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EQUITY IN OCCUPATIONAL HEALTH

Summary Report on a WHO Meeting

Birmingham, 17-19 October 1994

ABSTRACT

The meeting discussed the increasingly important concept of equity as it applies to occupational health, and how it could be integrated into the WHO European health for all policy. More specifically, the participants considered equity in occupational health in relation to migrant workers, technology transfer, and the influence and effectiveness of legal provisions. Provision of occupational health services is the key to reducing inequities in both workers' health and the health of the general population. In this regard, policy-makers must be clearly shown that occupational health is useful.

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TARGET 25

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.

Keywords

OCCUPATIONAL HEALTH
HEALTH SERVICES ACCESSIBILITY
HEALTH FOR ALL
EUROPE

Introduction

The meeting was hosted by the Institute of Occupational Health, University of Birmingham, United Kingdom, and was attended by 34 participants from 13 countries, one representative of the European Trade Union Confederation and two representatives of the WHO Regional Office for Europe.

The purpose of the meeting was to discuss the increasingly important concept of equity as it applies to occupational health, and to discuss how this could be integrated into the WHO European policy for health for all. More specifically, the participants considered equity in occupational health in relation to migrant workers, technology transfer, and the influence and effectiveness of legal provisions.

Discussion

Migrant workers

Migrant workers face several particular occupational problems. They tend to be selected for more hazardous jobs than other workers, and often bring with them illnesses and other health problems from previous exposure to dangerous substances. Poverty and poor housing are additional disadvantages, as is the absence of union protection and the often poor availability of occupational health and safety services.

A solution to these problems could be the provision of adequate occupational health services for migrant workers, specifically tailored to their needs, and entitlement to many of the other benefits granted to non-migrant workers.

Technology transfer

Technology transfer has great potential for causing occupational health and safety problems, especially when there are large differences in existing infrastructure, attitudes to health and safety, and levels of education and expertise between the donors and recipients of such technology.

One suggested solution to these problems was the introduction of a full health and safety risk-benefit assessment before technology is transferred. The net benefit to the donor, the recipient and the wider community would then be transparent, and responsibility clearly identified should there be any problems later.

Legal provisions

The current differences in legislation and regulations, as well as enforcement, among countries in Europe are potentially troubling since, for example, those with the lowest health and safety standards could be exploited.

An important part of any likely solution could be the introduction of common minimum standards in health, safety and environmental regulation throughout Europe. To an extent this is already happening

within the European Union, but it must become more widespread to be fully effective. In addition, a minimum legal level of occupational health services could be extended to the entire population, including the self-employed.

Conclusions

1. Work provides a source of income, and consequently has an indirect effect on health by influencing the standard of living. This can result in inequity through such factors as unfair restrictions on access to work (e.g. pre-employment screening) or uneven opportunities for training.
2. The nature of the work environment and of work processes may contribute to occupational accidents and diseases. Inequities may arise from uneven exposure to occupational hazards and uneven access to occupational health services.
3. Both the products and the waste products of industrial processes have the potential to affect adversely workers and the wider population. Inequities may arise from uneven exposure to industrial pollution.
4. Inequities in psychological health may result from an uneven risk of unemployment, and from differences in access to good psychosocial conditions at work.

Recommendations

1. WHO should concentrate not only on guidance but also on the implementation of any recommendations.
2. All involved should recognize that the principles of a market economy run counter to the principle of equity.
3. The definition of occupational health remains unclear and in some areas, such as in central and eastern Europe, is rapidly changing.
4. Equity in occupational health remains poorly defined, and the size and scope of the problem are largely unknown. Nevertheless, equity is the top priority and should be clearly addressed.
5. It needs to be clearly shown how occupational health services can make a genuine contribution to reducing inequities in occupational health and health in general, and can make a contribution to reducing the impact of industry on the environment.
6. It needs to be unequivocally shown to policy-makers that occupational health is useful.
7. Occupational health workers and others with a legitimate interest must address the question of the role of occupational health in national health systems.