

1705a OCCUPATIONAL HEALTH IN MEXICO

Jorge A Morales-Camino. *Medical Director of Procter and Gamble Latin America*

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Fourteen largest country; thirteen largest economy in the world. Population: 119 million. Part of the following trade organisations: APEC, NAFTA, OECD and WTO. GDP: 1.5 trillion; GDP per capita \$8,700.00. Labour Force 52.8 million. Main Industry: Food and beverages, Tobacco, Chemical, Iron and Steel, Petroleum, Mining, Textiles, Clothing, Motor Vehicles, Consumer Durables and Tourism. Export goods: automobiles, electronics, televisions, computers, mobile phones, LCDs, oil, silver, fruits, vegetables, coffee and cotton. 2860 maquiladora companies. Informal sector includes 60% of the working population. Social Security in Mexico covers ~40% of working population, (32% IMSS, 8% covered by others social/security institutions).

In this presentation, articles, laws/regulations, international agreements ratified by Mexico, ONGs such as OH professional societies and associations, as well as postgraduate studies all of them related to OH, will be reviewed. Additionally, we will cover in detail the Workers' Compensation system in Mexico, available statistics on occupational accidents and diseases, educational and other identified needs in the Occupational Health field.

More postgraduate programs have been created. There is a new Occupational Diseases list. There are two new regulations on OH: Psychosocial and Ergonomics factors. Companies are working on new Wellness Programs. More integration with OH Latin-American countries societies and associations.

IH and S regulations separated from the occupational health regulations, need of a National Institute of Occupational Health, Maquila Sector occupational and social risks, informal sector, lack of reinforcement of OH and S laws and regulations compliance, lack of identification of occupational diseases, unsuitable registration and notification of work related accidents/diseases. Only severe injuries, disabilities or fatalities are regularly reported, lack of epidemiological surveillance programs available, lack of preventive culture, low rates of OH professionals, migrating population from Mexico to US without social security coverage

1705b PSYCHOSOCIAL FACTORS AT WORK IN LATIN-AMERICAN REGION: STATE OF THE ART

Arturo Juárez-García*. *Centro de Investigación Transdisciplinar en Psicología, Universidad Autónoma del Estado de Morelos, México*

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A recent report from the International Labour Organisation for the Latin-American region (ILO, 2012) concluded that despite the apparent economic growth and a reduction in unemployment, there are still important decent work shortcomings as result of precarious employment, including income insecurity, a decline in social protection, and high labour turnover. According to the World Health Organisation (WHO 2007), both globalisation and recent changes in the nature of work are probably worsening work related stress issues in LA. When this WHO document was published in 2007, very few

studies on the topic had been carried out and no mandatory rules or risk standards had been implemented to promote good practices at the workplace against psychosocial risk exposure. However, occupational health and safety priorities in the region have changed during the last decade pointing to the need to monitor psychosocial hazards and to address work-related stress, violence, harassment, unhealthy behaviours, and other workplace hazards (Kortume & Stavroula, 2014).

In Latin-American region some important advances have been made in terms of job psychosocial practice, training and research. For example, mandatory regulations have emerged as well as national surveillance and preventive programs, including population based surveys in Colombia, México and Chile. Likewise, postgraduate courses and networks of psychosocial researchers has been created, impelling the development of the field. In research, important advances have been developed, including cross-cultural validations of psychosocial risks models and questionnaires used in developed countries, such as demand/control model or effort/reward imbalance model, however we need to consider cultural differences and create opportunities to increase the quantity and quality of research in order to develop in-depth knowledge about the impact of work stress on the worker's health and to make more promising comparisons between the data pertaining to this region and that of other regions. In this presentation, some most important achievements and future challenges of the advances on psychosocial factors at work topic will be discussed.

1705c OCCUPATIONAL HEALTH IN ARGENTINA

Claudia M de Hoyos. *SMTBA, Mas Vida Salud, Buenos Aires Argentina*

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Introduction There is a long story on Occupational Health in the Argentinian Republic since 1925, that includes in the last twenty years one important word: PREVENTION.

Methods This is a descriptive study of 102 years of evolution in Legislation since the first Law in 1915, that define Occupational Health Accident, to the new Laws that includes the function of Occupational Health Service, Security Health and Environmental, Nursing and the functions of both.

Results Argentina had made a great changes and progress, for improving the health of the workers, by the inclusion, as fundamental, the word Prevention, by giving it a legal and mandatory framework, which has been transformed into a decrease in labour pathology.

Discussion Although we have reduced the number of work accidents, we have a long and arduous task ahead on the subject of Occupational Diseases. Medical education should be improved to obtain better recognition of occupational diseases, which are currently either not recognised or underdiagnosed. The road is free to make changes, it remains, as a pending issue, to continue improving working conditions.

Conclusion In the light of scientific advances, a legal framework that helps to improve working conditions, has become essential to change the business mindset. In addition, it should also include the improvement of education programs of both doctors, specialists in occupational health, and workers, for making true the phase 'That the man does not lose life, wherever he goes to get his livelihood'.