

Policy Basis for a Regional Strategy

2.1 WHO/ILO Joint Committee

The historical interest of the United Nations can be clearly confirmed from the definition of occupational health by the Joint Committee of WHO and ILO in 1950, which states:

“Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological equipment and, to summarize: the adaptation of work to man and of each man to his job.”

In 1985, ILO in its Supplementary Recommendation 171 again stressed a multidisciplinary approach and multisectoral collaboration in occupational health.

2.2 World Health Organization

The first WHO programme on occupational health was designed in 1950, just two years after the Organization was established. WHO joined with ILO to form the Joint ILO/WHO Committee on Industrial Hygiene . In the 1960s and most of the 1970s, the WHO occupational health strategy focused on the scientific and technical aspects of occupational health services, including the early diagnosis of occupational diseases, and training and education in occupational health.

A new strategy for the further development of occupational health services was adopted in 1979, with the World Health Assembly resolution WHA32.14 on the proposed comprehensive workers' health programme stressing the need to organize primary health care services "as close as possible to where people live and work".

To mitigate the adverse health impact of work-related risk factors, the WHO Programme on Occupational Health set up a new agenda in the 1990s with the adoption of a new resolution in 1996 (WHA 49.12) which led to the development of the WHO Global Strategy for Occupational Health for All . This strategy, consisting of ten objectives, shown in Box 1 below, urges Member States to devise national programmes on occupational health for all based on the Global Strategy. To facilitate the implementation of the Global Strategy on Occupational Health, extensive use is made of the Network of the WHO Collaborating Centres in Occupational Health that was created in June 1990. This network has identified 12 priority areas (shown in Box 2) for implementing the WHO Occupational Health Programme.

Box 1. The ten priority objectives proposed by the global strategy on occupational health

1. Strengthening of international and national policies for health at work and developing the necessary policy tools;
2. Development of healthy work environment;
3. Development of healthy work practices and promotion of health at work;
4. Strengthening of occupational health services (OHS);
5. Establishment of support services for occupational health;
6. Development of occupational health standards based on scientific risk assessment;
7. Development of human resources for occupational health;
8. Establishment of registration and data systems, development of information services for experts, effective transmission of data and raising of public awareness through public information;
9. Strengthening of research, and
10. Development of collaboration in occupational health and with other activities and services

**Box 2. Global Occupational Health Network Work Plan
2002-2005 (February 2002)**

<i>Task Force 1. WHA Resolution on Occupational Health</i>	<i>Task Force 2. Intensive partnership in Africa</i>	<i>Task Force 3. Child labour/ adolescent workers</i>
<i>Task Force 4. Elimination of silicosis</i>	<i>Task Force 5. Health care workers</i>	<i>Task Force 6. Health promotion activities</i>
<i>Task Force 7. Mental health and stress at work</i>	<i>Task Force 8. Promotion of OS&H in small enterprises and the informal sector</i>	<i>Task Force 9. Prevention of musculoskeletal disorders</i>
<i>Task Force 10. Preventive technology</i>	<i>Task Force 11. Training programmes and modules</i>	<i>Task Force 12. Internet resources and networks</i>
<i>Task Force 13. National profiles and indicators</i>	<i>Task Force 14. Cost-effectiveness of intervention</i>	<i>Task Force 15. Global burden of disease</i>
<i>Global Strategy 5. Scientific Risk Assessment</i>		

In 1998, WHO redefined its corporate strategies and function in the formulation of four WHO Strategic Directions and six Core Functions¹. As applied to occupational health, these are :1) reduction of burden of excess mortality and disability due to occupational exposure; 2) reduction of occupational risk factors for human health; 3) development of health systems that equitably improve human health in occupational settings, and 4) development of an enabling policy and institutional environment for occupational health.

2.3 The South-East Asia Programme on Occupational Health

Occupational health has been a focus of the WHO Regional Office since 1990. The regional programme for workers' health has so far focused its efforts on addressing the health problems of those engaged in the small-scale/unorganized sector where legislative, promotional and infrastructural measures are found to be least developed. Thus, an International Symposium on Occupational Health Research and Practical Approaches in Small-Scale Enterprises was organized during August 1995 in Thailand, which came out with research findings and experiences in dealing with policy, management and

¹WHO Strategic Documents 2001

technologies relevant to these sectors of national economies. The meeting of SEA Regional Advisory Committee on Health Research, held in Nepal in 1996, also discussed extensively the issue of strengthening occupational health research². WHO also co-supported the Fourth International Conference on Health Promotion, held in July 1999 in Jakarta, and formulated a declaration on health at the worksite³, which is recognized as one of the important areas requiring urgent promotional and educational focus in the coming years.

² Report of ACHR 1996

³ ICOH, Bali