

**WHO/EURO SEMINAR: ORGANIZATIONAL MODELS AND FUNCTIONS
OF OCCUPATIONAL HEALTH SERVICES IN COUNTRIES
IN SOCIOECONOMIC TRANSITION. PRESENT STATE AND
PERSPECTIVES***
15–17 December 1994

WHO Collaborating Centre for Occupational Health at the Nofer Institute of Occupational Medicine in collaboration with the WHO Regional Office for Europe organized the International Seminar: „Organizational Models and Functions of Occupational Health Services in Countries in Socioeconomic Transition. Present State and Perspectives” that was held at the Institute’s premises on 15–17 December, 1995. The Seminar was attended by 30 representatives of 15 countries of Central and Eastern Europe, 8 invited WHO temporary advisers from Denmark, Finland, France, Germany, the Netherlands, and the United Kingdom as well as three representatives of the World Health Organization Regional Office for Europe and WHO Headquarters.

The aim of the Seminar was to review the extent to which occupational health services in the countries of Central and Eastern Europe (CCEE) contribute to the achievement of Health for All (HFA) Target 25, and to make recommendations for the countries to reach this goal. Target 25 reads, as follows: **“By the year 2000, the health of workers in all Member States should be improved by making work environments more healthy, reducing work-related disease and injury, and promoting the well-being of people at work”**. The main objectives of the Seminar were to:

- (i) review the present model and functions of occupational services in CCEE;
- (ii) discuss the trends of anticipated modifications to the organizational model, and the scope of the functions of occupational health services in these countries;
- (iii) consider building up a CCEE network of occupational health services and institutions.

Professor *Jorma Rantanen*, Finnish Institute of Occupational Health, introduced the tasks and functions of OHS in the light of the European Union (EU) Directives. He stressed the following points: A lot of international guidance is available for the organization, content and activities of OHS. He also mentioned that a stepwise evolution of OHS from specific risk oriented OHS to comprehensive, worker-work, environment-work, organization-oriented occupational health programmes is evident. Also a stepwise development of the core activities of occupational health for OHS for workers and sectors of economy with highest risk was recommended as the

* Organized by the WHO Collaborating Centre for Occupational Health at the Nofer Institute of Occupational Medicine, 8 Teresy Str., 90-950 Lodz, Poland.



first priority for countries which have not yet been able to establish OHS. In countries where infrastructures for OHS already do exist, reorientation is needed to respond to the changes in the socioeconomic systems and enterprise structures. Professor *Rantanen* also said that training and education of experts in OHS was needed in order to meet the needs of new occupational health practices and to reorientate the content of services and the activities to correspond to the needs of modern working life.

Ms. *Gitte Goldschmidt*, Occupational Health Services of the Municipality of Copenhagen, presented the model on OHS and a multidisciplinary team for OHS in Denmark. She described the structure of OHS, mentioning that the main objectives are that the work-places act on the basis of their own initiative. The Order on OHS stipulates the main objectives of OHS as the prevention of hazards and the promotion of workers health. Ms. *Goldschmidt* stressed that the main task of OHS should be primary prevention. The causal route for occupational diseases can be working conditions → exposure → occupational diseases. Information on the situation of occupational health can be obtained from all steps of the causal route. The information is treated by the multidisciplinary team to enterprise in which changes are needed to achieve primary prevention.

Dr *Frank Rose* presented an OHS model provided by large multinational company, ICI. He emphasized the need for full commitment of the management of the enterprises to implement the occupational health measures. Therefore, the inclusion of the management in all phases from planning to decision-making and to implementation is crucial for the success of the health and safety activities. Similarly, issues on the health, safety and the environment are linked through the involvement of the management. The starting point for all activities reflecting the shared values is that all injuries and illnesses can be prevented. Another value is that employees have the right to a healthy and safe work environment.

Dr *Kimmo Räsänen* of the Finnish Institute of Occupational Health presented the model for the provision of occupational health services for farmers in Finland. He described the objectives of the project. The functional objective was reached as the experiments were carried out successfully in municipal health care centres. It was seen that farmers knowledge about occupational health hazards increased, which was one of the aims of the project. The model developed as an output of the project can also be used for the development of OHS in other small enterprises employing fewer than 10 employees.

Professor *Frank van Dijk*, Coronel Laboratory, Amsterdam, described the role of an occupational hygienist in the multidisciplinary team providing occupational health services. The new Labour Conditions Act came into force in 1994. The contract with OHS services, risk inventory and evaluation of all workplaces, certification of OHS to assure the quality, OHS staff such as occupational health physician, safety experts, occupational hygienists, work/organization experts are among the current topics of discussion on OHS in the Netherlands. Professor *van Dijk* defined the scope of the tasks of an occupational hygienist as anticipating, recognizing, evaluating and controlling health hazards in the work environment,



protecting the health and well-being of the workers and also as safeguarding the community. In the control activity, special attention should be paid to the administrative, technical and social dimensions. New developments in occupational hygiene, risk assessment obligation of EU directives, new technologies, small-scale enterprises, women and the management of working conditions, internationalization, and more emphasis on the control of occupational health hazards were mentioned. Future priorities can be listed, such as development of qualifications, control skills, communication skills, advisory skills, cooperation skills, international harmonization, including standards of the workplace, education and training of occupational hygienists, certification, code of professional practice, as well as international cooperation in OHS.

Ms. *Janine Fanchette*, Vice-President of the Federation of Occupational Health Nurses within European Union, described the role of an occupational health nurse (OHN) in the multidisciplinary team providing occupational health services. She compared the situation in different European countries. The tasks of occupational health nurses vary greatly according to the legislation in the countries. Ms. *Fanchette* emphasized the significance of well-organized education and training of occupational health nurses. Environmental services, workplace visit and ergonomics may be included in the tasks of an occupational health nurse. Emergencies, nursing care, vaccination, acting as an assistant to the occupational health physician, biometry, complementary examinations, occupational health nurse screening, listening, health promotion campaigns, training, personal protective devices, working conditions. Health and Safety Committee, secretarial work and other administrative work are all among the tasks of an OHN.

Professor *György Ungvary*, National Institute of Occupational Health, Budapest, described the services in restructuring of occupational health services in Hungary. Hungary is in the process of ratifying the ILO Convention No. 161 on Occupational Health Services. Previously the services could be organized either on the premises of the plant or from other health service institutions. The restructuring has led to the establishment of private occupational health centres. According to the new situation, two categories of OHS can be organized: a) OHS as the primary occupational health services or b) OHS provided by an occupational health centre. The main tasks of OHS in Hungary since the beginning of 1994 are preventive function and investigation of occupational diseases, identification of risk factors at the workplace, examination of employees fitness for a given job, information on the working conditions, and first aid. New regulations are needed among others on the protection of female and young workers, and on registration systems of occupational diseases. The new funding system for occupational health services is under preparation.

Dr *Remigijus Jankauskas*, Institute of Hygiene, Vilnius, described the occupational health services in Lithuania. The services can be divided into state occupational hygiene services, occupational medical services, and services of the National Occupational Medicine Centre. The main tasks of the services are the creation of the legal basis, evaluation of the work environment, setting of hygiene standards and the development of manpower resources in hygiene.



Dr *Margareta Sulcova*, National Institute of Hygiene and Epidemiology, Bratislava, presented the experience in the restructuring of occupational health services in Slovakia. Occupational health services have been free of charge, consisting of clinical occupational medicine, preventive occupational medicine and individual occupational health services.

Professor *Alfred Thiess* described the activities of MEDICHEM, which is the Medical Association of the Chemical Industry. Fourty seven countries are represented with a total of 500 experts. MEDICHEM is an independent association affiliated to the International Commission on Occupational Health (ICOH). It promotes international collaboration between experts in occupational health active in the field of chemical industries by organizing e.g. international scientific symposia.

Professor *Nikolai F. Izmerov*, Institute of Occupational Health, Moscow, introduced the Russian experience in the restructuring of OHS. He mentioned that the mortality and morbidity figures have worsened since the rapid socioeconomic changes in Russia. Also in Russia the number of occupational health physicians and nurses has been reduced during the past two years. The medical-sanitary departments are established by the Ministry of Health, other ministries, or other official agencies. Their funding should be derived from various sources, including enterprises. Professor *Izmerov* continued to describe the present division of work between the various service providers. The number of service providers seems to be sufficient, but their activities should be better coordinated. The small-scale enterprises should organize one joint centre to provide OHS for them. For this, legislation and inspection are needed. Also, the argument of economic benefits produced by occupational health should be stressed. The industries should pay for the costs of OHS. This would be easiest by using funds collected by the insurance companies.

Professor *Hubert Kahn*, Institute of Experimental and Clinical Medicine, Tallinn, described the development of occupational health services in Estonia. He mentioned that the shortage of occupational health specialists has been recognized. There is also a psychological barrier to be seen in the development of OHS, as it is difficult for some people to accept new structures.

Dr *Lech Dawydzik*, Nofer Institute of Occupational Medicine, Lodz, presented the analysis of occupational health services in transition in Poland. The continuously changing economic situation makes it almost impossible to foresee the direction and pace of the development of economies and working conditions. Earlier, OHS covered the following branches: industry, building and transport, and only large, state-owned enterprises were covered by OHS. The present legislation obligates all employers at their cost to survey the hazards of the work environment and to keep their workers informed of the possible health hazards. In addition, the employers have the responsibility to employ only persons who are able to carry out the work in question. A separate Act on Occupational Health Services is being prepared. Prevention-oriented activities were emphasized, as was also the importance of registration of various occupational health and safety indicators. The structure of OHS can be divided into primary and regional levels. There are several models for organization of OHS at the primary level. The small-scale enterprises and farmers should also come within the coverage of OHS.



Professor *Emilia Ivanowich*, National Centre of Hygiene, Medical Ecology and Nutrition, Sofia, described the development of the health system in Bulgaria. The old law on public health is still valid. The changes in the society have affected the demographic status of the population, and have caused serious health problems. Research, education and training, as well as provision of consultations are among the tasks of the National Centre of Hygiene, Medical Ecology and Nutrition. There is an established system for the recognition of health hazards and the carrying out of biological monitoring. Professor *Ivanovich* recognized a need to evaluate both the positive and negative aspects of the transition process, to draw conclusion on the basis of this analysis and evaluation, and to take appropriate measures according to well-balanced development of OHS.

Dr *Brigitte Froneberg*, Federal Institute of Occupational Health, Berlin, described the occupational health services in Germany. Companies employing more than 30 employees have to organize OHS for their personnel. Workers employed by small-scale enterprises tend to remain uncovered by OHS.

Professor *Miroslav Cikrt*, Centre of Industrial Hygiene and Occupational Diseases, Prague, presented the situation analysis of occupational health services in the Czech Republic. He mentioned that the basic principles of the new health care system are: prevention and health promotion, universal access to standard care, decentralized policy-making and service delivery, break-up of state monopolies, increased autonomy of health providers, compulsory health insurance, community participation, and greater freedom of choice for the patients. Among the basic principles of the new occupational health system are registration of the hygienic conditions of workplaces, and treatment of occupational diseases in hospitals in order to use them as a basis of training and education of occupational health specialists.

In addition, reports on Albania, Belarus, Latvia, Romania and Ukraine were submitted in written form.

This highly successful seminar ended by formulation of a set of conclusions, including, among others:

1. A lot of international guidance on how to organize OHS is already available (ILO, WHO, ICOH) and targets adopted by the WHO Member States for further development have been set by the European Strategy Health for All by the Year 2000 (HFA) and several other individual documents.

2. In order to meet the occupational health needs of the countries in transition, the adoption of new policies is inevitable. The Second Intergovernmental European Conference on Environment and Health while adopting an Action Plan for Environment and Health, including occupational health, also agreed that each country will prepare such a plan by the year 1997.

Implementation of such a new policy requires a number of prerequisites to be met by each country, including assessment of legislation and its compliance with the new conditions and needs, and evaluation of occupational health service systems, registration of occupational diseases and accidents, reorientation of training systems



for experts, managers and workers, as well as increasing awareness among the decision-makers, managers and workers. Establishment of effective prevention and control programmes and services for all workers, as well as establishment of networks of experts within the countries and internationally are encouraged. Evaluation of synergy between OHS and other related services is increasingly needed. If such a policy were to be implemented widely, several positive outcomes could be expected, such as improved awareness of occupational health needs among the managers, employers, workers and the public at large, reduction of occupational activities and diseases, reduction of the economic burden by occupational health outcomes, improved working conditions, positive work motivation, and increased productivity and quality.

3. In the process of socioeconomic transition, critical policy choices must be made in order to allocate the limited resources to those most in need. To this end, the most important problems should be identified and appropriate actions should be planned and reviewed. If necessary, the legislation concerning OHS should be completed, training systems should be reformed, and a reorientation of the existing service systems, and training of experts and policy-makers, including social partners, are needed.

Strengthening the system for controlling the compliance of legislation, development of appropriate information systems, and systems for intersectoral collaboration and coordination are also needed.

The participants have recommended that the Summary Report of the Seminar should be published as well as the fundamental papers presented at the meeting in order to share the valuable information also with the others interested in the development of occupational health services in the countries in socioeconomic transition.

It is also worth mentioning that the Seminar was held in conjunction with the 40th Anniversary of the Nofer Institute of Occupational Medicine. The participants got the opportunity of attending the Solemn Session of the Institute's Research Council and listening to the addresses of Dr Jo Asvall – Director of the WHO Regional Office for Europe, Prof. Ryszard Jacek Zochowski – Minister of Health and Social Welfare in Poland and some other invited guests (in this Prof. A.M. Thiess – the Founder and Honorary President of MEDICHEM) as well as to Prof. Zbigniew Kowalski's speech about 40 years of the activities of the Institute and Prof. Janusz A. Indulski's presentation on occupational medicine on the verge of XXI century.

Dr Marek Bryła

