1719c OCCUPATIONAL HEALTH SERVICES IN ROMANIA AND IN EASTERN EUROPE

Carmen Iliana Busneag. *Occupational Medical Department, National Romanian Television, Bucharest, Romania*

10.1136/oemed-2018-ICOHabstracts.639

The Southern Eastern (SE) Europe with its 14 countries currently has approximately 68 million inhabitants, of which more than 18 million are workers. In the last two decades, the countries from SE Europe faced increasing needs to develop and adapt the occupational health policies, systems and services to new conditions. Establishment of democracy and market economy leaded to the new principles of managing Occpational Health Services (OHS), development of new health and safety legislation aligning to the requirement of the EU acquis communautaire and establishment of modern OSH in the region.

In Romania, the National Occupational Safety and Health Strategy 2016–2020 is the framework instrument to allow articulation with the EU strategic guidelines on health and safety at work. The basic principle is fair access to health care services, cost-effectiveness, substantiation on evidence, optimisation of health services, focusing on the detection of diseases generated or aggravated by working conditions, as well as preventive services and interventions, partnering with all actors that can contribute to improving health at work.

During 2007–2015 period the following guides were launched:

- Special medical surveillance for workers professionally exposed to ionising radiation,
- General aspects of industrial toxicology; methods of analysis used in industrial toxicology,
- Guidance on occupational exposure to asbestos,
- Terms and concepts of industrial toxicology and work psychology.

SWOT analysis indicates STRONG POINTS as 1) legislation on safety and health at work has been imposed in current practice in all sectors of activity, both public and private, 2) the assistance of occupational medicine is granted only to specialists in occupational medicine, and WEAKNESS as 1) the limitation of medical services predominantly to health assessment actions, to the detriment of health prevention, 2) underreporting of occupational diseaseas and occupational related diseases. This is a major problem of all countries *in SE* Europe!

1719d THE CURRENT STATUS OF OCCUPATIONAL HEALTH SERVICES AND ITS PERSPECTIVES IN KOREA

Eun A Kim, Jang-jin Ryoo. *Korea Occupational Safety and Health Agency (KOSHA), Ulsan, Republic of Korea*

10.1136/oemed-2018-ICOHabstracts.640

The occupational health services have been developed and expanded continuously in Korea as government policy and the social demand on occupational health been changed. The OH system of Korea is based on a triangle system which consists of government (MoEL), Korea Occupational Safety and Health Agency (KOSHA) and the private institutions. The occupational health services are conducted by experts in various fields such as occupational physicians, nurses, hygienists, ergonomists etc. The occupational health services in Korea were concentrated in the manufacturing field of machinery, automobile and shipbuilding so far, and it is expanding into the services and the construction fields. The occupational health service system of Korea is customised based on the scale of enterprises. The large scale enterprises over 300 employees manage occupational health themselves, the medium scale ones between 50 and 299 employees manage themselves or entrust to the specialised institutions of health management. The public occupational health services, such as workers' health centres, provide technical support to the small scale enterprises under 50 employees. The occupational health activities in terms of policy, implementation, training and education etc. following the Seoul Statement are conducted progressively. Especially since the new government was launched, the occupational safety and health is emphasised to cover all workers.

1719e INTERCOUNTRY NETWORKING OCCUPATIONAL HEALTH SERVICES IN JAPAN AND ASIA

[1]Toru Yoshikawa, [2]Kazutaka Kogi. *[1]National Institute of Occupational Safety and Health, Kawasaki, Japan; [2]Ohara Memorial Institute for Science of Labour, Tokyo, Japan*

10.1136/oemed-2018-ICOHabstracts.641

The collaboration through inter-country networking in facilitating prevention-oriented programmes in occupational health services (OHS) is discussed. Experiences within our Asian regional networking of action-oriented approaches are examined to know types of support that can effectively facilitate the situation-based OHS including those for small-scale workplaces.

Commonly effective collaborative actions through the networking of action-oriented programme within OHS are reviewed. The networking has evolved since the 1990s to mutually support these activities for small enterprises, trade unions and health care workers and stress prevention. Attention is paid to support measures effective for facilitating practical workplace-level improvements and toolkits development.

The reviewed programmes have led to many work improvements in the different settings. The programmes apply locally tailored, action-oriented activities with the support of OHS teams. Prominent examples include Work Improvement in Small Enterprises (WISE) or similar methods for small workplaces, locally adjusted services and training in varied sectors and recent stress prevention interventions. The improvements achieved include many low-cost ones in work methods, physical environment and work organisation. Locally arranged networks of trainers are found instrumental in adjusting the methods to local situations. The collaborative actions of network partners are effective when they focus on the following aspects:

a. universally applicable simple procedures translated into locally practicable low-cost improvements addressing multiple factors;
b. participatory approaches building on local good practices; and
c. use of participatory action-oriented toolkits comprising checklists and training guides.

Inter-country collaboration in the form of joint development of action-oriented approaches and localised training toolkits has proven effective. Commonly useful support is to emphasise

a. building on local good practices,
b. focus on universally applicable improvement procedures and
c. facilitation by means of locally adjusted toolkits for use by facilitators of immediate improvements.

It is recommended to make full use of interactive regional networking incorporating these features.

1719f OCCUPATIONAL HEALTH SERVICES IN INDIA: CHALLENGES AND OPPORTUNITIES

R Rajesh. *Reliance Industries Limited, Mumbai, India*

10.1136/oemed-2018-ICOHabstracts.642

The occupational safety and health (OSH) scenario in India is complex while catering to the needs of 63% productive age group with, 92.38% of this working in the informal economy, predominantly, agriculture and services and facing a triple burden of Non-communicable and Communicable diseases and Violence, Injuries.

No comprehensive legislation for occupational health and safety exists that covers all the economic sectors except for mining, manufacturing, ports, and construction sectors. Factories Act, 1948 has been unable to build up the workers' rights against occupational diseases and related hazards, with over 90% of Indian labour falling outside its purview. OSH services in informal sector are non-existent and dysfunctional, depriving these workers of basic occupational health care. Further, occupational health is not integrated with primary health care, falling under the Ministry of Labour, and not the Ministry of Health. Newer service industries like Information Technology (IT), Business Process Outsourcing (BPO) are increasing rapidly; so is the proportion of females in the workforce, multiple job changes/insecurity and increasing numbers of migrant workers adding to job-related stress.

Major challenges are:

1. Lack of National OSH Policy, legislation and mechanisms for provision of Occupational health services for Informal/ unorganised sector and SMEs,
2. Apathy & lack of sensitisation about OSH among stakeholders and stakeholder networks/linkages,
3. Inadequate OSH infrastructure and OSH professional capacities to manage emerging health risks,
4. Addressing the NCD burden through Workplace Wellness Movement.

Opportunities are:

- Utilisation of primary health care ecosystem for delivery of BOHS for informal sector,
- Accreditation Mechanism under Ministry of Labour,
- Regulatory framework under Factories' Act and governance apparatus under National Skills' Mission to develop requisite OSH human resources,
- Corporate Social Responsibility initiatives to set up Risk Observatory Mechanisms with multi–sectoral linkages.

1719g OCCUPATIONAL HEALTH SERVICES IN LATIN AMERICAN COUNTRIES: BRAZIL, PARAGUAY AND VENEZUELA

Rosylane Rocha. *Hospital Regional da Asa Norte (HRAN), Brasilia, Brazil*

10.1136/oemed-2018-ICOHabstracts.643

The ILO Occupational Health Services Convention (No. 161) defines 'occupational health services (OHS)' as services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in the light of their state of physical and mental health.

The so-called work environment reform which took place in most of the industrialised countries in the 1970s and 1980s saw the production of important international instruments and guidelines. The developing and newly industrialised countries contain approximately 8 out of 10 of the world's workers, however no more than 5% to 10% of this working population has access to adequate OHS. The Seoul Statement on the develpoment of OHS for all was adopted at the 31 st ICOH Seoul Congress held in 2015. They reflected the responses of occupational health policies to the new needs of working life, and the achievement of an international consensus on the development of OHS.

The author surveyed with a quentionaire to some Latin American countries and reviewed the ILO publication to follow the implentaton of the Seoul Statement. According to the survey, the need for effective occupational health services is growing rather than decreasing. The ILO instruments on occupational health services and the parallel WHO strategies provide a valid basis for the significant development of OHS, and should be used by each country as it sets policy objectives to ensure the health and safety of workers in the country.

1719h OCCUPATIONAL HEALTH SERVICES IN SENEGAL AND AFRICA

Cheikh AKA Cisse. *Integral Office of Occupational Health, Safety and Environment, ICOH NS, Dakar Senegal*

10.1136/oemed-2018-ICOHabstracts.644

Senegal like nearly all African's countries has experienced Occupational Health Services (OHS) through their coloniser. Thus, Senegal has inherited French experience and Ghana and Cabo Verde respectively the English and Portuguese ones. There is a huge disparity between them in terms of OHS policy, strategy, legislation and implementation, institutional and human resources, service model and level of coverage, content and activities, and financing and so on. For example when look at the level of OHS coverage, South Africa has 35%, Egypt 25%, Mali 15%, while Senegal and Zimbabwe have the same coverage 0%. The Senegalese OHS experience, which can exemplify the African profile in this domain, had originated from the French overseas labour code of 1952. Occupational safety and hygiene and health and namely OHS has