

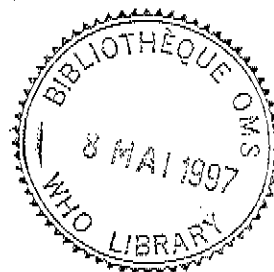


# WHO

REGIONAL OFFICE FOR EUROPE

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***NATIONAL AND  
INTERNATIONAL  
STRATEGIES TO  
IMPROVE THE  
WORK  
ENVIRONMENT  
AND WORKERS'  
SAFETY AND  
HEALTH***

Report on a WHO Planning Group

Prague, Czech Republic  
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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.*

### ABSTRACT

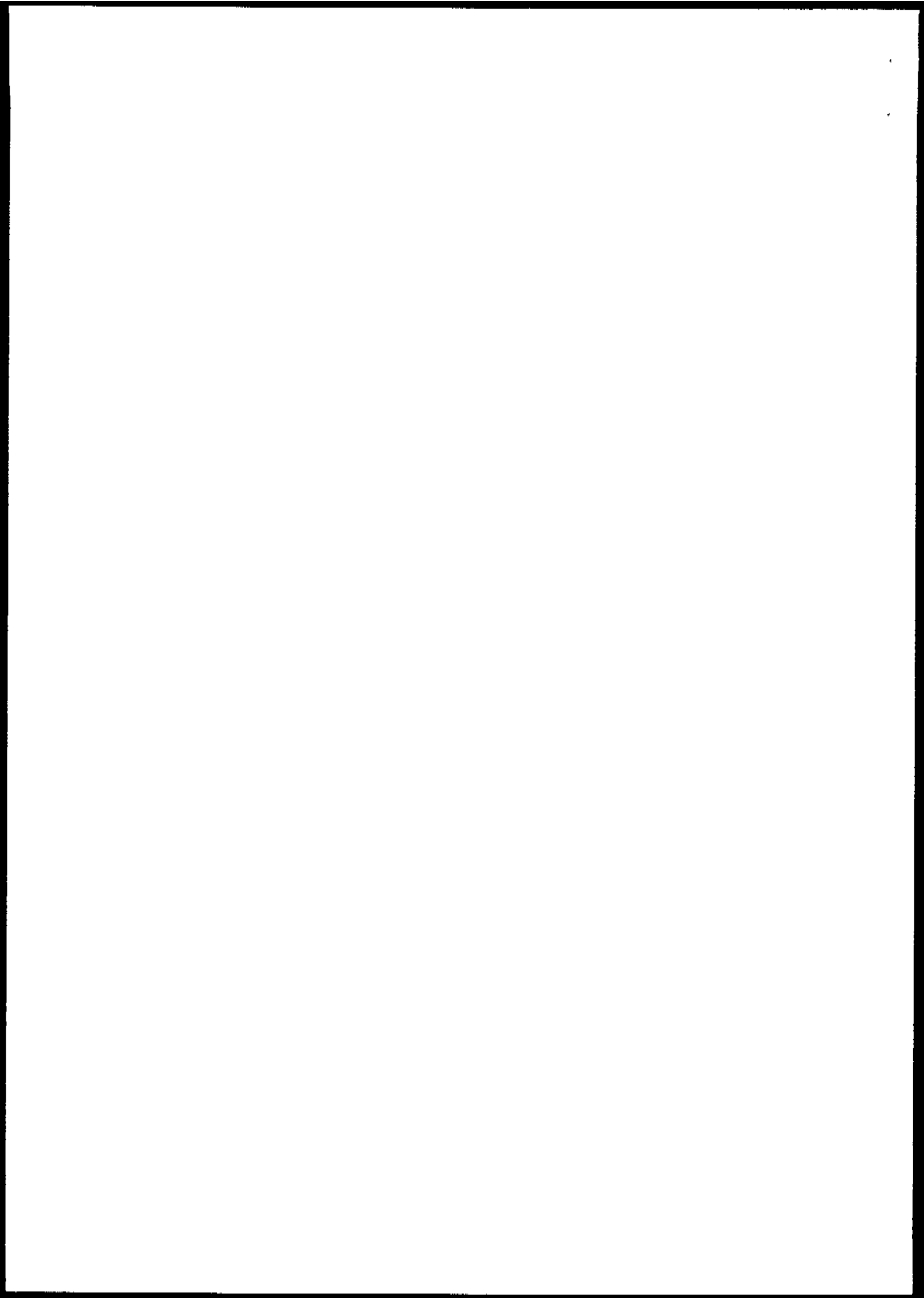
Work-related harm to health imposes a significant burden on national economies; occupational accidents, and premature mortality and work incapacity can cause losses of 3–5% and 10–15% of the gross national product, respectively. The WHO Regional Office for Europe, in collaboration with the International Labour Office (ILO), the Commission of the European Communities and the Centre of Industrial Hygiene and Occupational Disease in Prague, organized a meeting to explore the need and opportunities for concerted action by international organizations in the field of occupational safety and health in Europe and to identify areas for intensified cooperation. The participants included European experts and representatives of organizations concerned with occupational safety and health, as well as WHO and ILO staff. The participants recommended that an occupational safety and health strategy and action plan for Europe be developed and implemented, and that it be supported by WHO Member States, the European Union and other European bodies and organizations to ensure its success.

### Keywords

OCCUPATIONAL HEALTH  
SAFETY  
WORK ENVIRONMENT  
HEALTH POLICY  
EUROPE

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## Introduction

The Planning Meeting, organized by the WHO Regional Office for Europe (WHO/EURO) in collaboration and with the support of the International Labour Office, the European Commission and the Centre of Industrial Hygiene and Occupational Disease, was held at the National Institute of Public Health, (a WHO collaborating centre in occupational health), 7–9 December 1995, Prague, Czech Republic. The list of participants is in Annex 1. The aims of the meeting were to:

- review occupational safety and health strategies of intergovernmental and other international organizations;
- explore the possibility of concerted action of intergovernmental and international nongovernmental organizations in the field of occupational safety and health in Europe;
- identify areas of intensified collaboration between international agencies and organizations, towards better support of national occupational safety and health policy and infrastructures;
- assess the need for and feasibility of an Occupational Safety and Health Strategy and Action Plan for Europe (OSHSAPE);
- suggest further step-wise procedures towards establishment of OSHSAPE.

Professor M. Cikrt, Director of the Centre of Industrial Hygiene and Occupational Diseases in Prague, was chosen as Chairperson, Dr A. Békés, Director General, Labour Inspectorate, Hungary, and Dr Matti E. Lamberg, Medical Counsellor, Ministry of Social Affairs and Health, Finland, as Vice-chairpersons, and Dr H.N. Plomp, Institute of Social Medicine, Vrije University in Amsterdam, as Rapporteur. Dr Békés chaired the discussions in working group 1 on national strategies and Dr Matti Lamberg chaired working group 2 on international strategies. Dr Andre Weel, Foundation of Quality in Occupational Health Care (SKB) in the Netherlands, was chosen as the rapporteur of working group 1, while Dr H.N. Plomp composed the report of working group 2.

## Strategies of international organizations

### World Health Organization

Dr M.I. Mikheev, Chief, Occupational Health, WHO headquarters, Geneva, presented "The global strategy on occupational health for all" developed and endorsed by the network of the WHO collaborating centres in occupational health. The main reason for WHO to adopt the Global Strategy on Occupational Health for All, is to provide a framework in technical cooperation and action programmes. It aims at political awareness and commitment on all levels and intends to promote international and intersectoral cooperation. Occupational health is considered to be multidisciplinary in subject and multisectoral in practice. The strategy defines the following objectives.

1. Strengthening of international and national policies for health at work and developing the necessary policy tools (e.g. appropriate legal and other provisions and the development of the necessary infrastructure for its implementation).
2. Development of a healthy work environment.
3. Development of healthy work practices and promotion of health at work.
4. Strengthening of occupational health services.

5. Establishment of appropriate support services for occupational health, such as the advisory and analytical services of hygienists and psychologists.
6. Development of occupational health standards based on scientific risk assessment.
7. Development of human resources for occupational health, implying training facilities.
8. Establishment of registration and data systems, development of information services for experts, effective transmission of data and raising of public awareness through public information.
9. Strengthening of research.
10. Development of collaboration in occupational health and with other activities and services.

The proposed strategy is considered to be important not only to ensure the health of the worker, but also to contribute positively to the productivity, work motivation and thereby to the overall quality of life of individuals and society.

Dr Boguslaw Baranski, Regional Adviser a.i., Occupational Health, WHO/EURO, Copenhagen, presented the Office's occupational health and safety programme. He stated that the socioeconomic transitions in the countries of central and eastern Europe and in the newly independent states as well as the influence of the socioeconomic integration of the countries of the European Union greatly affected the scope, objectives and legislation of occupational health and safety. A crucial problem is how to show that occupational health services are not a burden but a good investment. Work-related health losses are a significant burden on national economies: 3% of the global burden of diseases, 3–5% of GNP lost due to occupational accidents, and 10–15% of GNP in some countries due to premature mortality and work incapacity.

The globalization of market and business operations and economic competition support the efforts toward harmonizing national legislation and levelling of employees' health protection measures. Various aspects in national health and labour policies have to be scrutinized due to, *inter alia*, aging of the workforce, high and growing social security expenditure (including the cost of health services), premature mortality and work incapacity, and the high proportion of the workforce employed in small undertakings. For remodelling and updating of the national occupational safety and health system the following priorities are suggested for discussion:

- conceptualization and implementation of a working culture, conducive to safety and health into a company;
- quality assurance of occupational health services;
- medical surveillance of health for employment and insurance purposes – scope, frequency, decision-making, right of appeal;
- health and work ability promotion strategies directed both at individual workers and at workplaces as settings;
- international and national information networks for electronic transfer of data on occupational and environmental health;
- financing of occupational safety and health services, and their auditing aiming at effectiveness and efficiency assessment.

The Environmental Health Action Plan for Europe, endorsed in the Helsinki Declaration, covers occupational health but the ILO and the ministers of labour responsible for occupational health and

safety in about 50% of WHO Member States are not represented in its managerial infrastructure. Thus, there is a need to consider establishing an European Occupational Safety and Health Committee (EOSHC), which should be a forum to facilitate cooperation at European Regional level and be responsible for the development and implementation of an Occupational Safety and Health Strategy and Action Plan for Europe (OSHAPE).

### **International Labour Office**

Dr I. Fedotov, Occupational Safety and Health Branch, International Labour Office (ILO), presented the ILO policy guidance and activities for building an infrastructure for occupational health practice. The purpose of occupational health practice is to establish and maintain a safe and healthy working environment, which will facilitate optimal physical and mental health in relation to work and adapt the work to the capabilities of workers in the light of their state of physical and mental health (ILO Convention No. 161, Article 1).

The multidisciplinary approach and multisectoral collaboration are essential to accomplish this task, taking into account that many factors affecting physical and mental wellbeing of workers are closely interrelated.

ILO provides assistance to its member states in establishing and improving the necessary national infrastructures for occupational health practice. It considers occupational health practice to be a multidisciplinary and multisectoral activity involving not only occupational health professionals but other specialists both in enterprises and outside, as well as competent authorities, employers, workers and their respective organizations. The necessary infrastructure should therefore comprise sound national legislation on occupational safety and health and all the administrative, organizational and operative systems that are needed to conduct occupational health practice successfully and ensure its progressive development and continuous improvement.

Countries are expected to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The principles for this national policy and the organization of occupational safety and health are embodied in ILO international instruments (conventions and recommendations). National policies should establish priorities for action which may vary according to the severity or extent of particular problems, the means of action available, the economic possibilities of the country, industrial sectors, changing technological and social conditions.

ILO strongly believes in joined efforts and consensus. Tripartite participation in the formulation and implementation of national policies and practical measures related to occupational safety and health should therefore become common practice at all levels.

Wider international cooperation is needed for the creation of an active partnership in occupational health to improve the safety and health of people at work.

### **International Social Security Association**

Mr Dieter Beyer, Health Services Section, International Social Security Association (ISSA), made a presentation on the ISSA programme and activities in occupational health and safety. ISSA members are governmental and nongovernmental institutions and agencies in 127 countries; 243 are full members and 95 are affiliated members. There are three main areas of interest: social insurance, public assistance, and social welfare and services. ISSA also deals with preventive

activities. ISSA has carried out a survey of occupational health services. A total of 35 countries were asked, of which 25 responded. Some data from this survey regarding preventive health examinations were given: 11 of the 25 countries have legally obligatory health examinations for all employees; in 10 countries the obligation exists only for particular groups of employees, and in three countries only large companies have a compulsory health examination for their employees.

The way of payment for employee health examination differs greatly. In 11 countries, employers are the only payers. In 7 countries, specific examinations are paid by other bodies, e.g. insurance companies. In the Nordic countries, payment for occupational health and safety care is made after quality check.

A plea was made for promotion of data exchange between countries with respect to organization and experience on effectiveness of occupational health strategies.

### **International Occupational Hygiene Association**

Dr Gun Nise, International Occupational Hygiene Association (IOHA), made a presentation on the education and certification of occupational hygienists. The IOHA was founded in 1987. It became a nongovernmental member WHO in 1994. Today 19 occupational hygiene associations from 17 countries are members of IOHA and it represents around 20 000 occupational hygienists. It publishes a newsletter regularly and organizes scientific conferences every two to three years. IOHA is involved in the development of international standards for education and certification of occupational hygienists. Occupational hygiene has been defined as "the discipline of anticipating, recognizing, evaluating and controlling health hazards in the work environment with the objectives of protecting workers' health and wellbeing and safeguarding the community at large".

### **European Foundation for the Improvement of Living and Working Conditions**

Mr Eric Verborgh, Deputy Director, European Foundation for the Improvement of Living and Working Conditions, Dublin, presented the programme of his organization. The Foundation was founded in 1975 and covers now 15 member states. It is financed by a subsidy from the general budget of the European Union. It has a tripartite structure: every member state has three delegates in the Foundation's Administrative Board. It is not a research institute as such but works through national agencies. Its aim is to study factors to improve the working and living conditions in its member states in the middle- and long-term perspectives. The current programme covers health and safety as one chapter. One of the strategies is using the workplace as a way to promote health.

Three main areas of activities in which the Foundation is involved are:

- monitoring working conditions at work: this is currently being done in the Second European Survey, a questionnaire-based survey being carried out in all 15 member states;
- contributing to development of strategies, policies and instruments to improve the working environment, with specific projects targeted to the design of workplaces and products;
- networking information through HASTE, which is a European register of information systems (a database of databases) concerning health and safety data; in 1996, the third conference on monitoring the work environment will be organized.

A newly established European Agency for Safety and Health at Work in Bilbao was briefly acknowledged.

## **National Institute of Occupational Safety and Health, USA**

Dr Janet C. Haartz, Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Cincinnati, Ohio, USA, made a presentation on the concept, significance and implementation of a work culture conducive to safety and health in organizations. A healthy work organization must be concerned with three factors: the organizational culture, the work methods and physical environment, and the individual worker. Within the concept of organizational culture, two main aspects can be distinguished: the organizational climate (communication, policies and rules, cooperation, diversity, innovativeness, employee development and training) and organizational values (quality, integrity, openness, trust, respect). Work methods and workplace design to minimize or eliminate safety, health and physical hazards is a second area of concern for healthy organizations. The third area of concern must be the individual worker so as ensure not only good work ability and health (which leads to high productivity and quality of work), but also high quality of life and individual wellbeing.

Developing and achieving a healthy organization starts with the workplace culture. From this culture (climate and values) management approaches, work practices and the quality process yield outcomes measured not only in terms of productivity, but also in workers' satisfaction, health and safety. The applicability of this model has been demonstrated in a study of compliance with guidelines based on a concept of universal precautions to help prevent transmissions of bloodborne pathogens in health care settings. Determining factors were organizational culture, managerial commitment and workers' involvement.

The fitness of this model as a strategy for countries to set up an effective health and safety policy was discussed.

## **National strategies and approaches**

Dr Ivan Ivanow, Ministry of Health, Bulgaria, presented the occupational health system in his country. Characteristics of the current situation are the severe economic burden, high unemployment and transition to a market economy. A total of 56% of companies deviate from health and safety standards; sickness absenteeism is rising as is the number of handicapped workers and industrial accidents. Reported occupational diseases are decreasing. New legislation is based on EU framework directives. Bulgaria is part of the pilot project to develop national environmental health action plans; its plan comprises an analysis of the current situation, outlines principles for the national policy and states obligations for the development of new legislation. In the current approach too much emphasis is put on curative medicine; policy is aiming at a holistic approach and priority is given to technical rather than medical prevention. Bilateral projects have been set up with Austria, Denmark and Germany.

Dr Daniela Pelclová, Centre of Industrial Hygiene and Occupational Diseases, Prague, Czech Republic, made a country situation analysis. In the Czech Republic privatization went on very fast and had politically the highest priority. This implies high pressure for cost-containment, dynamic developments and low priority for occupational health and safety. Some 8% of the working population is exposed to hazards. Occupational diseases are decreasing but chronic musculoskeletal disorders are increasing. Legislation is in preparation in which occupational health services will be based on ILO Convention 161. Due to current health care reforms, the occupational health institutions are in danger; a considerable part of them is no longer financed by health insurance; part of the work is transmitted to family practitioners. The Czech Society of Occupational Health

had made a great effort towards making compliance with legislation easier by developing an organization scheme for occupational health and safety within companies, supported by district and regional centres. A bottleneck is the lack of well trained physicians (about 1500 needed versus 200 available).

Dr Remigijus Jankaukas, Director, Occupational Medicine Centre, Vilnius, Lithuania, presented the country report. In Lithuania a national programme for health and safety has been prepared in accordance to the directives of the European Union. This programme will be implemented during the next four years. Important elements are the creation of a health and safety information system, a training and education system, a labour protection science development system and an occupational safety and health management system. Occupational health is offered from public health centres and from outpatient clinics; there are 300 in-plant services.

Dr Ib Andersen, Director, National Institute of Occupational Health, Copenhagen, Denmark, made a presentation on the use of registers to estimate the impact of different jobs on workers' health. In Denmark the government's action programme for a clean working environment by the year 2005 is implemented mainly by the Danish Working Environment Service (DWES). The vision is for Danish workplaces to provide, by the year 2005, a safe, healthy and stimulating framework for creativity, quality and productivity as a competitive basis for sustainable production centred on human beings. The objectives have been selected on the basis of the DWES "sector images", which contain regularly updated, systematic documentation of health and safety situation in the Danish labour market, based on data from several registers in the period 1980-1990. The action is focused on seven objectives:

1. no fatal accidents caused by working environment factors;
2. no occupational exposure to carcinogenic chemical substances;
3. no occupational brain damage due to exposure to organic solvents or heavy metals;
4. no young people must suffer serious injury at work;
5. no risk of injury due to heavy lifting and no risk of occupational diseases due to monotonous, repetitive work;
6. no risk of psychological disorders due to the way work is organised; and
7. no risk of hearing damage due to noisy work.

A national cohort consisting of 8000 people has been formed to follow the subjective perception of the working environment. The advantages of using existing registers to analyse work-related diseases and health impairments were presented.

Danish data registers include:

Exposure registers:

- Employment Classification Module
- Labour Market Supplementary Pension Fund
- Product Register
- Housing and Dwelling Register

Health registers:

- Death Register
- National Inpatient Register / Somatic Diseases
- National Inpatient Register / Psychiatric Diseases
- Cancer Register
- Early Retirement Pension Register [disability data].

By linking data registers, associations between health and exposure data can be elucidated. An example was presented, in which standardized hospitalization ratios (SHRs) for stroke and ischaemic heart disease have been calculated for different occupational groups. Also standardized disability ratios can be calculated. Such results are incentives for branch-specific preventive measures.

## **Conclusions and recommendations**

Having in mind that the healthy workforce is a prerequisite for the success of economic and social policy and a positive contribution to sustainable development, the planning meeting has formulated the following conclusions and recommendations on the development and implementation of national and international strategies to improve the work environment and workers' safety and health:

### **At the national level:**

1. To improve the working conditions and workers' safety and health, all European Member States should have a national policy on occupational safety and health. Where such a policy is lacking, a Member State should undertake action, in the light of national conditions and practice, to establish and implement a coherent and integrated national policy and related national programme on occupational health and safety.
2. The commitment of policy-makers and decision-makers regarding the impact of occupational safety and health on the success of economic and social reforms and on the national development as a whole is crucial. Governments should undertake appropriate measures to facilitate the performance of occupational safety and health activities.
3. The development and implementation of occupational safety and health policy and infrastructures should be based on cooperation of governmental bodies such as the ministry of health and ministry of labour and other competent governmental authorities as well as nongovernmental organizations. Employers' and employees' organizations should be fully involved and their awareness of occupational hazards should be increased.
4. The establishment of a national coordinating body or policy evaluating board consisting of the representatives of the above governmental and nongovernmental institutions is recommended to assure integration of development and evaluation of national policy effectiveness. The formulation and implementation of national occupational safety and health policy should be based on the cooperation of all groups concerned. Cooperation between the partners concerned should also be organized at regional and enterprise level.
5. Prevention and compensation of occupational accidents and diseases should be included in national occupational safety and health policy. Appropriate workmen's compensation systems and other insurance systems for occupational injuries and disease should be developed and strengthened. Prevention of work injuries and occupational diseases should be also an integral activities of the compensation and insurance systems.
6. Occupational safety and health practice can only be effective when based on solid legislative basis. Existing health and safety legislation in CCEE/NIS is often deficient and needs an

appropriate revision to protect and promote health and working ability of employees and healthy work environment. The legislation should enable adequately trained occupational health and safety professionals to perform efficiently their duties. Adequate mechanisms for effective enforcement of labour, health and safety legislation should be established.

7. The policy is adequate if it takes into account the improvement of working environment and working community, promotion of work ability and health including thus both occupational safety and public health approaches. The policy on occupational safety and health should contain aim, objectives, priorities and mechanisms for implementation and it should be formulated into one national policy document. The procedures to be used for assessment of policy effectiveness should be agreed upon all concerned.
8. In the development of occupational safety and health policies, top-down and bottom-up initiatives should be supplementary. In the top-down strategies initiatives are taken on the national level and mostly the government is involved. An important element of the top-down strategies is legislation. The bottom-up strategies rely on initiatives undertaken at enterprise or local level, such as seminars at branch and company levels, pilot projects on accidents or disease prevention, workplace health promotion and surveillance programme or employees' training. They may be organized in cooperation with larger companies, which might have more experiences.
9. The development of a long-term strategy aimed at the protection and promotion of workers' health, the improvement of working conditions and the working environment, and strengthening of occupational safety and health systems in Member States, especially in CCEE/NIS, should take into account of varying national conditions as well as existing diversities of these systems which reflect their historical development.
10. Occupational health policies and strategies should be of a multidisciplinary character and be formulated in such a manner as to respond effectively to the needs of each particular country.
11. In order to strengthen the position and possibilities of underserved at present employees, especially in small and medium size enterprises (SME) each WHO Member State should formulate, implement and periodically review a coherent national policy on occupational safety and health services. In many countries in economic transition, the number of small and medium-sized enterprises (SMEs) has increased considerably over the last few years. Access of employers, especially those in SMEs, to appropriate solutions of occupational safety and health issues still represent financial and organizational problems in most countries.
12. Mechanisms for the implementation of national policies, strategies and programmes should comprise different elements including health surveillance, surveillance of the work environment, use of work environment and health registers, workers' health protection and health promotion programmes, research, training, effectiveness and efficiency evaluation and systems of quality assurance in occupational health.
13. The special emphasis should be paid to proper pre- and postgraduate education, training and competence of occupational health professionals. The appropriate training curricula and unique qualification requirements should emphasise the adequate recognition of their professional position and specific quality of their work.

**At the international level:**

1. The planning meeting has acknowledged and supported the recommendation of the Twelfth Session of the joint ILO/WHO Committee on Occupational Health, calling for intensified collaboration between the World Health Organization (WHO) and the International Labour Office (ILO) towards achievement of common goals in occupational health and safety. The need was emphasized for extensive collaboration of the United Nations organizations with the European Commission, and nongovernmental and national organizations, as well as social partners to strengthen their action in occupational safety and health. It was agreed that such concerted action of different organizations is particularly important in the European Region, which has a wide diversity of local conditions and practices as a result of the historical development of occupational health and safety.
2. It was further noted that the directives on occupational safety and health adopted either by the Council or by the Commission of the European Union are very important for international strategies and guidelines, and they have a great impact on national policies and legislation in occupational health and safety in many WHO Member States. The specialized agencies and programmes of the European Union (e.g. European Foundation for the Improvement of Living and Working Conditions in Dublin or the newly founded European Agency for Safety and Health at Work in Bilbao) contribute and will contribute considerably to the development of international and national policies in occupational safety and health by variety of actions.
3. The role of nongovernmental organizations especially such as the International Commission on Occupational Health, International Social Security Association and the International Occupational Hygiene Association, has been highly appreciated in the areas of dissemination of knowledge, sharing experience and improving qualifications of occupational health and safety professionals in different Member States.
4. In many countries of the European Region, occupational safety and health is not high on the agenda and there is a need for international recognized standards on good practice in occupational safety and health.
5. International guidelines for the development of effective strategies should be prepared to increase public awareness and employees' concern about occupational safety and health problems and their impact on the health and wellbeing of the entire populations. Special programmes to increase workers' knowledge on health and environment and to facilitate their full recognition of safety and health at the workplace should be developed and applied.
6. There is a need for wider dissemination of information on objectives, activities and products of the international organizations and NGOs dealing with occupational safety and health. Appropriate networking could provide a solution to this problem. A network should be understood as an effective way of exchanging information (legislative acts, occupational safety and health standards, guidelines and instructions, training materials) and experience (results of surveys on health and safety at work) between organizations and professionals. Networking on the subsidiarity and transparency basis should be considered by the organizations concerned as a tool and a condition for reaching common objectives in occupational safety and health.
7. All means of communication should be used to facilitate the exchange of information at the national level between decision-making and advisory bodies and between international organizations. Plan of activities, reports or projects, outcomes of research and gained

experiences relating to the implementation of programmes and strategies, as well as low-cost solutions should be brought into the network.

8. The WHO collaborating centres in occupational health working within the global network are valuable institutions contributing to dissemination of information and experience on the protection and promotion of health at work at national and international level. Each Member State of the European Region should be encouraged to establish a WHO collaborating centre in occupational health and networking between European centres should be intensified to deal with regional problems.
9. The following issues, justified by expressed needs of Member States, have been identified as the subject of closer collaboration between European international organizations:
  - development of appropriate training curricula and qualification requirements for all key professionals in multidisciplinary occupational health and safety team.
  - implementation of total quality management into occupational health services.
  - implementation of working culture conducive to safety and health into an industry or enterprise.
  - assessment of effectiveness of health surveillance for protection of employee's health, reduction of occupational diseases and accidents, maintenance of working ability, and adaptation of workplace to the employee's working ability, including cost-benefit analysis of extensive health examination.
  - maintenance of working capacity throughout health promotion approaches.
  - gradual development of international information network for electronic transfer of data on occupational health and safety enabling access at local and industry/enterprise levels (use at Internet network).
  - development of technical standards and guidelines for assessment of health and safety at work to be used as reference standards by the Member States (e.g. workplace assessment, diagnostic criteria for occupational diseases, occupational exposure limits, and other standard operational procedures and values).
  - improvement of registration and notification of occupational accidents and diseases.
  - prevention of silicosis and other occupational lung diseases.
10. To strengthen occupational health and safety in the countries of the European Region, it is necessary to develop and implement an Occupational Safety and Health Strategy and Action Plan for Europe (OSHSAP). The plan should be initiated by WHO/EURO after consultations with Member States, intergovernmental bodies such as the European Commission and the International Labour Organization. The plan should be developed and implemented through a concerted action of all concerned European international organizations and take into account the Environmental Health Action Plan for Europe, directives and programmes concerning safety, hygiene and health at work of the European Union, Global Strategy for Occupational Health for All, ILO occupational safety and health conventions, and recommendations and the conclusions and recommendations of the Joint ILO/WHO Committee on Occupational Health.
11. For the successful implementation the OSHSAP should be submitted to and supported by the ministers of health, the ministers of labour and other competent authorities of the WHO European Member States and the appropriate European international bodies and organizations

*Annex 1*

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