Sustainable Development Goal 1 ‘Eliminating poverty’ call for establishing social protection for all, including for victims of occupational diseases and injuries. However the right of victims to access social protection systems, even if they are available, can’t be guaranteed if health providers are not able to diagnose and report cases of occupational diseases. Existing research suggest that the barriers for health care providers to report occupational diseases include complex diagnostic and exposure criteria, lack of awareness about occupational diseases, their causes and ways of early detection, lack of time and skills to take detailed occupational history, lack of information on workplace exposures, fear from being involved in legal process, and refusal of workers to have their cases notified. The capacities of health services at all levels for detection and reporting of occupational diseases need to be strengthened by including this task in the terms of reference of primary care and specialised healthcare providers, by providing training, reference resources, and awareness raising campaigns among target groups of health care providers and by establishing referral pathways to specialists in occupational medicine. There is a need for additional research to identify the barriers and to assess the effectiveness of the different measures to encourage detection and reporting of occupational diseases.

**1610**  
**WHWB 1 – WORKPLACE HEALTH WITHOUT BORDERS – INCREASING IMPACT OF GLOBAL TRAINING AND MENTORING COLLABORATIONS ACROSS ORGANISATIONS: PROTECTING WORKFORCES**

1Claudina MCA Nogueira, 2David M Zalk. 1University of Pretoria, Faculty of Health Sciences, Pretoria, South Africa; 2International Occupational Hygiene Association (IOHA), Ensay

**Aim of special session** Successful examples of collaborations and WHWB projects for building occupational health and safety capacity will be illustrated, noting how better interactions with other national and international organisations could increase impact. Discussion will focus on how to increase these collaborations and how WHWB can expand its footprint globally, to improve its current offerings in terms of delivering training, mentoring, development and translation of guidance materials, and technical assistance to build knowledge and capacity in occupational health and hygiene, particularly for under-served workforces in both developed and developing countries.

**Presenters:** 1Ms Claudina MCA Nogueira, 2Dr Kevin Hedges, 3Dr David F Goldsmith, 4Dr Steve M Thygerson 1University of Pretoria, Faculty of Health Sciences, Pretoria, South Africa; 2Occupational Health Clinics for Ontario Workers (OHCOW) Inc., Toronto, Canada; 3Department of Health Science, Brigham Young University, Provo, Utah, USA

**1610a**  
**‘WORKPLACE HEALTH WITHOUT BORDERS’- BUILDING OCCUPATIONAL HEALTH AND SAFETY CAPACITY THROUGH COLLABORATION WITH UNDER-SERVED POPULATIONS: A GLOBAL PERSPECTIVE**

1CMCA Nogueira*, 2K Hedges, 3M Levitsky, 1University of Pretoria, Faculty of Health Sciences, Pretoria, South Africa; 2Occupational Health Clinics for Ontario Workers (OHCOW) Inc., Toronto, Canada; 3ECOH Management Inc., Mississauga, Canada

**Introduction** Workplace Health Without Borders (WHWB, www.whwb.org) is an international non-profit organisation founded in 2011 with the main objective of addressing the limited expertise that exists globally for the prevention of workplace disease and injury. Membership is voluntary and comprises professionals across various disciplines within occupational health, the most prominent being occupational hygiene. The WHWB international organisation is based in Canada, with several branches across the world, e.g. WHWB-USA and WHWB-UK.

**Methods** Through its established and growing network of professionals who volunteer their time and expertise, WHWB is able to offer capacity building in the broad occupational health field, through collaborations that benefit under-served populations and vulnerable workforces across the globe. To date, the WHWB activities have focussed primarily on training, mentoring, development and translation of guidance materials, and technical assistance to build knowledge and capacity in occupational health and hygiene.

**Results** Gaps and needs in terms of occupational health and hygiene capacity building are identified, mostly in developing countries, through various means. Honouring the requests received involves liaison with organisations associated with the protection of workforces (e.g. government, educational, private enterprises, and tripartite representatives) in the respective countries; the establishment of WHWB in-country projects to best deliver on the type of interventions requested; and the design of good-fit, sustainable programmes that address the needs of the target workforces, across sectors.

**Discussion** Already in partnerships or working collaborations with organisations such as OHTA and AIHA, WHWB is seeking to expand its collaboration partners, to improve its offerings and footprint in terms of capacity building in occupational health. To this end, opportunities are being explored for partnerships with e.g. ICOH and WHO. This presentation will showcase some of the successes and challenges faced by WHWB intervention projects and training endeavours, and be a platform for discussion around innovative ways for establishing and strengthening collaboration networks.

**1610b**  
**‘WORKPLACE HEALTH WITHOUT BORDERS’ – BUILDING CAPACITY IN THE REDUCTION OF EXPOSURE TO RESPIRABLE CRYSTALLINE SILICA (RCS)**

1K Hedges*, 2M O’Reilly, 3DF Goldsmith, 4OM Ali, 5ECauda. 1Occupational Health Clinics for Ontario Workers (OHCOW) Inc., Toronto, Canada; 2State University of New York, Albany NY, USA; 3George Washington University, Washington DC, USA; 4ECOH Management Inc., Mississauga, Canada; 5National Institute for Occupational Safety and Health (NIOSH), Greater Pittsburgh, USA

**Introduction** The prevention of silicosis and the associated outcomes, such as chronic obstructive pulmonary disease and pulmonary tuberculosis, remain major occupational health problems throughout the world. Respirable crystalline silica (RCS) is responsible for silicosis and these outcomes. Currently, silicosis remains endemic in many parts of the world, and there is evidence of its increasing prevalence in developing countries. The impact of RCS on health is reflected in both morbidity and mortality, with silicosis and associated outcomes being burdensome to the affected populations and their caregivers.

**Aim of special session** The aim of this session is to explore ways in which the prevention of RCS, its resultant respiratory diseases and other related health effects can be improved, with a focus on the developing world. This includes the identification of gaps in current RCS-related research and practice, and the development of novel strategies for the prevention of RCS-related health outcomes. The session will showcase successful examples of international collaborations to improve RCS-related knowledge and practice, and to advance the field of RCS-related research.

**Discussion** The session will feature presentations on the latest developments in RCS-related research and practice, with a focus on the developing world. This includes discussions on the identification of gaps in current RCS-related research and practice, and the development of novel strategies for the prevention of RCS-related health outcomes. The session will showcase successful examples of international collaborations to improve RCS-related knowledge and practice, and to advance the field of RCS-related research.

**Results** The session will showcase successful examples of international collaborations to improve RCS-related knowledge and practice, and to advance the field of RCS-related research.

**Discussion** The session will feature presentations on the latest developments in RCS-related research and practice, with a focus on the developing world. This includes discussions on the identification of gaps in current RCS-related research and practice, and the development of novel strategies for the prevention of RCS-related health outcomes. The session will showcase successful examples of international collaborations to improve RCS-related knowledge and practice, and to advance the field of RCS-related research.