

Summary report on the

International consultation on caring for all working people: interventions, indicators and service delivery

WHO-EM/HSG/343/E

Semnan, Islamic Republic of Iran
28–30 April 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Workers represent half the world's population and are the major contributors to economic and social development. Yet, only 15% of workers worldwide have access to specialized occupational health services for advising employers and for providing assessment of occupational health risks, health surveillance, training in safe working methods and first aid.

Universal health coverage cannot be complete if all working people, particularly in informal settings, small enterprises, rural, agricultural and migrant workers do not have access to the most needed health services to prevent occupational and work-related diseases and to maintain and promote their working capacity. This requires innovative ways of working across health and labour sectors as well as strengthening national and local capacities for integrated service delivery and planning.

Within this context, a three-day consultation was held in Semnan, Islamic Republic of Iran, from 28–30 April 2014, to focus on occupational health services interventions, indicators and service delivery, and identify policy options, strategies and mechanisms to scale-up health coverage of workers.

The consultation was organized jointly by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean, the Ministry of Health and Medical Education of the Islamic Republic of Iran and Semnan University of Medical Sciences, in collaboration with the International Labour Organization (ILO), the International Commission on Occupational Health (ICOH) and the World Organization of Family Doctors (WONCA).

The main objectives of the consultation were to:

- share and document success stories and accumulated experience in delivering essential interventions and basic health services to workers in the informal sector and small enterprises, and rural, agricultural and migrant workers;
- identify criteria and indicators for measuring progress towards the access of workers to essential interventions for prevention and control of occupational and work-related diseases and injuries;
- draw a road map for scaling-up access of all workers in the Eastern Mediterranean Region, particularly those in disadvantaged situations, to essential interventions and basic integrated health services in the context of universal health coverage and decent work initiatives.

The international consultation was attended by national and regional experts from Bahrain, Egypt, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Oman, Sudan, United Arab Emirates and Yemen, as well as international experts from Finland, India, Italy, Netherlands and South Africa, and representatives of ICOH, ILO, WONCA and WHO.

2. Summary of discussions

Strengthening governance

Guidance from international organizations, such as ICOH, ILO and WHO, on the development of occupational health services should be fully utilized. Countries need to ensure appropriate services for all their workers as part of universal service provision.

Building-up health workforce

The key role of well-trained human resources in occupational health services is recognized. Therefore, a realistic picture of the situation of human resources in both occupational health and primary health care is needed.

The training and education of personnel providing occupational health services is a critical issue. Not all need to be specialists in occupational health, but, on the other hand, sufficient competence should be ensured by government in order to best serve both workers and employers, as well as society as a whole. Multidisciplinary and monodisciplinary training is needed for strengthening human resources for occupational health services and other workers' health coverage. Competence should be maintained through continuous medical education.

Improving health information

Reliable data collection and information systems offer the basis for the development of occupational health services. There is need for a situation analysis of occupational health services in countries. The guidelines for developing a national occupational health profile produced by the WHO Regional Office for Europe could serve as a model.

Registries of occupational accidents and occupational diseases should be established in all countries. A geographic information system (GIS) has been used to relate health and well-being parameters to social determinants for workers in various income/economic situations in Tehran, Islamic Republic of Iran.

Scaling-up service delivery

Well-functioning infrastructure for service provision is needed. Several optional models are available that can be adjusted to the legal, structural and social conditions in countries. Multidisciplinary teams capable of dealing with the full range of occupational health problems can be organized to provide services.

Collaboration between occupational health services and primary health care is important for serving workers in less organized sectors such as agriculture, small-scale enterprises, the self-employed and the informal sector, as well as migrants. It is important to recognize that the primary health care sector is already heavily loaded providing the key primary health care services; thus, sufficient resources, including secondary level support, need to be provided.

In most instances, multidisciplinary occupational health services cannot be provided at the primary level. In simple cases, multidisciplinary and specialist support should be organized at the secondary level. This structure calls for defining the roles and competences of all actors.

Targeting groups

Numerous special groups of workers are in need of occupational health services in the present globalizing world, including, among others, migrants and refugees, and other vulnerable and high risk groups who need special arrangements and content of services. Lack of communication and language skills are also important factors.

The Iranian model uses primary health care units at different levels. Service providers are community health workers in rural units and female volunteers and non-specialist general practitioners in urban units. A farmer clinic model was launched in three pilot provinces to include screening and diagnosis, treatment and registration of occupational diseases, screening of general health, particularly assessment of pesticide exposures, and identification and treatment of related health outcomes. Collaboration with other agencies is also carried out for assessment and management of accident risks. Based on evaluation of the pilot projects, the extension of the model to the whole primary health care sector and to the universal coverage scheme will take place in 2015.

Consensus statement

The main strategic directions for scaling-up workers' health were compiled into a consensus statement, called "Caring for all working people", and known as the Semnan Declaration, was unanimously agreed during the consultation.

Road map for scaling-up health coverage of workers in the Eastern Mediterranean Region

In order to obtain the commitment of countries of the Region, as well as that of international organizations, a draft road map for scaling-up workers' health coverage was prepared and introduced during the consultation. Participants provide input to the draft road map that, after further consultation, will serve as a work plan for scaling-up workers' health by the year 2030.

3. Action points

The participants unanimously agreed that achieving the goal of universal health coverage for working people in the Eastern Mediterranean Region requires the following actions:

Strengthening governance

1. Ensure political commitment and intersectoral collaboration involving major stakeholders for protecting and promoting equitable workers' health, including ministries responsible for health, labour, economic sectors and social protection, organizations of employers, workers and civil society.
2. Build institutional and human resource capacities of ministries of health to steer national actions on workers' health and its environmental, social and behavioural determinants, equity and access to health services.
3. Include workers' health in national and international policies and initiatives for universal health coverage and health systems strengthening.

Scaling-up service delivery

4. Define the essential interventions for prevention and control of occupational and work-related diseases and injuries, such as primary prevention of occupational health risks, detection and case management of occupational and work-related diseases and injuries and health surveillance of workers, and include them in

the nationally-determined sets of basic health services or essential health packages for universal health coverage.

5. Devise regulations and build capacities for gradually increasing coverage and quality of workers' health services through developing basic occupational health services and their integration with the existing primary health care networks and centres, as well as strengthening the preventive functions of health services provided by large enterprises.
6. Enable people-centred primary health care services to meet the specific health needs of working people, such as prevention and control of occupational and work-related diseases and injuries, protection and promotion of working capacity and fitness for work.
7. Develop connections and referral pathways between primary health care services and specialized occupational health services and laboratories.
8. Establish specialized support services for workers' health, such as occupational medicine clinics, occupational hygiene laboratories and poison control centres, and incorporate essential drugs and equipment for diagnosis and treatment of occupational diseases into the national lists of essential medicines and medical equipment.
9. Encourage large enterprises, as part of their corporate social responsibility, to provide comprehensive preventive, promotive, curative and rehabilitative health services to workers and subcontractors and, as appropriate, to their families and the surrounding communities.

Expanding health financing

10. Devise financial mechanisms for scaling-up health coverage of disadvantaged groups of workers according to national specificities, such as migrant, domestic, agricultural and informal sector workers, including preventive, promotive, curative and rehabilitative health services and financial protection.
11. Expand the coverage of employment injury benefit schemes for compensation for occupational diseases and injuries as part of national social protection floors.
12. Develop mechanisms for full financial protection for preventive, diagnostic, curative and rehabilitative services for occupational diseases and injuries.
13. Introduce methodologies and tools for costing the essential interventions for prevention and control of occupational and work-related diseases and injuries and the scenarios for their scaling-up.

Building-up the health workforce

14. Include occupational health in the pre-service education and training of physicians, nurses and community health workers.
15. Establish in-service occupational health training programmes and career pathways for general and family practitioners and other medical specialists, practice nurses, environmental and public health technicians and community health workers.

16. Create and expand programmes for pre-service training, specialization and career pathways, and continuous medical education and development, in occupational medicine, nursing, hygiene and safety.
17. Train primary health care providers to deliver the essential interventions for workers' health in the context of people-centred primary health care.
18. Develop programmes for protecting the occupational safety and health of health care workers.
19. Integrate occupational and environmental health and safety measures into the accreditation systems of hospitals and other health care facilities.

Improving health information

20. Include workers' health indicators into national health information systems and improve the registration and recording of occupational diseases and injuries.
21. Introduce and apply indicators and mechanisms for measuring and monitoring coverage with essential interventions and basic occupational health services for prevention and control of occupational and work-related diseases and injuries.
22. Strengthen research and access to knowledge on the coverage, quality and effectiveness of occupational health services and interventions and work capacity.



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