

Convention 161 on 'Occupational Health Services' provides tools to qualify and quantify occupational health services which are 'entrusted with essentially preventive functions'.

**Results** The present coverage of services globally is presented and essential components of present practices are highlighted. Countries that have properly established services tend to have healthier workforce, lower number of problems, illnesses and injuries at work. The Public Health Care system and family doctors can significantly contribute to such occupational health services while they need access to knowledge, training and contacts with workplace problems. Basic Occupational Health Services can be established.

**Conclusion** The immediate reaction to problems caused by exposures to various risks at work is often first aid and treatment and usually just limited to that. There is a need to have a new focus and attention on the diagnosis, reporting and other proactive functions by health staff, including public health doctors, nurses or family doctors.

#### 1701b MISSION IAOH-BOHS: OCCUPATIONAL HEALTH SERVICE DELIVERY FOR INFORMAL SECTOR WORKERS THROUGH PRIMARY CARE ECOSYSTEM

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Over 400 million informal workers in India are deprived of organised occupational health care services. Challenges of dysfunctional occupational health care for such a large unorganised workforce stimulated the Indian Association of Occupational Health (IAOH) to launch *Mission BOHS* incorporating the concept of Universal Health Coverage and BOHS strategies of WHO, ILO, WONCA and ICOH. Considering the serious lacunae in availability of trained human resources in this field, training of primary care professionals in OH assumed particular significance both, in terms of its reach, and accessibility. A Task Force was appointed to study profile, size, characteristics of work and occupational health risks of leading 22 informal industries. The target audience for capacity building identified were Medical Officers of Primary Health Centres (PHC), Employees' State Insurance Hospitals and Family Physicians. Next step involved the creation and publication of 'Basic Occupational Health Services for Informal Industry: Manual for Primary Care Providers' in print and ebook versions. This manual was converted into audiovisual format for training videos screened via satellite for PHC staff during monthly district meetings. Free downloads of ebook were offered on IAOH website, as contact seminars were found to be less effective and more expensive. Pilot BOHS project has been launched in one state subsequently, followed by appointment of BOHS Missionaries across major states to advocate knowledge, attitudes and practices relevant to BOHS. The Primary Care ecosystem offers a potential model intervention in OH for the informal sector in developing countries. Mission BOHS, is work in progress and is expected to penetrate deeper with collaborations between IAOH and Central Labour Institute, Director General of Factories, Labour Advisory Service, Indian Institute of Public Health.

#### 1701c DEVELOPMENT OF OCCUPATIONAL ILLNESSES AND INJURIES RECOGNISING AND RECORD KEEPING TO STRENGTHEN OCCUPATIONAL HEALTH SERVICES DELIVERY AMONG PRIMARY CARE UNITS IN THAILAND

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**Introduction** PCUs in Thailand are able to provide some occupational health services activities. Occupational diseases (OD) are difficult to diagnose for several reasons:

- the similarities in the clinical presentation and pathophysiology between occupational and non-occupational exposures;
- the long latency period between exposure and symptom onset;
- the multifactorial aetiology of many chronic diseases; and
- no data of work-related conditions. If PCUs could provide OD diagnosis, patients with suspected OD will be benefit from referral to an occupational medicine specialist for a more detailed assessment, under-report of OD and risk from work will be managed. This study aimed to develop OD recognising and record system to strengthen OHS data system.

**Methods** The screening questions were developed to identify potential occupational causes of symptoms. Meanwhile, Bureau of Occupational and Environmental Diseases has collaborated with the Health Data Centre (HDC) of the Ministry of Public Health to add the 14 common OD in the data system. PCUs were recommended to use such screening questions, provide OD diagnosis and record in the data system.

**Results** Screening questions include what kind of job patients have; whether their symptoms are worse at work; whether they are or have been exposed to dust, fumes, chemicals, or loud noise; whether their colleagues have similar symptoms and whether they think their health problems may be related to their works. Currently, 2031 (20.78%) of total PCUs could use such questions to identify OD and add external cause ICD-10 code (Y96) to the record system. All data link to HDC therefore the national and local agencies could access OD statistics through HDC.

**Conclusion** Such screening questions are very useful and important for PCUs, especially when the diagnosis or aetiology is in doubt. Occupational health services among PCUs should be strengthened to obtain the quality data.

#### 1701d UNIVERSAL HEALTH COVERAGE AND WORKERS' HEALTH DEVELOPMENTS IN INDONESIA

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**Introduction** The social and health Insurance or universal health coverage for the Indonesian is BPJS. BPJS stands for *Badan Penyelenggara Jaminan Sosial* or The Social Security Organisation Body. The Indonesian army, police, civil employees, assistance recipients (PBI), and citizens in general are mandated to register with *BPJS Kesehatan* while the private company employees and expatriates who work in Indonesia

for at least 6 months and their dependent family members are registered with *BPJS Ketenagakerjaan*.

**Methods** This study utilised the qualitative method. The data collection was derived from the Consultative Meeting with the stakeholders and secondary data reviews pertaining to occupational health. The inter-sectoral governments employees were the main participants of the meeting.

**Results** BPJS was formed by law No. 24 in 2011. The Indonesian government has set an ambitious target to cover all Indonesian citizens and residents by 2019 that could lead to more than 245 million people being registered. *BPJS Ketenagakerjaan* administers Provident Funding Benefits, Work-Related Accident Benefits, Death Benefits, and Pension Benefits. BPJS gradually increases the preventive and promotive health programs. On the other hand, the Indonesian government is investing to increase the budget allocation for program development, advisory and inspection for the implementation of Occupational Safety and Health to improve its workers' health. The universal coverage also contributes to the betterment of healthy workers in the large-scale enterprises, small and medium companies and informal sector workers.

**Conclusion** Access to universal health coverage, increase in healthcare quality of services and investment in health prevention and promotion would likely improve the state of health among Indonesia's workers.

#### 1701e PRIMARY CARE AND WORKERS HEALTH IN LATIN AMERICA

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It is estimated that in Latin America only 10% of the economically active population have access to specialised occupational health services.

Delivering Primary Care in order to expand coverage and improve workers health is a commitment of various International Organisations. In this sense the *World Organisation of Family Doctors (WONCA)* and the *International Commission on Occupational Health (ICOH)* pledge to work with their partner organisations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

WONCA has established a new Special Interest Group on Workers Health in order to pursue this objective, where both Organisations are working together. This is particularly feasible since Primary Care and Occupational Health have several aspects in common, such as focus on prevention and patient-centred medicine, and also by giving relevance to the context of the patient.

Primary Care is in many countries of our region, the gateway for users to the health system, so it is very important that Primary Care Centres incorporate their staff to training programs designed to meet the standards that are needed for treating occupational diseases and work accidents. Latin America is gaining experience in delivering Primary Care as close as possible where people live and work as it is stated in the Declaration of Alma Ata.

This presentation will try to illustrate on different countries experiences about providing this kind of services throughout our region.

#### 1701f OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY IN PRIMARY HEALTH CARE IN SOUTH AFRICA

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South Africa is an upper middle income country with a mixed economy (mining and agriculture, manufacturing, service and knowledge). There are about 11 million workers in formal employment within large enterprises, and within small medium and micro enterprises (SMMEs). While there is also a strong informal economy with about 4.6 million vulnerable workers, including agricultural and household workers, which necessitates the developmental state agenda of the country. Since the year 2009 under the Government of His Excellency President J.G Zuma, South Africa has accelerated efforts towards health reforms through the implementation of the National Health Insurance (NHI), a form of Universal Health Coverage (UHC); re-engineering of primary healthcare (RPHC) and the establishment of the National Public Health Institute of South Africa (NAPHISA).

The current health reforms in South Africa are nested in the primary health care (PHC) concept as per the Alma Ata Declaration, which defines PHC as – ‘the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work’. The stated aim of the South African health reform is targeted at improving access, coverage, provision of quality healthcare, efficiency and cost effectiveness of the health system. Strengthening of a health system requires inputs into the World Health Organisation’s (WHO) six building blocks of the health system: leadership and governance; healthcare financing; health workforce; medical products and technologies; information and research; and service delivery. These improvements in the South African health system overall, will directly and indirectly impact the occupational and environmental health and safety (OEHS) of workers within PHC in South Africa. Thus the aim of this paper is to assess the delivery and inclusion of OEHS within PHC using the WHO’s six building blocks of the health system.

#### 1701g PUBLIC HEALTH APPROACH IN OCCUPATIONAL HEALTH AND SAFETY SERVICES/TURKEY EXAMPLE

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Occupational health and safety (OSH) is a public health issue. Any work done in the field of OSH affects directly the employees. prioritising the employee, the most important value that contributes productivity, provides a positive contribution to the work that is being done on this area. The success of these studies requires multi-sectoral and multidisciplinary