decision-making. Rather than using rigid evidence to decision frameworks inspired by randomized controlled trials, evaluating evidence for action uses triangulation among diverse types and qualities of evidence to guide prevention. In occupational epidemiology, the precautionary principle can be understood as one aspect of the fundamental perspective that there is no pre-defined level of certainty that is needed before taking preventive action; instead, there are different amounts and qualities of evidence that are sufficient for each specific proposed intervention.

A continuing supply of occupational epidemiologists is needed to respond to future global health challenges. Professional training programs are needed to ensure this workforce; training which includes epidemiology and biostatistics, physiology, occupational hygiene, engineering and the social and economic aspects of work and health. Occupational epidemiology should be core training in global health programs.

Semi-plenary symposium

**CHALLENGES AND OPPORTUNITIES FOR OCCUPATIONAL HEALTH RESEARCH IN DEVELOPING COUNTRIES**

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Current Situation Despite many advances in working conditions in developing countries, general awareness about occupational health, safety and hygiene is low among the workforce and community. Occupational Health Research (OHR), in India for example, is complicated by child labour, poor legislations, vast informal sector, low attention to industrial hygiene and poor data surveillance or dissemination. Again in the Indian context (as also in many developing countries) agriculture is predominant but research in this sector is sparse due to practical difficulties including the fact that a majority of those employed in agriculture belong in the unorganised sector. Challenges Some of the challenges in facing OHR in the developing countries include

- The difficulty in gaining access to the data from large workplaces.
- Expenses involved in the research and the lack of funding for the same.
- The lack of dedicated trained research personnel.
- Research priorities being driven by management needs.
- Most of the research is descriptive and there is a genuine lack of quality interventional studies.
- Most of the occupational health researchers are old and young professionals are hesitant to come into a doubtful career path.
- Research priorities are not always met by research output, its impact or their funding.
- Developing countries do not have means to convert OHR findings into effective policies as compared to developed nations.
- Professional isolation: OHR is predominantly the domain of the medical officer in that workplace without any collaborations with other sectors of sociology, economics or political sciences.
- Majority of occupational health journals want research done in workplace alone and not the ones covering socio-political effects of work on the community.
- Research fundings may be product driven to prove necessity rather than demand driven.
- The nature of various study-designs, control groups, interview procedures, self-reporting biases and statistical techniques used in those studies made the interpretations very complex, pose difficulties to generalize the conclusions about occupational risks.

Opportunities More robust occupational health laws and a team which includes occupational health researchers to support it at the ground level is the need of the day. Therefore, the need for trained occupational health physicians with a penchant for research cannot be over-emphasized. This ‘future leadership’ in the field of occupational health should secure political will and thereby funding for research. Occupational Health researchers need to demonstrate the value of robust research findings to the stakeholders like funders and policy makers. They should build international and local collaborations including public private partnerships as well as look into intersectoral coordination. Gender sensitivity should be integral to OHR; not merely comparing between men and women but on a broader scale of how anthropometry, ergonomics, mental health plays a role in their occupational health. Nuwayhid suggests that research should move on from identifiable and measurable workplace hazards to a more system-based approach on how the risk factors could affect the family and society. On the other hand, instead of considering the workplace as a threat to health, a different perspective of positive impact of workplace on health and family should also be recognised. A shift in approach from measuring exposures and injuries to economic evaluations on workplace interventions. OHR should prioritize validity and strength of occupational health interventions rather than the economic constraints and socio-political feasibility. There is also a need to rethink the indicators of occupational health not forgoing the classic morbidity, mortality, and productivity numbers, but to add return on investments, occupational health researchers trained, newer interventions designed and implemented and to report on the validity and effectiveness of those interventions.

REFERENCES