

1658j **STRENGTHENING THE CAPACITIES OF HEALTH SYSTEMS FOR DETECTION AND NOTIFICATION OF OCCUPATIONAL DISEASES**

ID Ivanov. *World Health Organisation, Geneva, Switzerland*

10.1136/oemed-2018-ICOHabstracts.660

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'**

<sup>1</sup>Claudina MCA Nogueira, <sup>2</sup>David M Zalk. <sup>1</sup>*University of Pretoria, Faculty of Health Sciences, Pretoria, South Africa;* <sup>2</sup>*International Occupational Hygiene Association (IOHA), Envoy*

10.1136/oemed-2018-ICOHabstracts.661

**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:** <sup>1</sup>Ms Claudina MCA Nogueira, <sup>2</sup>Dr Kevin Hedges, <sup>3</sup>Dr David F Goldsmith, <sup>4</sup>Dr Steve M Thygeron

<sup>1</sup>University of Pretoria, Faculty of Health Sciences, Pretoria, South Africa

<sup>2</sup>Occupational Health Clinics for Ontario Workers (OHCOW) Inc., Toronto, Canada

<sup>3</sup>George Washington University, Washington DC, USA

<sup>4</sup>Department 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**

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

10.1136/oemed-2018-ICOHabstracts.662

**Introduction** Workplace Health Without Borders (WHWB, [www.whwb.org](http://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)**

<sup>1</sup>K Hedges\*, <sup>2</sup>M O' Reilly, <sup>3</sup>DF Goldsmith, <sup>4</sup>O Malik, <sup>5</sup>E Cauda. <sup>1</sup>*Occupational Health Clinics for Ontario Workers (OHCOW) Inc., Toronto, Canada;* <sup>2</sup>*State University of New York, Albany NY, USA;* <sup>3</sup>*George Washington University, Washington DC, USA;* <sup>4</sup>*ECOH Management Inc., Mississauga, Canada;* <sup>5</sup>*National Institute for Occupational Safety and Health (NIOSH), Greater Pittsburgh, USA*

10.1136/oemed-2018-ICOHabstracts.663

**Introduction** RCS exposure remains a major concern both in developed and developing countries. A recent assessment estimated that about 4 40 000 deaths from cancer attributable to RCS exposure will occur in Europe alone, from 2010 to 2069; the burden and loss of life in economically developing countries is anticipated to be even more bleak. Unless exposure to RCS is controlled, many hundreds of thousands of lives will be lost from silicosis, silico-tuberculosis, chronic obstructive pulmonary disease and lung cancer.

One aim of the international non-profit organisation, Workplace Health Without Borders (WHWB, [www.whwb.org](http://www.whwb.org)), is to build expertise in preventing workplace disease and injury worldwide. There is a wealth of experience amongst the WHWB membership in assessing the health risk and controlling exposures to RCS. Information shared through WHWB can be leveraged in economically developing countries to expedite the reduction of the unacceptably high risk of lung disease by preventing exposures.

**Methods** An overview of the global silica problem will be presented using the latest epidemiological literature as a reference; also a snapshot of learnings, good practices from WHWB presentations, training, and control initiatives such as those provided for agate workers in India. Learnings from research carried out in Queensland, Australia will be shared, to facilitate improvement in RCS exposure reduction, internationally.

**Results** WHWB is considered as an 'information hub' and 'conduit of good practices'. Through its membership, collaborations can be developed to expedite good practices, which in turn can be shared globally. Additionally, the WHWB initiatives in reducing exposures to RCS align well with the ongoing WHO efforts to document the number of silicosis cases, worldwide.

**Discussion** WHWB is working collaboratively to focus its efforts while avoiding duplication, especially in underserved populations and for informal work groups and communities. Partners who work closely with WHWB on RCS education and exposure control include OHTA and the University of Toronto, amongst others.

#### 1610c GLOBAL IMPACT: WHWB-US MODEL OF INCREASING PROFESSIONAL OUTREACH AND GROWTH

<sup>1</sup>DF Goldsmith\*, <sup>2</sup>M O'Reilly. <sup>1</sup>George Washington University, Washington DC, USA; <sup>2</sup>State University of New York, Albany NY, USA

10.1136/oemed-2018-ICOHabstracts.664

**Problem** WHWB-US is an independent affiliate of WHWB. Many of our founding members are sensitive to global issues because of occupational health risks encountered during their work in other countries. There is a limited number of US industrial hygienists with global perspectives and, therefore, we need to develop a strategy that will increase our membership. We believe our approach may offer a blueprint for occupational hygienists in similar situations throughout the world.

**Possible solutions** As WHWB-US grows, we wish to establish student chapters and to reach out to other professionals in fields such as engineering, public health, medicine, and business. WHWB-US chose Ann Arbor as its headquarters because the University of Michigan's (UMich) Industrial Hygiene (IH) program has a strong global orientation. This led to the establishment of our first UMich student chapter in

2016. We are in the process of establishing student chapters at Brigham Young University in Utah and Idaho and George Washington University in Washington DC. Student members have worked with the electronics industry in Mexico, the e-waste industry in Thailand and the Vietnamese-American community in nail salons. We hope to add members by encouraging interested professionals from business, unions, consumer groups, physicians, and safety disciplines to join WHWB-US. We expect that lessons learned from these efforts will be scalable to global problems.

**Going forward** WHWB-US is urging the involvement of graduate students and their faculty in medicine, public health, environmental epidemiology, engineering, IH and business to participate in the 2018 IOHA Conference in Washington DC. New members will contribute to WHWB-US growth, and these younger professionals will be encouraged to join in leadership and recruitment efforts.

**Conclusion** We feel this approach will enable WHWB-US to expand its membership and offer a model for other practitioners from outside the US to join WHWB International and develop their own chapters and professional collaborations.

#### 1610d OCCUPATIONAL HEALTH AND SAFETY WORKFORCE DEVELOPMENT IN MOZAMBIQUE

<sup>1</sup>SM Thygeson\*, <sup>2</sup>CV Muianga. <sup>1</sup>Department of Health Science, Brigham Young University, Provo, Utah, USA; <sup>2</sup>Centre for Industrial Studies, Safety and Environment (CEISA), Eduardo Mondlane University, Maputo, Mozambique (in leave of absence)

10.1136/oemed-2018-ICOHabstracts.665

**Background** Integrated and collaborative efforts between stakeholders, including Government, private sector, labour unions, academic and research institutions, and other national and international NGOs in Mozambique, are working to improve occupational safety and health (OSH) conditions. Although the International Organisation of Work has adopted international OSH development recommendations and competencies to improve specific OSH training and education, this practice has yet to be implemented.

**Objectives** This study examined the Mozambican national education and training system for OSH workforce development (both higher education students and continuing education of workers).

**Methods** A literature review included government documents and reports about technical and professional education. Primary data was collected using surveys and interviews of the principal leaders in OSH (General Inspector of Work, Departments of Education and higher education institutions).

**Results** In 2009, none of the 14 functioning public higher education institutions had a complete degree course in OSH. Currently, the OSH capacity has greatly improved, particularly due to the increased international mega-investments by multinationals in the mining, natural gas and oil industries. The major tertiary institutions, of which Eduardo Mondlane University is one, currently have academic degrees with focus either in occupational or environmental safety. There is also a proliferation of short-term training courses in OSH, given in collaboration with international organisations such as the South African National Occupational Safety Association (NOSA) and Bureau Veritas, among others. Some technical school courses cover basic levels of OSH; these are short duration offerings to help international consultants in these disciplines.