

Summary report on the

WHO-EM/HSG/343/E

# **International consultation on caring for all working people: interventions, indicators and service delivery**

Semnan, Islamic Republic of Iran  
28–30 April 2014



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

Workers represent half the world's population and are the major contributors to economic and social development. Yet, only 15% of workers worldwide have access to specialized occupational health services for advising employers and for providing assessment of occupational health risks, health surveillance, training in safe working methods and first aid.

Universal health coverage cannot be complete if all working people, particularly in informal settings, small enterprises, rural, agricultural and migrant workers do not have access to the most needed health services to prevent occupational and work-related diseases and to maintain and promote their working capacity. This requires innovative ways of working across health and labour sectors as well as strengthening national and local capacities for integrated service delivery and planning.

Within this context, a three-day consultation was held in Semnan, Islamic Republic of Iran, from 28–30 April 2014, to focus on occupational health services interventions, indicators and service delivery, and identify policy options, strategies and mechanisms to scale-up health coverage of workers.

The consultation was organized jointly by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean, the Ministry of Health and Medical Education of the Islamic Republic of Iran and Semnan University of Medical Sciences, in collaboration with the International Labour Organization (ILO), the International Commission on Occupational Health (ICOH) and the World Organization of Family Doctors (WONCA).

The main objectives of the consultation were to:

- share and document success stories and accumulated experience in delivering essential interventions and basic health services to workers in the informal sector and small enterprises, and rural, agricultural and migrant workers;
- identify criteria and indicators for measuring progress towards the access of workers to essential interventions for prevention and control of occupational and work-related diseases and injuries;
- draw a road map for scaling-up access of all workers in the Eastern Mediterranean Region, particularly those in disadvantaged situations, to essential interventions and basic integrated health services in the context of universal health coverage and decent work initiatives.

The international consultation was attended by national and regional experts from Bahrain, Egypt, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Oman, Sudan, United Arab Emirates and Yemen, as well as international experts from Finland, India, Italy, Netherlands and South Africa, and representatives of ICOH, ILO, WONCA and WHO.

## **2. Summary of discussions**

### *Strengthening governance*

Guidance from international organizations, such as ICOH, ILO and WHO, on the development of occupational health services should be fully utilized. Countries need to ensure appropriate services for all their workers as part of universal service provision.

*Building-up health workforce*

The key role of well-trained human resources in occupational health services is recognized. Therefore, a realistic picture of the situation of human resources in both occupational health and primary health care is needed.

The training and education of personnel providing occupational health services is a critical issue. Not all need to be specialists in occupational health, but, on the other hand, sufficient competence should be ensured by government in order to best serve both workers and employers, as well as society as a whole. Multidisciplinary and monodisciplinary training is needed for strengthening human resources for occupational health services and other workers' health coverage. Competence should be maintained through continuous medical education.

*Improving health information*

Reliable data collection and information systems offer the basis for the development of occupational health services. There is need for a situation analysis of occupational health services in countries. The guidelines for developing a national occupational health profile produced by the WHO Regional Office for Europe could serve as a model.

Registries of occupational accidents and occupational diseases should be established in all countries. A geographic information system (GIS) has been used to relate health and well-being parameters to social determinants for workers in various income/economic situations in Tehran, Islamic Republic of Iran.

*Scaling-up service delivery*

Well-functioning infrastructure for service provision is needed. Several optional models are available that can be adjusted to the legal, structural and social conditions in countries. Multidisciplinary teams capable of dealing with the full range of occupational health problems can be organized to provide services.

Collaboration between occupational health services and primary health care is important for serving workers in less organized sectors such as agriculture, small-scale enterprises, the self-employed and the informal sector, as well as migrants. It is important to recognize that the primary health care sector is already heavily loaded providing the key primary health care services; thus, sufficient resources, including secondary level support, need to be provided.

In most instances, multidisciplinary occupational health services cannot be provided at the primary level. In simple cases, multidisciplinary and specialist support should be organized at the secondary level. This structure calls for defining the roles and competences of all actors.

*Targeting groups*

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