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WORLD HEALTH ORGANIZATION



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WORKERS' HEALTH IN THE REGION OF THE AMERICAS

Workers' health has been a matter of growing concern in many countries and international organizations, including PAHO/WHO, inasmuch as it plays an essential role in the economic and social development of the population and is a basic right that requires an efficient economy and sustainable environment.

Among its requests, Resolution CSP23.R14 of the 23rd Pan American Sanitary Conference (1990), on workers' health, urges the Member States to increase the development of different institutional workers' health care arrangements in order to promote the attainment of universal coverage, soliciting the support of PAHO in this endeavor.

The situation analysis determined that there are major economic and social inequities in the labor sector that have an impact on workers' health, as well as a significant institutional vacuum, particularly in health care for workers in the informal sector, who constitute more than half of the work force.

In light of these problems, PAHO has structured its actions around a comprehensive approach that is preventive, multisectoral, and participatory in nature, within the context of socioeconomic sectoral development. It has prepared the Regional Plan on Workers' Health, which sets out specific programming lines for country action and international cooperation, optimizing the use of resources to improve workers' health in the countries.

The Directing Council is requested to analyze the approach of PAHO cooperation from the standpoint of the technical, economic, and political feasibility of the Plan and to consider the role of PAHO and the countries in its implementation, offering observations on possible changes and improvements that could be made. It is also requested to consider Resolution (CE124.R9), submitted for approval by the 124th Executive Committee.

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Annex: Resolution CE124.R9

1. Introduction

The problems affecting workers' health have been a matter of growing concern in many countries and international organizations, including PAHO/WHO. In the 1990s, this concern has intensified, particularly after the recognition of the sustainable development model as a means for meeting basic needs, improving living conditions for all, offering better protection for ecosystems, and ensuring a safer, more prosperous future. Within this context, workers' health has been addressed directly or indirectly in international, regional, and national forums, and several institutions have taken action.

The Governing Bodies of PAHO have adopted specific mandates on workers' health. Resolution CSP23.R14 (1990) of the 23rd Pan American Sanitary Conference, among other things, urged the Member States to increase the development of different institutional workers' health care arrangements in order to promote the attainment of universal coverage. The United Nations Conference on Environment and Development (UNCED, 1992) noted the need for protecting health and safety in the workplace. The International Labor Organization (ILO) has incorporated the concept of sustainable development in its policies. The United Nations Development Program (UNDP) has affirmed the concept of human development, noting that the real objective of development should be to create an environment that enables human beings to enjoy long, healthy, and creative lives.

The Hemispheric activity that began with the Summit of the Americas (Miami, 1994) recognizes the importance of workers' health. The Declaration of Principles of the Summit states that free trade and greater economic integration are key factors for improving working conditions and protecting the environment. More recently, WHO adopted Resolution WHA49.12 (1996), endorsing the World Strategy on Occupational Health for All. The Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002, include the priorities in workers' health for regional action. The XIII Meeting of the Health Commission of the Latin American Parliament (São Paulo, 1998) dealt specifically with the topic of workers' health. In a recent declaration, the Secretary General of the United Nations emphasized that ensuring safe and healthy work environments was a key consideration in all decisions on investment and production. He also emphasized the role of the United Nations system in developing standards, conducting research, providing technical assistance, and increasing the level of public awareness. At the same time, the countries are making efforts to draft and execute national workers' health plans that address current needs.

PAHO, as the regional agency for health in the Americas, promotes prevention measures to protect public health, advocating the inclusion of health considerations in policy-making, increasing awareness in the public sector and among international

agencies, private enterprises, and the public about workers' health problems, and promoting any other changes in policy and practice, as well as behavior, that will have a positive impact on health.

In light of the above considerations, PAHO has analyzed the workers' health situation in the countries of the Region and has found major inequities. For example, the working-age population (WAP) (the population aged 15 to 64) in Latin America and the Caribbean has been estimated at 300 million for 1996, and the economically active population (EAP) at 201 million. Some 55% of this latter population are employed in the informal sector and 10% are farmers. Only 30% of the working population in the formal sector of nine countries of the Region receive health care, mainly through Social Security. Concerning wages, some 20% to 40% of the employed population has an income that does not cover the basic market basket. Moreover, women receive lower wages than men for equal work. Working children run additional risks in the workplace, due to their biology and social situation.

Bearing in mind the mandates of the Governing Bodies and the current situation, which involves countless actors with limited and sometimes isolated objectives; the deficiencies in workers' health care, which reflect a significant institutional vacuum at the national and international; and the trends toward change, PAHO has designed an approach to workers' health care that is comprehensive, preventive, proactive, participatory, and coordinated—an approach that will contribute efficiently to an improvement in the current situation and is expressed in the Regional Plan on Workers' Health.

This document was considered by the 32nd Subcommittee on Planning and Programming and by the 124th Executive Committee. Both bodies expressed their support for the Plan and its preventive, comprehensive approach to address workers' health. They also focused on the principal inequities, especially those related to wages, the situation of working women and children, and the need to provide appropriate services for the informal sector and small producers and entrepreneurs, underscoring the importance of research, human resources, and the enforcement of labor laws.

The current situation and the impact of trends on the health and well-being of the working population are analyzed in greater detail below.

2. Current Situation and Impact of the Trends

2.1 *Composition of the Work Force and Work Profiles*

Estimates for 1996 put the population of the Region of the Americas at 781 million. Of this, the estimated EAP* was 351 million—that is, 44.9% of the total population, with 201 million (57.3%) corresponding to Latin America and the Caribbean and 150 million (42.7%) to the United States of America and Canada. The EAP will continue to grow in Latin America and the Caribbean, reaching an estimated 270 million by the year 2025 (a 34% increase).

Since mid-century, at different rates and to differing degrees, the countries of the Region have shifted from primary agricultural and extractive economies to relatively industrialized economies with trade and service activities, a shift that has modified work profiles. The developing countries are thus dealing with growing stratification, both between and within countries, marked by an increasingly differentiated work force. The composition of this work force ranges from the employees of the multinational corporations to workers in the informal sector who barely eke out a living, a situation that accentuates the existing social and health inequities.

In Latin America policies to promote labor flexibility in commercial enterprises, facilitated by reforms in the labor laws and in hiring regulations, have affected job stability, the work day, shifts, vacation time, and wages.

ECLAC estimates that the percentage of the population employed in the informal sector out of total nonagricultural employment in Latin America increased from 51.6% in 1990 to more than 56.7% in 1996, with the figure ranging from 38% to 64% among the countries. The new employment generated is largely inadequate. Eighty-five out of every 100 new jobs are in the informal sector. Moreover, contracting out of services and the informalization of the employment structure are seriously undermining the quality of jobs and equity in terms of access to services and the social distribution of wealth.

Employment in the informal sector is growing chiefly among traditional economic activities, consisting of small businesses (sometimes linked with medium-sized and large companies) and independent occupations that generally entail higher risks and more unstable working conditions. Added to the biopsychosocial risk factors for workers in the informal sector are the conditions of personal insecurity to which they are exposed on the

* The EAP includes people working in the production of goods and services during a specific period of time (ILO definition). It does not include workers under 15 years of age or older adults.

street and in the home. Work in the informal sector, moreover, exposes family members who directly or indirectly employed in the sector to occupational risks.

With regard to wages, it is estimated that some 20% to 40% of the employed population in Latin America receives a income lower than the minimum necessary to cover the basic market basket of goods and services. The drop in real household income as a result of the decline in the purchasing power of wages, added to inflation, open unemployment, and other factors, obliges many women and children to accept low-paying jobs that are often unstable and unsafe. Indigenous workers in the Andean Area typically earn less than other workers in the same economies.

It was estimated that 56 million women would join the work force by 1995. Women's participation in the work force rose from a rate 37% to 45% between the 1980s and mid-1990s, while men's participation held steady at 78% to 79%. Women generally work in more precarious conditions than men and receive only 71% of the wages that men receive. Also, women usually carry a double burden (paid work, plus housework), which exposes them to greater health risks.

Some 15 million children work in Latin America. One out of every five people under the age of 18 is employed, half of them between the ages of 6 and 14. In the United States the number of child workers is estimated at 4 million. In addition to the usual problems connected with poverty, malnutrition, anemia, and fatigue, children who work run the risks associated with unsafe and unsanitary conditions in the workplace.

2.2 Risk Profiles

Technology development has produced major transformations in the traditional forms of production, resulting in new and varied forms of hazards in the workplace. A study by Leigh, et al., demonstrates the importance of occupation as a risk factor in mortality and potential disability-adjusted life years. The study concludes that in 1990, some of the principal risk factors for mortality in Latin America and the Caribbean—occupational risks—rank seventh in terms of years of life with disability and fourth in terms of years of potential life lost (Figure 1).

In its recent publication, *Health, Environment, and Sustainable Development: Five Years After the Earth Summit*, WHO calls attention to exposure to risk factors in the workplace, highlighting among the principal risk factors physical overload and ergonomic risks, which affect 30% of the work force in the developed countries and from 50% to 70% in the developing countries; biohazards (more than 200 agents); physical hazards (which affect 80% of the work force in the developing and newly industrialized countries); and chemical hazards (more than 100,000 different substances used in the

majority of economic activities; these include teratogenic or mutagenic chemical substances, which are particularly harmful to maternal health and workers' reproductive health).

Social conditions and psychological stress are increasingly identified as occupational risk factors, affecting virtually the entire economically active population. The differential risks to which workers are exposed imply major inequities that disproportionately endanger the health of the poorest and most vulnerable population groups, since these are the people who hold down the riskiest, lowest-paying jobs with the least monitoring.

2.3 *Profiles of Morbidity and Mortality*

The social conditions of work, risks, growing social inequities, and other similar factors make the working population more susceptible to disease, more vulnerable to accidents, and more subject to burnout and physical exhaustion.

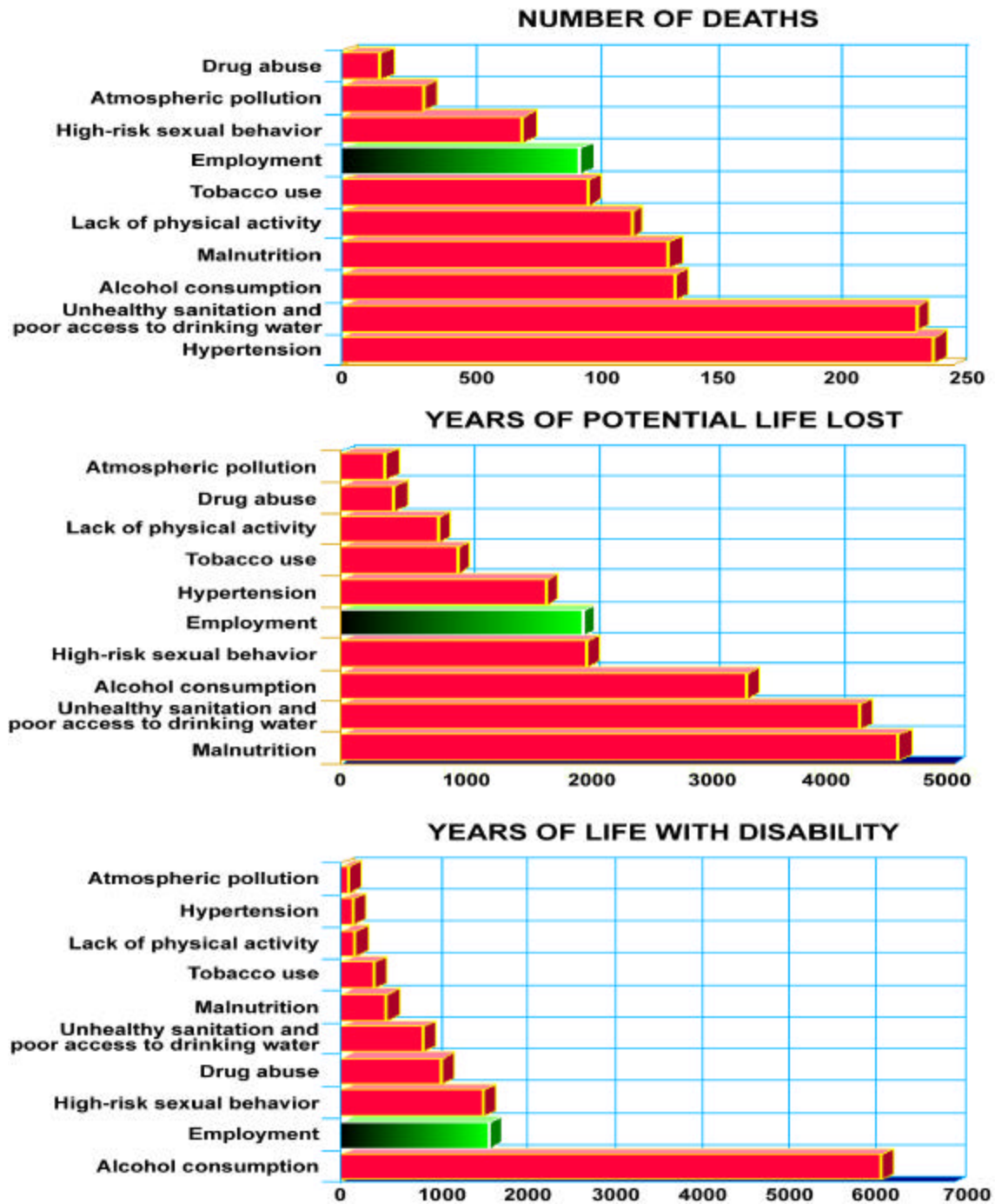
The impact of these multiple factors on workers' health gives rise to an epidemiological profile characterized by the problems typical of the traditional occupational pathologies (occupational hearing loss, acute pesticide and heavy metals poisoning, skin and respiratory diseases), side by side with others recently associated with the workplace (cancer, occupational asthma, occupational stress, cardiovascular and musculoskeletal diseases, immunological conditions, and diseases of the nervous system). Also important are reemerging diseases (dengue, leptospirosis, malaria, and tuberculosis). Improvements in the diagnosis, registration, and reporting of occupational morbidity and mortality will make it possible to describe the magnitude and nature of the problem.

The International Labour Organization (ILO) has estimated that 36 occupational accidents occur every minute in Latin America and the Caribbean, and that approximately 300 workers die each day as a result of these accidents. It also notes that nearly 5 million accidents occur annually, and that of these, 90,000 are fatal.

With regard to occupational diseases, WHO estimates that barely 1% to 5% of cases are reported in Latin America and the Caribbean, since only cases resulting in disability subject to indemnification are recorded. The traditional occupational diseases most reported in Latin American and the Caribbean are occupational hearing loss, acute pesticide and heavy metals poisoning, skin diseases, and respiratory diseases.

Leigh's studies on occupational mortality and morbidity in the United States estimate that roughly 2% to 8% of all cancers are of occupational origin and that 10% to 30% of all types of lung cancer in men can be attributed to occupational exposure. In addition, some 5% to 10% of morbidity from cancer, cardiovascular, cerebrovascular, and

Figure 1*



* Ref. Leigh J. et al. Occupational Hazards. In: Murray, C.J.L., López, A.D., eds. Quantifying global health risks: The burden of disease attributable to select risk factors. Cambridge, Massachusetts: Harvard University Press; 1996

chronic obstructive pulmonary diseases in workers aged 25 to 64 are work-related. In Latin America and the Caribbean, chronic work-related diseases (such as cancer, cardiovascular and musculoskeletal diseases, and neurobehavioral disorders) are not registered as such.

2.4 *Cost of Accidents and Occupational Diseases*

The available information on the cost of occupational accidents and occupational diseases usually comes from Social Security and includes the cost of health care and pensions for disabilities or death. The cost of occupational injuries and diseases in the sectors not covered by Social Security is not known; this burden falls on workers and their families and increases demand in the health services.

In Costa Rica, where the National Insurance Institute alone is responsible for managing occupational risks and covers 56% of the country's work force and 84.3% of the salaried population, the direct cost (care and indemnification for occupational injuries and diseases) and the administrative cost for 1995 was US\$ 50 million. This amounts to nearly 0.6% of the gross domestic product (GDP), not counting the indirect costs or the costs for the workers not covered.

Estimates in Bolivia and Panama for 1995 yield figures of 9.8% and 11% of GDP, respectively, for occupational injuries and diseases. The ILO estimates the cost of occupational accidents at as much as 10% of the GDP of the developing countries and has calculated that if the countries reduced this figure by half, they could pay their foreign debt. In the United States it was estimated that in 1992 the direct cost (\$65,000 million) plus the indirect cost amounted to \$171,000 million, with the cost of occupational accidents \$145,000 million and the cost of occupational diseases \$26,000 million. These latter two figures are considered to be underestimated.

3. *Regional Plan on Workers' Health*

3.1 *Implementation of the Plan*

The basic principles of PAHO technical cooperation in workers' health are Pan Americanism and equity. Technical cooperation responds to the mandates of the Governing Bodies of PAHO and, in particular, to the strategic and programmatic orientations (SPO) on workers' health. It is consistent with the recommendations of UNCED, the objectives and agreements of the ILO, and the commitments of the Summits of the Americas and other international organizations.

Concerning the situation of workers' health, PAHO has taken the initiative to fill the enormous gap that currently exists and promote the adoption of a comprehensive approach grounded in the basic principles that guide the action of the Organization, through the Regional Plan on Workers' Health.

The Plan emphasizes the need for national leadership and the important role that the international, regional, and subregional organizations, as well as other institutions, play in the application of a common approach to carry out synchronized interventions and optimize the available resources on behalf of the countries. Also required are the cooperation and participation of employers and workers alike, who with their actions must help to ensure health, safety, and well-being. Groups of experts, individuals from various sectors and disciplines, and the majority of the countries of the Region were involved in the preparation of the Plan. It has also benefited from the conclusions and recommendations of national and international forums, as well as the national plans for workers' health.

The Plan is conceived as a frame of reference for the countries for the preparation of plans, policies, and programs geared to improving working conditions and worker's health. It is also designed to promote and orient international cooperation, as well as horizontal cooperation among countries, agencies, and institutions, both national and international. Furthermore, given the changing situation in the countries and the Region, the Plan is a dynamic and flexible instrument that can be adapted to new situations and trends.

The success of the Plan at the country level depends on the leadership and initiatives of the national government and civil society. Of particular importance is the role of the Ministry of Health in sectoral, intersectoral, and interinstitutional action to ensure that the countries act together with a common purpose to improve workers' health and to determine the areas of international cooperation in which this type of support can be most effective for the country. Some of the specific activities suggested for the national governments are: the establishment of intersectoral coordination; the prioritization, regulation, and surveillance of occupational problems; the development and implementation of national policies, laws, and standards for programs in health promotion, disease prevention, care, and rehabilitation directed toward workers. The governments should develop the capacity of workers as a community to understand the link between working conditions and health, developing the capacity of local authorities, promoting community participation, and supporting local initiatives.

As resources permit and using the functional approaches of the cooperation strategy, PAHO will continue to provide cooperation to the countries to strengthen national capacity in the field of workers' health, especially to implement aspects of the Plan for national application. In particular, the Organization will promote and give priority to (1) the mobilization of human,

financial, and material resources; (2) the participation and collaboration of international organizations and other external actors in Plan activities; (3) regional and subregional information systems on workers' health in the countries; (4) strengthening of institutional networks in scientific, technical, and policy areas, promoting applied research, together with comprehensive training; (5) the development of policies, plans, and standards; (6) the participation and collaboration of international organizations and other external actors in Plan activities; and (7) interprogrammatic and interdivisional cooperation within PAHO, as well as horizontal cooperation among countries, employing a regional and subregional approach.

In addition, every four years, PAHO will report to the Governing Bodies of the Organization on its cooperation activities under the Plan and on workers' health conditions in the Region for inclusion in the publication, *Health in the Americas*.

3.2. Program Areas: Results and Activities

The Plan presents objectives, strategies, and lines of action within the following four program areas in order to consolidate the preventive approach:

- *Program area No. 1: Quality of Work Environments.* The principal approach for improving the quality of the work environment is primary prevention. This requires strengthening the countries' capacity to anticipate, identify, evaluate, control, and eliminate risks in the environments in which workers labor and live. Secondary prevention activities related to the early detection of adverse environmental impacts and tertiary prevention activities linked with physical and social rehabilitation are also considered important.

- *Program area No. 2: Policies and Legislation on the Regulatory Policy Framework.* Action in this area implies strengthening the countries' capacity to set policy and draft legislation on workers' health through ongoing situation analysis, within the context of sectoral reform, integration, and globalization; strengthening the capacity to develop legal instruments to support technical surveillance standards; integrating this work area into the national health, social security, and labor plans, and the national development plans, as well as consideration of these plans in the regional and subregional development processes.

- *Program area No. 3: Promotion of Workers' Health.* This implies promoting the adoption of a positive work culture in the countries, including implementation of the health promotion strategy, using a healthy workplaces approach to the work environment; emphasis on positive aspects of work and the personal growth and development of workers to promote individual and community action by improving the physical, psychosocial, economic, and organizational work environment. This should be carried out in coordination with activities to

promote primary environmental care, healthy municipios, and other similar initiatives to create healthy spaces.

– *Program area No. 4: Comprehensive Workers' Health Services.* This area includes strengthening the countries' capacity to expand the coverage and access of workers to comprehensive health services that include health promotion, disease prevention, care, and physical and social rehabilitation. Comprehensive health services based on the primary health care strategy should be integrated or coordinated with the national and local health systems and implemented by multidisciplinary teams.

The expected results and the activities to achieve them are summarized in the table below:

**Regional Plan on Workers' Health
Program Areas: Results and Activities**

Area 1: Quality of the Work Environment

| Actions | Key Activities | Expected Results |
|---|---|--|
| 1. Sensitize and train employers and workers in risk prevention and control | <ul style="list-style-type: none"> • Create multipartite groups • Develop capacity for research, education, and mass communication • Conduct research on the quality of the work environment, perceived needs, and psychosocial profiles of workers, employers, and countries • Process this information and sensitize employers, business groups, government officials, and political and labor leaders • Prepare training materials, operational strategies, and training methodologies for the different levels • Prepare financial projects • Implement intervention models • Design healthy ways of organizing work | <ul style="list-style-type: none"> • Networks for risk prevention in place • Human resources sensitized and informed • Information available on research, programs, and appropriate training methods • Motivation to design and promote quality in work environments • Greater capacity for research, education, and mass communication |
| 2. Improve surveillance and documentation systems | <ul style="list-style-type: none"> • Prepare national situational diagnoses of surveillance systems in occupational safety and health • Develop simple, practical proposals for notification, registry, and surveillance systems in workers' health (as part of national, local, sectoral, and commercial/industrial surveillance systems) • Design protocols for research on risks/harm; identify and prioritize sentinel indicators and warning systems. Promote the use of inspections and simple, practical, and effective intervention methods • Promote the creation of joint occupational health and safety committees for investigations in the workplace | <ul style="list-style-type: none"> • Access to information on the status of surveillance systems • Improved notification systems • Implementation of simple, practical solutions • All pertinent actors are directly involved |
| 3. Develop information systems | <ul style="list-style-type: none"> • Develop documentation networks and databases • Promote the systematization, feedback, and dissemination of information on experiences at all levels • Create and maintain an online discussion group on workers' health in the Region • Maintain an up-to-date Website on workers' health, with CEPIS as headquarters • Maintain a directory of institutions, specialists, and other actors involved in workers health in the countries of the Region | <ul style="list-style-type: none"> • Information systems in place to report, register, monitor, and control the risks to workers' health • Systems in place to systematize and disseminate the available information • Effective interactive networks developed |
| 4. Strengthen academic and applied research programs | <ul style="list-style-type: none"> • Improve education in the basic disciplines at all levels to identify and control risks • Train specialists in clean and safe technologies to advise companies • Strengthen technical and institutional capacity in occupational safety and health | <ul style="list-style-type: none"> • Human resources sensitized and equipped with the relevant skills to improve or develop quality in work environments |
| 5. Promote and support risk control initiatives | <ul style="list-style-type: none"> • Identify, evaluate, and disseminate information on appropriate clean technologies for the prevention and control of risks in enterprises and workplaces • Develop intervention models that attach special importance to comprehensive systems for risk control • Develop and strengthen a national and regional network of databases on accessible, appropriate, and clean technologies for risk prevention and control in the workplace, to promote the use of these technologies • Adopt and apply standards that promote the use of clean, safe technologies | <ul style="list-style-type: none"> • Appropriate clean technology to guarantee the risk prevention and control in the workplace • Establishment of a communication and information system |
| 6. Promote study and research protocols | <ul style="list-style-type: none"> • Design protocols for research on risks/harm to identify and prioritize sentinel systems and indicators and warning systems | <ul style="list-style-type: none"> • Capacity to move forward with and continue current research on preventive measures and interventions |

Area 2: Policies and Legislation on the Regulatory Policy Framework

| Actions | Key Activities | Expected Results |
|--|---|---|
| 1. Increase awareness | <ul style="list-style-type: none"> • Develop and implement a communication and information strategy related to regulatory policies and programs • Get the media involved • Train trainers/facilitators | <ul style="list-style-type: none"> • Increased public awareness about the importance of occupational health • Workers' health is part of the political agenda • Group of personnel trained to sensitize workers and political and social leaders |
| 2. Integrate worker's health into regional and subregional national plans and policies | <ul style="list-style-type: none"> • Identify policy lines with respect to the living and working conditions of the economically active population • In a concerted manner, advise and assist the entities responsible for developing national policies and legislation • Conduct diagnoses of policies and legislation that explore the individual and collective rights of workers • Calculate the cost of the harm to the workforce and environment produced by work processes • Incorporate national workers' health plans into the national health plans and other development plans • Develop regional and subregional initiatives, within the contexts of integration, shared markets, trade blocs, and globalization • Promote the adoption and application of international work standards (ILO Agreements), as well as agreements on environmental quality | <ul style="list-style-type: none"> • Creation of a better regulated work environment • Greater cohesiveness among key social actors • Regional Plan on Workers' Health incorporated in the national, subregional, and regional plans, within the context of the new socioeconomic and political developments |
| 3. Introduce or update the legislation and strengthen research capacity | <ul style="list-style-type: none"> • Draft and apply laws, regulations, and technical standards on workers' health • Develop, promote, and disseminate instruments for standardization and implementation • Promote the establishment of the Standing Commission on Workers' Health, organized by subregion • Form national commissions on workers' health • Develop instruments and indicators for drafting policies and legislation • Put the topic on the agenda of all forums on globalization and economic integration • Strengthen regional and subregional parliaments devoted to specific areas of discussion and intervention • Establish entities for consensus-building among the representatives of workers, entrepreneurs, and the State; these entities should have decision-making capacity | <ul style="list-style-type: none"> • Harmonization of the legal framework and social security instruments in matters of occupational safety and health • Relevant commissions set up to move forward with the regulatory framework • Agreements on policies and legislation governing workers' health among workers, employers, and the State, and their application • Information on current research on vulnerable populations, the impact of accidents and illness, and the consequent need for relevant legislative action. • Higher levels of awareness |

Area 3: Promotion of Workers' Health

| Actions | Key Activities | Expected Results |
|---|---|---|
| 1. Develop and implement healthy enterprises, centers, and work stations initiatives in multiple work sites | <ul style="list-style-type: none"> • Increase worker and community awareness about worker's health and its links with the quality of life • Promote worker and community participation in the identification, evaluation, and control of risks, and in the control of the organization of work • Systematize and disseminate information on healthy and safe practices, based on the knowledge generated by worker and community participation • Mobilize educational and communication technologies • Prepare guides and manuals • Develop instruments to evaluate working conditions and the work environment • Promote the creation of workers' health committees and other forms of intervention in workers' organizations • Train workers' organizations to identify, evaluate, control, and apply techniques to improve working conditions and the work environment • Develop socioeconomic surveys geared toward workers and the community • Promote the validation, consensus, and protagonism of workers and the community in the solution of their problems | <ul style="list-style-type: none"> • Higher levels of awareness, a sense of empowerment, and a more informed approach to matters related to workers' health • Commitment to promote and implement healthy workplace initiatives • Strengthening of workers' activities to improve working conditions and the home and work environment • Development of relevant tools to promote workers' health |
| 2. Create the network of healthy enterprises, centers, and work stations | <ul style="list-style-type: none"> • Create and integrate the network of healthy enterprises, centers, and work stations into the existing world network | <ul style="list-style-type: none"> • Capacity to share information, standards, and resources • Joint commissions set up to find practical solutions |
| 3. Integrate the concept of healthy enterprises, centers, and work stations into existing systems and institutions | <ul style="list-style-type: none"> • Disseminate indicators of the social and economic costs of [damage] to workers health to enterprises in the commercial sector • Conduct public awareness campaigns about workers' health to enlist the effective participation of employers • Develop and implement technical assistance programs to adapt workplaces to international standards of quality • Develop and implement programs to strengthen managerial capacity, using the healthy enterprises, centers, and work stations approach, to reduce risks (which includes stress management) and absenteeism and modify the organization of work • Strengthen the technical capacity of human resources in methodologies for advocacy and negotiation with the commercial sector. • Prepare facilitators to help business owners reincorporate disabled workers into the work force. | <ul style="list-style-type: none"> • Workplaces equipped to promote workers' health through increased knowledge, skills, and capacity • Employers and their companies will be aware of and trained in the prevention and control of occupational risks and their importance for productivity. |
| 4. Seek the commitment and active support of all key social actors and decision-makers; raise awareness and promote community education | <ul style="list-style-type: none"> • Develop instruments for information dissemination and training, utilizing specialized groups in the countries. • Train human resources for these groups and develop the basic design for the respective instruments • Develop and implement communication strategies to promote workers' health among workers and the community | <ul style="list-style-type: none"> • Increase awareness among decision-makers, politicians, and business executives, and mold public opinion to create understanding about the social and economic importance of workers' health |
| 5. Provide training for all the pertinent social actors and decision-makers | <ul style="list-style-type: none"> • Include workers' health at the various educational and training levels, both formal and nonformal • Train the instructors of the direct educators and convince decision-makers to adjust educational policy in the countries • Produce suitable instructional materials on workers' health for the different levels | <ul style="list-style-type: none"> • Aspects of workers' health included in all levels of education • Greater awareness and capacity to promote workers' health |

Area 4: Comprehensive Workers' Health Services

| Actions | Key Activities | Expected Results |
|--|--|---|
| 1. Integrate workers' health services into primary care services | <ul style="list-style-type: none"> • Develop the frame of reference for primary care in workers' health • Encourage health institutions (public and private) to establish standards and procedures that facilitate care for workers at the different levels of the health system and foster health promotion and rehabilitation • Incorporate comprehensive workers' health services in the network of health services delivery and incorporate appropriate technologies according to the level of care. • Guarantee the programmatic and financial autonomy of the services • Develop and promote the use of low-cost, preventive methods and technologies | <ul style="list-style-type: none"> • Institutionalization of an integrated, comprehensive health care system for all workers • Incorporation of the comprehensive workers' health systems at the primary care (PHC) level of the existing health systems (Ministry of Health, SS), with universal coverage and full access for workers • Comprehensive workers' health systems involving the participation of workers and employers within enterprises |
| 2. Provide training in the relevant disciplines | <ul style="list-style-type: none"> • Include training in workers' health in the curriculum models or plans for the health professions (undergraduate and graduate programs), emphasizing public health and epidemiology • Include basic programs on the link between productive processes, work, and health in the training of other disciplines • Strengthen continuing education for health workers in areas related to workers' health | <ul style="list-style-type: none"> • The specialized services of public and/or private health enterprises and the public health system will have the necessary human and technology resources |
| 3. Create collaborating networks | <ul style="list-style-type: none"> • Seek opportunities for consensus-building between employers and workers • Develop mechanisms to promote the participation of workers and employers and establish health services at work sites (Agreement 161, ILO) • Set up regional and international networks to furnish support to workers' health services • Utilize existing centers and facilities • Develop mechanisms to return disabled workers to the workforce | <ul style="list-style-type: none"> • Greater consensus • Greater capacity for cooperative work and collaboration through networks |



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



124th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., 21-25 June 1999

CD41/15 (Eng.)
Annex

RESOLUTION

CE124.R9

WORKERS' HEALTH

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the report on workers' health in the Region of the Americas (Document CE124/18),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having seen the Director's report on workers' health in the Region of the Americas (Document CD41/15);

Recalling the specific mandates of the Governing Bodies of PAHO on workers' health, especially Resolution CSP23.R14 of the 23rd Pan American Sanitary Conference (1990), in which the Conference urges the Member States to increase the development of different institutional workers' health care arrangements in order to promote the attainment of universal coverage;

Considering that Resolution WHA49.12 of the World Health Assembly endorses the WHO Global Strategy on Occupational Health for All, clearly defines the principal objectives of action, and requests the Director-General of WHO to invite the

organizations of the United Nations system, particularly the International Labor Organization, and nongovernmental and national organizations, to cooperate with WHO in this area;

Aware of the existence of major social, economic, and sanitary inequities that affect workers' health, especially in the informal sector; and

Recognizing that workers' health and healthy work environments are essential for attaining the individual and community health and well-being fundamental to the sustainable development of the Member States,

RESOLVES:

1. To urge Member States to include in their national health plans, as appropriate, the Regional Plan on Workers' Health contained in Document CD41/15, which proposes specific programmatic lines for the action of the Member States and international cooperation.
2. To urge the ministers of health to take the initiative to promote cooperation among the national actors involved in the field of workers' health and related areas in order to define and act together in the pursuit of common objectives that will be incorporated into national workers' health plans, national health plans, and development plans, and that will orient international cooperation.
3. To urge the international organizations and bilateral agencies, as well as nongovernmental organizations, to provide technical and financial support to the Member States and cooperate in the execution of activities, adopting the integrated approach proposed in the Regional Plan.
4. To request that the Director:
 - (a) promote and support the dissemination and implementation of the integrated approach to action proposed in the Regional Plan on Workers' Health;
 - (b) pay special attention to forging institutional partnerships at the national and international level, including the mobilization of extrabudgetary resources to carry out intersectoral activities that will facilitate the development and consolidation of prevention activities, within the framework of an integrated preventive approach;
 - (c) continue to support the ministers of health in their efforts to improve workers' health;

- (d) continue to promote and support the development of the network of PAHO/WHO Collaborating Centers and scientific institutions, so that they contribute to the development of technical, scientific, and administrative capacity in the institutions and programs operating in the field of workers' health;
- (e) promote and support cooperation among countries in the field of workers' health, particularly operations research on human resources development.

(Adopted at the seventh meeting, 24 June 1999)