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1720a A RIGHTS-BASED APPROACH TO ACCESS TO OCCUPATIONAL HEALTH SERVICES – WHAT MIGHT THAT OFFER WORKING POPULATIONS IN THE DEVELOPING WORLD?

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The majority of workers worldwide remain without adequate access to Occupational Health Services (OHS), particularly with regard to gaps in implementation, coverage, content, and capacity building. Yet access to OHS is an essential element of the right to health and is recognised in numerous global human rights agreements as being a fundamental human right. Even in situations of resource scarcity, states have obligations to formulate, implement, monitor and evaluate occupational health laws and policies, and to facilitate the participation of workers in these activities. Rather than counting OHS as a cost to production, it is important to frame OHS as a value-driven enterprise which can benefit all stakeholders, both employers and employees and provide a fair and accepted framework for managing conflicting interests. More importantly, OHS as a rights-based activity will reach beyond the traditional formal sector and challenge governments to address the OH needs of informal sector workers and other working populations currently lying outside of traditional regulatory perspectives – a particularly important requirement for Low and Middle-Income countries. Not all countries will enjoy the same resources to implement OHS's and rationing decisions may result in different levels of OHS provision. However, a Rights-based approach to OHS provision will identify basic OHS standards consistent with core obligations on states, will impose constitutional limits on the extent to which rationing decisions adversely impact on OHS provision, will force stakeholders to pursue equity-related policies and will open participatory spaces for citizens and communities to assert rights to workplace health and safety, across formal and informal sectors. This approach provides a huge opportunity for leverage for OHS in the developing world which OH practitioners should support through their research, service and advocacy.

1720b IMPACTS OF OCCUPATIONAL HEALTH SERVICE NETWORK TO REPORTING OCCUPATIONAL DISEASES

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Occupational disease are frequently underreported, therefore their importance in health consequences. This hinders the progress in occupational health and safety. To address this problem, several medical centres and the labour authority of Taiwan founded the Network of Occupational Diseases and Injuries Service (NODIS) for occupational disease and injury services and established a new Internet-based reporting system. The impacts of the Centres for Occupational Disease and Injury Services and their local network hospitals on compensable occupational diseases were analysed, and the distribution of occupational diseases across occupations and industries were described from 2005 to 2016. The NODIS reporting dataset and the National Labour Insurance scheme's dataset of compensated cases were used. The annual incidence of reported occupational diseases from the NODIS was compared with the annual incidence of compensable occupational diseases from the compensated dataset during the same period. It is found that after the establishment of the NODIS, the two annual incidence rates of reported and compensable occupational disease cases have increased by several folds from 2007 to 2016. The reason for this increased reporting and compensable cases may be the implementation of the new government-funded Internet-based system and increasing availability of hospitals and clinics to provide occupational health services. During the 2008–2016 period, the most frequently reported occupational diseases were carpal tunnel syndrome, lumbar disc disorder, upper limb musculoskeletal disorders, and contact dermatitis. It is concluded that the network and reporting system was successful in providing more occupational health services to workers, assisting the diagnosis of compensable occupational diseases, and reducing underreporting of occupational diseases. The experience in Taiwan could serve as an example for other newly developed countries facing under-diagnosis and under-reporting of occupational diseases.

1720c OPPORTUNITIES TO INSERT OCCUPATIONAL HEALTH COMPONENTS INTO NATIONAL HEALTH POLICIES AND PROGRAMS: VIEWS AND EXPERIENCES

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Several countries, like Brazil, where Workers' Health is a clear responsibility and mandate of the Ministry of Health, are supposed to develop health policies that include basic components of the 'Occupational Health thinking' and approaches. These components should be included into all levels of health services, depending on the mission, responsibility and complexity of each level, as well as on the geographical coverage and mandate. Such countries, fortunately, have structured their national system taking the Primary Health Care approach as the main 'organiser' of the whole health system. Primary Health Care has received some variations, and the Brazilian case is based on the Family Health Care approach, that may be an appropriate advancement. So, entering through the 'door' of the Health System – i.e. the Family Health Care approach or program – it is possible to reach and access the full System, from the primary level to more elevated and complex levels. The main components of the 'Occupational

Health thinking' and approaches that may be (and have been) successfully introduced into the national health policies and programs, in the case of some local and regional ongoing experiences in Brazil, include the following:

- i. development or strengthening of a clear understanding that almost all young or adult 'citizens' and/or 'patients' are also 'workers';
- ii. introduction of the classic Ramazzinian question ('what is your occupation?'), improved by Sir Percival Pott, by adding a temporal dimension (occupational anamnesis), as a routine, into the Family/Primary health practice;
- iii. mapping, visiting productive premises or other economic activities located within the territorial jurisdiction of the Primary/Family health responsibility;
- iv. analysis of all economic/productive informal activities carried out within houses, involving children, minors and women, among other activities. There are successful outcomes that may be shared.

1720d NEW METHODS IN EPIDEMIOLOGY OF WORK-RELATED ASTHMA

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Around 15% of adult asthma may be attributable to occupational exposures. Among adults with asthma, occupational exposures have also been associated with disease exacerbations and poor asthma control. While the number of identified occupational astmagens (hazards known to induce asthma) increases regularly, the burden of work-related asthma remains underestimated. Moreover, for some categories of exposure such as cleaning products, specific causal agents remain unclear, limiting the development of prevention strategies. Two of the main methodological challenges in epidemiological studies on work-related asthma are (1) exposure assessment, as a differential misclassification bias may be particularly important when exposure is self-reported; and (2) the healthy worker effect, as individual with asthma may change job shortly after experiencing work-related symptoms. New methodological approaches have been developed to address these two challenges and will be presented. Methods for evaluation of exposure to specific cleaning products and disinfectants will be discussed, illustrating the interest of using (a) job-task-exposure matrices instead of common job-exposure matrices or self-report to reduce exposure misclassification; and (b) a smartphone application with a barcode reader to evaluate exposure to numerous chemicals contained in cleaning products/disinfectants. To address the healthy worker effect, new approaches based on causal inference methods have been developed in occupational epidemiology. The specific impact of the healthy worker effect in work-related asthma studies, and how it can be addressed using marginal structural models, will be presented. In summary, new epidemiological methods may help better evaluating the burden of work-related asthma, and improve ability to identify specific harmful agents, which is warranted to suggest new targets for work-related asthma prevention.

1720e BIAS AND TARGET PARAMETERS IN OCCUPATIONAL EPIDEMIOLOGY

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Along with the issues and limitations inherent in all observational studies, occupational epidemiologic studies have to address biases arising from the healthy worker effect. This mechanism can be described as one of a time varying confounder affected by prior exposure, which cannot be addressed in standard regression approaches. Recent applications of a series of methods collectively known as 'g-methods', have sought to address this issue in occupational epidemiologic studies. Furthermore, some studies seek to provide direct estimates of risk (cumulative incidence) in relation to exposures of interest, under hypothetical exposure scenarios and interventions. These measures are advantageous compared to traditional measures of contrast relying on the hazard or the odds, and are of direct significance to risk and policy assessment. This talk will portray issues that may give rise to bias in occupational studies, such as time-varying confounding affected by prior exposure, right censoring, competing events, and left truncation in relation to methods used to address them. We also lay out steps in identifying target quantities of interest, given the existing knowledge and questions at hand, assessing whether that quantity is identifiable with available estimation methods, and the interpretation of these quantities after estimation.

20 STIGMA TOWARDS WORKERS DIAGNOSED WITH OCCUPATIONAL DISEASES

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Introduction Stigma has been defined as 'the situation of the individual who is disqualified from full social acceptance or social 'disgrace' arising within social relations' or biased acts or behaviours. Stigma related to chronic health conditions have been known for a long time. Especially, internal and external (perceived and experienced) stigmatisation have been described among the patients with communicable diseases. Despite a growing awareness of chronic diseases, there is not yet enough research about patients with occupational diseases (OD) with regards to stigmatisation. This research aimed to investigate the scope and types of stigmatisation among OD patients in an outpatients clinic.

Methods This is a qualitative research. Semi-structured in-depth interviews conducted by two interviewers. 13 patients who diagnosed OD between November 2013-February 2016 recruited to the study. The interviews conducted with tape-recorded accompanied by note-taking. The tape records resolved and evaluated by content analysis methods.

Result In our study, we found that at least one theme of internal or external stigmatisation was found in all employees after OD diagnosis. In particular, employees who are symptomatic have been shown to be embarrassed by the complaints and