WHO Regional Office for Europe activities on the protection of workers’ health

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6th Croatian Congress on Occupational Health
Satellite Meeting ‘Essentials for workers’ health protection’
Sibenik, 02 October 2015
Human and economic burden of occupational diseases is substantial

Globally, more than 2.3 million people die each year from occupational accidents or work-related diseases.

Globally, around 4% of annual GDP is lost as a result of occupational diseases and accidents.

### Global burden of disease attributable to occupational risk factors, 2013

<table>
<thead>
<tr>
<th>Occupational risks</th>
<th>Deaths (thousands)</th>
<th>DALYs (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>717 (641 to 801)</td>
<td>55 352 (44 589 to 67 890)</td>
</tr>
<tr>
<td>Occupational carcinogens</td>
<td>304 (263 to 341)</td>
<td>5 803 (5 076 to 6 526)</td>
</tr>
<tr>
<td>Occupational PM, gases, fumes</td>
<td>205 (164 to 251)</td>
<td>8 802 (7 012 to 10 740)</td>
</tr>
<tr>
<td>Occupational injuries</td>
<td>159 (127 to 206)</td>
<td>9 947 (7 886 to 12 927)</td>
</tr>
<tr>
<td>Occupational asthmagens</td>
<td>52 (42 to 70)</td>
<td>2 771 (2 227 to 3 521)</td>
</tr>
<tr>
<td>Occupational noise</td>
<td>-</td>
<td>7 119 (4 549 to 10 329)</td>
</tr>
<tr>
<td>Occupational ergonomic factors</td>
<td>-</td>
<td>21 109 (14 206 to 29 304)</td>
</tr>
</tbody>
</table>

Global, all-age, all-cause, for both sexes combined

**Source:** GBD 2013 Risk Factors Collaborators, Lancet Sept 11, 2015
Burden of DALYs attributed to main risk factors in 2013, globally
Burden of occupational diseases and injuries in WHO European Region

Unhealthy working conditions contribute to 1.6% of the burden of disease in the WHO European Region. The major occupational risks associated with this burden are:

- injuries (32% of the occupational burden of disease)
- noise (21%)
- carcinogens (16%)
- airborne particulate matter (27%) and ergonomic hazards (4%)


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New information on disease burden due to occupational cancer in the EU

Deaths caused by cancer at work

- Globally, 666,000
- In the EU, 102,000

Most frequent: lung ca, mesothelioma, breast ca, skin ca, bladder ca

Main factors and risks: dust, in particular asbestos and silica, diesel engine exhaust, shift and night work for women, ETS, PAHs, smokes and fumes, radon, mineral oils…

Estimates higher than GBD/IHME due to differences in assumptions

## Burden of disease attributable to occupational risk factors in WHO European Region, 2004

<table>
<thead>
<tr>
<th></th>
<th>Deaths (in thousands)</th>
<th>DALYs (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Low and middle income</td>
</tr>
<tr>
<td>Occupational risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk factors for injuries</td>
<td>27</td>
<td>24</td>
</tr>
<tr>
<td>Carcinogens</td>
<td>42</td>
<td>27</td>
</tr>
<tr>
<td>Airborne particulates</td>
<td>46</td>
<td>27</td>
</tr>
<tr>
<td>Ergonomic stressors</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Noise</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Awareness of the problem

- The awareness of the problem remains insufficient, particularly among the media and the general public.
- The occupational safety and health has low priority by the lack of valid data.
- The underestimation of the impact of the problem on society causes the effect of “public invisibility”.
- The policy makers and the public remain unaware, the allocation from the budget is quite low and in turn causes low priority.

Health approach promoted by WHO

### Occupational Health
- Labour contract
- Only at the workplace
- Employer’s responsibility
- Only work-related health issues
- Negotiation between workers and employers

### Workers Health
- All workers
- Beyond the workplace
- Responsibility of everybody
- All health determinants
- Health protection not subject to collective negotiation
- Other stakeholders: health and environment authorities, insurance

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## Factors determining workers’ health

### Working environment
- Mechanical
- Physical
- Chemical
- Biological
- Ergonomic
- Psycho-social

### Health behaviour
- Individual risk taking behaviour;
- Physical activity
- Diet and nutrition
- Habits (smoking, alcohol, etc)

### Social factors
- Occupational status, employment conditions
- Precarious work
- Income
- Inequalities

### Access to health services
- Primary care
- Occupational health services
- Health and accident insurance
- Financial health protection
- Health technology
- Medicines

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Global change and implications for workers’ health

- Growing informal economy
- Changing relations at work – no workers-employer contract
- Agriculture
- Outsourcing, subcontracting
- Family business
- Child labour

Source: EEA, 2015 The European environment - state and outlook 2015
WHO framework on workers’ health

Alma Ata Declaration on primary health care, 1978 - *bringing health care as close as possible to where people live and work*

49.12 WHA WHO Global Strategy on Occupational Health for All, 1996


66.10 WHA: prevention and control of non-communicable diseases, including cancer, Global Action Plan for 2013-2020
Devise and implement policy instruments on workers' health

Protect and promote health at the workplace

Improve the performance and access to occupational health services

Provide and communicate evidence for action and practice

Incorporate workers’ health into other policies
Workers' Health: Global Plan of Action (GPA) 2008-2017

... work toward full coverage of all workers, including

- those in the informal economy, in small and medium-sized enterprises, in agriculture, and migrant and contractual workers

- essential interventions and basic health services for primary prevention of occupational and work-related diseases and injuries
Moving toward universal coverage for workers

The baseline in GPA implementation, EURO: policy instruments

Policy framework present in 79%

Elements included:

- Established inter-sectorial cooperation - 84%
- Strengthening the role of ministry of health - 53%
- Funding for workers’ health – 55%

The baseline in GPA implementation, EURO: policy instruments

Main actors involved:

• Ministries of labour - 95%
• Ministries of health - 87%
• Occupational health professionals - 66%
• Academia - 63%
• Workers’ compensation - 58%
• Ministries of environment – 53%

The baseline in GPA implementation, EURO: policy instruments

Aspects covered:

- Occupational health (97%) & safety 92%
- Workplace health promotion - 92%
- Chemical safety - 79%
- Environmental health - 66%
- Mental health - 82%
- NCD prevention at the workplace - 79%
- Prevention of communicable diseases at the workplace - 58%

The baseline in GPA implementation, EURO: national profiles

25% did not develop profiles

Aspects addressed:

- Occupational accidents and diseases statistics - 100%
- Occupational health and safety legislative framework - 91%
- Other health policies/programmes related to workers' health - 51%
- Incorporation of workers' health in other non-health policies - 40%
- Statistics of communicable and NCDs among workers - 23%
- Prevalence of individual risk factors among workers - 26%

Non-communicable diseases and the workplace

Protect and promote health at the workplace

NCDs account for at least 86% of all deaths in the WHO European Region

The workplace is a suitable setting for public health interventions to tackle non-communicable diseases and health inequalities

With health, well-being and economic benefits
Attributable fraction of work-related NCDs

In WHO European Region:

- 6-14% of lung cancer (32 400) and virtually all mesothelioma (7 000) due to occupational exposure (Driscoll T, et al. 2005)
- 42 % of chronic obstructive pulmonary disease due to occupational and environmental factors (WHO, 2006)

In Finland (Nurminen M, Karjalainen A. 2001):

- 24% of lung cancer
- 17% of ischemic heart diseases
- 12 % of chronic obstructive pulmonary disease
- 11 % of stroke

There is a huge variation between the countries.
Incorporation of workers’ health into other policies

Relevant environmental policies and actions:

- Strategic Approach to International Chemicals Management
- Multilateral environmental agreements: Rotterdam, Basel, Stockholm, and Minamata conventions
- Emergency preparedness and response
- Climate change mitigation and adaptation strategies
- Sectoral policies for branches with highest health risks
Impact of climate change on health of workers

CONTEXT
- Population growth
- Energy policies
- Local conditions/Socioeconomic circumstances
- Urbanization/Deforestation

HAZARDS/EXPOSURES
- Increased ambient temperature
- Air pollution
- UV radiation
- Extreme weather
- Vectorborne disease
- Industrial transition
- Changes in the expanded habitat
- Radon

GLOBAL CLIMATE CHANGE

OCCUPATIONAL HEALTH EFFECTS
- Heat stress
- Fatigue
- Respiratory disease
- Cardiovascular disease (CVD)
- Skin cancer
- Eye effects
- Traumatic injuries
- Acute deaths
- Mental stress
- Allergies/Asthma
- Dermatitis
- Infectious diseases
- Unknown musculoskeletal disorders
- Mental stress
- CVD
- Lung cancer
- Tight building syndrome


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Regional framework: Health 2020

• Health as a human right
• Health and well-being essential for economic and social development
• Whole-of-government and whole-of-society approaches to equitable improvement in health
• Shared priorities and collaboration with other sectors
• The importance of community and individual resilience and empowerment

… a regional mechanism to incorporate workers’ health into other policies
Health 2020 - four priority areas

- Invest in health through a life-course approach and empower citizens
- Tackle Europe’s major disease burdens of communicable and non-communicable diseases
- Strengthen people-centred health systems and public health capacity, including emergencies
- Create supportive environments and resilient communities
Creating resilient communities and supportive environments

Building the resilience is a key factor in protecting and promoting health and well-being at both the individual and community level. Systematically assessing the health effects of rapidly changing environment, especially related to technology, work, energy production and urbanization is essential and must be followed by action.
Health 2020 policy in the WHO European Region

Policy framework supporting action across government and society for health and well-being, embedding:

- Action plan for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012–2016
- European action plan to reduce the harmful use of alcohol (2012–2020)
- Parma Declaration on Environment and Health, 2010
- European framework to promote physical activity for health, 2007
... committed to act on the key environment and health challenges ... These include: the burden of non-communicable diseases, in particular to the extent that it can be reduced through adequate policies in areas such as urban development, transport, food safety and nutrition, and living and working environment.....”

In particular, unless we have already done so, we will develop by 2015 national programmes for elimination of asbestos-related diseases in collaboration with WHO and ILO

Regional Priority Goal 4: Preventing diseases arising from chemical, biological, and physical environments
Elimination of asbestos-related diseases (ARDs)

2011: Development of National Programmes for elimination of ARDs

2012: Methodologies to estimate burden of ARDs at the national level

2013: Multiple exposures and risks: evidence review, knowledge transfer and policy implication

2014: Towards a WHO European Region free of ARDs - needs, gaps, and the way forward

2015: SEENWH: Towards improved environment and health in South-East Europe. Reviewing progress in elimination of asbestos-related diseases

2015: Asbestos Policy Survey – a report for the EEHP Mid-term Review, Haifa, Israel

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Resolution WHA 67.11, 2014

Encourages Member States

- Promptly sign, ratify and implement Convention
- Address health aspects of exposure to mercury
- Recognize inter-relationship between health and environment and ensure cooperation
- Promote health-care services for prevention, treatment and care
- Facilitate exchange of information

Requests WHO

- to facilitate and support Member States and to work in cooperation with the Minamata Convention bodies, UNEP, and other partners
Minamata Convention and workers

Article 7: to reduce, and where feasible eliminate, the use of mercury and mercury compounds in, and the emissions and releases to the environment of mercury from such mining and processing

Article 5.6: introduces the prohibition of using mercury in the processes [listed in Annex B]

Articles 4.6 and 5.7: “discourage” mercury-added products or manufacturing processes with mercury

Article 5.8: exchange information on new technological developments, … feasible mercury-free alternatives, and possible measures and techniques to reduce and where feasible to eliminate the use of mercury and mercury

Article 16: on health aspects
WHO information and tools

WHO tools on ASGM

- Training modules for health care providers on how to identify and address health impacts of ASGM
- Rapid survey tool to assess health situation of miners and their families
- Model public health strategy for addressing health impacts of ASGM

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Addressing health aspects of mercury and other chemicals

Health sector involvement in the implementation of the Minamata Convention: exposure to mercury assessment and prevention

- sharing scientific data for promotion of the Convention implementation
- better integration of the Convention implementation in the health sector with other policies, strategies and action plans in public health area

Development of a Plan for Global Monitoring of Human Exposure to and Environmental Concentrations of Mercury (UNEP/WHO project)

Implementation of SAICM in health sector and health sector priorities to 2020 goal in WHO European Region

- national frameworks on health sector involvement in SAICM implementation
- identification of sectoral priorities towards 2020 goal
Looking ahead – workers’ health in the sustainable development perspective

Human health is a precondition for, and an outcome, and indicator of all three dimensions of sustainable development
Source: UN, 2012, Rio+20 outcome document

Opportunities for workers’ health
Green jobs - healthy, safe and decent
Full cost pricing - include social (health) externalities in the price of energy and products
Green technologies - prevention through design
Sustainable production and consumption – workers’ health and well-being as a measure of business sustainability
Key sectors - renewable energy, green construction, public transport, waste management

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An example…

Introduction:
The sustainable use of sustainable chemicals aims at providing socially necessary products while minimising resource consumption, reducing substance losses and controlling exposures by corporate, design oriented, organizational and technical means and at the same time enhancing healthy workplaces and fair social conditions

Thank you for attention!

WHO European Centre for Environment and Health

Platz der Vereinten Nationen 1

53113 Bonn, Germany

The new Plan of Actions was approved by the 54th Directing Council of PAHO

Commitment to adopt new laws, regulations and implementation of public policies to provide protection for workers from unsafe and unhealthy working conditions and workplace environments

Special attention to inequitable conditions of employment and those exposed to hazardous working conditions …