# Mobbs Corporate Health Fellowship 2012: Report on Internship to WHO, Geneva

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**Main acknowledgement**
I remain very grateful for the award of the Mobbs Corporate Health Fellowship which supported my internship to the Occupational Health working group, within the Interventions for Healthy Environments (IHE) unit, in the department of Public Health and Environments (PHE), at WHO Geneva, between 2nd July and 10th August 2012.

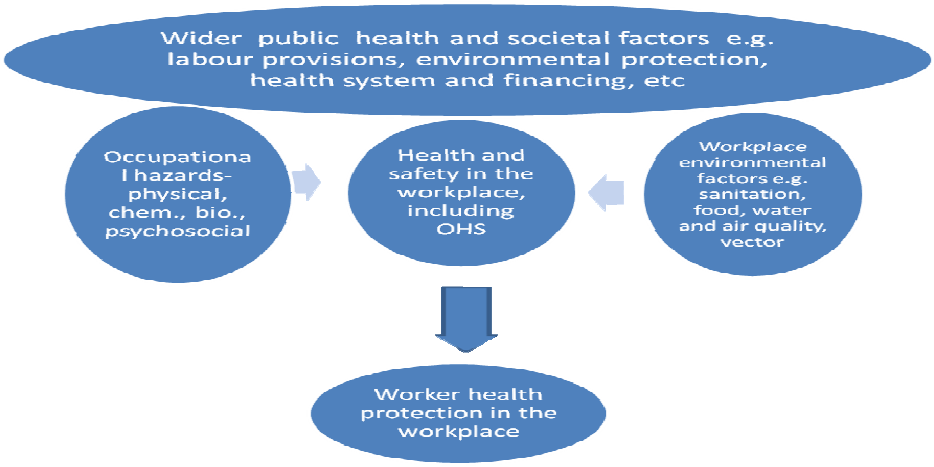
## The project

**Objectives:** The project I undertook falls under objective 2 of the WHO Global Plan of Action for Workers Health 2008-2017[1], which is to protect and promote health at the workplace. I conducted a scoping of literature to identify existing international requirements for worker health protection, and to identify examples of national practice.

**General findings**: I found that poor Occupational Safety and health accounts for around 4-5% of GDP losses; however only a very small fraction (1/10th) of this cost would be required for occupational health and safety[2]. In general, prioritisation of Occupational Health and Safety appears to mirror level of economic development. This clearly has implications for continuing widening of the gaps in inequalities in the health of workers, their families, and ultimately society in general, if not addressed.
Although there are a number of international standards and guidance relevant to various aspects of worker and workplace health protection from the WHO, International Labour Organization (ILO), and other international agencies like International Atomic Energy Agency (IAEA) and International Agency for Research on Cancer (IARC), there are existing limitations in progress with Occupational Safety and Health (OSH). Also, although the numbers of ratification of ILO conventions has increased over recent years, this has not translated to a decline in work related ill health [3]. It is however recognized that both labour and health strategies are essential to achieving worker health protection[3].

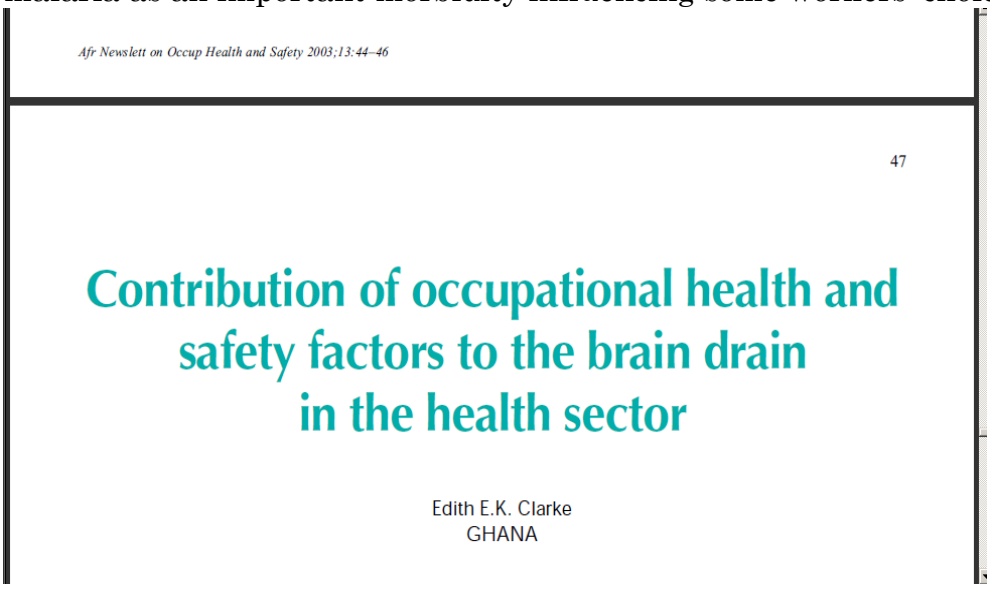
**Framework for addressing worker health protection standards**
I designed a framework for addressing worker health protection standards that incorporates worker, workplace and general environmental hazards, and takes account of the wider societal context and determinants of health (see figure - framework for addressing worker health protection), and goes beyond the confines of a 'tripartite' approach. This is in keeping with the WHO healthy workplace model[4]. Also, the World Summit on Sustainable

Figure- Framework for addressing worker health protection



Development (Johannesburg, 2002) recommendation for strengthening WHO action on occupational health and *linking* occupational health to public health[1] supports this approach.

**Supporting examples:** Real scenarios that demonstrate the need to forge further with this approach abound, and the following are examples. A study on Occupational Health and Safety factors influencing 'brain drain' in a Ghana Health sector survey demonstrated workplace acquired malaria as an important morbidity influencing some workers' choice[5].



*Afr Newslett on Occup Health and Safety 2003;13:44–46*

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# Contribution of occupational health and safety factors to the brain drain in the health sector

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Also, a worker in an occupation where noise is not a recognised hazard of the occupational activity e.g. for compensation purposes may suffer inadvertently from continuing exposure in the workplace, though not formally recognised, e.g. a shopkeeper exposed to hazardous noise from working near a noisy traffic junction. Finally, during the period of my internship, there was a further media update on an ongoing combined occupational health and public health emergency in relation to Lead (Pb) poisoning in Northern Nigeria; a further instance, requiring combined public health and occupational health efforts.

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## Many Nigerians 'at risk' of lead poisoning


**Overview of International Standards and National examples:** I identified a number of international standards, guidance, codes of practices relevant to worker health protection, based on the above framework. For example, there were10 general conventions and recommendations relevant OSH, 12 hazard specific standards, 8 sector specific standards, and 33 Codes of Practice from the ILO, as well as a number of interim or withdrawn standards.
However, going further to review examples of national standards and practices relating to these standards, showed apparent gaps in availability and variability in the quality of standards or guidelines for worker and workplace health protection. The scope of these gaps is rather broad, encompassing various hazard types (e.g. physical, biological, psychosocial, ergonomic, some chemical), and economic sectors (e.g. agriculture, offshore, health care), and have negative impact on the realisation of the goal of "Occupational Health for all"[6]. For example, some countries' legislation are still limited to mines or factories, while psychosocial and ergonomic hazards are not reflected in many developing countries.

**Conclusion:** As has been achieved to some extent with Chemical exposures (e.g. the International Chemical Safety Cards which provide essential health and safety information on chemicals to promote their safe use[7] and the Global Harmonised Standards on chemicals safety[8]) consideration of global harmonisation of other hazard groups may be beneficial, especially for currently less resourced settings in the area of Occupational Health and Safety. A possible interim approach may be developing evidence based 'Essential standards' for such less resourced settings, as has been employed for some aspects of the school environment, in 'Water, Sanitation and Hygiene Standards for Schools in Low-cost settings'[9].

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End of report 13th November 2012