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

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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

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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 development of OHS for all was adopted at the 31st 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 questionnaire to some Latin American countries and reviewed the ILO publication to follow the implementation 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

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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