

Healthy Life – Healthy Work

Partnership for health and safety

NDPHS Strategy on Health at Work

Adopted at the Partnership Annual Conference
16 November 2007, Vilnius, Lithuania

Introduction

The wealth in the Northern Dimension Partnership region as elsewhere is based on human work. The workforce of the Northern Dimension area (13 countries) covers a total of close to 125 million working people. The working-aged population (15–74 years) covers an even larger share of the whole population (e.g. full-time and part-time workers, home-based work, migrant workers, young people, handicapped, distance work, unpaid work, informal and unregistered work). The smooth integration of all groups, including ageing and young people, into the labour force is crucial for every country.

A healthy working-aged population with adequate social protection is the most critical factor behind the social and economic development of enterprises, communities and nations.

The Northern Dimension Partnership in Public Health and Social Well-being and the Baltic Sea Network on Occupational Health and Safety (BSN) are valuable channels for promoting and implementing a systematic approach to preventive and pro-active occupational safety and health systems in the area. NDPHS has – through its Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA) – reviewed the situation in selected sub-regions of the NDPHS area and found major differences in health status, working conditions and access to health services.

Conditions of work and the labour market status of working-aged people are important social determinants of health, work ability and thereby productivity. If not optimized, they contribute to significant health inequities within the working-aged population, between the regions and countries, as well as within the countries. This is not in line with the objectives of the Partnership, and it is counterproductive to the sustainable and productive development of the individual countries and the Region as a whole.

The Partnership Annual Conference notes that

- work and health are closely inter-related and have a profound multi-factorial impact on individuals as well as on the development of work life in general;
- all adverse health effects and injuries caused by work are in principle preventable;
- in all countries of the Partnership health and safety at work require a systematic approach and strong leadership by the Governments in the development of work life, working conditions, workers' health, safety and well-being, as well as work organizations;
- great variations in working conditions, in the health of the workers, and variation in access to preventive and health promotive occupational health services in the countries of the Partnership are a root cause for major inequities in health within and between countries;
- the *WHO Global Plan of Action on Workers' Health 2008–2017*, the *ILO Global Strategy on Occupational Safety and Health (2003–)* and the *Convention No. 187*, the *European Strat-*

egy for Safety and Health at Work 2007–2012, the new EU Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013' (adopted on 23 October 2007), as well as the new EU *Second Programme of Community action in the field of Health 2008–2013* offer fruitful policy base for further development of joint actions and for the selection of priorities for activities in the NDPHS region;

- the so far underserved workplaces and workers need basic occupational health services to ensure health and safety at the workplaces, which provide the basic conditions for high productivity;
- public health and occupational health are closely related and need to be developed in parallel;
- the improvement of workers' health is also strongly related to lifestyle issues, such as nutrition, smoking, alcohol consumption, physical exercise, etc. The workplace can be successfully used as an effective arena for health promotion activities for adult citizens.

The Partnership Annual Conference resolves that:

- the multifaceted interactions of work and health imply that health should be integrated in all policies in the Partnership;
- the various strategies and instruments on occupational health and safety of WHO and ILO, as well as of the EU for the EU member countries, are to be implemented as effectively as possible also within the relevant forthcoming activities of the Partnership;
- the principles of the ILO Convention No. 187 on Promotional Framework are to be adopted in all countries in the Northern Dimension area and must be implemented in full to provide tools for further development of their work lives;
- diminishing the inequity in health between and within countries of the Partnership will be actively and jointly strived for;
- countries aim at joint activities in the field of workplace health promotion in order to reduce the prevalence of communicable and non-communicable diseases;
- allocating sufficient resources to various project activities and to the further development of occupational health service systems in the Partner Countries is needed;
- a closer collaboration between primary health care and occupational health services needs to be established and developed in every country, not forgetting the need for competence and capacity building.

Additional information is available in the attached Background Document (Annex 1).

Actions

This Strategy is based on to the *Political Declaration on the Northern Dimension Policy*, the *Northern Dimension Policy Framework Document*, both endorsed at the Northern Dimension Summit in November 2006, and on the priorities of the Northern Dimension Partnership on Health and Social Well-being (NDPHS): "ensuring good social and work environments, and preventing lifestyle-related non-communicable diseases using workplace as an effective arena for this activity."

The activities of this Strategy bring added value to each country individually and the Region as a whole. This Strategy enhances the regional and sub-regional collaboration and provides a platform for the development of cooperation and collaboration also at the national level among the relevant ministries and institutions. The actions proposed provide concrete and pragmatic activities with the objective to achieve tangible results.

The Partnership Annual Conference recommends taking the following actions in 2008–2011:

Policies and programmes

1. Each Partner Country, whenever feasible, to draw up a national occupational safety and health profile according to the guidance provided by the ILO as the basis for the national

programme on occupational health and safety. Such profiles should be used for the identification of the most urgent needs for action and for the follow-up of the progress made.

2. Each Partner Country, whenever feasible, to draw up a national policy and programme for the development of work life, health and safety at work and the development of working conditions conducive to health and well-being, as described in the ILO Convention No. 187. This task is recommended to be carried out in collaboration with other relevant ministries and stakeholders.
3. Each Partner Country, whenever feasible, to prepare a special national programme for the development of occupational health services for all working people. Where appropriate, the Basic Occupational Health Services approach is used for providing services particularly to the currently underserved groups in the formal and informal employment sectors.

Specific actions

4. Special joint and national actions to be instituted for the elimination of the most dangerous hazards at work in the sectors and branches of economy at highest risk, by utilizing successful experiences from the Partner Countries and by sharing information, knowledge and good practices in such preventive work.
5. The Partner Countries to organize audits of occupational health and safety. The nature of the audits should be informational and they should promote learning rather than resemble inspections. Sharing the results of the audits will be used for learning from the partners.
6. Partner Countries may organize specifically targeted actions for the management of special occupational health and safety problems recognized as priority issues for a part or for the whole Region, such as the improvement of occupational health and safety in the transport sector.

Capacity building

7. Partner Countries to organize region-wide joint seminars, courses and symposia for sharing experiences and for training experts working in authorities and in services in the field of health and safety.

Information

8. Organized efforts for sharing information through the web to be enhanced by utilizing the existing information systems, such as the NDPHS Database, the Baltic Sea Network on Occupational Health and Safety, various newsletters and other media. Existing networks will be used for effective sharing of good practices. Simultaneously, the establishment of national and sectoral networks is encouraged to support the effective implementation of activities.

The Partner Countries to organize joint information campaigns for awareness raising among the public at large and among the interested parties in particular on the importance of occupational health and safety for the development of the Region. For this purpose, the information support of the ILO, WHO and the European Agency for Safety and Health at Work should be fully utilized.

Partnership to organize study tours for decision-makers, authorities and experts of individual countries to share experiences and learn from the neighbours.

Follow-up and evaluation

9. SIHLWA Expert Group to follow-up the implementation of the Strategy. An overall review of the implementation of the Strategy to be done by the end of 2011.

Healthy Life – Healthy Work

Background document

Health and safety at work – A basic human right

The working population constitutes a valuable resource of every nation, community and enterprise. A healthy workforce employed in safe working conditions is motivated, productive and an asset in the global competition. The provision of safe and healthy work requires a national programme, necessary infrastructures, competent staff, a preventive approach, and the creation of a safety culture. Occupational health and public health policies should provide mechanisms and support for citizens to acquire the necessary knowledge and competences to enable them to act effectively in the interests of their own health and that of their families and communities, both in their everyday lives **at work and in leisure time** as well as when they are using the occupational and public healthcare system. It is beneficial to integrate actions in public health with actions on employment, social protection and safety and health at work, and strengthen mechanisms for information exchange and cooperation.

Among the countries in the Northern Dimension Partnership Region great variations in working conditions and, in some areas, lack of or insufficient access to preventive occupational health services are important sources of enormous inequities in health. Large differences in basic safety and health approaches and regulatory policies may cause transfer of hazardous operations and dumping of hazardous chemicals and machinery, they may result in unfair competition, and infringement of the human rights of working people.

It is morally unacceptable that citizens in the NDPHS Partner Countries have different levels of occupational health and safety, and thus discrepancies in the realization of basic human rights.

Health and safety at work – A crucial issue also for competitive edge

The new EU Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013' and its second principle **"Health is the greatest wealth"** points out that the impact of illness on the economy is huge. Poor health is an important factor in early retirement and worker absenteeism. People who continue to work despite health problems are also likely to be less productive than healthy people.

The health of the working age population is a key factor for economic sustainability, and the EU policy initiatives can help to promote health and to reduce losses to the labour force due to physical and mental ill health.

In spite of many positive developments in safety and health at work over the past 20 years, traditional safety and health hazards still constitute a substantial risk for workers' safety, health and work ability. A total of 22–47% of EU workers are exposed to traditional physical, chemical or ergonomic hazards, and 5,000 EU workers die annually as a consequence of occupational accidents. High numbers of occupational diseases are caused by unhealthy conditions at work. ILO has estimated that some 120,000 annual deaths in the EU15 are caused by work-related diseases and some 6,000 fatal occupational accidents.

Poor working conditions, occupational accidents, and occupational diseases cause a great deal of human suffering and exclude people from work. In addition, they cost countries in the Northern Dimension area an estimated 4% of the Gross Domestic Product: a loss of up to EUR 225 billion every year.

An often-heard argument is that only rich countries and rich companies can afford safety and health measures. There is no evidence that any country or company in the long run would have benefited from a low level of safety and health. On the contrary, recent studies by the World Economic Forum and the Lausanne Institute of Management (IMD) demonstrate that the most competitive countries are also the safest. Opting for a low-safety, low-health and low-income survival strategy is not likely to lead to high competitiveness and sustainability.

The official statistics on work-related injuries in the new EU Member States are not sufficient for the formulation of national preventive policies, mainly due to gross under-reporting of occupational injuries and diseases. The collected data should be more comparable and should fully cover the accidents. In order to eliminate the problem of under-reporting in most countries, WHO and its Member States are making an intensified effort to harmonize occupational injury and illness statistics.

In addition to the traditional burdens for safety and health, several new risks related to the rapid change of work life, the introduction of new working methods, new technologies, new materials and substances, and new work organizations bring new challenges to the field of safety, health and well-being. However, new technologies also provide good opportunities for better safety and health at work. An important background factor is the globalization process and associated growing competition. According to Dublin Foundation surveys, 23–60% of EU workers are exposed to psycho-social hazards such as high pace of work, time pressure, tight deadlines, stress and fatigue. In addition, insecurity of employment and short-term and precarious work contracts constitute a stress factor for a substantial part of the workforce.

Growing competition, new forms of work, new work organizations, and demands for new competences and skills set new requirements and expectations for the work ability, knowledge and skills of working people. Besides vocational and professional skills, skills in occupational safety, health, and safe work practices also belong to the competence profiles of employees in modern work life. In a number of studies, the development of workers' competence has been included as a component of work ability development with positive results.

A focus on small and medium size enterprises (SMEs) is crucial, as they are the main job creators in the future. The lower capacity of the SMEs, compared to big enterprises, to deal with OSH issues makes it crucial to develop joint efforts to improve the quality of working conditions in SMEs.

Workplace as an arena for health promotion

The European Health Report 2005 of the World Health Organization, using the Disability Adjusted Life-Years (DALYs) as a measure, found the most important causes of the burden of disease in the WHO European Region to be non-communicable diseases (NCDs – 77% of the total), external causes of injury and poisoning (14%) and communicable diseases (9%). Seven leading conditions – ischaemic heart disease, unipolar depressive disorders, cerebrovascular disease, alcohol use disorders, chronic pulmonary disease, lung cancer and road traffic injuries – account for 34% of the DALYs in the Region. Seven leading risk factors – tobacco, alcohol, high blood pressure, high cholesterol, overweight, low fruit and vegetable intake, and physical inactivity – account for 60% of DALYs. This provides good guidance for preventive health policies.

Promoting good health requires tackling both the lifestyle factors and broader socio-economic and environmental health determinants that undermine health. Health contributes to productivity, labour participation, and economic growth. Investment in prevention by employers and active participation of the workers has been shown to improve health, work ability, and the economy. Occupational health services have a great deal of unused potential for promoting healthy lifestyles in a holistic way. Primary health care and occupational health services can greatly improve their efficiency by increasing collaboration and links with one another, especially in times when atypical employment arrangements are becoming a rule rather than an exception.

The Ottawa and Bangkok Charters for Health Promotion emphasize that the promotion of health should be made a basic requirement for good corporate practices. There are numerous examples of successful health promotion interventions in European enterprises.

Responses for action

The *ILO Global Strategy on Occupational Safety and Health and the International Instruments*, Conventions No. 187, No. 155 and No. 161, provide a tool for the overall systematic development of occupational safety and health. The preparation of the National OSH profile is a starting point for analysing the OSH situation in different countries. A model National Occupational Safety and Health Profile has been produced to guide countries in the preparation¹.

The WHO Global Strategy on achieving Health for All calls for greater equity in health between and within populations, and between countries. Some progress in occupational safety and health and quality of work life among the Member States can be witnessed. However, the disparities in health, safety and work ability within and between the EU and its neighbourhood have expanded. The *WHO Global Strategy on Occupational Health for All* provides a good framework for the substantive development of workers' health in all countries. The *Global Plan of Action on Workers' Health* was endorsed by the World Health Assembly in May 2007, and is now being implemented in all member countries².

The WHO-EURO European Strategy for the Prevention and Control of Noncommunicable Diseases (2006) states that by focusing on prevention and improved control, it is achievable to prevent or modify risk factors; prevent the onset, recurrence and progression of disease; and to avoid disability and painful or premature deaths. The strategy outlines a comprehensive, action-oriented approach that seeks to achieve two objectives: integrated action on risk factors and determinants, and strengthening health systems for prevention and control of noncommunicable disease. This European strategy was endorsed by the WHO-EURO Regional Committee in September 2006 by all European Member States².

The European Strategy for Health and Safety at Work 2007–2012 emphasizes a comprehensive approach in safety and health at work when aiming at the achievement of the *Lisbon Strategy* objectives of high quality of work. The development of adequate infrastructures is called upon to cover, in addition to the traditional occupational safety and health hazards, the problems and challenges of "new work life", including social and psychological risks, age and gender factors, and to promote health and well-being at work. The EU will also work on mainstreaming health and safety at work in other Community policies. The Strategy calls for the development of coverage and content of multidisciplinary preventive and protective services, and the promotion of safety, health and work ability constitutes an important element in the Strategy implementation. *The Second EU Programme of Community Action in the Field of Health 2008–2013* deals with health aspects, including occupational health. *The Luxembourg Declaration on Health Promotion* emphasizes the role of the workplace as a forum for the promotion of health and work ability of the working-aged people. Workplace Health Promotion (WHP) is the combined efforts of employers, employees and the society to improve the health and well-being of people at work. This can be achieved through a combination of improving the work organization and the work environment, promoting active participation, and encouraging personal development³.

¹ ILO instruments:

- Convention No. 187 concerning the Promotional Framework for Occupational Safety and Health and Recommendation No. 197 (<http://www.ilo.org/ilolex/english/convdisp2.htm>)
- Convention No. 161 on Occupational Health Services and Recommendation No. 171 (<http://www.ilo.org/ilolex/english/convdisp2.htm>)
- National Occupational Safety and Health Profile of Finland. (<http://www.stm.fi/Resource.phx/publishing/store/2006/05/aa1155885585766/passthru.pdf>)
- National Occupational Safety and Health Profile of Finland. Analytical Report. <http://www.stm.fi/Resource.phx/eng/subj/safet/publi/publicateng.htx.i1229.pdf>

² WHO documents

- WHO Global Strategy on Occupational Health for All http://www.who.int/occupational_health/publications/globstrategy/en/index.html
- WHO Global Plan of Action on Workers' Health (Declaration available at: http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf)
- WHO-EURO European Strategy for the Prevention and Control of Non-communicable Diseases (2006) <http://www.euro.who.int/document/rc56/edoc08.pdf>

³ EU documents

- EU Strategy on Health and Safety at Work http://osha.europa.eu/systems/strategies/future/com2002_en.pdf
- Workplace Health Promotion policies http://www.enwhp.org/fileadmin/downloads/Luxembourg_Declaration_June2005_final.pdf.
- EU Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013' new Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013' http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm
- The Second Programme of Community Action in the Field of Health 2008-2013 http://ec.europa.eu/health/ph_overview/pgm2008_2013_en.htm