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ORGANIZATIONAL MODELS AND FUNCTIONS OF OCCUPATIONAL HEALTH SERVICES IN COUNTRIES IN SOCIOECONOMIC TRANSITION; PRESENT STATE AND PERSPECTIVES

Summary Report on a WHO Meeting

Lodz, Poland, 15-17 December 1994

ABSTRACT

In the context of the WHO health for all policy, a meeting was convened to review the present models and functions of occupational health services in the countries of central and eastern Europe and the newly independent states of the former Soviet Union and to discuss trends in anticipated modifications to the organization model. The participants recognized that the progress of socioeconomic transition varied widely in the 25 countries involved and that such transition substantially affects the organization, conditions of operation and needs of occupational health. To facilitate the transition process and help identify priorities, find new solutions and provide professional and information support to individuals and institutions in occupational health, the meeting proposed the establishment of a subregional WHO network of occupational health institutions in these countries.

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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 SERVICES – trends
SOCIOECONOMIC FACTORS
CCEE
NIS

Introduction

The meeting was hosted by the WHO collaborating centre for occupational health at the Nofer Institute of Occupational Medicine, Lodz. It was attended by 38 participants from 20 countries and by one representative each from WHO headquarters and the WHO Regional Office for Europe.

The overall aim was to review the extent to which occupational health services in the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former Soviet Union contribute to the achievement of the WHO regional health for all target on occupational health. More specifically, the objectives of the meeting were to review the present models and functions of occupational health services in these countries, discuss anticipated modifications to the organizational model and consider the establishment of a subregional network of occupational health institutions.

Discussion

Although the transition process is basically the same in all CCEE and NIS, it began in individual countries at different times and progress has varied. Accordingly, the CCEE and NIS are now at very different stages of the transition process. The process affects substantially the organization, conditions of operation, needs and possibilities for the development of occupational health. The traditional occupational medicinal services do not meet the requirements of the new working life in the countries in transition. Occupational health services need to move towards a comprehensive approach, with prominent preventive elements and multidisciplinary teams.

These countries particularly need to:

- increase the awareness of policy-makers, employers and workers about the importance of occupational health as a part of socioeconomic development;
- reform legislation and ensure its enforcement;
- train and retrain experts in the various occupational health disciplines, and employers and workers and their representatives in the general relationships between work and health;
- re-establish and strengthen information systems to enable the registration of occupational health and safety indicators, the establishment of trends and the identification of priority problems; and
- exchange information and experience between themselves and other countries, as well as between WHO and other international organizations.

To meet the occupational health needs of the countries in transition, new policies must inevitably be adopted. The second European Conference on Environment and Health, held in Helsinki in 1994, endorsed an Environmental Health Action Plan for Europe, which included occupational health elements, and agreed that each country should prepare a similar national plan by 1997.

Implementation of a policy on occupational health requires that countries meet a number of prerequisites: assessment of legislation and compliance with it in the light of the new conditions and needs; evaluation of occupational health service systems; registration of occupational diseases and accidents; reorientation of training systems for experts, managers and workers, as well as heightened awareness among decision-makers, managers and workers; establishment of effective prevention and control programmes and services for all workers; and establishment of a network of experts within the countries and internationally. Evaluation of synergy between occupational health services and other related services is also needed.

If such a policy is implemented widely, the expected positive outcomes include improved awareness of occupational health needs among managers, employers, workers and the public; a reduction in occupational accidents and diseases and in the associated economic burden; improved working conditions; and increased motivation, productivity and quality.

Some multinational companies have integrated occupational health services into the overall company strategy, leading to a changing role for such services and the need for occupational health service personnel to acquire certain communication skills. Occupational health services have been shown to benefit companies rather than be a drain on resources. New models for meeting the occupational health needs of small-size enterprises and farmers have been developed and found to be feasible, applicable and useful.

The establishment of a subregional WHO network of occupational health services was considered. The proposed terms of reference of the network were to:

- organize periodic meetings or seminars for the network members, to exchange information and experience and to plan practical collaboration;
- facilitate the communication of information between network members, WHO and other international organizations; and
- take initiatives and facilitate practical action for collaboration between the members of the network.

Conclusions

1. There is enough knowledge and information on the relationship between health and working conditions, but prevention and control issues, such as in relation to noise-induced hearing loss, needs to be further studied.
2. To meet the multiple and complex problems of the new working life, multidisciplinary teamwork is needed in the provision of occupational health services. The roles of the physician, nurse and hygienist have changed in many countries. All professionals are needed in the multidisciplinary team.
3. A certain minimum level of occupational health must be defined and agreed, and that level cannot be compromised in any country or under any circumstances.
4. The restructuring of occupational health services in the countries in transition has reduced the number of physicians and nurses employed in those services, leaving the occupational health needs of workers and companies largely unmet.
5. The establishment of new, small businesses was seen to create problems, since no information is available about the growing numbers of these businesses. The high rate of turnover of these businesses makes the problem even greater. The problems of improving working conditions in small companies were recognized in western European countries as well as in the CCEE.

Recommendations

1. The CCEE/NIS and their relevant institutions should make full use of existing policy and technical guidance for the development of occupational health services from WHO, the International Labour Office, the International Commission on Occupational Health, the European Union and other international organizations.
2. By 1997, a policy and programme for the development and reorientation of occupational health services should have been prepared by each country, and appropriate mechanisms for their implementation, together with legal and economic incentives, the necessary infrastructures and personnel resources, should be ensured.
3. Governments and other responsible authorities, in collaboration with employers' and workers'

organizations, should be encouraged to set priorities for the further development of occupational health services. In such priority-setting the needs of small-scale businesses, agriculture and forestry, and other special groups should particularly be considered. The needs of vulnerable and underserved groups should also be taken into consideration.

4. Measures should be taken to shift occupational health services towards prevention rather than describing problems and providing curative care.
5. Training should be provided to all groups of occupational health personnel, to strengthen their specialist knowledge and to increase their motivation and skills to work in a team.
6. Experts in occupational health should be trained to maintain and further develop their professional competence and to cooperate as a team. This will facilitate management of the complex problems of occupational health services and ensure the greatest collective value of their individual expertise.
7. Occupational health should be a part of the commercial strategy of each workplace.
8. Each Member State should review its policies on occupational health services, evaluate the present infrastructure, identify needs for further development, and establish economic and other incentives together with inspection.
9. Effective exchange of information should be organized to ensure that countries in transition can make full use of existing knowledge and experience in the development of their occupational health services.
10. Studies on the evaluation of occupational health services should be carried out to ensure continuous improvement in the quality of policies and services so as to demonstrate the impact of occupational health services in general and the economic benefits in particular.
11. The governments of countries in transition should identify possible effects of growing industrialization, and develop activities to alleviate the negative ones and make full use of the positive ones.
12. Further restructuring, reorientation and renovation of the national occupational health service system should be encouraged, and sufficient resources should be allocated for that purpose.

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13. The registration and better control and coverage of small-scale businesses should be examined in all countries of the Region. Such businesses should be provided with the services of multidisciplinary occupational health service teams, in order to ensure occupational health services for their workers. Trade organizations covering small businesses and self-employed people should, where appropriate, be used to support the provision of occupational health services.
 14. To facilitate the transition process, and to help identify priorities, find new solutions and provide professional and information support to individuals and institutes in occupational health, a subregional CCEE/NIS network in occupational health should be established. All WHO focal points for occupational health in all countries of the Region should be members of the network and should participate actively, taking into consideration already existing networks.