

Regional Framework for Action for Occupational Health 2011–2015



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1. Background



A healthy workforce is fundamental to social and economic development. Conservative estimates project that nearly half of the Asia Pacific region's 4 billion people are workers, excluding the informal sector (International Labour Organization [ILO], 2005). 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 economy (Charmes, 1998). Thus, the number of workers in the region may be much greater than the estimates on record.

For all types of workers, the nature of work and their work environment are major determinants of health. Most occupational deaths, injuries and diseases are preventable. Yet, currently, the World Health Organization (WHO) estimates that about 430,000 lives and 14 million disability adjusted life years (DALYs) were lost in 2000 in Asia and the Pacific from occupational hazards (WHO, 2002). If other occupational health risks were included, such as psychological stressors and infections at health-care institutions, the burden attributable to occupational exposures would be much higher. Moreover, the direct health care expenditures from occupational accidents and injuries and the socioeconomic costs, including productivity losses, are considerable. Therefore, the actual burden to the Asia Pacific region from work-related accidents and diseases is highly significant.

Work-related exposures and risks can be minimized, if health care systems promote health and safety at the workplace and provide good-quality occupational health services to the workforce. However, across and within countries, significant health inequities exist among different classes of workers and labour sectors. These health inequities have been compounded by globalization.

The increasing global movement of workers, products, technologies and information is a double-edged sword, promoting the rapid transfer of solutions to minimize occupational risks while engendering new occupational risks and fostering the re-emergence of traditional work-related hazards, especially among less advantaged groups such as migrant workers and the informal sector (Neubauer and Mulrooney, 2005).

Recognizing the limits of national action in an increasingly globalized economy to promote workers' health and to prevent occupational disease, this Regional Framework for Action for Occupational Health 2011–2015 was developed collaboratively by Member States in the Western Pacific Region in partnership with WHO, ILO and the various WHO collaborating centres for occupational health. The Regional Framework is intended to guide Member States in implementing the WHO Global Plan of Action on Workers' Health 2008–2017 with particular emphasis on those issues and priorities that are of greatest relevance to the Region.

1.1 Process

The previous Regional Framework for Action for Occupational Health 2006–2010 (WHO Regional Office for the Western Pacific, 2006) was developed in November 2005 at the WHO/ILO meeting on strengthening occupational health and safety. The three major objectives of this framework were:

- 1) To create physical and socio-political environments that support workers' health and safety;
- 2) To monitor and manage risks effectively and promote safe work practices; and
- 3) To reduce workers' vulnerability to poor health and work-related risks.

For each of these objectives, specific actions were recommended to be taken (i) by countries or governments; (ii) by WHO and ILO; and (iii) by WHO collaborating centres and other relevant institutions.

In November 2007, a regional meeting on occupational health and safety conducted an interim review of the Regional Framework, noting partial progress achieved in implementing the recommended actions in the Regional Framework, such as the introduction of basic occupational health services (BOHS) in some countries. The meeting also started to identify emerging occupational health issues for the Western Pacific Region, including the elimination of asbestos-related diseases, and the improvement of health of disadvantaged workers such as agricultural workers, migrant workers and workers in the informal sector.

In December 2009, at the Second Asia Asbestos Initiative Seminar, a session was devoted to delineating regional priorities for occupational health and safety that should be incorporated into the Regional Framework for Action for Occupational Health for 2011–2015 . The discussion reaffirmed the relevance of the issues highlighted in 2007 and additionally, identified new priorities, including risks related to nanotechnology, workplace health promotion through the “Healthy Workplaces” initiative, protecting health care workers and agricultural workers, and capacity-building in occupational health through international cooperation.

At the Third Asia Asbestos Initiative Seminar held in November 2010, representatives from the ministries of health and labour from several Member States and areas in the Asia Pacific region reviewed the draft Regional Framework for Action for Occupational Health for 2011–2015 and proposed revisions for the final document.

The Regional Framework complements and builds on the Global Plan of Action for Workers’ Health 2008–2017. It is structured to faithfully reflect the objectives of the Global Plan, while highlighting those priority areas and actions

that are of greatest relevance to the region. The Framework is intended to guide Member States in the development and strengthening of national policies and plans of action for occupational health, using evidence to drive policy and programme decisions to reduce social inequity and improve workers' health. It encourages Member States to consider collaborative approaches at the local, national and regional level, 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, the WHO collaborating centres for occupational health and other relevant partners and stakeholders.

1.2 Global Plan of Action on Workers' Health 2008–2017

In May 2007, the Sixtieth World Health Assembly endorsed the Global Plan of Action (GPA) on Workers' Health 2008–2017 (WHO, 2007). The Plan set forth the following main objectives:

- 1) To devise and implement policy instruments on workers' health;
- 2) To protect and promote health at the workplace;
- 3) To improve performance of and access to occupational health services;
- 4) To provide and communicate evidence for action and practices; and
- 5) To incorporate workers' health into non-health policies and projects.

The Global Network of WHO Collaborating Centres for Occupational Health is currently compiling its workplan in line with these objectives. The Regional Framework for Action for Occupational Health for 2011–2015 is structured to mirror these objectives to ensure consistency with the Global Plan and the anticipated collaborating centres' workplan.

2. Regional Framework For Action For Occupational Health 2011–2015



The objectives of the revised regional framework are identical to those of the Global Plan of Action. Under each objective, priorities and actions that are relevant to the Western Pacific Region are identified and highlighted. As in the previous Regional Framework, actions are specified for countries, for WHO and ILO and for WHO collaborating centres for occupational health and other partner institutions. The Regional Framework for 2011–2015 retains the vision, goal and cross-cutting principles of the previous framework, while updating the priorities and actions to better respond to the occupational health needs and issues of today's workforce.

2.1 Vision and goal

2.1.1 Vision

The Regional Framework for Action for Occupational Health 2011–2015 envisions a Region where everyone is guaranteed the right to healthy and safe work, a health-promoting and safe work environment and good-quality occupational health services that enable them to enjoy good health and to live a socially and economically productive life.

2.1.2 Goal

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

- 1) Policy environments that actively protect and promote health and safety for all workers;
- 2) Health-promoting workplaces and work processes that prevent, minimize, and control risky exposures;
- 3) Systematic capacity-building and networking 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.

2.2 Cross-cutting principles

In this Framework, five over-arching principles are recognized: (1) using evidence for action, (2) fostering intersectoral collaboration and networking at all levels; (3) facilitating worker and community participation to create healthy workplaces; (4) implementing a systematic and iterative process to ensure that successes and failures contribute towards strengthening and refining the Framework and national plans of action; and (5) recognizing and reducing social inequity for all workers.

2.2.1 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. Member States should consider the experiences of other countries in the Region who may have pilot-tested some of the recommended approaches or implemented “good practices” (Chu, 2000), and should apply the lessons learnt by these countries when adapting interventions for their own populations. The Framework calls on WHO, ILO and the collaborating centres to proactively search for, analyze and disseminate the evidence for good occupational health practices to Member States.

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.

2.2.2 Fostering intersectoral collaboration and networking at all levels

Effective occupational health policies and programmes require multisectoral participation and networking (Caussy, 2005). At the national level, ministries that are involved in work-related and workforce issues need to engage with private sector counterparts that 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 the 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 international collaboration exists within the WHO occupational health programmes at Headquarters and Regional Offices and the network of 64 collaborating centres. Through this network, WHO is able to provide technical assistance to ministries of health and occupational health academic institutions in 193 WHO Member States and areas, despite relatively limited resources. Mechanisms to foster these types of creative partnerships are essential for successful implementation of activities and strategies of this Framework.

2.2.3 Facilitating worker and community participation to create healthy workplaces

At the workplace level, numerous studies demonstrate the positive impact of worker participation in decisions regarding occupational health policies and interventions (Kogi, 2006). In the Western Pacific, this correlation was documented in Viet Nam (WHO Regional Office for the Western Pacific, 2001) and in Malaysia (Daud, 2003), using the “Healthy Workplaces” 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. It also promotes the concept of the workplace as a “healthy setting” where health can be actively promoted and supported (WHO, 2010; Muto and Higashi, 2010).

2.2.4 Implementing a systematic and iterative process to ensure that successes and failures contribute towards strengthening and refining the Framework and national plans of action

The process that underpins this Framework is an iterative one; it is premised upon an ongoing system for assessment, capacity-building, prioritization, implementation, and evaluation that will provide continuous feedback to improve and revise strategies and interventions throughout the life of the Framework.

2.2.5 Recognizing and reducing social inequity for all workers

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

2.3 Objectives, priorities and actions

GPA Objective 1: To devise and implement policy instruments on workers' health

Priority: Occupational health for health care workers (HCWs)

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Establish national policies and programmes on occupational health for HCWs. 2. Promote occupational health awareness-raising campaigns for HCWs. 3. Institute comprehensive hepatitis B immunization for high-risk groups. 4. Initiate climate change adaption/mitigation measures at the workplace. 	<ol style="list-style-type: none"> 1. Provide technical support to countries 2. Develop best practice guidelines for policies and programmes to protect HCWs from occupational risks. 	<ol style="list-style-type: none"> 1. Delineate essential components of OH service for HCWs (research should focus on needs assessment, identifying gaps in current capacity and practices and cost-benefit analyses of interventions). 2. Compile and communicate best practice guidelines for protecting the health of HCWs. 3. Provide information and advocacy tools on relevant issues.

Priority: Towards the elimination of asbestos-related disease

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Develop and maintain national asbestos profiles. 2. Develop national programmes on the elimination of asbestos-related disease with: <ol style="list-style-type: none"> a. a national strategy, b. an identified workplan, and c. a defined intersectoral coordination mechanism. 3. Build capacity to implement and monitor the national programme and/or workplan. 4. Organize pilot projects, as appropriate, consistent with the national strategy and workplan. 5. Educate the public and workers on occupational and environmental hazards of asbestos exposure. 	<ol style="list-style-type: none"> 1. Maintain a regional database on national asbestos profiles for monitoring and advocacy purposes. 2. Provide technical guidance and support to countries 3. Organize and support international and/or regional forums to exchange information and experiences. 4. Facilitate governmental meetings to raise the awareness of policy-makers on the magnitude and the scientific evidence of asbestos-related issues, and relevant policy platforms such as the Rotterdam Convention. 	<ol style="list-style-type: none"> 1. Continue conducting research and disseminating findings to provide the scientific basis for policy and programme action at the national level. 2. Provide training opportunities for human resource development (including training to national administrators to compile their national data on asbestos). 3. Provide technical guidelines or manuals (e.g. toolkits) on proven interventions to eliminate asbestos-related disease.

Priority: Policies on control of major occupational hazards:

- Chemicals exposure, with a focus on chemicals linked to recent World Health Assembly (WHA) resolutions- e.g. obsolete chemicals, obsolete pesticides, mercury, and safe disposal of chemical waste.
- Occupational lung diseases: pneumoconiosis, silicosis

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Enhance coordination across relevant ministries and agencies. 2. Develop legislation and regulations for standards of practice to ensure workers' protection from chemical exposures, with special attention towards ensuring enforcement for the highest-risk groups, such as agricultural workers and miners. 3. Educate the public and workers on these major occupational hazards and 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. 4. Develop training programs and guidelines for health professionals to enable them to recognize, diagnose and properly treat exposed workers. 5. Improve accuracy of data collection and records keeping (Introduce enrollment system for free-lance workers, e.g. construction workers, farmers, short-term employed workers). 6. Enhance technical and financial support for small and medium enterprises to adopt and enforce recommended health-based standards for acceptable levels of exposure to work-related risks. 7. Improve first aid and emergency care at the workplace, with strategies to reach the informal sector and other high-risk worker groups. 8. Ensure availability and proper use of personal protective equipment (PPE). 	<ol style="list-style-type: none"> 1. Collaborate with relevant research and standard-setting organizations, such as the International Occupational Safety and Health Information Centre (CIS) of ILO, International Agency for Research on Cancer (IARC) and the International Register of Potentially Toxic Chemicals (IRPTC), to finalize and disseminate: <ol style="list-style-type: none"> a. a set of essential health-based standards and guidelines for enforceable occupational exposure limits to countries; b. a list of available safer alternatives and substitutes; and c. information on product contents and safety (e.g. Material Safety Data Sheets). 2. Establish and manage a regional database for reference. 3. Provide technical assistance to countries to establish their own national databases and registries, as appropriate to their local situation and capacity. 4. Disseminate guidelines on safe work practices and recognition of health effects from major occupational hazards for health and safety professionals. 5. Advocate for improved safety design (e.g. ergonomics) and engineering of machinery. 6. Convene regional meetings under specific themes to foster the dialogue among countries and WHO collaborating centres regarding potentially replicable local solutions to prevent, reduce or manage workers' exposure to these major occupational hazards. 	<ol style="list-style-type: none"> 1. Continue to develop and disseminate evidence-based tools, training materials and other educational resources to aid countries in risk assessment and risk management, and promote safe work practices, especially among high-risk workers such as farmers, miners or construction workers, and workers in the informal sector. 2. Work with countries to evaluate local solutions that may have relevance for the region and facilitate information and expertise sharing among Member countries 3. Assist member countries in improving capability to improve accuracy of data collection and records keeping

GPA Objective 2: To protect and promote health at the workplace

Priority: Creating healthy and safe working environments to prevent work-related accidents, injuries and diseases and to promote health at the workplace

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Formulate feasible and sustainable national legislation and technical guidelines for occupational health and safety. 2. Build capacity (manpower, equipment, laboratory capacity) for occupational health and safety. <ol style="list-style-type: none"> a. Establish or strengthen institutions capable of providing expert services in occupational health and safety. 3. Raise awareness about healthy workplaces and incorporate occupational health into the basic curricula of all health professionals, and in worker/employer training. 4. Establish or upgrade occupational health and safety reporting systems or registries to capture essential occupational health and safety indicators. 5. Promote research to: <ol style="list-style-type: none"> a. identify practical interventions to prevent, reduce and/or control work-related risks; and b. develop safer, cleaner (“green”) technology. 6. Evaluate and share information on local solutions to prevent, reduce and/or control work-related risks that may be applicable to other countries within the Region 7. Integrate health promotion strategies within the “Healthy Workplaces” initiative 	<ol style="list-style-type: none"> 1. Support the creation of technical guidelines and facilitate cross-country sharing of replicable local solutions for safe workplaces. 2. Coordinate networking and/or international collaboration to match resources and technical expertise with specific country needs. 3. Provide countries with models and best practice examples to expand the implementation of the “Healthy Workplaces” initiative. 4. Advocate for and coordinate external support to Member States from international and bilateral funders. 5. Assist countries to identify sources for research funding. 6. Collect, document and disseminate good examples of successful healthy workplaces. 	<ol style="list-style-type: none"> 1. Provide evidence-based guidelines and recommendations for developing effective national occupational health and safety legislation and policies. 2. Offer opportunities for occupational health human resources training and make available the expertise within each collaborating centre, especially to developing countries. 3. Evaluate the initial country experiences in workers’ health promotion interventions and disseminate the information to the rest of the Member countries. 4. Develop instruments to promote feasible, low-cost strategies to capture information on critical determinants of workers’ health, such as through passive surveillance. 5. Pursue research on “Healthy Workplaces” initiatives and work with countries to evaluate local solutions that may have relevance for the rest of the Region. 6. Establish mechanisms to make the practical implications of research available to all relevant stakeholders, especially worker groups.

GPA Objective 3: To improve the performance of and access to occupational health services

Priority: Occupational health services for the informal sector

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Adopt the basic occupational health and safety (BOHS) approach and develop appropriate models to integrate BOHS into national occupational health care service delivery. 2. Explore and pursue creative mechanisms to allocate funding for occupational health services for the informal sector. 3. Develop feasible strategies to target hard-to-reach worker populations in the informal economy to increase their awareness of occupational health and safety issues and resources. 4. Provide incentives to large-scale industries to support the informal sector in capacity-building and improvement. 	<ol style="list-style-type: none"> 1. Coordinate with international bodies to develop guidelines for BOHS training curricula and collect and disseminate existing training modules for BOHS training. 2. Provide technical assistance to countries in addressing the challenge of ensuring inclusion of the informal sector in delivering BOHS. 	<ol style="list-style-type: none"> 1. Develop guidelines, advocacy tools and messages, and outreach materials to broaden the reach of BOHS to include marginalized worker groups, such as women and child labor, migrant workers and workers in the informal economy. 2. Assist WHO and ILO in providing technical assistance and training in, and evaluating the efficacy of BOHS. 3. Develop the regional evidence base for at least the top three priority industries with regards to preventing work-related health hazards.

Priority: Increase occupational health service coverage for small and medium-scale industries including informal sector

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Advocate for an increase in coverage by the national health insurance system to cover workers in small and medium enterprises. 2. Promote the integration of occupational health into existing health programs in the community (e.g. HIV/AIDS prevention programmes, health promotion programmes). 3. Strengthen the capacity of health care providers by incorporating BOHS training in primary health care curricula. 4. Promote the development of national legislation and/or policies to protect high-risk workers in small and medium enterprises. 5. Strategically target workers in small and medium scale industries and the informal sector to increase their awareness of occupational health and safety issues. 	<ol style="list-style-type: none"> 1. Develop technical guidelines and recommendations for expanding occupational health services coverage to workers in small and medium enterprises. 2. Promote networking and international collaboration. 3. Disseminate examples of good practice models for achieving improved occupational health services coverage of workers in small and medium sized industries. 4. Mobilize resources and technical support for member countries to implement strategies for expanding occupational health services coverage to small and medium sized industries. 5. Disseminate relevant information to countries. 	<ol style="list-style-type: none"> 1. Develop research protocols and conduct research to guide development of appropriate interventions to reduce worker vulnerability to poor health and work-related risks in small and medium enterprises. 2. Provide technical assistance in building capacity within national occupational health systems to provide adequate occupational health services to workers in small and medium enterprises. 3. Collate, process and disseminate relevant information (including statistics, best practice models and evidence-based interventions) to countries.

Priority: Capacity-building on inspection, diagnosis and monitoring

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Advocate for inclusion of occupational health in the national health agenda; establish or strengthen and implement occupational health legislation. 2. Strengthen national institutions capable of providing expert services in occupational health and safety. 3. Expand capacity-building in occupational health by providing training for national experts. 4. Share expertise and experiences in clean/green technology at regional and international levels. 5. Establish or strengthen multisectoral and interagency collaboration to oversee occupational health planning and policy development. 6. Disseminate information to relevant national occupational health stakeholders, such as trade unions, academic institutions, employers' groups and local collaborating centres. 	<ol style="list-style-type: none"> 1. Disseminate relevant technical guidelines and examples of feasible models of good practice. 2. Facilitate intercountry collaboration through subregional and regional conferences and other venues for information and technical exchange among Member States. 3. Mobilize funding and technical support to countries. 4. Collate and transmit relevant information on occupational health, including training opportunities, research activities and resources. 5. Support subregional and regional occupational health training of trainers. 6. Develop and inform countries on low-cost or alternative technologies for safer work. 	<ol style="list-style-type: none"> 1. Continue to conduct research and disseminate the evidence base for occupational health. 2. Support capacity-building by developing recommendations for core curricular content for training experts and trainers in occupational health and safety. 3. Support WHO and ILO in developing an integrated regional communications and information dissemination mechanism.

Priority: Surveillance of occupational diseases

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. Establish or upgrade occupational health and safety surveillance systems (such as medical surveillance) to capture essential occupational health and safety indicators, in both formal and informal sectors. 2. Explore strategies to include: <ol style="list-style-type: none"> a. Marginalized worker groups, such as migrant workers, women and child labour, and those in the informal sector. b. Transboundary occupational health issues such as labour migration and the cross-country transfer of hazards in surveillance and data collection. 	<ol style="list-style-type: none"> 1. Provide countries with international guidelines, technical support and financial assistance with strengthening existing national occupational health and safety surveillance to: <ol style="list-style-type: none"> a. align their data indicators with regional recommendations, b. ensure data comparability across countries, and c. capture transboundary occupational indicators. 	<ol style="list-style-type: none"> 1. Assist WHO and ILO in providing technical assistance and training on establishing or strengthening occupational health surveillance. (For example, the National University of Singapore and the Ministry of Manpower in Singapore could provide technical support in occupational health surveillance capacity-building).

GPA Objective 4: To provide and communicate evidence for action and practices

Priority: Occupational health and nanotechnology

Action by countries	Action by WHO or ILO	Action by WHO collaborating centres and other institutions
<ol style="list-style-type: none"> 1. For countries utilizing nanotechnology in industry, establish a national registry of workers who are exposed to nanomaterials and industries that use or produce nanomaterials. 2. Support research on the safety profile of nanotechnology. 	<ol style="list-style-type: none"> 1. Advocate for endorsement by WHO/ILO on the importance of setting up national and regional nanomaterials registries for those Member countries where nanotechnology is in use. 	<ol style="list-style-type: none"> 1. Consider supporting countries in setting up nanotechnology registries. 2. Promote research on health and safety issues related to the use of nanotechnology and nanomaterials. 3. Coordinate research efforts to standardize methodologic approaches and data indicators to allow cross-country monitoring. 4. Disseminate research findings and relevant information to countries, WHO, ILO and other stakeholders.

GPA Objective 5: To incorporate workers' health into non-health policies and projects

Priority: Promoting awareness of occupational health hazards and diseases in construction, mining and agricultural sectors

Action by countries	Action by WHO/ILO	Action by WHO CC and other institution
<ol style="list-style-type: none"> 1. Identify and build links to the relevant stakeholders, including the private sector, and establish a mechanism to disseminate information and facilitate coordination among all stakeholders. 2. Develop and promote an occupational health awareness and advocacy campaign among these stakeholders. 	<ol style="list-style-type: none"> 1. Strengthen and further develop collaborative partnerships with relevant stakeholders, including the private sector, at the international and regional level. 2. Provide technical support to countries in developing an occupational health awareness and advocacy campaign for non-health audiences. 	<ol style="list-style-type: none"> 1. Develop evidence-based tools, training materials and other advocacy resources to aid countries in their advocacy campaigns. 2. Provide the scientific evidence and translate the research data on health hazards in the three industry sectors into user-friendly formats for advocacy and educational outreach purposes. 3. Pursue evaluation research and develop the tools to measure progress achieved towards the stated target.

3. Conclusions



This Regional Framework for Action for Occupational Health 2011–2015 builds on the previous regional framework and the Global Plan of Action for Workers’ Health 2008–2017 to provide the strategic guidance to Member States in their efforts to promote the policy and programme interventions for achieving good levels of health and high standards of safety for all worker populations.

The Regional Framework emphasizes evidence-based, collaborative and participatory approaches towards preventing and controlling current and emerging occupational health risks with a view towards reducing health inequities among worker groups. Its objectives mirror the Global Plan of Action, while actions address specific regional priorities and issues. Member States are strongly encouraged to align their national occupational health and safety policies and plans of action with this Regional Framework, and to work in partnership with each other, with WHO and ILO, and with the WHO Collaborating Centres in their efforts to protect and promote workers’ health.

Ultimately, development within the Asia-Pacific region rests upon the health and well-being of its workforce. It is anticipated that this Regional Framework will empower Member States to use resources judiciously, build on ongoing efforts, prevent overlap, learn from each other’s experiences and expand institutional and individual capacities to ensure a safe and healthy workforce. By doing so, a future of sustainable development for all countries in the Western Pacific Region can be assured.

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