Workers covered by OHS in Europe
(Source: Hämäläinen et al 2001, Rantanen 2002)
A MODEL FOR NATIONAL OH&S SYSTEM
(Rantanen 2000)

POLITICS

POLICY

LEGISLATION

National OH&S PROGRAMME

OH Center of Excellence

TRAINING & INFORMATION

RESEARCH

SUPPORT SERVICES

INSPECTION

OH & S FRONTLINE INFRASTRUCTURE

Social Partners
Minimum requirements at national level

1. Policy
2. Legislation
3. Competent authority (enforcement)
4. National programme
5. Services infrastructure
6. Human resources (multidisciplinary)
7. Information systems
8. Support and advisory services
9. Training
10. Tripartite collaboration and participation
Why basic occupational health services for all?

1. **Occupational health arguments:** 30 to 75 % of workers exposed to severe health hazards, all in need of OHS

2. **Public health reasons:** 50 - 60 % of population belong to workforce, largest target population for PH policies

3. **Socio-economic reasons:** Still enormous loss of work days and working capacity, high social security costs.

4. **Quality of life:** Quality and conditions of work are key elements of quality of life of people in any society.

5. **Sustainability:** Healthy and productive workforce constitutes a key factor for sustainable development and in poverty elimination

6. **Equity**
Core content of OHS

- Surveillance of **working conditions** for health and safety aspects at work
- **Assessment of risks** to health and safety, risk of overload and stress
- **Surveillance of health** of workers and identification of work-related and occupational diseases
- **Information of workers and management** on health hazards at work and on how to prevent them including advice on safe and healthful working practices
- Advice on **actions for preventive measures, control and risk management actions and for improvement of workers’ health**
- Organization and maintenance of **first aid readiness** at the workplace
Operational flow-scheme of the core BOHS activities

- Survey of hazards and workloads in the work environment
- Survey of health of workers
- Risk assessment
- Dg. of occupational diseases and provision of general health services
- Basic orientation to the workplace (OHS needs)
- Training and education on prevention of hazards
- Advice on prevention and control measures
- Information on observed hazards & needs
- Organization and maintenance of first aid and emergency services

Initiatives and actions for prevention & control

Worker

PRACTICAL MEASURES at the workplace

Work environment & work practices

ORGANIZATION

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Enterprises 65%
Employees 40%
OHS units 29%

Enterprises 2%
Employees 28%
OHS units 43%

Enterprises 4%
Employees 6%
OHS units 6%

Enterprises 29%
Employees 26%
OHS units 22%
# Assessment of different OHS-models

<table>
<thead>
<tr>
<th>Model</th>
<th>Typical field of application</th>
<th>Typical size of the client enterprise</th>
<th>Multi-disciplinarity</th>
<th>Spec. competence in OH</th>
<th>Impact capacity</th>
<th>Integration with safety services</th>
<th>Integration with general health services</th>
<th>Cost-effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In-plant service</td>
<td>One company</td>
<td>Large</td>
<td>+++</td>
<td>High</td>
<td>+++</td>
<td>+++</td>
<td>±</td>
<td>+++</td>
</tr>
<tr>
<td>2. Group service</td>
<td>Numerous enterprises with high variation of activities</td>
<td>SMEs</td>
<td>++</td>
<td>High</td>
<td>++</td>
<td>+</td>
<td>±</td>
<td>++</td>
</tr>
<tr>
<td>3. Trade service</td>
<td>Numerous enterprises with one or a few types of activities</td>
<td>All sizes</td>
<td>+++</td>
<td>High</td>
<td>+++</td>
<td>+++</td>
<td>±</td>
<td>+++</td>
</tr>
<tr>
<td>4. PHC-unit</td>
<td>Numerous enterprises with high variation of activities</td>
<td>SMEs</td>
<td>±</td>
<td>Not always high</td>
<td>+</td>
<td>±</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>5. Private phys.</td>
<td>One or a Few enterprises</td>
<td>Large or small</td>
<td>–</td>
<td>variation</td>
<td>+</td>
<td>±</td>
<td>–</td>
<td>+</td>
</tr>
</tbody>
</table>

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Good occupational health practice (GOHP)

- Professional competence, experience, multidisciplinarity
- Scientific evidence, prediction, risk assessment
- Needs analysis, client participation
- Infrastructure, resources, coverage, operability

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What has been done

- Launching the BOHS concept
- A number of model projects available: PAHO, SEARO, EU/PHARE, FIBELC, SALTSA
- ILO WISE and WIND models ISSA surveys
- Participating in the Global ILO/WHO/WHO Euro document preparation
- Conceptualization of indicators
- 30 Country profiles, a few local profiles
- Economic appraisal models
- BSN Network activity
- Actions toward EU / Bilbao, the Bretton Woods and other Development Banks
Conclusions

- Great variation in coverage, resources, content, organisation and financing
- 1/4 - 1/3 of workers in ICs and 2/3 in DCs exposed to traditional hazards
- New hazards and problems affect 50 - 70% of workforce
- Universal shortage of trained personnel
- Basic OHS the only realistic option as a starting point
- Financing by the employers and for certain target groups by the public sector
- With certain strategic choices it is not unrealistic to set and objective on BOHS for all by the year 2015
Joint Activities for BOHS

- Producing a joint ILO/WHO State of the art-document: Basic OHS
- Drawing up a Model National Programme (with options)
- Analysing situation in own country (indicators, profiles, models)
- Operationalising Primary Health Care model
- Training experts (ILO/WHO joint training courses)
- Disseminating information (GOVs, Social Partners, Branches etc. e.g. Fact Sheet)
- Carrying out OHS-relevant research (Health services research, economic appraisal)
- Participating in Regional Programmes (e.g. PHARE/TACIS, Bilbao, Fogarty, World Bank, Asian Development Bank etc.)
Recommendations

- Joint international ILO/WHO/ICOH Action (Target date 2015)
- ILO and WHO instruments into use (creative application)
- Regional programmes
- National model programme
- Minimum basic content for all as a starting point
- Several alternative services provision models
- Ensuring human resources (joint training, PHC training)
- Supported by intensive information campaign
Proposal

- Principles now
- Action plan as a joint activity
- Implementation completed by 2015
Comprehensive OHS&MWA Project at Dahlbo Co
(Source: Näsman and Ahonen 1999)

Input costs
300 000 FIM/Yr

Benefits: 10-fold

Reduction of sickness leave costs
200 000 FIM/Yr

Increased productivity
1,200 000 FIM/Yr

Reduction of work disability pension costs
1,600 000
Correlation between individual aspects of the working environment and productivity
(Source: Kuusela and Luonteri, 1995)