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THE ROLE OF OCCUPATIONAL HEALTH SERVICES IN THE PROMOTION OF WORK ABILITY AND HEALTH

Report on a WHO Consultation

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HEALTH OF PEOPLE AT WORK

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 wellbeing of people at work.

ABSTRACT

The promotion of health and working ability at the workplace are new tasks for the occupational health services and priority objectives of the WHO global strategy on occupational health for all, requiring concerted action by employers, employees, government agencies, relevant preventive services and experts. The Bilthoven Division of the WHO European Centre for Environment and Health, in collaboration with the Social Insurance Institution of Finland, the Finnish Ministry of Social Affairs and Health, the European Foundation for the Improvement of Living and Working Conditions and the Finnish Institute of Occupational Health, invited experts and representatives from national, intergovernmental and international institutions and organizations to review and redefine the role of the occupational health services in health promotion. The participants recommended that every Member State should ensure workplace health promotion activities, whenever possible with assistance from the occupational health services. As part of their occupational health policy, countries should develop national policies and programmes on the promotion of workplace health and working ability, and in so doing they should make full use of existing international guidance, expertise and experience.

Keywords

OCCUPATIONAL HEALTH SERVICES
WORKPLACE
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Introduction

Dr Boguslaw Baranski, Regional Adviser, Occupational Health, European Centre for Environment and Health (ECEH) of the WHO Regional Office for Europe welcomed the participants on behalf of the Regional Director, Dr Jo Asvall. He expressed the gratitude of the Regional Office to the co-organizers of the consultation: the Social Insurance Institution of Finland, the Department of Prevention and Promotion of the Ministry of Social Affairs and Health of Finland, the European Foundation for the Improvement of Living and Working Conditions, and the Finnish Institute of Occupational Health. The financial support of the Government of Finland, the Finnish Social Insurance Institution and the European Foundation for the Improvement of Living and Working Conditions was gratefully acknowledged. He expressed special thanks to Dr Jorma Jarvisalo, Head of the WHO collaborating centre in occupational health at the Research and Development Centre of the Social Insurance Institution in Turku for the initiative to organize the consultation and taken care of the hosting and practical organization of the meeting.

Dr Antti Huunan-Seppälä, Director of Medical Affairs, Social Insurance Institution, welcomed the participants to the Meeting. He briefly described the situation in Finland related to occupational health and safety, and to promotion of work ability and health activities. By stating that work ability, health, and employment all are prerequisites for the prosperity of any nation, he emphasized the importance of the theme of this present Meeting. The Social Insurance Institution in Finland has had a long-term collaboration with the International Social Security Association (ISSA) and the World Health Organization (WHO), especially in matters relating to work ability in the context of social security.

Dr Matti Lamberg, Medical Counsellor, Ministry of Social Affairs and Health, wished all the participants of the Consultation welcome on behalf of his Ministry. He briefly described the developments in the promotion of work ability in Finland. In the Finnish system, as he described it, the occupational health services play a key role. He pointed out that the occupational health services have great potential in providing tools for ensuring the work ability of the workers. With these encouraging words he opened the meeting on behalf of Dr Sinikka Mönkäre, Minister of Social Affairs and Health.

Dr Giorgio Aresini, European Commission (EC), DGV, addressed the Meeting and expressed the interest of the European Commission to participate in the work of this Consultation, as the role of occupational health services and health promotion are on the agenda of the EC. He wished the participants an interesting meeting and useful exchange of ideas and information.

Professor Jorma Rantanen, on behalf of Dr Maartens (ISSA) stated that the Consultation on the role of occupational health services in the promotion of work ability and health was very welcome, emphasizing that it is in the full interest of ISSA. ISSA has also done a survey on occupational health services in the world and is currently carrying out a second round, and will be happy to provide all the information to support WHO activities.

Professor Jorma Rantanen, Finland, was elected Chairperson, and Ms. Suvi Lehtinen, Finland Rapporteur of the Meeting. The list of participants is attached as Annex 1 to this report.

Purpose of the consultation

Health promotion as a new dimension of health strategy is a key issue of the WHO Health for All Policy which reached conceptual maturity in the Ottawa Charter for Health Promotion. It is defined in the Charter as the process of enabling people to increase control over, and to improve, their health. The purpose of this Consultation was to:

- review and redefine the role of occupational health services in the promotion of the work ability and the health of the working population;
- make recommendations on the requirements for reorientation of occupational health services to meet the needs for the promotion of work ability and health;
- make recommendations on the relationship between occupational health services and other key actors at the workplace in implementing the promotion of work ability and health;
- analyse the need and possibilities for maintaining and promoting the work ability of unemployed people;
- review the role of international organizations in supporting the development of the promotion of work ability and health through occupational health services.

Background

One of the priority objectives of the *WHO Global Strategy on Occupational Health for All* endorsed by the 49th World Health Assembly (WHA) at its plenary meeting on 25 May 1996 in Geneva is the development of healthy work practices and the promotion of health at work. It encourages occupational health institutions and experts to include health promotion as an element of occupational health programmes in enterprises.

Occupational health and safety services, as developed in various European countries during the 1960s, 1970s and early 1980s, had a strong emphasis on the prevention of work-related diseases and injuries. This approach culminated in the mid-1980s in the ILO Convention No. 161 and Recommendation No. 171 on Occupational Health Services and later in the EU Framework Directive 89/391/EEC. In the 1980s, however, two concepts emerged: workplace health promotion and promotion of work ability. Both have a strong influence on the role of occupational health services and on the ways in which working life may contribute to the enhancement of the health and wellbeing of those who work.

Dr Jorma Järvisalo presented a background review of promotion of work ability and health from concept to practical implementation taken into account the development and projection of social security, medical services, labour safety, occupational health services and workplace medical services. The occupational health services are gradually adjusting their objective into a need of working life. One may foresee that the next step will concern integration of health protection, health promotion and health services provision into the enterprise policies, strategies and programmes. There are strong economic constraints in social security.

He described the efforts that had been undertaken to translate the spirit and actions proposed in the Ottawa Charter to the needs of the working life. Workplace health promotion is based on participation and partnership, and it is not a medical activity but the activity that may create the conditions of the working life. The Nordic countries have arrived to workplace health promotion

through a different background: the basic concern have been the aging population, productivity demands and improvement of workplaces to prevent disability. In 1991 Finland introduced in its occupational health care act with a new task for the occupational services: the services must participate in activities that aim at maintaining of work ability in the workplaces they serve. The maintenance and promotion of work ability includes all measures that the employer, the employee and various workplaces and other organizations undertake in a united effort to promote and support the work ability and functional capacity of all persons active in working life throughout their occupational careers. In essence these approaches are very close to the 1950 definition of occupational health formulated by the First Joint ILO/WHO Committee Meeting which proposed that occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations. In the report of the 12th meeting of the ILO/WHO Joint Committee on Occupational Health in 1995, workplace health promotion was clearly mentioned as a target for development.

The maintenance of work ability, as practised in Finland, has the natural advantage of being integrated into the workplaces, which is not easy for general health promotion programmes. Acting in part through the occupational health services, it also creates a coordination link with health and rehabilitation services.

The major actors in a workplace health promotion programme are the employer and the employees; other involved partners include the line management, worker representatives, health and safety services, personnel management. The activities may also need support from experts outside the workplace. Naturally, small workplaces may have different approaches and the role of occupational health services may in them be stronger.

The workplace health promotion activities may produce beneficial returns to the workplace, in the form of improved health, morals and motivations, better work organization and improved image. Mathematical simulation models have been produced to calculate the economic effects of workplace health promotion activities, but these tools must be used with care.

Workplace health protection and promotion survey

Professor Jorma Rantanen, Finnish Institute of Occupational Health, presented the results of the survey carried out in 1996 by the WHO ECEH, surveying the status of workplace health promotion.

The questionnaire was sent to 20 European countries which are not members of the European Union (EU), including 18 eastern European countries, plus Norway and Turkey. Twelve responses were received (response rate 60%). Some observations on the results are reported here. Occupational health services are statutory in all countries. The majority of the countries carry out both preventive and curative activities in their occupational health services. The coverage of the services varies widely between 4% and 86% of the workforce among the countries. Industries, the public sector and transportation are provided with occupational health services in most of the countries, while the service sector, agriculture, self-employed and small-scale enterprises only in about half of the countries. The public sector is involved in workplace health promotion in the vast majority of the countries. In a minority of countries, nongovernmental organizations (NGOs), professional bodies, and trade unions carry out workplace health promotion.

The information on the distribution of workplace health promotion activities within the countries is not adequate. Workplace health promotion is an obligatory element of occupational health services in 72% of the countries, and voluntary in 28%. The institutions vary in their health promotion activities. A part of the activities are comprehensive workplace health promotion, a part just traditional occupational health services, and a part carries out limited and well-defined individual activities. Most of responding institutions have plans to develop further their workplace health promotion activities on all the aspects inquired in the questionnaire. Most of the countries carried out a comprehensive programme of general health promotion activities, while some variation in the occurrence of individual programme contents was reported. Screening for chronic noncommunicable diseases was also common. Specific health promotion activities were also prevalent in the majority of countries. Surprisingly, only 50% of the countries reported on workers' participation in the workplace health promotion programmes, while another half did not. This might have something to do with differences in the operators of the programmes (external health promotion vs. internal occupational health services' health promotion).

Professor Rantanen concluded that the survey suffered from variations in the concept of health promotion and workplace health promotion in different countries, and indicated a need for interview-type surveys in this kind of activity. In spite of the heavy burden due to the transition process, he also encouraged the countries to see the economic transition as an opportunity for starting new types of activities. Transition, which is a reality not only in eastern European but also in most western European countries, will radically change the structures in working life, and will have a strong impact on social programmes, including occupational health services, and thus also on workplace health promotion. This should be taken into account when planning the alternative implementation models of promoting health and work ability.

Reports from working groups

Working Group 1. Central and eastern European countries

The general framework agreed upon in the discussion for the Group 1's work was as follows:

1. setting the scene in the countries
2. experiences of the countries
3. conclusions.

The representatives of five countries: Bulgaria, Czech Republic, Latvia, Poland and Ukraine discussed the problem of reorienting occupational health services to meet the needs of promoting of work ability and health in central and eastern European countries.

The Working Group considered it essential to prepare the introduction for better understanding of existing problems, the majority of which persist from the previous period. The Region covers a huge geographical area and includes a large number of countries, which differ significantly from each other as to the political, cultural and economic issues. Dramatic political and economic changes started with the transitional period six years ago. The change-over from centrally planned societies to market-driven economies has increased the exploitation of human resources. At present, the countries in the Region have reached a different stage of transition.

In spite of many substantial differences between individual countries there are also many similarities: the health status of the population is substantially worse compared to western European countries. This can be documented by mortality and morbidity data as well as by life expectancy. The Group identified the most important factors responsible for the unsatisfactory development, e.g. lifestyle factors (in some enterprises, 70% of the workers smoke, and 90% use alcohol). There are also poor nutritional habits; the quality of food is unsatisfactory. The environment is in many cases highly polluted. Stress caused by transition is seen in many countries (frustration, deprivation, loss of self-confidence). There are also other similarities, e.g. in the structure of occupational health services. It is, however, clear that the old system of occupational health services does not fit into the new socioeconomic conditions. There is often a wide gap between the goals and reality in occupational health services. The Group recognized that the development of a new system of occupational health services depends very much on the stage of the economic transition and the development of legislation. It was also recognized that the new ideas coming from the traditional central authority are not always supported by the workers; therefore, bottom-to-top planning is needed. Occupational health professionals should introduce and further facilitate the whole process.

Experiences with pilot experiments in health promotion was also discussed. Two countries, the Czech Republic and Poland, had introduced their own models. Both countries are, however, in the initial stage of introducing workplace health promotion into their occupational health services. The Group highly appreciated the initiative of the WHO/EURO to develop national networks of health promotion at the workplace in central and eastern European countries.

The Group concluded that there is an urgent need for a comprehensive health promotion programme. For that purpose, comprehensive legislation-based occupational health services are sorely needed. It is important to develop health promotion at workplaces as a part of occupational health practices rather than of the general public health activities. The role of occupational health service experts should be redefined to shift from curative activities to prevention and promotion, with promotion of health and work ability being their most important task. Postgraduate training programmes are needed to create human resources for centres of excellence and other relevant organizations. The group also discussed the issue of occupational health indicators and quality assurance. Programmes should be evaluated after they have been implemented.

The programmes for promotion of health and work ability will only be effective if they are initiated and implemented jointly by employers and employees. These same groups, as well as decision-makers, are target groups for training and interaction. International support for the development of occupational health services is important, as is the exchange of information and transfer of appropriate technology needed in occupational health services and health promotion practices. International support and advice will create an encouraging environment for the development of national initiatives in this area.

Working Group 2. Western European Countries

The Group analysed the tasks by discussing the historical development and appropriate concept of occupational health (occupational health -> occupational medicine -> workplace health promotion). An integrated model was proposed as it seems to fulfil the necessary requirements posed by the new workplace health promotion.

The Working Group 2 concluded its discussions as follows:

Table 1. Summary of the discussions of Working Group 2

| Objective | The role of occupational health |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Public policy development | Expertise Advocacy Collect information |
| Creating supportive environments | Data collection and dissemination Advocacy Establishment of networks Expertise |
| Developing personal skills | Training Screening Motivation/counselling Documentation |
| Building community involvement | Networking Ask + listen Empower employees/employers Give up professional dominance Create partnership Alliance building |
| Reorientation occupational health services | Make the most of existing opportunities Do it well! Put into practice 1 -> 4 |

The development has proceeded from an occupational medicine- and risk-oriented approach to a more health-promotion-oriented direction. In practice, often the impact of environmental factors is not recognized in a sufficient way. The second question dealt with was who sets the priorities in health issues related to work, and how is the setting of priorities done. The following question was then posed: What is the role of occupational health services in workplace health promotion? Both professional and customer perspectives should be considered in the development of health promotion. The needs of the customers serve as a starting point for the definition of priorities. It was concluded that the Ottawa Charter can be taken as the basis for the development of a framework for workplace health promotion; examples are available from practice. The final recommendation of the Group was: If you do it, do it well. The coverage of health promotion activities was taken up. It was concluded that it may be necessary to draft several subclasses in the recording of health promotion activities.

Working Group 3. Southern European Countries

The Group 3 representing the southern European countries (Italy, Portugal, Spain and Turkey) considered that in general the workplace health promotion strategy must be adapted to the specific cultural and socioeconomic situation of the country, which may be quite different from that of the rest of Europe. Especially the large number of small and medium-sized enterprises

should be kept in mind, as it also sets special demands to workplace health promotion. Many general problems, such as social, political, and economic have to be solved before the promotion of work ability is possible. Information, training, participation, assessment, as well as involving people in decision-making all need consideration. Existing experts are crucial in the implementation of health promotion activities; however, also other experts are needed, such as economists and educators. Interdisciplinary collaboration was deemed necessary. At the national level cooperation and coordination are strongly encouraged between different ministries (e.g. labour, health, social insurance); also local authorities and municipalities are important in some issues, such as transportation, facilitation of activities, offering services especially for small enterprises, making interventions to support health (e.g. environmental policy). Many actors in health promotion can be involved, such as safety stewards, occupational health service personnel, authorities, trade unions, management and insurance companies. Taxation, incentives and insurance premiums should also be included in the analysis for developing workplace health promotion. Concerning financial support, it was stated that workplace health promotion is the employer's responsibility. Because of financial reasons, small enterprises are a real problem, and the question remains, how to support them? Occupational health service personnel can play a crucial role but they have to be retrained and educated; external expertise can also be used, such as health education and communication experts and ergonomists especially in reorganizing and retraining activities. Small and medium-sized enterprises having no possibility to organize their own services should be assisted by the national health services. At the local level, other bodies, e.g. vocational schools, could be involved in the promotion of work ability and health. Finally, to ensure the sustainability of the activities, health and work ability for all workers should be included on the social agenda of every nation. The exchange of information and experience was deemed crucial. Therefore, the EU network on workplace health promotion serves as a good tool to be developed further.

Working Group 4. Northern European Group

Caring for the workforce and the employees is important for both the employers and the workers themselves; the role of the public service system is relatively strong in the Nordic countries. The unemployed are not served by the occupational health services, providing them with services is a public responsibility. Occupational health personnel have a scientific background, they have knowledge of the actual working conditions, they are independent, they are close to the work and workers, and the management; they collect information and influencing the working conditions is one of their natural tasks. The key issue in the implementation of workplace health promotion is the partnership of employers and employees at the enterprise level, their participation in the activity, coordination and cooperation in activities, and the transparency of the whole programme. Human-centered development of technology worldwide should be combined with societal responsibility. Based on economic model calculations, a substantial part of human work cost are due to ill health related to work. Saving of these costs could be used as an incentive for the enterprises. Enterprises should finance workplace health promotion. Continuous training of all involved in the activity is needed. Promotion of work ability and health is a continuous process throughout the working life. Systems must be created so that the fragmentation and discontinuity of working contracts and employment do not affect continuity in promotion of work ability and health. The Group concluded that the general health promotion dimension and the workplace health promotion and promotion of work ability lines should be integrated.

Publication of proceedings

It was decided to publish the full proceedings of the meeting covering invited lectures, panel discussions and other interventions, and working group reports with support from the Department of Prevention and Promotion of the Ministry of Social Affairs and Health of Finland.

Conclusions and recommendations

The present Consultation dealt with the role of occupational health services in workplace health promotion and the promotion of work ability. Workplace health promotion was understood to be an activity enabling people at work to control and improve their health. It was agreed that the main focus of workplace health promotion lies in activities related to work, the worker, and the work environment, but it also includes measures carried on outside the workplace, aiming at the promotion of workers' health and work ability. In the development of activities for promotion of health at work, full use should be made of the research data and practical experience on biological and behavioural (motivational) aspects of health promotion in undertaking interventions for the development of safe and healthy working practices, work environment and healthy lifestyles and healthy companies. On the basis of introductory presentations, commentaries and panel discussions, the Consultation agreed upon the following conclusions and recommendations.

1. All countries in the European Region are experiencing rapid change in transitions concerning economies and the working life in general, including social and health dimensions, or both. The changes in the structures of economies, demographic changes of the working populations, such as aging and unemployment, and fundamental changes in job content have brought about a need for reorientation of occupational health services to strengthen on their agenda the workplace health promotion and maintenance of work ability.

Considering that a healthy and productive workforce constitutes the most valuable asset for the socioeconomic development of each country, every Member State should ensure, according to its national conditions and existing service systems, workplace health promotion activities, whenever possible with assistance of occupational health services, aiming at continuous improvement of health, work ability, competence, trainability and employability of all citizens taking part in working life.

2. Organizing occupational health services and/or expanding their agenda needs strong political commitment which already exists in the form of international instruments, such as the ILO Convention No. 161 on Occupational Health Services (1985), the Ottawa Charter on Health Promotion (1986), the EU's Framework Directive (1989), the 12th Joint ILO/WHO Committee on Occupational Health (1995) and the WHO Global Strategy on Occupational Health for All (1996). Although a number of examples on their implementation at the national level are available, lessons from international experience have not yet fully penetrated to national policy-making and programmes. Well practised occupational health services constitute a key instrument for workplace health promotion.

Countries should fully utilize the existing international guidance expertise and experience for developing their national policy and programmes on workplace health promotion and promotion of work ability as a part of their occupational health policy.

3. Continuous improvement of workers' health, work ability and general wellbeing is a goal in itself. In addition, there is scientific evidence that activities aiming at the promotion of health and work ability at the workplace also bring about economic and social benefits in the form of increased productivity, improved work motivation, saving of social costs, a decrease in occupational diseases and accidents as well as in work-related and non-occupational diseases.

Occupational health and safety and workplace health promotion resulting in better health and work ability should be seen as an investment both at the national and enterprise levels. Studies should be carried out to demonstrate the impact of such activities on health, social and economic life, and the results of research should be communicated both to political decision-makers and management of enterprises.

4. There is great variation in the European countries in their legislative basis, basic orientation and practices of workplace health promotion and work ability. This variation depends on the national laws and practices and local traditions, as well as on the basic roles given to occupational health and safety, and occupational health services in the health and social policies of the country.

With special regard to the role of occupational health services, the WHO Regional Office for Europe, in collaboration with the European Commission and other relevant international bodies, should initiate description and analysis of national law, practices and programmes for workplace health promotion and the promotion of work ability. This will support the exchange of information and experiences on these areas in the different countries. The results of such an analysis should be effectively communicated to the whole European Region.

5. Based on the knowledge and experience accumulated so far, new trends in some countries have been generated to direct workplace health promotion and the promotion of work ability towards one comprehensive approach, dealing with:
 - workers' health
 - a healthy and safe work environment
 - work organization and enterprise working cultures conducive to health.

This approach aims at promoting health and work ability during the whole working career of the worker.

Based on the analysis of experiences from various countries and on the available research evidence on the relationship between work, working culture, health and work ability, the overall objectives and value bases of workplace health and working ability promotion activities should be agreed upon. Creativity and flexibility in the implementation of programmes should be encouraged by using multidisciplinary expertise. Multiple channels for implementation and appropriate points of entry at the workplace should be utilized by considering the health dimension in any relevant activity of the enterprise.

The critical prerequisites and conditions of operation should be analysed for a comprehensive approach on workplace health promotion and the promotion of work ability. Information on the results of the evaluations and experience with the implementation of such an approach should be communicated to all Member States.

6. Workplace health promotion and the promotion of work ability are life-long and continuous activities, tightly bound to other activities of the workplace, and particularly to those of occupational health and safety, and the overall development of the enterprise. This requires close contacts between health promotion programmes and the relevant bodies and actors of the enterprise, such as management, workers' representatives, and occupational health and safety experts. Continuity of such a programme should be ensured.

At present, workplace health promotion is developed under different conditions in different countries, the alternative options ranging from the promotion of work ability as an integral part of occupational health services to a totally externally conducted activity without any involvement of the internal occupational health service team or Occupational Health and Safety Committee.

In organizing workplace health promotion and the promotion of work ability, the principle of participation and collaboration of both the management and the workers should always be respected. Full involvement and long-term commitment of all partners, including occupational health services, was encouraged by the Consultation. Effective participation was deemed crucial for both the continuity of the activity after its introduction and for integrating all the available information on working conditions, occupational health and safety, and work ability into the health promotion programmes. Occupational health services can, when developing and implementing workplace health promotion programmes, make use of the expertise of primary health care personnel, experts on safety, work organization and other relevant health promotion and public health experts.

7. In spite of the objectives set by the ILO Convention No. 161 and the WHO Health for All and Occupational Health for All Strategies, no more than half of all European workers have access to occupational health services, and little progress in coverage has taken place during the past 10 years, especially for those working in small enterprises. If occupational health services are not available, the activities promoting health and work ability are either absent as a result of management decisions or are limited to externally conducted projects; in the latter case, there may be problems with continuity.

Further development of the occupational health service infrastructure is needed in virtually all countries, and particularly in the countries of eastern and southern Europe. In the development of occupational health services, workplace health promotion and the promotion of work ability should be an important and legitimate part of the occupational health service programme. Such a strategy would need the development of occupational health service infrastructures and practices in a more comprehensive and multidisciplinary direction. The guidelines introducing good occupational health practice should include also the practices of workplace health promotion and the promotion of work ability.

8. Future scenarios for economic development and for employment patterns foresee fragmentation of employment contracts, increased turnover of workers, and frequent change from one occupation to another. A substantial part of the working populations face growing difficulties in managing their working life, and the risk of social exclusion because of unemployment. This weakens the continuity of the workplace-related health promotion activities for a large number of workers. Their work and work environment is nevertheless exposing them to traditional and new occupational health and safety hazards which may injure their health and work ability. Such a situation calls for the promotion of work ability irrespective of workplace-bound infrastructures, and demands the development of strategies providing the workers with knowledge and skills to look after their own health and work ability.

The countries in the European Region should, through the WHO Regional Office for Europe, share the experience obtained on the development of occupational health services in times of transition. New knowledge, including the development of infrastructures to meet new needs, methods, and skills for self-care and health-promotion, as well as for the adoption of healthy working practices, should be taught to each worker, either in connection with vocational/professional training or linked to the teaching of other occupational health and safety practices. Occupational health services should take these new issues on their agenda, and existing policies and legislation in the countries should be reviewed against new needs. Special programmes should be established for the promotion of work ability and health of the self-employed.

The social security institutions, while dealing with the unemployed, as well as occupational health services in collaboration with other service providers, are encouraged to promote the health and work ability of the unemployed.

9. More information on workplace health promotion activities and practices and on their effects is needed for both decision-makers and practitioners. In addition, the need for professional and scientific as well as practical information is also evident.

Appropriate information databases and communication systems should be established and developed for all potential users and providers of occupational health and safety, workplace health promotion and the promotion of work ability. Networking among existing information systems was strongly recommended.

10. Further development of workplace health promotion and the promotion of work ability requires a sound scientific basis and validated methodology. Evaluation of the impact of ongoing practices and programmes is also required to generate better scientific bases for the development of workplace health promotion. Research on the prerequisites and conditions for participation in workplace health promotion programmes by health service staff, workers and management is needed. Successful models need to be communicated and published to encourage activities promoting occupational health.

Research for the development of a new paradigm of occupational health services, for surveying ongoing activities in Europe and for the evaluation of programmes on workplace health promotion and the promotion of work ability is needed. This work was recommended to be funded by the relevant national bodies and, if possible, by the European Union, WHO Headquarters and the WHO Regional Office for Europe. Special

international support should be organized for the countries of central and eastern Europe. This may include demonstration or developmental projects.

11. The Consultation found that the development of competence, knowledge and skills is a key issue in successful workplace health promotion. The need for such training and education is evident for all the relevant groups: employees, employers and managers, professionals in workplace health promotion, occupational health and safety, and other experts, e.g. health experts working for social insurance institutions.

An analysis of training needs of all relevant groups and the collection of accumulated experience, testing and designing of training programmes should be initiated and encouraged. In this activity, international collaboration within the framework of the WHO Regional Office for Europe and the EU Network on Workplace Health Promotion should be fully utilized. The aim is to encourage the development of multidisciplinary education and specific training programmes, to enhance the development of workplace health promotion within occupational health, and to facilitate the multidisciplinary approach.

12. International organizations have numerous activities in the field of policy, research, training and practices relevant for the development of occupational health, workplace health promotion and the promotion of work ability.

Further collaboration among international organizations should be developed, and full participation of all parties involved is recommended. Particular attention should be given to collaboration within and among the various subregions in Europe.

Annex 1

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