

Regional
Framework for
Action for

**Occupational
Health**



2006–2010



World Health
Organization

Western Pacific Region

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1. Background

The most recent estimates of the labour force in Asia and the Pacific state that approximately 1.6 billion of the region's 4 billion people comprise the workforce. Given the scant data on this particular segment of the labour force, this may not accurately reflect a considerable proportion of the region's population that work in the informal sector.¹ The World Bank reports that the informal sector may account for up to 40%–60% of urban employment in Asia, with women and children constituting a major proportion of workers in the informal economy². Thus, the number of workers in the region may be much greater than the estimates on record.

Work, the nature of employment, and the environment in which work occurs, are determinants of health. Currently, the World Health Organization (WHO) estimates that about 430 000 lives and 14 million disability adjusted life years (DALYs) were lost at the workplace in 2000 in Asia and the Pacific due to health risks such as injury, carcinogens, respirable particles, noise and ergonomic stressors³. If other occupational health risks like psychological stressors and infections at health-care institutions are included, the burden is far higher. Direct health care expenditures from occupational accidents and injuries are a small fraction of the overall socioeconomic costs that make the burden to society from work-related accidents and diseases highly significant.

If health care systems promote health and safety at the workplace and provide good quality occupational health services to the workforce most, if not all of these deaths, injuries and diseases, and their attendant costs, are preventable.

However, the level of occupational health service coverage has changed little over the last decade. Access to health care services remains low for most workers, especially in developing countries. The International Labour Organization (ILO) estimates that coverage for occupational health services among the labour force in developing countries is about 5% to 10%. Even in developed countries, with very few exceptions, coverage is 20% to 50% at best.⁴

¹ International Labour Organization Regional Office for Asia and the Pacific. 2005. *Labour and Social Trends in Asia and the Pacific 2005*. Bangkok, Thailand; International Labour Organization.

² Charmes, Jacques. 1998. "Informal sector, poverty and gender: a review of the empirical evidence". Background paper for the World Development Report 2001, updated February 2000, at <http://www.wiego.org/main/publi1.shtml> Women in Informal Employment Globalizing and Organizing (WIEGO) website, last accessed 21 October 2005.

³ The World Health Report 2002: Reducing Risks and Promoting Healthy Life.

⁴ Fedotov, Igor. 2004. Occupational health services – An ILO policy perspective. *Asian-Pacific Newsletter on Occupational Health and Safety*, Vol. 11:48-50.

WHO recognized the importance of promoting occupational health and safety early in its history. The first meeting of the Joint ILO/WHO Committee on Occupational Health occurred in 1950, shortly after the founding of WHO, initiating collaboration between the two organizations. The WHO Global Strategy on Occupational Health for All, which was approved by the WHO World Health Assembly in 1996⁵, addressed the need for better access for workers to good quality occupational health services.

Consistent with the WHO Strategy, the ILO Conference in 2003 adopted a new ILO Global Strategy on Occupational Safety and Health that promoted two areas for action: developing a preventive safety and health culture, and a systems approach to manage occupational safety and health.⁶ The ILO, through its tripartite (government/employer/worker) mechanism, has also spearheaded the development of various international occupational health policy statements, recommendations, guidelines and conventions intended to guide all countries in the promotion of workplace safety and in managing occupational health and safety programmes. These include ILO International Conventions No. 81 (labour inspection), No. 155 (occupational safety and health), No. 161 (occupational health services), No. 170 (chemical safety), and No. 174 (prevention of major industrial accidents). The ILO Conventions on occupational safety and health are international agreements that have legal force if ratified by the Member States. However, the most important ILO Convention on occupational safety and health (Convention 155) has been ratified by only 42 of the 178 ILO Member States. The Occupational Health Services Convention (No. 161) requires establishing and maintaining a safe and healthy working environment which facilitates optimal physical and mental health in relation to work, including: (1) the obligation to develop occupational health services for all workers; and (2) the obligation to establish such services where none yet exist. This has been ratified by only 23 countries thus far⁷. Increasing the number of Member States who are parties to these conventions is necessary to ensure the uniform application of these global standards to the practice of occupational health and safety.

⁵ WHO. 1994. *Global Strategy on Occupational Health for All: The Way to Health at Work*. Recommendations of the Second Meeting of the WHO Collaborating Centres on Occupational Health, 11-14 October 1994, Beijing, China.

⁶ International Labour Organization. 2004. *Global Strategy on Occupational Safety and Health*. Conclusions adopted by the International Labour Conference at its 91st Session, 2003. Geneva, Switzerland: International Labour Organization

⁷ La Dou, Joseph. 2005. World Trade Organization, ILO Conventions and Workers' Compensation. *International Journal of Occupational and Environmental Medicine*, Vol. 11:210-211.

The WHO Commission on the Social Determinants of Health identified the provision of occupational health services to all employees as a concrete example of a health intervention designed to overcome the social barriers to health⁸. For a large number of workers, lack of social equity prevents access to on-site occupational health services. Workers who are self-employed, or who work in the informal sector or in small or medium-sized enterprises often have no worksite occupational health services. These individuals are forced to rely on external sources of health care to meet their occupational health and safety needs. Recognizing this, the International Commission on Occupational Health (ICOH) and WHO have developed the concept of basic occupational health services (BOHS). BOHS is based on the principles of primary health care. Essential occupational health services are integrated into primary health care, and are delivered as part of a comprehensive and holistic health package⁹. The Joint ILO/WHO Committee on Occupational Health, in November 2003, agreed to promote further development and application of BOHS, and WHO and ILO are currently jointly introducing this initiative in China. In turn, this has led to a new emphasis on expanding access to occupational health services anticipated in the next Global Plan of Action on Workers' Health for All 2008–2017.

With this background, a Regional Framework for Action for Occupational Health 2006–2010 was developed through the WHO/ILO Meeting on Strengthening Occupational Health and Safety, held from 23 to 25 November 2005 in Kuala Lumpur, Malaysia. It contains a vision and strategic directions for strengthening occupational health and safety, with a particular emphasis on improving the provision of occupational health services for the next five years.

⁸ World Health Organization. 2005. Commission on social Determinants of Health. Website at http://www.who.int/Social_determinants/strategy/QandAs/en/index.html Last assessed 21 October 2005.

⁹ Eijkemans, Gerry. 2004. Occupational Health Services as a Part of Primary Health Care. *Asia-Pacific Newsletter on Occupational Health and Safety*, Vol. 11, No. 3:51-53.

The Regional Framework for Action for Occupational Health seeks to address ways in which local solutions can be applied to risks and challenges arising from the globalization of work, including the social dimension of inequity, which impacts workforce health. At the same time, it attempts to address specific occupational issues relevant to the region in ways that are practical and integrative. The Framework is intended to guide Member States and areas in the development and strengthening of national policies and plans of action for occupational health, using evidence to drive policy and programme decisions that will ultimately reduce social inequity and improve workers' health. It encourages Member States to consider collaborative approaches at the local, national and regional levels to maximize resources and to benefit from each other's experiences. The Framework builds on previous work conducted at the global and regional levels by WHO, ILO and other relevant partners and stakeholders. In addition, the various elements included under this Framework were developed taking into consideration the feedback of countries in the questionnaire survey conducted in 2005 to review the implementation of the 1996 WHO Global Strategy for Occupational Health for All.

2. Cross-cutting principles

In constructing this Framework, five over-arching principles are recognized:

2.1 Using evidence for action

While the evidence base for new and evolving issues in occupational health may not yet be established, whenever good evidence exists, it must be utilized to guide the development of policies and programmes. This Framework for Action strongly encourages Member States and other stakeholders to seek out reputable data and information when developing their national policies and plans of action, and workplace interventions. The Framework also urges Member States to consider the experiences of other countries in the Region who may have pilot-tested some of the recommended approaches or implemented “good practices”¹⁰ and to apply the lessons learnt by these countries when adapting interventions for their own populations.

Where evidence does not yet exist, particularly in relation to newly emerging occupational risks, the Framework supports the use of the precautionary principle to safeguard the health and safety of worker populations.

2.2 Fostering intersectoral collaboration and networking at all levels

Effective occupational health policies and programmes require multisectoral participation and networking.¹¹ At the national level, the various ministries within the public sector that are involved in work-related and workforce issues need to engage with private sector counterparts which include representatives of workers and employers, private insurance companies, and health providers. A number of countries already have intersectoral mechanisms that facilitate the participation of relevant national stakeholders in occupational health. Member States are encouraged to review these existing examples for possible adaptation or replication. Effective collaboration is also necessary at the regional and global levels. A good example of global collaboration is the International Occupational Safety

¹⁰ Chu, Cordia, et al. 200. Health Promoting Workplaces-International Settings Development. *Health Promotion International*, Vol. 15 No. 2:155-167.

¹¹ Caussy, Deoraj. Building a Network of Occupational Health in Asia: Opportunities and Challenges. *Asian-Pacific Newsletter on Occupational Health and Safety*. Vol. 12, No. 2:47-51.

and Health Information Centre (CIS), which focuses on knowledge management to ensure that workers and all concerned with their protection have access to facts and information on risks of occupational injuries and diseases. Another good example of international collaboration is a network of over 60 WHO collaborating centres for occupational health. Through this network, WHO is able to provide technical assistance to its Member States and mechanisms to foster these types of creative partnerships, essential for successful implementation of activities and strategies of this Framework.

2.3 Facilitating worker and community participation

At the workplace level, numerous studies demonstrate the positive impact of worker participation in decisions regarding occupational health policies and interventions. This was documented in Viet Nam¹² and in Malaysia¹³, using the “Healthy Workplace” approach. The Framework strongly encourages Member States to actively facilitate worker and community participation in the development, planning, implementation and evaluation of occupational health policies and interventions.

2.4 Implementing a systematic and iterative process

The process that underpins this Framework is an iterative one; that is, it should ideally incorporate an ongoing system for assessment, capacity building, prioritization, implementation, and evaluation that will provide continuous feedback to improve and revise strategies and interventions.

2.5 Recognizing and reducing social inequity

Finally, and perhaps, most importantly, this Framework requires Member States to systematically address social inequities that directly or indirectly impact worker health and safety. Incorporating a perspective that considers gender, ethnicity and other socioeconomic determinants is critical if Member States are to build capacity to resolve the fundamental causes of poor health and elevated risks among those worker groups with increased vulnerabilities.

¹² WHO-WPRO. 2001. Evaluation of a 1-year Implementation of the Regional Guidelines for Healthy Workplaces in Small and Medium-Scale Enterprises in Ngo Quyen District, Hai Phong City and in Hue City. Healthy Settings Case Study Documents Series No. 1, Manila, Philippines: WHO-WPRO.

¹³ Daud, Aziah. 2003. Healthy Workplace Report – November 2003: Government Printing Johor Bahru. Occupational Health Unit, Disease Control Division, Ministry of Health Malaysia. Unpublished Report.

3. Vision and goal

3.1 Vision

The Framework envisions a region where every individual is guaranteed the right to healthy and safe work, a healthy and safe work environment and good quality occupational health services that enable him or her to enjoy good health and to live a socially and economically productive life.

3.2 Goal

The goal of this Framework for Action is to significantly reduce the health and socioeconomic burden from occupational fatalities and accidents, and work-related illnesses, through:

- (1) policy environments that actively protect and promote health and safety for all workers;
- (2) workplaces and work processes that prevent, minimize and control risky exposures;
- (3) systematic capacity-building that empowers workers to use healthy work practices and to make healthy lifestyle choices; and
- (4) gains in social equity that ensure occupational health services are available to all workers.

4. Objectives and Recommended Actions

The Regional Framework for Action for Occupational Health is organized into three focuses which reflect the occupational medicine model. In this model, the environment, the nature of the work and the inherent qualities of the worker interact in a complex manner to determine health status and vulnerability to work-related risks. The three focuses also serve as targets for interventions to improve workforce health and to reduce work-related risks¹⁴.

4.1 Objectives

ENVIRONMENT	WORK	WORKER
<p>General objective: Create physical and socio-political environments that support worker health and safety</p>	<p>General objective: Monitor and manage risks effectively Promote safe work practices</p>	<p>General objective: Reduce workers' vulnerability to poor health and work-related risks</p>
<p>Specific objective:</p> <ol style="list-style-type: none"> 1. Advance and mobilize support for evidence-based occupational health policies and plans of action in all Member States 	<p>Specific objective:</p> <ol style="list-style-type: none"> 1. Enhance regional and national capacities to assess, monitor and manage occupational risks 	<p>Specific objective:</p> <ol style="list-style-type: none"> 1. Broaden access to basic occupational health services, particularly for worker populations at highest risk
<ol style="list-style-type: none"> 2. Ensure that the infrastructure required for effective implementation of occupational health and safety policies and action plans is established at the regional and national levels 	<ol style="list-style-type: none"> 2. Promote the development, conduct, translation and dissemination of research to guide risk assessment and risk management, and promotion of safe work practices 	<ol style="list-style-type: none"> 2. Build individual capacity to prevent and reduce vulnerability to occupational risks and hazards
<ol style="list-style-type: none"> 3. Develop and formally adopt measures to ensure sustainability of the occupational health and safety infrastructure 	<ol style="list-style-type: none"> 3. Advocate for the use of evidence-based interventions to reduce work-related risks, using locally appropriate solutions when available 	<ol style="list-style-type: none"> 3. Promote research into the critical determinants of workers' vulnerability to poor health and work-related risks

¹⁴ David, Annette M. and Cullen, Mark R. 2002. "The Workplace", in Fundamentals of Clinical Practice, 2nd Edition. New York, New York: Plenum Publishing Co. (Mengel M. and Holleman W. eds.)

4.2 Recommended Actions

FOCUS: Environment

GENERAL OBJECTIVE: Create physical and socio-political environments that support worker health and safety

SPECIFIC OBJECTIVE 1: Advance and mobilize support for evidence-based occupational health policies/plans of action in all Member States

Expected result 1.1: By 2010, all Member States will have official national occupational health action plans

Indicator 1.1.1: Number of Member States with national action plans for occupational health officially endorsed by their governments

Expected result 1.2: Member States with official national occupational health and safety action plans in 2010 will have included at least 50% of the areas for action recommended by the WHO Global Plan of Action on Workers Health

Indicator 1.2.1: Official occupational health action plans in 2010 with at least 50% of the areas for action recommended by the Global Plan of Action

Indicator 1.2.2: Number of Member States with clearly articulated strategies to target high-risk and hard-to-reach worker populations

Expected result 1.3: All Member States with an official national action plan/strategy for occupational health in 2005 will have evaluated their national plan/strategy implementation by 2010

Indicator 1.3.1: Number of Member States with a completed evaluation report of their occupational health and safety national plan/strategy implementation

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
<p>For countries without a national plan of action/strategy: develop, endorse and implement a national action plan/strategy for occupational health and safety</p> <p>For countries with an existing national action plan/strategy for occupational health and safety: initiate the systematic evaluation of national action plan/strategy implementation</p>	<p>Finalize and disseminate the WHO Global Plan of Action on Workers Health</p> <p>Ensure that occupational health is included in all key organizational policies and the General Programme of Work, and advocate for the inclusion of occupational health issues in relevant global and regional forums</p>	<p>Provide evidence-based guidelines and recommendations for strategies and interventions for occupational health national action plans/strategies, and ensure timely communications with WHO Regional Office staff and Member States</p>
<p>Advocate for inclusion of occupational health in the national health agenda and in the agendas of relevant subregional and regional bodies, such as the Association of Southeast Asian Nations (ASEAN)</p>	<p>Provide technical assistance to Member States in strategic planning, development and evaluation of national action plans/strategies for occupational health and safety</p>	<p>Support WHO/ILO in providing technical assistance to Member States for strategic planning, development and evaluation of national action plans/strategies for occupational health</p>
<p>For all countries: participate in the finalization of the WHO Global Plan of Action and incorporate the recommended areas for action and interventions into national action plan/strategy</p>	<p>Review and disseminate tools and instruments for development and evaluation of national action plans/strategies for occupational health and safety</p>	

FOCUS: Environment

SPECIFIC OBJECTIVE 2: Ensure that the infrastructure required for effective implementation of occupational health and safety policies and action plans is established at the regional and national levels

Expected result 2.1: By 2010, all Member States will have designated human resources for occupational health

Indicator 2.1.1: All Member States will have official national Focal Persons for occupational health and safety

Expected result 2.2: Multisectoral regional and national committees/networks for coordinating occupational health planning and policy/programme development and will exist in at least 75% of Member States by 2010

Indicator 2.2.1: Number of Member States with a multisectoral national occupational health and safety committees

Indicator 2.2.2: Fully operational regional occupational health and safety network in place

Expected result 2.3: A mechanism for timely communications and information dissemination will be available to all Member States

Indicator 2.3.1: A regional occupational health web portal will be operational by 2007

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Designate a national focal person for occupational health	Strengthen and further develop collaborative partnerships with relevant stakeholders at the international and regional levels	Expand and strengthen the network of collaborating centres and other relevant institutions for occupational health and safety.
Provide for at least one full-time staff member, or equivalent, to coordinate national occupational health plan implementation and evaluation	Facilitate inter-country collaboration through subregional and regional conferences and other venues for information and technical exchange among Member States	Assist WHO/ILO by finalizing the web portal and managing the information that will be disseminated through the portal
Establish, if none exists, a multisectoral committee to oversee occupational health planning and policy development	Establish an integrated communications network that links Member States to collaborating centres and other institutions	Support WHO and ILO in developing an integrated regional communications mechanism
Formalize links with relevant national occupational health stakeholders, such as trade unions, academic institutions, employers' groups, local collaborating centres	Coordinate the development of an occupational health web portal that will collate and transmit relevant information on occupational health and safety including training opportunities, research activities, occupational health and safety resources (data banks, news, regulations, tools, standards)	Maintain and enlarge an electronic library of occupational health and safety resources
Contribute actively towards development of a regional web portal		

FOCUS: Environment

SPECIFIC OBJECTIVE 3: Develop and formally adopt measures to ensure sustainability of the occupational health and safety infrastructure

Expected result 3.1: By 2010, strategies to ensure adequate funding of occupational health programmes in at least 50% of Member States

Indicator 3.1.1: Number of Member States with funds allocated for occupational health within the national budget

Indicator 3.1.2: Number of Member States with mechanisms to channel resources and funding to occupational health and safety

Expected result 3.2: Member States with mechanisms and expertise to ensure adequate human resources for occupational health will be increased by at least 25% over the baseline.

Indicator 3.2.1: Number of Member States with national institutes responsible for occupational health

Indicator 3.2.2: Number of Member States integrating basic occupational health training in relevant educational/training curricula

Indicator 3.2.3: Number of Member States with national post-graduate training programmes in occupational health

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Advocate for occupational health funding from national budget appropriations/allocations	Coordinate external support to Member States from international donors	Develop recommendations for core curricular content for basic occupational health and safety training
Explore and pursue administrative and legislative mechanisms to augment funding support for occupational health, such as through the earmarking of taxes and the creation of health promotion foundations	Disseminate relevant examples and models of ensuring sustainable funding for health, such as the WHO Western Pacific Regional Office publications on health care financing and establishing health promotion foundations, in multiple formats	Collect and disseminate existing recommendations and training modules for basic occupational health and safety training, including training in basic occupational health services for all health care providers
Establish, if none exists, or strengthen national institutions capable of providing expert services in occupational health and safety	Coordinate with international bodies in developing guidelines for training curricula for occupational health experts	Develop recommendations for core curricular content for training experts in occupational health and safety
Incorporate occupational health into the basic curricula of all health professionals, and in vocational and worker/employer training	Collect and disseminate existing training modules for basic occupational health training in multiple media formats	Conduct, as requested, subregional and regional training for Member States unable to establish national training programmes in occupational health and safety
Incorporate basic occupational health and safety training in primary health care curricula Provide for training of national occupational health experts	Coordinate subregional and regional training for Member States unable to establish national training programmes and consider the development of a standard regional accreditation process for occupational health and safety	Further develop the concept of occupational health and safety electronic training as a regional resource

FOCUS: Work

GENERAL OBJECTIVES: Monitor and manage risks effectively; promote safe work practices

SPECIFIC OBJECTIVE 1: Enhance regional and national capacities to assess, monitor and manage occupational risks

Expected result 1.1: By 2010, at least 50% of Member States will be collecting data on risk assessment and surveillance of occupational diseases and accidents

Indicator 1.1.1: Standard occupational health country profiles will be available for all Member States

Expected result 1.2: By 2010, at least 25% of Member States will have developed the capacity for rapid response/emergency responses to emerging occupational risks

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Develop, if none exists, or update country profiles on occupational health and safety	Provide technical assistance to countries in the development or upgrading of occupational health and safety registries	Assist WHO/ILO in providing technical assistance and training on developing/upgrading occupational health and safety registries
Establish, if none exists, or upgrade occupational health and safety registries to capture the essential occupational health and safety indicators, consistent with regional recommendations	Assist countries with existing national occupational health and safety registries to align their data indicators with regional recommendations, to ensure data comparability across countries	Oversee and manage a regional database of country occupational health and safety information
Initiate the development of contingency plans to respond to emerging risks through rapid response/emergency response mechanisms	Support countries in developing capacity to respond rapidly to new and emerging occupational risks	Provide technical information and potential models for countries to develop their rapid response capacities
	Coordinate the development of a regional contingency plan to respond to emerging risks through rapid response/emergency response mechanisms	Provide technical information and potential models for WHO/ILO to develop a regional rapid response contingency plan
Explore strategies to include marginalized worker groups, such as those in the informal sector, in surveillance and data collection	Address the challenge of developing best practices to ensure inclusion of the informal sector during surveillance activities	Address the challenge of developing best practices to ensure inclusion of the informal sector during surveillance activities

FOCUS: Work

SPECIFIC OBJECTIVE 2: Promote the development, conduct, translation and dissemination of research to guide risk assessment and risk management and the promotion of safe work practices

Expected result 2.1: By 2010, at least 50% of Member States will be using health-based standards to determine acceptable levels of work-related exposures

Indicator 2.1.1: Number of Member States using health-based standards to determine acceptable levels of exposure to work-related risks

SPECIFIC OBJECTIVE 3: Advocate for evidence-based interventions to reduce work-related risks, using locally appropriate solutions when available

Expected result 3.1: Evidence-based interventions and local good practices will be under implementation in at least 50% of Member States

Indicator 3.1.1: Number of local good practice solutions to reduce or control work-related risks validated for replication within the Region

Indicator 3.1.2: Number of Member States adopting the “Healthy Workplaces” approach

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Utilize evidence from research to drive interventions to prevent/reduce/control work-related risks	Collaborate with relevant research and standard-setting organizations, such as the International Occupational Safety and Health Information Center (CIS/ILO), the International Agency for Research on Cancer (IARC) and the International Register of Potentially Toxic Chemicals (IRPTC), to finalize and disseminate a set of essential health-based standards and guidelines for acceptable levels of work-related exposures to countries	Conduct relevant research and coordinate dissemination of research findings and guidance documents regarding safe levels of exposure to work-related risks, and interventions to manage/control these risks for the regional populations
If available, share local data on research into acceptable exposure levels with other countries		
Adopt and enforce recommended health-based standards for acceptable levels of exposure to work-related risks, with special attention towards ensuring enforcement for the highest-risk groups	Foster the dialogue among countries regarding potentially replicable local solutions/good practices to prevent/reduce/manage work-related risks	Continue to develop evidence-based tools, training materials and other resources to aid countries in risk assessment and risk management, and in promoting healthy work practices
Evaluate and share information on local solutions to prevent/reduce/control work-related risks that may be applicable to other countries within the Region	Expand the implementation of the “Healthy Workplaces” approach in countries	Work with countries to evaluate local solutions/good practices that may have relevance for the Region
Apply strategies within the “Healthy Workplaces” approach to promote safe work practices	Provide countries with guidelines on safe work practices	Pursue evaluation research on “Healthy Workplaces” initiatives in relation to promoting safe work practices

FOCUS: Worker

GENERAL OBJECTIVE: Reduce workers' vulnerability to poor health and work-related risks

SPECIFIC OBJECTIVE 1: Broaden access to basic occupational health services, particularly for worker populations at highest risk

Expected result 1.1: By 2010, at least 50% of Member States will be reporting coverage of at least 80% of all worker populations by basic occupational health services

Indicator 1.1.1: Number of Member States with at least 80% of all workers covered by basic occupational health services

Indicator 1.1.2: Number of Member States incorporating basic occupational health services in the training of health care workers

Indicator 1.1.3: Number of Member States with clearly articulated strategies to reach special worker populations, such as those in the informal economy

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Consider adopting the basic occupational health services (BOHS) approach and integrating this into national occupational health care service delivery	Further promote the adoption of the BOHS approach in countries	Assist WHO/ILO in providing technical assistance and training in, and evaluating the efficacy of BOHS
Incorporate BOHS training in primary health care curricula	Develop guidelines and recommendations to broaden the reach of occupational health services to include marginalized worker groups, such as women and child labour and workers in the informal economy	
Develop feasible strategies to target hard-to-reach worker populations, such as those in the informal economy		

FOCUS: Worker

SPECIFIC OBJECTIVE 2: Build individual capacity to prevent and reduce vulnerability to occupational risks and hazards

Expected result 2.1: Programmes to build worker capacity to use safe work practices implemented in all Member States by 2010

Indicator 2.1.1: Number of Member States implementing capacity-building programmes for workers

Expected result 2.2: Health promotion programmes for worker populations implemented in all Member States by 2010

Indicator 2.2.1: Number of Member States adopting the “Healthy Workplaces” approach

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Develop strategies to ensure that worker training in occupational hazards, the hierarchy of controls, and safe work practices is available to all workers, including hard-to-reach groups	Provide guidelines, tools and resources to countries for worker training in occupational health and safety	Develop guidelines, tools and resources to countries for worker training in occupational health and safety
Integrate health promotion interventions into occupational health programmes, such as through the “Healthy Workplaces” approach	Develop regional guidelines on health promotion programmes for workers based on experiences of the initial group of countries piloting this approach	Evaluate the initial country experiences in worker health promotion interventions to guide expansion to other countries in the Region

FOCUS: Worker

SPECIFIC OBJECTIVE 3: Promote research into the critical determinants of workers' vulnerability to poor health and work-related risks

Expected result 3.1: By 2010, a regional research agenda into the critical determinants of workers' vulnerability will be under implementation

Indicator 3.1.1: Number of research studies on health consequences of globalization and other social determinants of health under way in the Region

Indicator 3.1.2: Number of WHO collaborating centres conducting these types of research within the Region

Indicator 3.1.3: Number of Member States implementing research into the determinants of workers' vulnerability

Actions by countries	Actions by WHO/ILO	Actions by WHO collaborating centres and other relevant institutions
Consider initiating local research into determinants of worker health through collaborative arrangements with academic institutions interested in occupational health	Develop a regional research agenda on critical determinants of workers' health to guide and coordinate individual research efforts by Member States	Develop research protocols and instruments to capture information on critical determinants of workers' health
Share results and experiences from local research efforts with other countries	Provide technical assistance to countries wishing to conduct these types of research	Provide technical assistance in evaluating results of research to guide development of appropriate interventions to reduce worker vulnerability to poor health and work-related risks
Disseminate research findings to worker populations and other stakeholders such as occupational health and safety policy leaders, employer groups, and occupational health and safety service providers	Integrate research findings into a logical framework and communicate these findings to Member States to guide countries in creating and selecting appropriate interventions to reduce worker vulnerability	Establish mechanisms to make the practical implications of research available to all relevant stakeholders, especially worker groups

