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 economies. 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-
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www.icohweb.org/newsletter

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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. 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 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 2003.

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 strategies
- 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 2008–2017.

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

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.

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 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 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 jobseekers, 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 re-integrating 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 request- ed 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, under-employment, hidden employment and traditional unemployment still bound the great majority of the countries of the world and they have significantly less research potential.

### New Members

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

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 Caminno (Mexico) Board Member, Dr. René Mendes (Brazil) Board Member, Dr. Raul Barañano, Uruguay NS and Dr. Claudio Taboadela, Argentina NS, President of the Scientific Committee of the Conference, attended the meeting, too.
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 objectives 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 (SCOHDdev). One of the keynote speeches of the Conference was delivered by the General Secretary of the SCOHDdev, Dr. Shyam Pingle.
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.icoh2009.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 Brasilia, 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 au 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 des plus néfastes 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 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 comités, groupes de tâches et groupes de travail, y compris les réseaux, ont travaillé activement et rendu un précieux service à la 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 faîra 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.


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@ipsl.it de tout changement d’adresse.

Suvi Lehtinen
Editrice

Résumé en français
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 les réseaux 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 en 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 qui en était le 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 et le besoin de restructuration avaient comme résultat une situation où les transitions de l’emploi, y compris le chômage, devenaient de plus en 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 qui en était le 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.

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 les 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 beau-coup 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

Résumen en français
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 de santé, de nouvelles routines et d’une précarité croissante de l’emploi.

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. À 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


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 Taboada, Secrétaire National, (Argentine), Président du Comité Scientifique de la Conférence, ont également participé à la réunion.
En hommage au Docteur Bernardo Bedrikow (Brésil)
par René Mendes


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 réglements soient 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 entreprises, 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’œuvre 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’œuvre a subi des changements: plus de femmes, plus de travailleurs plus âgés et plus de travailleurs migrants.

Les mesures clés pour atteindre les objectifs européens

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.

Résumé en français

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