daily practices. Most of the time, human resources contributors don't include new occupational health managerial, strategic nor legal stakes in the process of managing companies in African countries.

The lack of human resources in the field of occupational health in these countries, enforces us to coordinate efforts to establish practical programs allowing us to address basic occupational health issues. A unique repository for occupational physicians, nurses, engineers and managers should be implemented, either during initial or continuing training. We should build an occupational health training network by creating links between different actors in all these countries. All those occupational health actors should be certified by an independent organisation.

The exchange and adjustment of experiences as well as the sharing of means, will enable us, both in short and medium term, to use occupational health as a performance lever for our companies.

1711b INRS AND INTERNATIONAL COOPERATION

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The INRS, national institute of research and security, established in 1947, has the task of preventing workplace accidents and occupational diseases in France.

It gathers 600 permanent workers, with 80 million euros as an annual budget.

Its operating modes are:

- Studies and researches
- Support for companies
- Training
- Information and communication

At an international level, the INRS participates in ISSA works, mainly with the research and chemistry committee, the ILO and the WHO. It plays a part in CIST/ICOH works. It also elaborates cooperation projects with organisations such as the NIOSH (USA), IRSST (Quebec), IFA (Germany), KOSHA (South Korea), and IST (Switzerland).

The INRS is a part of the PEROSH network that includes major research organisations in the field of occupational health in Europe.

The INRS is also a part of the EUROSHNET network, which is a network of European normalizers.

About the francophone cooperation, the INRS established many cooperation projects like with the ISST (Tunisia), faculty of medicine of Casablanca, Mediterranean and Tunisian society of occupational medicine.

1711c OSH INSTITUTIONS NETWORKING IN NORTH AFRICA: A ROUTE TO IMPLEMENT SDG

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The General Assembly of the United Nations adopted the Sustainable Development Goals for 2030 in 2015. These 17 goals target the eradication of poverty, protection of the planet and

the guarantee of prosperity for all within the framework of a new sustainable development agenda. Goal 8; Decent Work and Economic Growth; aims to implement the principles of decent work, including optimal working conditions for all, enabling protection of human capital and inclusive economic development.

Through cooperation and linkages between the various occupational health and safety networks and institutions, North African countries would improve their inherent capacities to meet the targets of Objective 8, including the reduction of related work accidents and diseases. Networking would make it possible to pool human and material resources (often missing), complementarity of expertise, exchange of best practices and comparability of indicators in a similar socio-economic environment.

Improved OSH cooperation between North African countries will improve the achievement of sustainable development objectives and enable the different social partners to honour their commitment to this goal.

1711d THE PLACE OF COOPERATION IN THE EVOLUTION OF OCCUPATIONAL MEDICINE IN TUNISIA

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Since its independence in 1958, Tunisia never ceased confirming its political will to protect worker's health by issuing successive and specific legislative and regulatory texts. However, the achievement of this objective didn't really arise until 1978 thanks to the establishment of the training course for occupational medicine specialists at the faculty of medicine of Tunis, after benefiting from north-south cooperation programs particularly with France, Belgium and Canada. That's how we have now 40 specialised instructors (Prof, MCA, AHU) distributed in four medical schools in Tunisia, 50 labour doctor inspectors, 60 labour medical advisors at the CNAM and 1000 occupational doctors in different companies. Furthermore, the country has a research facility specialised in industrial toxicology, an occupational health and safety institute and a national council for preventing professional hazards which gathers all contributors in the field of occupational health and safety.

As a consequence, occupational medicine in Tunisia got through its creation stage and is currently oriented towards promoting local and international cooperation in many fields, particularly in multilateral research and in enhancing specific axes of the specialty.

1711e 1992–2017, A QUARTER CENTURY OF INTERNATIONAL PARTNERSHIP FOR PROMOTING OCCUPATIONAL HEALTH IN MOROCCO

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Over the last 25 years, the Occupational Health Unit (USAT) of the Faculty of Medicine and Pharmacy of Casablanca, the only university structure dedicated to occupational health in

Morocco, has been committed to promoting occupational health through quality of training and research in Morocco.

An important condition for the relevance, effectiveness and sustainability of this action is the international partnership and cooperation between the USAT and the academic institutions (French, Belgian, Canadian, Maghreb and French-speaking African countries), prevention institutes (French, Swiss and Canadian) and international organisations (WHO, ILO and EU-OSHA).

Thus, during these years, partnership and cooperation have taken several forms: informal, formal, bilateral, multilateral, North-South or South-South.

USAT's experience can be used to inspire the promotion of a culture of occupational risk prevention in developing countries, particularly in Francophone Africa.

1711f

ROLE OF THE AFRICAN OCCUPATIONAL HEALTH DIASPORA IN THE INITIATION, SUSTAINABILITY AND ETHICS OF KNOWLEDGE TRANSFERS IN THIS DISCIPLINE BETWEEN FRANCOPHONE EUROPE AND AFRICA

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Human mobility has always been accompanied by knowledge transfer processes. In the case of the occupational health African diaspora that studied in Europe, its contribution to the transfer, translation and effectiveness of knowledge from the North to the South is indisputable. To illustrate this transfer that is benefic for the two sides, we will mention our own experience in the context of a strong collaboration between us that is working in French Governmental Health Agency and Moroccan team belonging to University of Medicine in Casablanca. Every year, since 2011, in the context of the Moroccan scientific event in the field of Occupational Health: Jaouad El Jay University, we have shared and learnt from each other. We noted the current advances in occupational health, the reality in developing country, the difficulties to draw a framework or strategy for all workers and we shared a mutual view that health protection to prevent any occupational disease or injury is part of human and labour rights.

We participated to meetings aiming at promoting regional (at African level) and network-based cooperation for achieving good occupational health practices. The discussion and dialogue that were established helped sometimes to respond to local needs. We mainly learnt that to achieve the important goal to develop a genuine culture of risk prevention, to anticipate risks and bring them under control, we need to take advantage of new scientific information to develop innovative guidelines, new approaches and procedures, training courses, and so on that can be applied and adapted to the African context.

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UNDERSTANDING ADMINISTRATIVE REGULATION ON OCCUPATIONAL HEALTH IN CHINA

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Introduction In 2002, the Law of the People's Republic of China on Prevention and Control of Occupational Diseases came into effect, in which the responsibility of employer, employee, the governmental agencies, the authorised occupational health service agency and other stakeholder is described, with the minimum objective to protect employees from occupational diseases. After that, the Standing Committee of National People's Congress amended this law two times, respectively in Dec. 2011 and June 2016, to adjust it to the new situation in China. In updated version, the administrative role of government agencies, specifically the National Health and Family Planning Commission (NHFPC), the State Administration on Work Safety (SAWS), was clearly stated. There are 7 Chapters including 88 items in this Law, namely General Provisions; Prevention before Running Stage; Protection and Management during Running Stage; Diagnosis of Occupational Diseases and Ensure of Victims with Occupational Disease; Supervision and Inspection; Legal Liability; and Supplementary Provisions. According to this Law, NHFPC and SAWS, jointly with other related Departments, are responsible for issuing the two important lists, i.e. the List of Occupational Hazards and the List of Occupational Diseases.

The employers are required by the Law:

- to report the occupational hazards to the SWAS;
- to prepare the report of pre-evaluation of occupational hazards before the company is planning to construct;
- to prepare report of effectiveness evaluation of facilities against occupational hazards at pre-running stage;
- to entrust the authorised OH service agency to carry out the monitoring of occupational hazards at workplaces;
- to entrust the authorised medical institute to carry out occupational health surveillance.

NHFPC and SAWS have issued a series of regulations, standards or technical procedures to ensure the work mentioned above are properly finished. There is changing of these in recent years with the reform of administrative structures, economy and the transformation of governmental functions.

The Law states that the diagnosis of occupational disease must be based on the worker's employment records, the qualified records of qualitative and quantitative exposure to occupational hazards at workplaces, and the clinical manifestation and results of auxiliary examinations, by the qualified medical doctors in the authorised hospitals.

Though there is Law, the occupational health problem in China seems still serious. The level of occupational hazards in some companies was not compliant with OELs and the results coming from the supervision and inspection were worse than the reported results coming from entrusting monitoring. A part of victims with suspected occupational diseases could not be diagnosed since there is no available qualified records of occupational exposures. Terribly, a few illegal employers hire the workers in short period after knowing the knowledge of latency of chronic occupational disease, just like pneumoconiosis.

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A RISK ASSESSMENT IN HOSPITALS WITH OCCUPATIONAL RISK ANALYSIS METHOD BASED ON JOB DEFINITION

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