FOURTH ITEM ON THE AGENDA

Report of the Joint ILO/WHO Committee on Occupational Health
(Twelfth Session, Geneva, 5-7 April 1995)

1. In accordance with the decision taken by the Governing Body at its 261st Session, and in agreement with the World Health Organization, the Twelfth Session of the Joint ILO/WHO Committee on Occupational Health was held at WHO headquarters in Geneva from 5 to 7 April 1995. Ten experts, of whom six were appointed by the ILO and four by the WHO, participated in the meeting.

2. The agenda of the meeting was the following:

1. Follow-up on the consensus statement adopted by the Joint ILO/WHO Committee at its Eleventh Session (April 1992).

2. Infrastructures for occupational health practice: options and models for national policies, primary health care approaches, strategies and programmes, and functions of occupational health services.

3. International cooperation in occupational health, including regional activities and support for national action programmes on occupational health.


3. The Committee reviewed follow-up on the consensus statement adopted at its previous session in 1992, discussed the infrastructures for occupational health practice, the means of action available to the ILO and the WHO, adopted a series of recommendations on intensified cooperation between them, identified areas of intensified joint or coordinated activities between the two organizations, and examined international cooperation in occupational health, including activities at the regional and national levels, with a view to contributing effectively to the development of occupational health policies and programmes in member States. At the end of its work, the Committee adopted a set of conclusions and recommendations, which are appended to this paper. Copies of the Committee's report are available on request.

1 GB.261/15/29, paras. 12-21.
4. The main areas of intensified joint or coordinated ILO/WHO activities proposed by the Committee are as follows:

- a joint programme for the global elimination of silicosis;
- the improvement of the health of workers in agriculture, small industry and the informal sector;
- the development and strengthening of national statistics on occupational injuries and diseases, including indicators of economic costs;
- the promotion of training, education, competence assurance and information systems, including systems for the dissemination of statistical and cost data.

5. The Committee adopted a new definition of occupational health, which should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations with the following three objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working conditions and the working environment to become conducive to safety and health; (iii) the development of work organization and working cultures that should reflect essential value systems adopted by the undertaking concerned, and include effective managerial systems, personnel policy, principles for participation, and voluntary quality-related management practices to improve occupational safety and health.

6. The Committee noted that the conclusions and recommendations formulated by its Twelfth Session and the consensus statement adopted at its Eleventh Session should form the basis for policy guidance concerning ILO/WHO cooperation. The Committee asks the Governing Body of the ILO and the Executive Board of the WHO to invite respectively the Directors-General of the ILO and of the WHO to prepare jointly, to distribute and to implement policy guidance to their organizations' field structures in respect of cooperation between the ILO and the WHO in occupational safety and health.

7. The Committee on Sectoral and Technical Meetings and Related Issues may wish to recommend that the Governing Body —

(a) take note of the conclusions and recommendations of the Twelfth Session of the Joint ILO/WHO Committee on Occupational Health;

(b) authorize the Director-General to communicate the conclusions and recommendations to governments and, through them, to employers' and workers' organizations, to the non-governmental organizations with consultative status and to the institutions and services concerned;

(c) invite the Director-General of the ILO to prepare, distribute and implement policy guidance to the ILO's field structures in respect of cooperation between the ILO and WHO in occupational safety and health;

(d) invite the Director-General to bear in mind, when drawing up the future programme of work of the Office, the conclusions and recommendations made by the Joint Committee at its Twelfth Session.
and, in particular, the preparation and implementation of a joint ILO/WHO international programme towards the global elimination of silicosis.


*Point for decision:* Paragraph 7.
Conclusions and recommendations

1. Definition of occupational health: at the Committee’s Eleventh Session, the following statement was made on the focus of occupational health:

The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health; and (iii) development of work organizations and working cultures in a direction which supports health and safety at work and in doing so also promotes positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking.

This statement should be read in conjunction with the 1950 definition of occupational health.

2. The Committee noted that a good level of cooperation was developing between the WHO and the ILO at the central office level; however, cooperation is less apparent at the regional and national levels and, therefore, in outcomes at plants and enterprises.

Cooperation at the regional level needs to build on successful examples. It must be developed and discussed at each regional office, but be driven from the highest level in each organization by policy guidance and appropriate briefing. After examining this recommendation, the Governing Body of the ILO and the Executive Board of the WHO may wish to invite the Directors-General of the ILO and of the WHO respectively to prepare jointly, distribute and implement policy guidance to their organizations' field structures in respect of cooperation between the ILO and the WHO in occupational safety and health.

The Committee emphasized that implementation of cooperative approach at the national level would be the key outcome.

3. The Committee concluded that there was mutual support between the tripartite philosophy and policies of the ILO and the strategy of health for all and the primary health care policy of the WHO with respect to occupational health. The Committee recommended that the policies and strategies used by the WHO and the ILO in serving their member States should emphasize common goals, unifying concepts and basic values, and should be cast in simple language.

4. The Committee concluded that in order to be effective, inter-agency collaboration must be started at the planning stage. To facilitate this collaboration, an inter-agency inventory of occupational health and safety activities should be prepared and widely disseminated. An inter-agency meeting on occupational health should be organized in 1997-98. The meeting should involve other relevant agencies besides the ILO and the WHO. Similar collaboration at the regional and national levels should be strongly encouraged in order to promote a positive contribution of occupational and environmental health to sustainable development, including the organization of an international symposium involving policy-makers and decision-makers in the fields of health, labour and sustainable development.

The Committee proposed that there should be intensified joint or coordinated activities in the following areas:

(i) A joint programme for the global elimination of silicosis. The Committee believed it feasible to eliminate this serious disease at this time, but this
elimination could not be achieved without the close cooperation of both organizations. The Committee acknowledged that a real and effective programme for the global elimination of silicosis would require sustained activities and the mobilization of substantial resources. It strongly recommended to the Governing Body of each organization to take note of the importance of this programme, which would also require commitment and resources at the regional and subregional levels in affected countries; contributions from collaborating centres and other institutions and from NGOs, including management, workers and their representatives. After examining the recommendations, the Governing Body of the ILO and the Executive Board of WHO may wish to invite the Directors-General of the ILO and the WHO respectively to prepare, undertake and implement a joint programme of action towards the global elimination of silicosis.

(ii) Joint or coordinated activities at the international, regional and national levels, to improve the health of agricultural workers, which would also coordinate the delivery of existing agricultural health-related programmes such as chemical safety (including pesticides), injury prevention, manual handling and the prevention of zoonoses, utilizing primary health care structures and functions supplemented with requisite expert support.

(iii) Joint or coordinated activities at the international, regional and national levels to improve the health of workers in small industry and the informal sector, using an approach that would incorporate primary health care and the improvement of working conditions and environment through preventive action at the workplace. The issues of child labour and the occupational health and safety needs of women and older workers in this sector should be addressed urgently.

(iv) Joint or coordinated activities to promote the development and strengthening of national statistics for occupational injuries and diseases, including indications of the economic costs, so that countries might estimate the magnitude of their own occupational health and safety problems.

(v) Joint or coordinated activities to promote training, education, competence assurance and information systems, including systems for the dissemination of statistical and cost data. The dissemination of information should build on the activities of the ILO/CIS, WHO/OCH/PACE and other existing systems.

5. The Committee found that, with respect to the areas for specific urgent collaboration identified at its Eleventh Session, little real progress had been achieved in many countries. Accordingly, the Committee requested more specific reporting directly addressing the identified urgent areas of collaboration at its subsequent meetings.

6. The Global Strategy on Occupational Health for All, as proposed by the WHO Collaborating Centres Network, was strongly supported as one of the key mechanisms to achieve the goals of occupational health.

7. Using both the Global Strategy on Occupational Health for All (proposed by the Network of WHO Collaborating Centres in Occupational Health) and the ILO approach in occupational safety and health, the Committee developed a series of recommendations for intensified cooperation between the ILO and the WHO. Expressing support for the ILO and the WHO objectives in occupational health, the Committee recommended that the organizations should:

(i) identify research needs in occupational safety and health and call upon the scientific community to meet such needs;
(ii) establish a Joint WHO/ILO “Database on Occupational Health” and make it available worldwide. This should take into account databases of the ISSA, ICOH and other organizations and should provide for improved communication means, including electronic ones, to ensure better dissemination of information between countries and within a country;

(iii) establish joint ILO/WHO mechanisms at regional levels, involving regional offices of the WHO and the ILO. These regions may be those linked by treaty, economic arrangements, WHO/ILO regions or other transnational groupings. These linkages should result in an agenda consistent with sustainable development;

(iv) encourage cooperation between labour and health ministries at the national level; the ministry of the environment, social security institutions, industry and others, as appropriate, may be included;

(v) establish a joint programme (ILO/WHO/ISSA) on occupational health and safety related statistics including the costs of occupational injury and diseases. Examination of the cost should include cost transfers across the economy. The programme should include guidelines, collection, analysis and dissemination of such statistics;

(vi) initiate the work necessary to harmonize the terminology and methods of collection of data on occupational diseases and occupational accidents at the national and regional levels. These harmonization activities will be essential so that meaningful statistics can be obtained enabling countries to evaluate their occupational safety and health performance. The Committee acknowledged that this process would take many years, but considered that it was essential to start the activity;

(vii) develop criteria for national surveys relating to the working environment, as well as criteria for national occupational safety and health programmes.

8. A working document on the infrastructure for Occupational Health Practice was reviewed by the Committee. It was agreed that the working document should be subject to further technical review and editing, with the intention that the WHO would eventually publish a document in its Technical Report Series on this subject. With respect to the infrastructure for occupational health services, the Committee agreed upon the following:

1) There is a substantial need for the development of infrastructures to cover all workers.

2) Services must especially address small-scale industry, the informal sector and agriculture.

3) Stepwise development will be essential, starting with areas of highest risk.

4) Primary prevention is the first priority, but secondary and tertiary preventive services are also needed.

5) A multidisciplinary approach is required to involve appropriate competent specialists. Occupational health practice is intersectoral and should be linked to sustainable development.

6) Quality assurance of services must be an integral part of the occupational health services development. It is unethical to give poor quality of service.

7) Workers, managers and occupational health service providers must be competent to perform duly their duties. This requires training and quality assurance mechanisms.

9. The Committee noted the interrelationships between health, safety and the protection of the environment. The Committee recommended that the ILO and the WHO
should collaborate to encourage and/or establish working links at the national and regional levels between the working environment, health and environment infrastructures to ensure sustainable development. The Committee recommended that occupational health indicators should be developed by the WHO and the ILO for the promotion and monitoring of progress towards the goals of the Agenda 21 of the United Nations Conference on Environment and Development (UNCED).

10. The Committee recommended that the ILO examine the potential of voluntary and quality-related management practices to improve occupational health and safety with a view to assessing their utility and establishing policies regarding their use.