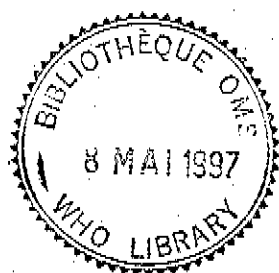




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STRENGTHENING OCCUPATIONAL HEALTH SERVICES IN THE BALTIC COUNTRIES

Report on a WHO Consultation
Copenhagen, Denmark
6-7 November 1995

1996

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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

Summary

Experience in developing and maintaining high quality occupational health services in the Nordic countries could be useful for the Baltic countries (Estonia, Latvia and Lithuania) who are keen on improving working conditions during the process of transition to a market economy. The WHO Regional Office for Europe, having prepared a framework project for strengthening the occupational health services in the Baltic countries, invited experts and managers from the Nordic and Baltic countries and international organizations to review the present situation and planned programmes in the three countries and to discuss mechanisms and forms of future collaboration. The participants defined international and national activities needed to achieve the best use of available resources, and stressed the need for mutual information on programmes being implemented in the Baltic countries by various organizations.

The competence and training of the various specialists forming the multidisciplinary occupational health team, provision of information on occupational hazards to social partners, and redrafting of legislation were considered important areas for future collaboration. It was agreed to convene a further meeting in 1996 to review the restructuring of the occupational health services in the Baltic countries, ongoing collaborative programmes, and further development of the Telematic Information Network on Occupational Health and Safety.

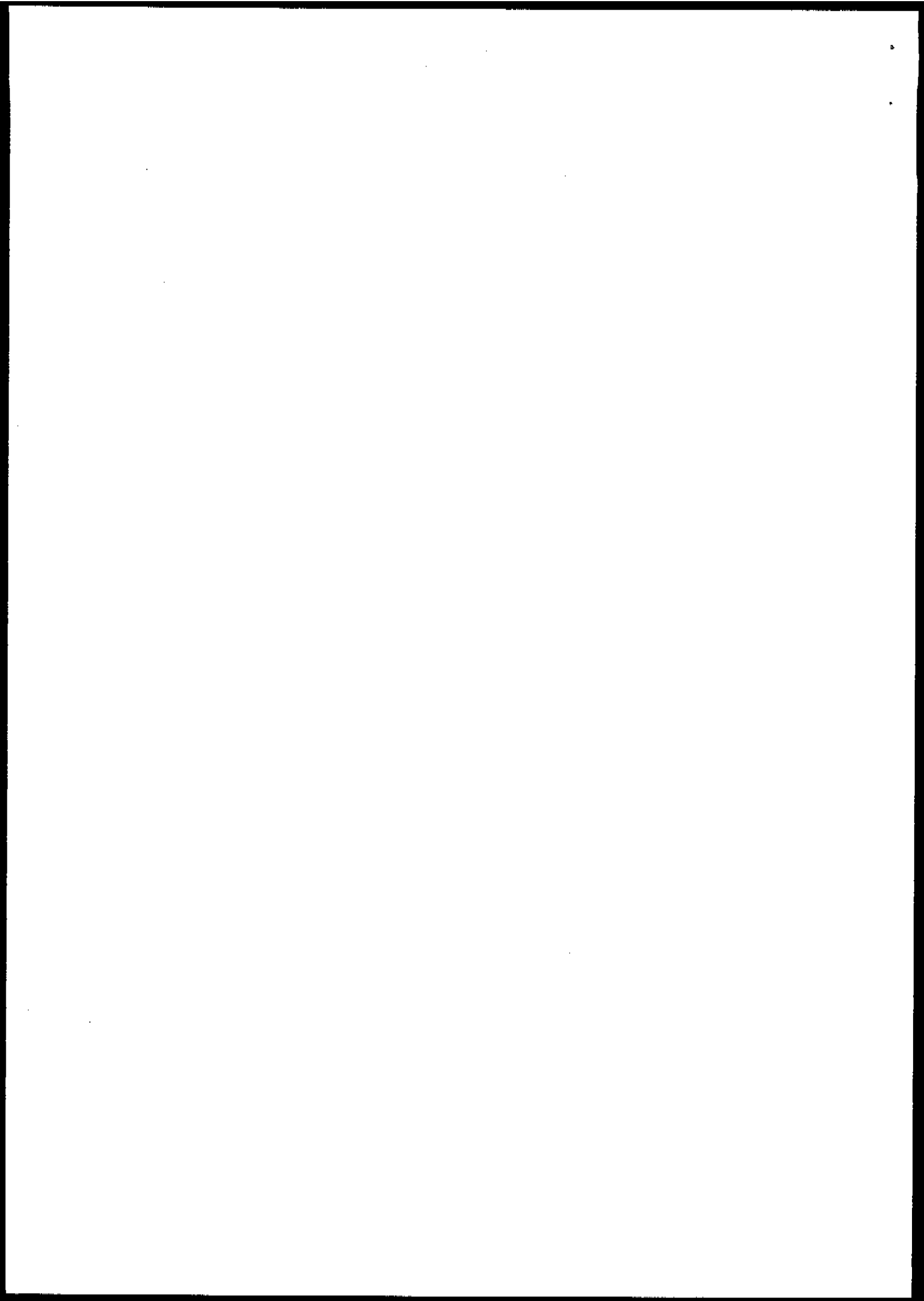
Keywords

ESTONIA
LATVIA
LITHUANIA

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Introduction

Dr Boguslaw Baranski, Regional Adviser, a.i., Occupational Health of the WHO Regional Office for Europe, welcomed the participants on behalf of Dr Stanislaw Tarkowski, Director, Environment and Health. The consultation was a continuation of two previous WHO consultations: one organized by the WHO Headquarters in Moscow, Russian Federation, dealing with the development of occupational health services in the countries in transition (8-9 February 1994); and the other organized by the WHO Regional Office for Europe, charting the situation of occupational health services in countries in socioeconomic transition, held in Lodz, Poland (15-17 December 1994).

Dr Baranski also mentioned that the WHO Regional Office for Europe had, in collaboration with the Ministry of Social Affairs in Estonia, of Welfare in Latvia, the Ministry of Social Security and Labour and the Ministry of Health in Lithuania, organized a round-trip survey of international experts in the above-mentioned countries. The countries had accepted to use this framework project on occupational health and safety as a starting point for the development of their national programmes in occupational health and safety. The report of the survey was used as the basis for this consultation as well.

Professor Jorma Rantanen, Finland, was elected Chair and Ms Suvi Lehtinen, Finland, Rapporteur. The list of participants is given in Annex 1.

The scope and purpose of this meeting was to contribute to the medium-term programme agreed upon between the appropriate ministries in Estonia, Latvia, Lithuania and the WHO Regional Office for Europe, by:

- a) presenting and discussing the incoming conceptual models of the work environment, safety and health services (WESHS) in Estonia, Latvia and Lithuania
- b) reviewing the present situation and planned programmes in Estonia, Latvia and Lithuania to strengthen occupational health and safety services (work environment, safety and health services)
- c) reviewing and discussing the technical and educational support rendered so far to the Baltic countries in the area concerned
- d) presenting and discussing the contents and type of support needed recently to strengthen WESHS in Estonia, Lithuania and Latvia
- e) discussing possible mechanisms and ways of international assistance to strengthen WESHS in the Baltic countries, including bilateral and multilateral agreements and the concerted actions of several foreign supporting organizations.

Dr Boguslaw Baranski presented the goals of the meeting in more detail, giving background information about the general developments in occupational health and safety. He also described the main objectives of occupational health services (OHS), stating that the improvement of the work environment is the core activity as it ensures primary prevention. In addition, he mentioned the health surveillance of workers, adaptation of work and the work environment to the needs of the workers, as well as promotion of a healthy lifestyle and the workers' right-to-know as important elements of OHS.

He emphasized the importance of the multidisciplinary occupational health team, which should comprise an occupational health physician, occupational hygienist, occupational health nurse, ergonomist, occupational psychologist and safety engineer. Only a few countries in the world cover the whole multidisciplinary group in their OHS.

Occupational health is an important element in the Environment and Health Action Plan for Europe endorsed by the Second European Conference on Environment and Health in June 1994. The planning process at the country level includes the definition of targets, planning of detailed aims, management of actions by key and complementary actors, monitoring and evaluation of progress, and review and reformulation of programmes.

Dr Anna Ritsatakis, WHO Regional Office for Europe, presented the WHO strategy of Health for All. The policy is based on equity in health and the right to participate. Dr Ritsatakis described the role of occupational health in the overall policy.

In the Health for All strategy the following questions are asked: Where is health promoted and sustained? What are the strategies and investments that produce the greatest health gains? What strategies and investments help reduce inequities in health?

The work environment is an important sub-environment for all those who take part in working life (40 h/week, 40 weeks/year, around 40 years of life). Health should not be adversely affected by work, the effects of health status on work should be investigated, the emphasis being now on promoting the overall health of the workers. The present policy of WHO is not only to prevent diseases but to strongly promote health and activities that enhance a healthy lifestyle.

In the implementation of the Health for All Policy, more detailed planning and setting of objectives are needed, as well as much more thorough evaluation of the success of various activities. If the aim is to increase equity in health, the objectives and results of various activities should be measurable. The experiences of others should be fully utilized, especially by the setting of good examples.

Dr Ritsatakis described the national policy implemented in the United Kingdom, where a health policy reform has been sought by a strategy based on disease priorities, such as HIV, cancer, coronary heart disease and stroke and mental illness, and accidents. Part of this policy is to insist on evidence on its effectiveness.

WHO, the European Union and some countries have taken health promotion strongly into their programmes. It should, however, be kept in mind that occupational health aspects and work environment risks cannot and should not be diluted by putting emphasis too one-sidedly on general health promotion only.

Instead of a disease-oriented approach (e.g. in the Netherlands), a population-based approach has been taken into use. The countries that are now choosing models for their health service provision systems should be able to learn from other countries' choices, their strengths and weaknesses. In all decisions, the cultural, political and financial situation should be taken into account.

Country reports: models and situation analysis of occupational health and safety in the Baltic countries

Estonia

Dr Hubert Kahn, Director of the Estonian Centre for Occupational Health, presented the Estonian country report. The transition to a market economy in Estonia has also changed the contents and functions of occupational health and safety (OH&S) services. He described the situation of OH&S in Soviet Estonia and compared it to the present situation. The measurements done at workplaces were previously financed by the State, but are now funded by the companies and enterprises. The number of health care service units has not declined. The total number of the workforce is about 0.7 million and the number of registered occupational diseases was 110 in 1990. The number of new enterprises has steadily increased after the country's independence.

The National Work Environment Board is in charge of labour inspection activities in the country. Today there are no occupational health physicians in the districts. The Health Protection Board and the Work Environment Board are currently two separate organizations, the Health Protection Board representing the previous system of organizing the services. Now the question is whether these two organizations should be combined to one Working Environment Board. At present, experts from both organizations carry out factory inspections.

Latvia

Professor Maija Eglite, Director of the Institute of Labour Medicine, Latvia, presented the country report of Latvia. The total number of workers is 1.3 million, and the number of diagnosed occupational diseases was 188 in 1994 (the rate being 23.5/100 000 economically active inhabitants). The number of fatal accidents has decreased. About 15 new laws have been passed during the past few years. At present there are 20 physicians at the Center of Occupational Health and Radiological Medicine. There are four regional centres of occupational health in the country. In addition, some factories and enterprises have departments of occupational health.

An association of occupational health physicians has been recently established. A total of 200 occupational health physicians are planned to be trained; at the moment there are 40 occupational health physicians active in the country.

Lithuania

Dr Remigius Jankauskas, Director of the Occupational Medical Centre, Lithuania, presented the country report. He described the legal background for the occupational health and safety services in Lithuania. There are separate organizations for occupational health services and labour inspection in the country. Lithuania is divided into 10 regions, with one regional centre in each region. The main functions of Work Environment and Health Services in Lithuania include consulting, control and labour inspection.

All the inspection activities in OH&S, OHS and labour issues are supervised by the Ministry of Labour; the Ministry of Health is responsible for providing the OHS. Preparation of the bill on establishing an occupational health research institute as a service institution and provider of support is under way and is expected to be finalized in 1996.

The services can be divided into state occupational hygiene services, occupational medical services, and services of the National Occupational Medical Centre. In Lithuania, about 200 000 workers work in hazardous work environments. The total number of the workforce is 1.74 million. About 300 occupational diseases are reported each year. The main tasks of the services are the creation of the legal basis, evaluation of the work environment, setting of hygienic standards and development of hygienist manpower resources.

Assistance provided to the Baltic countries

Denmark

Mr Tommy Modest of the Danish Work Environment Service, described the assistance provided by the Danish authorities. The programme consists of the management systems and training programmes for employees and employers: the goal is to establish a safety organization in the three Baltic countries. The training has comprised a training course for 8 Lithuanian legal advisers. The collaboration also includes the sending of some Danish lawyers to Lithuania to give advice on the modelling of legal instruments in the field of occupational health and safety. Another seminar has been held on the development of the registration of occupational accidents. Training of inspectors has also been organized, so that the courses are held both in Lithuania and in Denmark, including the training and education of safety representatives. In 1996, a seminar will be organized once a month in Lithuania to train trainers in selected branches of economy. At the end of the project, 45 trainers will have been trained. Training on dangerous equipment has been arranged in Latvia. In addition, training on the documentation and analysis of occupational injuries will be organized in Latvia. In Estonia, the Danes have arranged an exchange of information and organized seminars on documentation and analysis, and the prevention of occupational accidents. Mr Modest mentioned the lack of funding as the most important problem.

In conclusion, the Danes have concentrated their activities more on the safety side than on the development of occupational health services. In the discussion it clearly came out that there is not enough information disseminated at the national level. This means that the collaboration between the Ministry of Labour and the Ministry of Health at the country level should be further strengthened. There seem to be also communication gaps in the countries; enormous information gaps regarding the on-going assistance projects seem to exist.

In the discussion, the Group strongly recommended the establishment of a joint information data base on the activities carried out and going on in the Baltic countries.

Finland

Professor Jorma Rantanen, Director General of the Finnish Institute of Occupational Health, described the collaboration that has been carried out between Finland and Estonia during the past twenty years. Up to the beginning of the 1990s, the collaboration consisted of exchange of information, exchange of researchers and organizing joint symposia on a rotating basis. In 1991-92 the collaboration was modified so that it now comprises three main elements: risk surveys, training of experts and information support. The National Programme on Occupational Health and Safety was deemed to be the most important starting point for the development of any activities in occupational health and safety. The National Programme would also offer a basis for continuity of the activities in a situation where cabinets and responsible ministers change.

Professor Rantanen also described the projects which have been funded by the World Bank, the donor countries and the recipient countries themselves. The World Bank project also includes a training element which will be carried out in collaboration with the universities in Estonia. The ILO/FINNIDA programme on the strengthening of labour inspectorates in the Baltic countries was also mentioned. In addition, the training of labour inspectors (1-2 weeks, 8 experts per year) has been arranged for Estonian labour inspectors by the Finnish Ministry of Labour.

Dr Eero J. Pertilä, Association of Industrial Physicians in Finland, noted that one or two experts from each Baltic country were invited to participate in the courses arranged and funded by the Finnish Association. In addition, visits to various enterprises can be organized in order to acquaint the participants with the systems to show how OHS have been organized at Finnish workplaces.

The problems of the Baltic countries to establish a National Programme on Occupational Health and Safety were discussed. It turned out that quick political changes reduce the continuity and sustainability of occupational health and safety measures in the countries. In case no legislation is available, funding for occupational health and safety is not provided from the state budget. This makes the further development of OH&S at the national level even more difficult.

Norway

Dr Axel Wannag, Directorate of Labour Inspection, Norway presented the activities carried out by Norwegian funding. He described how training had been implemented through directing funds to the Nordic Institute of Advanced Training in Occupational Health (NIVA), which organizes complementary training courses for experts in occupational health and safety. He emphasized the need for networking of occupational health experts in both the Baltic and Nordic countries.

Sweden

Ms Christina Ekeberg, Director, Training Programmes for OHNs, National Institute for Working Life, Sweden, presented the Swedish assistance programmes in the Baltic countries. The assistance has consisted of material aid to Estonia; in 1993 an AAS was delivered to Latvia. In addition, training in the counting of asbestos fibres has been arranged in Latvia. The Swedish Institute has planned a 6-week training course on OS&H for Baltic experts in 1995-96. A total of 26 participants from Estonia, Latvia, Lithuania, Poland, Russia and Belorussia are invited to the course. Five training weeks will take place in Sweden, including both theoretical and practical training. One week will be organized in Poland. Ms Ekeberg also mentioned a project, scheduled for 1995-96, on establishing a training centre in the field of occupational safety and ergonomics in Poland. In addition to the collaborative activities of the National Institute, it was mentioned that also some Swedish universities have organized training courses for trainers in the three Baltic countries.

In conclusion, a lot of information had been shared, and the participants had been made aware of the ongoing activities. More activities had been recommended, but the limiting factor is the lack of funds. The Nordic countries and expert communities are ready and willing to contribute to the development of occupational health and safety in the Baltic countries. On the basis of the reports, training has been carried out as a priority activity. It was the conclusion of

the meeting that training is the right priority. The projects carried out so far have not provided answers to all the questions posed by the present meeting, which implies that this Consultation was sorely needed.

The training of occupational health and safety experts is an appropriate area to which to direct activities. Educational schemes for experts, where the structures are relatively stable, are an important cornerstone of the development. In addition to occupational health personnel, occupational safety experts should be included to help ensure the training of a multidisciplinary team. Lack of or insufficiently designed educational curricula for occupational health professionals hamper development of educational systems and the attainment of full professional qualifications.

International Social Security Association (ISSA)

Mr Dieter Beyer of ISSA presented the objectives of the association. The ISSA is a worldwide association of institutions, which fulfil tasks in social security. The members of ISSA are ministries, governmental agencies, and nongovernmental organizations. Private companies may become affiliated members if they work in the field of social security.

ISSA covers the whole area of social security, from sickness funds, old age pension schemes, and occupational accidents insurance to family allowance programmes and help for the poorest. The aim of ISSA is to collect and disseminate experiences, and to perform the tasks of the members in the best possible manner. This comprises not only the exchange between members, but also information to the public, and to those participating in other activities which could help reaching ISSA's goals. The prevention of occupational accidents and illnesses is part of the ISSA programme. For this purpose ISSA organizes world congresses on occupational safety and health, together with ILO and a hosting national institution. The next congress will be held in Madrid, Spain, in April 1996. ISSA also organizes, through its international sections, congresses and symposia on prevention in special sectors of industry or other prevention topics and publishes articles and other material on prevention.

The insurance system has been organized in different ways in different countries, from private to semi-private to governmental systems. ISSA has members on all continents. One of the standing committees of ISSA is 'Prevention of Occupational Accidents and Occupational Diseases'. Information, research, chemical industries, mining, metal industries, electricity, machine safety, health services, education and training, and personal protective devices, are sections within this committee. The topics dealt with e.g. in the health service sector are chemical substances, infections and ergonomics. ISSA has surveyed occupational health services, including the numbers and the qualifications of the occupational health personnel in its Member Countries. One conclusion, on the basis of the survey, was that the competence and qualification requirements of the occupational health personnel should be carefully looked into and registered. Not all ISSA members are active in the field of prevention.

The question of financing occupational health services through the insurance system was taken up in the discussion. A large occupational health service in Germany has been financed by social security. Previously in Germany, small companies did not have to render occupational health services. Now this has been changed so that all workplaces have to provide occupational health services.

Nordic Institute of Advanced Training in Occupational Health (NIVA)

Dr Timo Leino of the Finnish Institute of Occupational Health described the training activities of NIVA in the area of occupational health. NIVA is a training institution funded by the Nordic Council of Ministers (i.e. the 5 Nordic countries). The courses are intended mainly for Nordic experts, but other participants are also accepted. In 1991-93 some scholarships have been offered to participants from the Baltic countries, as the need for the training of occupational health and safety experts was evident.

The NIVA strategy aims at the transfer of Nordic expertise and the improvement of the knowledge and skills of the Baltic experts. The basic course on occupational health was organized on 2-6 October 1995. Two courses have been planned for 1996: the first one on measurement and analysis of OH&S hazards and the second one on planning and reporting of research projects. The topic of the fourth module, planned for 1997, is occupational health and safety in practice. These courses will be organized in Tallinn, Estonia.

Reports of the three Working Groups

Working Group on Legislation

This working group analysed the prerequisites for the legislation on occupational health and safety. The main objectives of occupational health services were defined as improving the work environment, health surveillance of employees related to their working conditions, general health surveillance of the employees related to their general working ability, first aid, adapting of the work and the work environment to the worker, rehabilitation, and promotion of a life-style conducive to health, and the workers' right-to-know about the relationship between the environment and health.

The definition and contents of the health surveillance were taken up in the discussion, as was also the contents of rehabilitation. In many countries rehabilitation services at the workplace level are mainly concentrated on the maintenance of the working ability of every worker, taking into account his/her personal abilities and working conditions. OHS play a key role in this activity, being aware of the working conditions as well as of worker's personal health status and working ability. It was agreed that, in order to be effective, the rehabilitation actions should be focused on as early a phase as possible of the development of potential problems.

Working Group on Services

This working group analysed the core functions of the occupational health services. These included surveillance of work and the work environment, advice and assistance to enterprises regarding the improvement of the work environment, medical examinations, information, assistance in the rehabilitation of disabled workers, assistance in organizing first aid and health promotion. The working group also analysed the model of organizing OHS, as it had identified the problem of the provision of the services: large companies have often organized OHS as a department within the company, while small enterprises could not do so and they had to arrange their OHS from structures outside the company. These structures could be an OHS which had been set up jointly among several small enterprises, an OHS provided by the government or a profit-making company selling services to the industry. The closer to the enterprises and the management of the enterprise the OHS are organized the better as close

connections facilitate the delivery of preventive services from the OHS. In addition, the support services needed for OHS were described, as was also the funding of OHS.

The administrative model of OHS was described. The administration and control of compliance were discussed. Some kind of legislation is needed, and it should be enforced and controlled. The inspection activities can be stringent or be based on incentive-type enforcement. In most cases the inspection responsibility lies with the Ministry of Labour. In some cases there is a shared responsibility between the Ministry of Labour and Ministry of Health.

In the discussion, the concept of health promotion versus an OHS restricted to the work environment-related hazards was taken up. It was noted that the principle of OHS is to prevent occupational health risks. The proponents of the work environment-restricted OHS feared that any additional task for the OHS - such as health promotion - would take the focus and resources away from the primary preventive task of OHS. The proponents of the health promotion concept fully acknowledged the primary preventive task of OHS, but felt that this could be accommodated into the health promotion approach. In this activity the general health promotion should focus on the conditions and prerequisites of the workplaces in order to support a healthy work environment and healthy working practices, as well as a healthy life-style, but without diluting the efforts for prevention of work environment-related hazards.

The objective of OHS can also be seen as a resource for developing the company and the working life, in addition to identifying and preventing the risks of the work environment and the work itself. This activity aiming at a healthy company would well accommodate the health promotion. It was agreed to include health promotion in the core functions of occupational health services, if it is defined in such a way that it should be related to the work context and the work environment, and be carried out by the occupational health personnel.

The Baltic countries seem to be in phase 2 in the historical developmental stages of occupational health services (Figure 1).

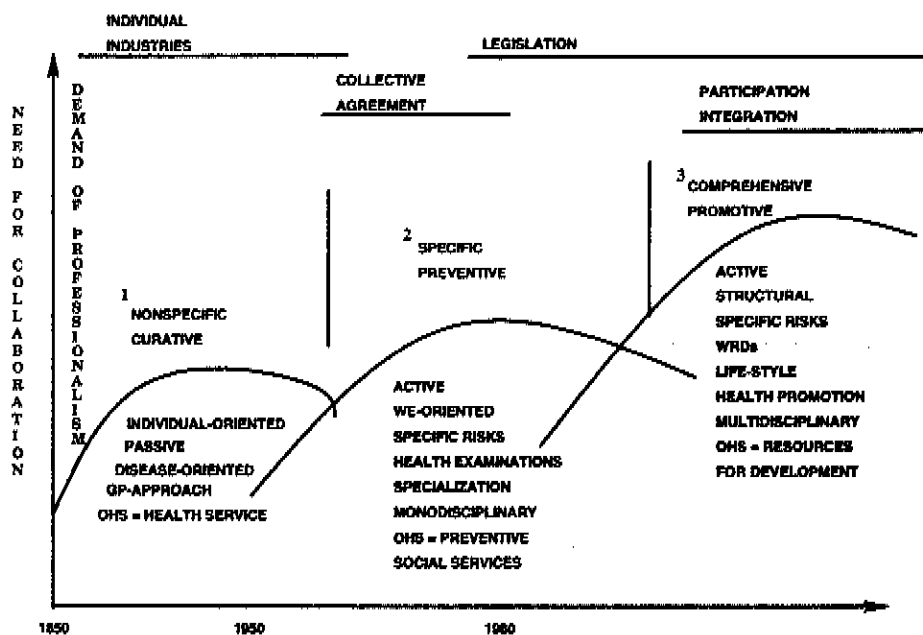


Figure 1. The three development phases of occupational health services.

Concerning the administration of the governmental agencies in charge of work environment inspection and of the OHS, the total quality management (TQM) system should be introduced to the activities. In Finland, this principle has been included in the legislation on OHS, as it also is in the Netherlands where it is also associated with the certification of the services.

The support services for OHS include specialized services (e.g. diagnosis of occupational diseases, hygienic measurements, ergonomic analyses, biological analyses, physiological testing), research, information services, and specialized training services which all are needed as support for the appropriate implementation of OHS at the workplace level. The organization of support services can be implemented in several different ways: a centralized model (Institute of Occupational Health); public agency model; decentralized model (universities, research institutions, etc.); or combinations of these. The Baltic countries need to consider which support services are needed in their countries and how these services should be organized. The issue of TQM was again raised in the discussion on this topic. In Latvia, as well as in Estonia, the centralized model seemed most appropriate. Lithuania will most probably choose a combination model.

The working group saw it inevitable to organize specialized support services to provide support for the front-line services. The services may be partly paid by the clients but it was concluded that subsidies by government are needed. In small countries, such as the Baltic states, centres of excellence for providing these services should be established. It was agreed that it is most likely that such centres cannot be developed and maintained at sufficient level without governmental subsidy.

The different options for organizing OHS were widely discussed. The primary health care philosophy (going to the workers, looking at their work environment), applying the principle of participation, was agreed upon as the main starting point for organizing services. Such philosophy can be applied irrespective of the model of organization of services.

It is a universal principle that the OHS should be funded at the primary level solely by the employers, even when the public sector provides the services, as in the case of small enterprises. Particularly in small countries, such as the Baltic states, some kind of public funding is, however, also needed for the front-line services to ensure equality between the enterprises in obtaining services. The enterprises should also pay for the services they get from the occupational health institutes.

There are several models for macro-level funding of OHS: entirely or partly publicly financed system, the EU model in which the employer is responsible for all costs and no subsidies are provided to the OHS activities, insurance-based financing system which can also be seen as a publicly funded system. The support services are in most countries a publicly funded activity.

To ensure the independence of the enforcement and control, the inspection should be financed by the government. Some service fee schemes may, however, be developed, but inspection should not be dependent on such fees.

Working Group on Training and Information

This working group analysed the ways of organizing and contents of training and education for occupational health experts. The entire multidisciplinary OHS team should be trained. The

competence requirements for occupational health experts are high; however, in the present situation the training of occupational health specialists should be carried out more quickly. Estonia has 24 occupational health physicians at the moment. The technical universities should be incorporated into the training schemes as the previous training of occupational hygienists was mainly based on medical competence. In Lithuania, two separate curricula for physicians are offered, one concentrating on occupational hygiene and the other on health services.

The basic training of occupational health specialists (physicians, nurses, ergonomists, psychologists, physiotherapists, occupational hygienists, etc.) is given in the universities and colleges where occupational health elements (minimum 20–30 hours) should be incorporated into the basic training. The complementary training of the multidisciplinary team members should be divided into joint multidisciplinary training and specialist training; the latter training should be organized in an occupational health institution (6 weeks during a period of 6 months). The working group recommended that the further development of the curricula of occupational health specialists be started immediately. This might also require some assistance from the Nordic countries.

The need for disseminating information to occupational health experts and ensuring the feedback system for information was recognized. Training materials are a key element in this activity. In addition, basic statistics, such as demographic statistics, registers of occupational diseases, exposures, accidents, occupational hazards and medical care providers, are needed in order to be able to direct the measures in an appropriate way. All countries of the Baltic Region need further development in this sector.

The possibility of expanding the joint bilateral projects to multilateral programmes was taken up in discussion.

Country plans in OH&S and needs for foreign assistance

Estonia

Mr Ivar Raik, Ergonomics Specialist, National Working Environment Board, presented the Estonian plan for future developments in occupational health and safety. He emphasized the importance of preventing occupational accidents. The number of 'old' legal provisions is high; now it is time to establish a framework of relevant provisions for future activities. The Act on Occupational Safety and Health is under preparation, and it is expected to be passed by Parliament early in 1996. The establishment of the Work Environment Council (tripartite) is also anticipated. The country is planning to ratify ILO Convention No. 161 on Occupational Health Services.

Latvia

Professor Maija Eglite, Institute of Labour Medicine, Latvia, described the future plans of Latvia in the field of occupational health and safety. She first described the organizational structure of occupational health and safety procedures, and mentioned that the name of the institute will be changed to reflect more accurately the aims and tasks of the institute. The OHS system is being planned to be restructured. ILO Convention No. 161 on Occupational Health Services is under ratification. Several objectives were also mentioned in the area of the training of occupational health personnel. A national information centre on the work

environment and health is in planning stage. It would help to promote networking among the work environment institutions.

Lithuania

Dr Remigius Jankauskas, Occupational Medical Centre, presented the future plans of Lithuania. The National Programme on Occupational Safety and Health has been adopted by the government. The programme includes the overall improvement of the work environment in the country. One of the arguments for approving the national programme has been that the costs can be reduced to one tenth of all the costs incurred by occupational accidents and occupational diseases. The information services will be improved throughout the country by establishing networks which fully utilize the existing resources. According to the national programme, the Government of Lithuania has allocated funds also for the acquisition of equipment and instruments. The training of occupational health and safety personnel is included in the action plan, and these projects were the ones that were deemed to need external funding (e.g. from the Nordic countries).

The concrete mechanisms for carrying out the joint activities and for fulfilling the needs of the Baltic countries were discussed. The conclusions and recommendations are reported below.

Conclusions and Recommendations

1. The transition process in the Baltic countries from a centralized model to market economies is going on. The experiences from other Western European countries have shown that the balanced socioeconomic development is critically dependent, not only on the economic and technological progress, but also simultaneously on the consideration of the social dimensions of the working life. This inevitably implies the development of occupational health and safety services for all workers in all sectors of economy, irrespective of the size of the company or mode of employment. These principles have also been spelled out in the ILO Convention No. 155 on Occupational Safety, Health and Work Environment, No. 161 on Occupational Health Services, European Union Framework Directive 391/89, and WHO Health for All Strategy and Workers' Health Programme.

The Consultation recommended that the countries of the Baltic Region continue their efforts to develop the policies and national programmes for occupational health and safety in view of protection and promotion of health and safety of the working people, and thus contributing positively to balanced socioeconomic development of the country at large, and to ensure all the citizens an opportunity to conduct a socially and economically productive life.

2. At present several international assistance projects are going on in all Baltic countries. The coordination of various projects is not sufficient, as the countries are in different phases of socioeconomic transition. The information about on-going activities in the Baltic Region is insufficient, and an information gap exists both within and between the countries, as well as between various external contributors.

Every actor in the Baltic region should ensure that the activities be intended for and aimed at the target countries according to their needs. All efforts should be made to seek for collaboration and synergism between various programmes and projects. A database should be established to collect information about on-going activities and plans for various projects in occupational health and safety which are to be carried out in the Baltic countries.

3. The situation in developing national occupational health and safety systems, including occupational health services in the Baltic countries, is complex and to some extent difficult to describe. Some countries have elaborated a national programme for stepwise development of the occupational health and safety field; some others are still in a preparatory stage. Many externally supported projects are carried out but they are not all fully integrated into the national programme objectives.

Countries should continue the preparation and implementation of a national programme on occupational health and safety which will also allow the donors to contribute to the implementation of the specific programme objectives and elements, still leaving the national programme as an entity in balance. When completed, such programme documents should be made available to the donors and collaborative partners to ensure appropriate coordination.

4. Internationally accepted guidance in the form of ILO conventions and WHO guidelines are available and provide a sound basis for preparing and developing such national policies and programmes. The Consultation, however, identified a need to prepare a technical guideline to establish a model for a national occupational health and safety programme, and thus support the practical implementation of the policies.

The international instruments available should be fully utilized when preparing the policy documents. WHO and ILO, in collaboration with other international organizations should provide comprehensive models for national occupational health systems in order to facilitate the countries to make their choices on the model best feasible for their national needs. In addition to the policy documents, numerous technical reports produced by WHO should be distributed to the Baltic countries.

5. Some countries face certain difficulties in the preparation and further development of the national programme, and some of them would need support in that task concerning policy-making, technical and expert advisory services. Besides established national policy, certain critical prerequisites for policy implementation were identified, such as expert human resources, training and information, technical equipment and facilities and support services.

To ensure the effective implementation of the national programme, each country should review the critical prerequisites for its implementation. Such requirements are, for example, legislation and an identified responsible government body, an enforcement system with appropriate inspection, competent OHS personnel, and sufficient infrastructures with support services as well as systems for participation and collaboration of workers and employers.

6. On the basis of the national reports presented to the Consultation and the surveys carried out, the competence requirements of occupational health personnel vary substantially

from one country to another. There is a need to harmonize such competence requirements not only in the Baltic countries but also throughout Europe.

The competence requirements of the OHS personnel should be developed to cover all groups of experts (occupational health physicians, occupational health nurses, occupational hygienists, occupational psychologists, physiotherapists, ergonomists, safety engineers, and other relevant professions) in the multidisciplinary team of OHS. WHO should play a central role in harmonizing internationally the qualifications of OHS personnel. The Nordic countries have expressed their special interest to support such development.

7. The training of occupational health specialists varies in the various countries. The curricula are different, and the contents are not harmonized. The Nordic countries expressed their interest to contribute to such training, and to the training of trainers in particular. The Baltic countries need to pay special attention to organizing their training curricula of OHS experts to fulfil the qualification requirements, and to providing sufficient human resources for the implementation of this training in practice.

The curricula of occupational health specialists should be further developed and harmonized. For this purpose, a special meeting on the development of training curricula should be convened. The training courses arranged within the framework of the Nordic assistance programmes should be integrated into the national training curricula. The curricula developed elsewhere in Europe should be taken into account as much as possible (e.g. European Community) to ensure European-wide harmonization.

8. To ensure the practical measures for occupational health and safety at the workplace level, the training of and information for managers and workers was also deemed important.

The training and dissemination of information also to managers and workers should be organized in cost-effective ways. Such training and information, if needed, should be financed by public funds or NGOs.

9. There is an abundance of training materials in occupational health and safety in the Nordic countries in both Nordic and English languages.

In the long run, the most central training materials selected by the Baltic countries themselves should be translated into the local Baltic languages, especially as regards materials intended for larger target groups. To facilitate the internationalization of the expert communities, English textbooks should be used in the education of occupational health experts.

10. The training and education of young researchers in the OH&S field needs to be further developed in the Baltic countries to help strengthen and develop strong and autonomous expert communities in occupational health and safety.

The Nordic countries should financially assist in arranging special fellowships in OH&S for Baltic students, by jointly organizing training curricula, exchanging young researchers and by providing fellowships for PhD studies in which the main work for the doctoral thesis is to be done in the home country. Postgraduate studies, however,

could be carried out also in other countries. The balanced development of various disciplines relevant for occupational health services should be considered.

11. A legislative basis is important in OHS. The responsibility of employers to organize OHS according to the legislation is the starting-point. The professional responsibility for the contents and delivery system of the services should be ensured by training and by inspection, or by implementing total quality management systems plus incentive systems. Appropriate officially adopted guidelines on 'good occupational health practice' have been produced by some countries. In addition, some European countries have already taken a certification system into use.

The employers' obligation to provide OHS should be enforced and inspected by appropriate mechanisms. The countries should carefully examine the system most suitable for them, and design inspection and TQM systems facilitating the further development of OHS systems. Appropriate officially adopted guidelines on 'good occupational health practice' should be produced by the Government, the social security system, or some other relevant professional body.

12. The employer is primarily responsible for organizing and funding the services. The pure market economy model for funding of OHS seems to be insufficient, mainly for small and medium-sized enterprises. Reimbursement or some other incentives have been used by some countries as an incentive for developing services or complying to the legislation. The Consultation recognized the need to provide public support for the organization and maintenance of back-up support services needed by front-line occupational health practice.

The funding of OHS rests primarily on the employer, but possibilities to develop the services through an insurance-based system or public financing should be examined. The countries themselves should make the decision concerning the funding model of OHS. OHS should be ensured free entry to the workplaces either as a condition of public funding or to be defined in the legislation.

13. The occupational health and safety activities planned and developed in the Baltic countries are not parallel, but there are some similarities in the systems. The meeting emphasized that occupational health services need to be developed as a special service, but at the same time it is of utmost importance that horizontal collaboration is ensured at the national and local levels. Particularly collaboration with general health services, environmental health services, safety services and primary health care services is important.

The countries should identify all the collaborative links between OHS and relevant organizations and services, and encourage the establishment of permanent collaboration at the national and operational level. The networking within the countries and internationally is strongly recommended.

14. The country reports revealed specific needs for assistance both from WHO and from the Nordic countries. The participants discussed the mechanisms and forms of future collaboration. The Nordic Institute for Advanced Training in Occupational Health (NIVA) has received special funding from the Nordic Council of Ministers for Baltic participants, and training courses specially designed for Baltic countries have been and will be offered according to the plans of NIVA. There are also several other practical

forms of collaboration for Nordic-Baltic collaboration (e.g. between professional associations).

A more detailed plan of action for practical collaboration should be compiled, based on proposals, submitted by the Nordic and Baltic organizations to the occupational health unit of the WHO Regional Office for Europe serving as the secretariat, on activities and events to be carried out in 1996-2000, and on how to ensure their funding. The various collaborative partners should find and locate their programme elements and projects within the framework of such an action plan.

15. The Telematic Information Network was deemed to be an effective way to strengthen collaboration and improve synergism between the activities carried out by several bodies in the Baltic region. The network could contain information about the ongoing projects and events of occupational health and safety in the Baltic region, training opportunities, informative materials, and possibly information bulletin boards.

The establishment of the Telematic Information Network on Occupational Health and Safety between the countries around the Baltic Sea was agreed upon by the partners participating in the meeting. The Finnish Institute of Occupational Health was delegated the task of functioning as a focal point in the network.

16. The Baltic Region is an important and rapidly developing area in Europe and requires full attention and support from WHO/EURO for the development of occupational health and safety systems, practices, infrastructures, training and research.

The WHO Regional Office for Europe should allocate sufficient funds and other resources for developing occupational health and safety in the Baltic region.

17. The participants recognized with great satisfaction that the international organizations (e.g. ILO, WHO, OECD) have numerous projects going on in the Baltic countries that are relevant to occupational health and safety.

Information about these projects should be compiled and included in the database and, where possible, collaborative links should be created between such international and Nordic programmes.

18. The evaluation and follow-up of the decisions and recommendations made at this meeting are important for the feedback about the successful activities.

A follow-up meeting should be organized by the WHO Regional Office for Europe in late 1996 in Latvia, in 1997 in Lithuania and in 1998 in Estonia in collaboration with the respective countries.

Annex 1

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