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.

OCCUPATIONAL HEALTH SERVICES IN INDIA:
CHALLENGES AND OPPORTUNITIES
R Rajesh, Reliance Industries Limited, Mumbai, India
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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 bur-
den 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. Facto-
ries 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, depriv-
ing 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 rap-
idly; so is the proportion of females in the workforce, multi-
ple 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.

OCCUPATIONAL HEALTH SERVICES IN LATIN AMERICAN
COUNTRIES: BRAZIL, PARAGUAY AND VENEZUELA
Rosylane Rocha, Hospital Regional da Asa Norte (HRAN), Brasilia, Brazil
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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 representa-
tives 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 capabili-
ties 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 popula-
tion has access to adequate OHS. The Seoul Statement on the
development 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 questionnaire to some Latin
American countries and reviewed the ILO publication to fol-
low the implementaton of the Seoul Statement. According to the
survey, the need for effective occupational health services is
growing rather than decreasing. The ILO instruments on occu-
panional health services and the parallel WHO strategies pro-
vide 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.

OCCUPATIONAL HEALTH SERVICES IN SENEGAL AND
AFRICA
Cheikh AKA Cisse, Integral Office of Occupational Health, Safety and Environment, ICOH
NS, Dakar Senegal
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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 pol-
cy, 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 origi-
nated from the French overseas labour code of 1952. Occupa-
tional safety and hygiene and health and namely OHS has
followed the manufacturing and mining and alimentary industries established in Senegal and several West African and African countries.

In Senegal, the evolution of occupational Health and OHS can be represented into four steps. The first one called the colonial experience, took place before the independences in 1960. The second step, which goes from 1960 to 1987, can be considered like the neocolonial one as the new national authorities have entirely copied the overseas legal provisions in the labour code of 1960. The third step 1988 to 2012, has allowed genuinely the development of Occupational Health and OHS according to ILO normative basis. And finally, the last step 2013 to 2017 has given many opportunities and future priorities in developing OH and OHS through a five year action plan 2017–2021 of the national program of safety and health, which has retained four priorities among which the implementation of OHS for 80% of all enterprises.

When considering the effectiveness of occupational health services (OHS), it is best to think of it as a specific package of interventions. Whether the OHS is effective or not then depends on the availability of effective interventions. By intervention we mean purposefully induced changes in the work environment, in worker behaviour or in a (patho)-physiological function. The effectiveness of interventions results from evaluation by means of controlled experimental studies and by systematic reviews that pull together all these studies and synthesise their results.

The solution for bridging the apparent gulf between scientific evidence and occupational health practice is to employ the PICO acronym. The letters spell out the problem identified in OHS thus: P=Participants, I=Intervention(s), C=Control and O=Outcome(s). For example, it is possible to reduce noise exposure (O) by giving instruction on how to use ear plugs (I) to workers (P) compared to using the devices without the instruction (C)?

Based on a recently updated Cochrane review, the answer is that there is moderate-quality evidence that with instructions for insertion, the attenuation of noise by earplugs is 8.59 dB better (95% CI: 6.92 dB to 10.25 dB) compared to no instruction (2 RCTs, 140 participants). Similarly, we know that one cannot prevent back pain by teaching workers to use a supposedly correct lifting technique. We also know that many OHS do not provide ear plug instruction but do provide correct lifting instructions. For hearing loss and back pain outcomes we know these OHS interventions are not effective.

The use of Cochrane systematic reviews can thus help to show effectiveness of OHS. There are currently more than 140 reviews that are pertinent to occupational health. For each one, the scientific abstract and plain language summary are freely available to everybody everywhere.

**1647 ROADMAP ON CARCINOGENS – EU AND NATIONAL INITIATIVES (3RD MAY 2018)**

Elke Schneider1. European Agency for Safety and Health at Work, Bilbao, Spain

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**Aim of special session** Roadmap on carcinogens – EU and national initiatives (3rd May 2018)

EU-OSHA and its Dutch partners will update the audience about the roadmap’s activities and those of the 2018/19 Healthy Workplaces Campaign on dangerous substances. This will be complemented by a report from the workplace level, and the audience will be actively engaged in discussions about future priorities and challenges in this important field of OSH action.

Laurie Hermans1, Wouter Fransman2

1TNO, Leiden, The Netherlands
2TNO, Zeist, The Netherlands

**1647a EU-OSHA ACTIVITIES TO COMBAT WORK-RELATED CANCER AND HELP PREVENT EXPOSURE TO CARCINOGENS**

E Schneider. European Agency for Safety and Health at Work, Bilbao, Spain

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Cancer is considered to be the leading cause of work-related deaths in the EU, with an estimated 1.20000 new cases and about 80 000 deaths per year. It is clear that more can be done to reduce the number of cases of occupational cancer, which is why, on 25 May 2016, EU-OSHA together with five partners signed a covenant committing to a voluntary action scheme to raise awareness of the roadmap for carcinogens 2016–2019. The scheme aims to engage many more organisations, companies and all those concerned in the fight against work-related cancer. EU-OSHA will intensify its efforts to raise awareness of the risks from the exposure to carcinogens at work during its Health Workplaces campaign 2018–2019, which is dedicated to the management of risks from dangerous substances at work. A core task of EU-OSHA is to help share solutions – good practices and initiatives from companies, authorities, labour inspections, trade associations and unions at the national and at the European level. To support the roadmap, EU-OSHA therefore engages with national partners in their activities and provide them with a basic set of tools and instruments to raise awareness of this important topic, including information sheets, case studies, and a database of tools and instruments. EU-OSHA is also committed to organising regular international stock-taking events where best practice examples are presented and progress is discussed from the point of view of all the actors involved in improving prevention. This presentation focuses on a range of activities that help fulfil the common goal of reducing the death toll from exposure to carcinogens to underline the role that every actor can play.

**1647b THE EUROPEAN ROADMAP ON CARCINOGENS: LET’S GET SMART ABOUT CARCINOGENS AT WORK**

Laurie Hermans. TNO, Leiden, The Netherlands

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