent à unir la promotion de la santé et la réinsertion sur le marché du travail. Nous savons

trop peu de choses sur le déroulement des carrières, sur les effets à la santé en lien avec les transitions de l'emploi et sur l'impact de différentes interventions. Il y a également très peu d'études sur la socialisation et sur la resocialisation sur les lieux de travail pour les travailleurs qui entrent sur le marché du travail et ceux qui y reviennent. Cette connaissance serait très importante pour le développement des interventions pour promouvoir le bien-être, la santé et la productivité lors des épisodes de transitions.

Ce qui a été largement négligé dans la discussion sur la restructuration et la santé, ce sont les employés qui restent dans l'entreprise après la restructuration : ils souffrent de stress à cause de nouvelles exigences, de nouvelles planifications de tâches, de nouvelles routines et d'une précarité croissante de l'emploi. Nous devrions également porter une attention particulière aux gérants responsables de l'organisation du processus et réactiver la discussion sur le destin des familles des licenciés et des communautés dans lesquelles la restructuration a eu lieu.

Il y a des preuves empiriques que les processus de restructuration qui négligent ces questions, mènent souvent à l'installation d'un cercle vicieux de la restructuration qui a pour résultat la diminution de la productivité comme l'OIT l'a démontré. La prise en compte de la santé dans la restructuration, les politiques du marché du travail et les entreprises devraient être considérées comme des investissements pour le futur aussi bien pour la société que pour les entreprises de même manière à ce que la santé soit généralement reconnue comme une valeur de base et une valeur au niveau individuel. Cette compréhension apportera plus d'acteurs sur cette scène et aura un impact sur les systèmes des assurances maladies. Elle devrait aussi avoir un effet sur l'agenda de la recherche du Comité Scientifique sur le chômage, la précarité de l'emploi et la santé.

Le changement du marché du travail dans les pays industrialisés causé par la mondialisation signifie qu'il faudrait prendre en compte de plus en plus les pays en voie de développement et en voie de transition. Le Comité Scientifique a fait de véritables efforts pour nouer des contacts avec la recherche en dehors des pays

occidentaux, mais il faut continuer ces efforts. A notre avis, la coopération avec d'autres Comités Scientifiques, par exemple les Comités Scientifiques sur les petites et moyennes entreprises et le secteur informel ainsi que sur la santé au travail et le développement, pourrait être fructueuse.

Simo Mannila est secrétaire et Thomas Kieselbach est président du Comité Scientifique sur le chômage, la précarité de l'emploi et la santé.

Deux Conférences sur la santé au travail en Argentine

Du 3 au 5 septembre 2008, la 12^{ème} Conférence sur la santé au travail et la 2^{ème} Conférence de Rio de la Plata sur la santé au travail ont été organisées à Buenos Aires (Argentine). Les thèmes des conférences étaient : La dynamique des populations et la santé au travail, l'écotoxicologie, le rôle des sociétés nationales et internationales en santé au travail, les dangers en santé au travail : sûreté et sécurité, les travailleurs des soins de santé, la médecine agricole et la santé rurale de Rio de la Plata, la responsabilité sociale des entreprises et la santé au travail, l'inéquité et la mondialisation, la santé au travail dans l'industrie de la viande de Rio de la Plata, la médecine agricole et la santé rurale et le travail dans des conditions extrêmes.

Le Docteur Sergio Iavicoli, Secrétaire Général de la CIST a participé à la réunion et donné un discours d'ouverture et une lecture magistrale au ministère du Travail. Le Docteur Iavicoli a été nommé membre honoraire de la société de la santé au travail de la province de Buenos Aires.

Le Docteur Antonio Werner (Argentine), Membre Honoraire, le Docteur Jorge Morales Camino (Mexique), Membre du Conseil, le Docteur Raul Barañano, Secrétaire National, (Uruguay) et le Docteur Claudio Taboadela, Secrétaire National, (Argentine), Président du Comité Scientifique de la Conférence, ont également participé à la réunion.

3^{ème} Conférence Internationale sur la santé environnementale et la santé au travail

La 3^{ème} Conférence Internationale de la santé environnementale et sur la santé au travail a été organisée avec réussite du 21 au 23 octobre 2008 à Hanoi (Vietnam) par l'Institut vietnamien de la santé environnementale et de la santé au travail en collaboration avec l'Association vietnamienne sur la santé au travail et les universitaires internationaux du programme pour la santé environnementale et la santé au travail de deux universités américaines.

Sous le thème de la santé au travail et de la santé environnementale dans le développement durable, la Conférence a attiré 12 orateurs invités, 100 présentations orales ou de posters et 200 participants venant de 13 pays pour discuter des thèmes les plus actuels.

Cette Conférence était un forum scientifique pour les chercheurs afin de discuter des facteurs dangereux dans l'environnement, des conditions du travail, des effets de santé, des maladies professionnelles dans de différents métiers, des interventions visant à améliorer les conditions de travail et des mesures préventives pour la protection de la santé des travailleurs.

La Conférence a été activement soutenue par le Comité Scientifique sur la santé au travail et développement de la CIST. Un des orateurs principaux de la Conférence était le Secrétaire Général du Comité, le Docteur Shyam Pingle.

Nouvelle de l'Association asiatique sur la santé au travail

La 19^{ème} Conférence asiatique sur la santé au travail a été organisée du 17 au 19 septembre 2008 dans le petit pays magnifique qu'est Singapour. Le thème de la Conférence était « Redéfinir la santé au travail face à la mondialisation ». Le choix du thème était motivé par le fait de l'industrialisation rapide et le mouvement international croissant des travailleurs, des industries et des technologies dans la région Asie-Pacifique. La Conférence a ac-

cueilli de nombreux orateurs invités, y compris les représentants de la CIST et de l'OIT.

En hommage au Docteur Bernardo Bedrikow (Brésil)

par René Mendes

Le Brésil, l'Amérique latine et le monde ont perdu un pionnier et une figure de proue dans le domaine de la sécurité et de la santé au travail – le Docteur Bernardo Bedrikow – qui nous a quitté le 6 octobre 2008, seulement cinq semaines après avoir eu 84 ans. Le Docteur Bernardo Bedrikow était considéré et respecté – ainsi que Diogo Pupo Nogueira et Oswaldo Paulino – comme un des professionnels les plus éminents qui a fait progresser la sécurité et la santé au travail au Brésil, dans la région des Amériques et dans d'autres parties du monde.

Ayant plusieurs domaines d'intérêts et une forte compréhension des connaissances scientifiques ainsi que de l'érudition, il était actif au sein de la CIST et de ses nombreux événements. Toujours engagé aux côtés des valeurs pour la santé des travailleurs, le Docteur Bernardo Bedrikow a été une référence depuis fort longtemps sur les bonnes pratiques et toujours disponible et intéressé à donner des conseils aux jeunes professionnels de la santé au travail. Il nous manquera énormément.

Stratégie européenne pour promouvoir la santé et la sécurité au travail

par Jukka Takala, Agence européenne pour la sécurité et santé au travail

Bien que les mesures judiciaires, les directives, les lois nationales et les règlements sont importants, ils ne suffisent pas tous seuls. Il faut avoir une bonne sélection de mesures différentes – souvent appelée comme boîte à outils – qui est construite autour de mesures judiciaires. Elle couvre, entre autres, le dialogue social, de bonnes pratiques, des programmes de sensibilisation, des services et de la recherche, la responsabilité sociale des entrepri-

ses, des incitations économiques et une intégration dans les différentes politiques des questions d'égalité entre les hommes et les femmes.

Au niveau de l'Union européenne, cette approche globale sur la sécurité et la santé au travail a été adoptée sous la forme d'une stratégie communautaire sur la santé et la sécurité au travail. La dernière stratégie communautaire 2007–2012 vise à réduire de 25 % les accidents du travail partout dans l'Union pour 2012. Dans cette stratégie, il y a aussi une référence spécifique pour réduire les maladies professionnelles, mais il n'était pas possible de fixer un objectif quantitatif dû à l'absence d'un point de référence approprié. Pour atteindre ces objectifs, cette stratégie fait appel aux acteurs de tous les niveaux – européen, national, local et sur les lieux de travail.

Changements dans la main d'oeuvre et sur les lieux de travail

Les modèles de l'emploi et les structures sectorielles sont en train de changer. La plupart des gens en Europe travaillent plutôt dans le secteur du service que dans la production primaire et l'industrie manufacturière, ce qui signifie que les risques sont différents par rapport au passé: des risques nouveaux et émergents, de nouvelles formules et des façons d'organiser le travail, de nouveaux matériaux, des produits divers et chimiques comme les nanoparticules. De la même manière, la main d'oeuvre a subi des changements: plus de femmes, plus de travailleurs vieillissants et plus de travailleurs migrants.

Les mesures clés pour atteindre les objectifs européens

- Garantir une bonne exécution de la législation de l'Union européenne.
- Soutenir les PME dans l'exécution de la législation en vigueur.
- Adapter le cadre juridique aux changements sur les lieux de travail et le simplifier, surtout pour les PME.
- Promouvoir le développement et l'exécution des stratégies nationales.
- Encourager les travailleurs à changer leurs comportements et leurs employeurs à adopter des approches focalisées sur la santé.
- Perfectionner les méthodes pour identifier et pour évaluer de nouveaux ris-

ques potentiels.

- Améliorer le suivi des progrès.
- Promouvoir la santé et la sécurité au niveau international.

Un concept clé et un pilier fondamental pour atteindre les objectifs de cette stratégie sont le développement et l'exécution des stratégies nationales cohérentes dans les pays membres de l'Union. Un premier pas dans le développement d'une stratégie et d'un programme est la préparation d'un profil national sur la sécurité et la santé au travail.

Qu'est-ce que la CIST et ses membres peuvent faire ?

La CIST et ses membres peuvent

1. encourager les gouvernements de leurs pays à ratifier la convention numéro 187 de l'OIT, de respecter la résolution de l'OMS et de prendre des mesures nécessaires pour mettre en place une stratégie, un programme et un profil national en matière de santé et de sécurité au travail.
2. coopérer avec les autorités nationales (p. ex. l'Inspection du Travail)
3. fournir des expertises en vue de fixer des priorités nationales basées sur la recherche et des faits, et étudier les bonnes pratiques des autres pays.
4. fournir des expertises pour établir et améliorer la couverture des services de santé au travail.
5. promouvoir les contacts et le dialogue entre les travailleurs, les employés, les gouvernements, les organisations professionnelles et les associations nationales.
6. suivre les lignes directrices éthiques de la CIST.

Nous avons besoin de valeurs et de niveaux harmonisés pour la sécurité et la santé au travail. L'Europe sociale doit traiter de tous les travailleurs et de leurs familles d'une façon égale malgré leur sexe, leur nationalité, leur langue et leur âge ou la taille, le secteur ou la localisation de leurs lieux de travail.

ICOH Officers

President

Prof. Jorma Rantanen
c/o Finnish Institute of
Occupational Health
Topeliuksenkatu 41a A
FIN – 00250 Helsinki, Finland
Tel: +358 30 474 2010
Fax :+358 30 474 2548
e-mail: jorma.rantanen@ttl.fi

Secretary General

Prof. Sergio Iavicoli
ISPESL
National Institute for Occupa-
tional Safety and Prevention
Via Fontana Candida 1
00040 Monteporzio Catone
(Rome), Italy
Tel: +39 06 94181407
Fax: +39 06 94181556
e-mail: seriav@iol.it

Vice President

Dr. Marilyn Fingerhut
c/o NIOSH
Room 715H Humphrey Bldg,
200 Independence Av. SW,
Washington DC 20201,
USA
Tel: +1 202 401 6997
Fax: +1 202 260 4464
e-mail: mfingerhut@cdc.gov

Vice-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
e-mail: k.kogi@isl.or.jp

Past President

Prof. Bengt Knave
e-mail: bengt.arbete@telia.com

Prof. Sin Eng CHIA
Dept. of COFM, Faculty of
Medicine (MD3),
National University of Singa-
pore,
16 Medical Drive,
Singapore 117597,
Singapore
Tel: + 65 6874 4970
Fax: + 65 6779 1489
e-mail: cofcse@nus.edu.sg

Mr. Ian Eddington
Faculty of Business, University of
Southern Queensland
Post Office Darling Heights
Toowoomba, Qld 4350, Australia
Tel: +61 746 311250
Fax: +61 746 315594
e-mail: edding@usq.edu.au

Mr. Kaj Elgstrand
Industrial Ecology
Royal Institute of Technology
SE-100 44 Stockholm, Sweden
Tel: +46 8 790 8784
e-mail: kajelg@kth.se

Dr. Brigitte Froneberg
Federal Institute for Occupation-
al Safety and Health
Nöldner Str. 40-42
D-10317 Berlin
Germany
Tel: +49 30 57548 4402
Fax: +49 30 51548 4190
e-mail: froneberg.brigitte@baua.bund.de

Prof. Hua Fu
Fudan University
P.O. Box 248138 Yixueyuan Road
Shanghai 200032, China
Tel: +86 21 5423 7202
Fax: +86 21 6422 3464
e-mail: hfu@shmu.edu.cn

Prof. Michel Guillemin
University of Lausanne
Institute of Occupational Health
Sciences Rue Du Bugnon, 19
Lausanne
Switzerland
Tel: +41 0 213147420
Fax: 41(0) 213147420
e-mail:
Michel.Guillemin@hospvd.ch

Prof. John Harrison
Consultant Occupational
Physician
Professor, Clinical Organisational
Development
Brunel University
Clinical Director Occupational
Health Occupational Health
Department
Hammersmith Hospital
Du Cane Road London W12 0HS
Tel: +44 20 8383 4875
e-mail:
John.harrison@hhnt.nhs.uk

Dr. Petter Kristensen
National Inst. of Occupational
Health
P.O. Box 8149 Dep
N0033 Oslo, Norway
Tel: +47 2319 5100
Fax: +47 2319 5200
e-mail:
petter.kristensen@stami.no

Ms. Suvi Lehtinen
Finnish Institute of
Occupational Health
Topeliuksenkatu 41a A
FIN-00250 Helsinki, Finland
Tel : +358 30 474 2344
Fax : +358 30 474 2548
e-mail: suvi.lehtinen@ttl.fi

Prof. René Mendes
Av.São Luis, 192 Apt.1602
São Paulo
SP Brazil CEP 01046-000
Tel: +55 11 8380-0954
e-mail: rene.mendes@uol.com.br

Dr. Jorge Morales
Corporativo Procter & Gamble
Loma Florida # 32 Col. Lomas de
Vista Hermosa
Mexico, D.F. 05100
Tel. + 52-55-57242109
Fax. + 52-55-57242102
e-mail: morales.ja@pg.com

Mr. Franklin Kithinji Muchiri
Directorate of Occupational
Health and Safety Services
P.O Box 34120,
Nairobi,
Kenya
Tel: + 254 2 550 825
Fax: + 254 2 544 428
e-mail: muchiri@ilo.org

Prof. Antonio Mutti
University of Parma
Viale Gramsci, 14
43100 Parma
Italy
Tel: +39 0521 033075
Fax: +39 0521 033076
e-mail: antonio.mutti@unipr.it

Prof. Yves Roquelaure
Centre Hospitalier Universitaire
Angers Cedex
F-49933 France
Tel: +33 2 41 35 37 64
Fax: +33 2 41 35 34 48
e-mail:
yvroquelaure@chu-angers.fr

Ms. Jennifer Serfontein
PO Box 27167
Greenacres 6057
Port Elizabeth, South Africa
Tel: +27 41 401 2800
Fax: +27 41 401 2801
Email: serfie@mweb.co.za

Prof. Ken Takahashi
Department of Environmental
Epidemiology
University of Occupational &
Environmental Health
Orio, Yahatanishiku
Kitakyushu City 807-8555, Japan
Tel: +81 93 691 7454
Fax: +81 93 601 7324
e-mail: ktaka@med.uoeh-u.ac.jp

Prof. Frank Van Dijk
Coronel Institute of Occupa-
tional Health
Academic Medical Center
PO Box 22700
1100 DE Amsterdam
The Netherlands
Tel. + 31 20 56665325
Fax. +31 20 6977161
e-mail: f.j.vandijk@amc.nl

Dr. Martha Waters
National Institute for
Occupational Safety and Health
4676 Columbia Parkway R-16
Cincinnati
Ohio 45226, USA
e-mail: mwaters@cdc.gov