

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