

Implementing the Global Plan of Action for Workers' Health

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Abstract

This article was set out to illustrate how strong partnering can assist countries to better protect the health and safety of workers affected by globalization and new technology, and to invite new partners to collaborate with the activities of World Health Organization (WHO) Global Network of Collaborating Centers in Occupational Health. Two Resolutions passed by the WHO World Health Assembly to address the health and safety of workers were introduced, including the *Global Strategy on Occupational Health for All*, endorsed in 1996, and the *Global Plan of Action on Workers' Health 2008-2017*, endorsed in 2007. Examples of deliverables achieved, anticipated by 2012, and gaps to be filled were discussed. Further intensive focus will be designed into the next Global Workplan for 2013-2017.

Keywords: Worker health, Global plan, World Health Organization

Introduction

The purpose of this article is to illustrate how strong partnering can assist countries to better protect the health and safety of workers affected by globalization and new technology, and to invite new partners to collaborate with the activities of World Health Organization (WHO) Global Network of Collaborating Centers in Occupational Health. The Network includes WHO, 68 Collaborating Centers (CCs) in Occupational Health that are primarily occupational health agencies and university departments, the International

Commission on Occupational Health (ICOH), the International Occupational Hygiene Association (IOHA), the International Ergonomics Association (IEA) and the International Labor Organization (ILO)[1]. The partners in this Network are working together in a common 2009-2012 Workplan[2] to develop electronic resource libraries, practical tools, guidance, and increased capacity needed by countries to address the challenges of worker health. Partners outside the Network are invited to coordinate and collaborate with us.



Figure 1 WHO Global Network of Collaborating Centers in Occupational Health

The 193 Member Countries of the United Nations work on health-related issues that are identified and endorsed by their Health Ministers, who gather in May of each year in Geneva as the World Health Assembly, the supreme decision-making body for the World Health Organization. WHO is responsible for providing leadership on global health matters for the United Nations countries, shaping the health research agenda,

setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. The International Labor Organization is the UN specialized agency which seeks the promotion of social justice and internationally recognized human and labour rights. Together these organizations have maximal influence for working people.

Two Resolutions passed by the WHO World Health Assembly to address the health and safety of workers have been the driving force for the WHO Occupational Health Program and for its Network of Collaborating Centers. These are the *Global Strategy on Occupational Health for All*, endorsed in 1996, and *the Global Plan of Action on Workers' Health 2008-2017*, endorsed in 2007.

Global strategy on occupational health for all (1996)

The CCs in Occupational Health worked with WHO to prepare Resolution 49.12 *Global Strategy on Occupational Health for All*, which was endorsed by the World Health Assembly in 1996[3]. In preparation for WHO bringing the Resolution to the World Health Assembly, the Global Network of CCs had devoted its 1st Network Meeting (Moscow) in 1992 and 2nd Network Meeting (Beijing) to discussions leading to publication of a detailed document entitled 'Global Strategy on Occupational Health for All', published in 1994[4]. This document provides guidance to countries how to successfully implement the strategy in national occupational health and safety standards and practical actions. Of note is the Declaration on Occupational Health for All, which was signed at the Great Wall of China in 1994 by the Chairs and Vice-Chairs of the Global Network and the Network Meeting in Beijing[5].

Global plan of action for workers' health (2007)

In anticipation of the tenth anniversary of the 1996 World Health Assembly Resolution *Global Strategy on Occupational Health for All*, WHO and the Global Network of CCs in Occupational Health addressed the need for a new Resolution to meet the continuing needs of workers. Based on consultations with CCs, countries, and international partners, and on a 2005 Survey of Member States, it was concluded that the objectives and approaches of the 1996 Resolution and the supporting 1994 CC Network document remained largely valid. What was needed was a renewed call to action. Accordingly, WHO worked with the six WHO Regional Offices, the ILO, ICOH, IOHA, IEA, international organizations of employers and workers, and the Collaborating Centers in Occupational Health to develop a Global Plan of Action on Workers' Health to provide a policy framework for renewed and intensive action to protect, promote and improve the health of all workers. In 2006, as part of the preparation, the Stresa Declaration on Workers Health[6] was unanimously approved by the CC Directors at the 7th Network Meeting in Stresa, Italy.

The *Global Plan of Action for Workers' Health 2008-2017*[7] was endorsed as Resolution 60.26 by the 193 United Nations Member States at the 60th World Health Assembly in May 2007. The Global Plan of Action for Workers' Health addresses all aspects of workers' health, including

primary prevention of occupational hazards, protection and promotion of health at work, employment conditions, and improving the response of health systems to workers' health. It calls for occupational risk assessment and management in the workplace, which is a key area for action. It also calls for improving workers' health through involvement with other public health disciplines, such as chemical safety, environmental health, health systems, and disease prevention and control. It urges close collaboration with labor and other sectors, and with organizations of employers, workers, and professionals. The content of the Resolution is organized according to the specific Objectives of the GPA:

1. To devise and implement policy instruments on workers' health;
2. To protect and promote health at the workplace;
3. To improve the performance of and access to occupational health services;
4. To provide and communicate evidence for action and practice; and
5. To incorporate workers' health into other policies.

The 2009-2012 workplan of the WHO network of CCs in occupational health

The WHO Network 2009-2012 Workplan was developed to promote intensive activity toward addressing the Global Plan of Action. The approximately 200 current

projects of the 2009-2012 Workplan[8] are organized into five groups, each focused on one of the five Objectives of the Global Plan of Action for Workers' Health.

Priorities of the 2009-2012 workplan

The institutions of the Network of WHO CCs in Occupational Health are carrying out a broad range of national, regional, and global projects to assist countries to implement the commitments of the Global Plan of Action (GPA). Because of the breadth of the content in the Global Plan of Action, the CC Network used a consultation process in 2008 to identify the Priorities toward which the greatest intensive effort would be devoted. The 2009-2012 Work Plan organizes the projects into subgroups addressing the Priority topics[9] within each of the GPA Objectives. Each subgroup of projects is coordinated by a volunteer CC Initiative Leader, who assists the volunteer GPA Objective Manager. Their work is done in cooperation with the Network Co-Coordinator, and the occupational health staff in Geneva and in the regional offices. The five GPA Objectives and the Priority Areas are provided in Annex 1, where examples of deliverables and the Priority Leaders are also identified.

The Eighth Meeting of the WHO Global Network of Collaborating Centers in Occupational Health took place in Geneva, Switzerland from 19-21 October, 2009[10].

The purpose of the Meeting was to assess the progress of the Network 2009-2012 Workplan in achieving the outcomes of the Global Plan of Action; to note outcomes anticipated from the projects by 2012; to identify critical gaps needing filling by 2012; and to look forward to areas of emphasis anticipated for the next Workplan 2013-2017[11]. The Meeting hosted 14 Working Groups, one for each GPA Priority Area. Prior to the meeting, all CCs were invited to update progress on projects, including identifying outcomes already achieved and anticipated deliverables by 2012. This information was used in the Working Groups to stimulate increased collaboration, generate new or modified projects, and project the level of success by 2012. The dates of 2012 and 2017 were selected as end dates of the Network Workplan periods because WHO must report to the 2013 and 2018 World Health Assemblies on progress of the countries on the commitments of the Resolution 60.26 Global Plan of Action on Workers' Health. The Final Report of the Geneva Meeting describes the conclusions and the plans for going forward within each of the GPA Priority Areas[12].

The Network Meeting was followed by three intensive Workshops held to substantially advance three key priorities of the Global Plan of Action: Capacity Building, Healthy Workplaces, and Healthcare Workers. The Reports of these Workshops indicate substantial accomplishments to date and strategic plans for the next few years[13].

Examples of Deliverables Achieved,

Anticipated by 2012, and Gaps to be Filled Discussions in the Priority Area Working Groups at the 8th Global Meeting of the Network in Geneva led to the following conclusions and commitments to filling of gaps.

1. GPA Objective 1: Devise and implement policy instruments on workers' health

(1) Priority 1.1: Develop or implement profiles on workers' health and evaluation of national action plans on workers' health.

A. Anticipated by 2012: Standardized format agreed by ILO and WHO for national profiles; global electronic repository of national policy instruments on workers' health.

B. Gaps: Implementation and evaluation of national policy instruments; global list of worker health indicators; systematic review of national policies and action plans.

(2) Priority 1.2: the prevention of silica and other dust-related diseases.

A. Achieved: National Silicosis Plan, silica lab, training and toolkit development and usage in Chile.

B. Anticipated by 2012: Electronic resource library; wide sharing of tools, laboratory development and diagnosis training; increased technical ability.

C. Gaps: Network of toolkit users; evaluation of impact of tools and training.

(3) Priority 1.3: the elimination of asbestos-related diseases.

A. Achieved: Leadership of WHO and

ILO; banning in several countries.

B. Anticipated by 2012: Awareness-raising activities; training; tools.

C. Gaps: Evaluation of preventive models; toolkits; technical capacity.

(4) Priority 1.4: the comprehensive protection and promotion of health for health care workers, emphasizing Hepatitis B immunization.

A. Achieved: WHO/PAHO Train-the-trainer toolkit to prevent needlesticks adapted, translated and implemented in countries; Toolkit and models of implementation / valuation available for use globally.

B. Anticipated by 2012: Global Framework for National Programs for Health Workers addressing all risks for health-care workers; widespread Hepatitis B immunization campaigns.

C. Gaps: Geographical gaps; dissemination of tools and best practices; comprehensive package for hazard assessment, prevention and control of all hazards to health workers.

2. GPA Objective 2: To protect and promote health at the workplace

(1) Priority 2.1: practical toolkits for the assessment and management of occupational health risks.

A. Achieved: Twenty-five toolkit development projects underway at CCs; European PRIMA psychosocial framework for toolkit.

B. Anticipated by 2012: Electronic

resource library; implementation and evaluation of toolkits; Network of experts.

C. Gaps: Inclusion of toolkits in Basic Occupational Health Services; technical capacity; broad acceptance of value of 'simple guidance'; inclusion of variety of toolkits into one 'toolbox' for coherent usage.

(2) Priority 2.2: a global framework and guidance on healthy workplaces.

A. Achieved: WHO Healthy Workplace Framework document reviewed and agreed at October 2009 Global Network meeting.

B. Anticipated by 2012: Publication of WHO guidance on Healthy Workplaces; adaptation of guidance to country, community, sector, company, culture; piloting and evaluation of guidance in countries; training modules and train-the-trainer approach; electronic availability of materials and tools.

C. Gaps: Awareness; inclusion of employers and labor; cost-effectiveness.

(3) Priority 2.3: toolkits for the assessment and management of global health threats including HIV, tuberculosis, malaria, and influenza (emphasizing vulnerable groups (e.g. migrant workers)).

A. Anticipated by 2012: Guidance for vulnerable groups; WHO guidance on pandemic preparedness.

B. Gaps: Models of success for prevention in migrant groups.

3. GPA Objective 3: To improve the performance of and access to occupational health services

(1) Priority 3.1: provide technical assistance to countries for organization, delivery and evaluation of basic occupational health services (BOHS).

A. Achieved: Piloting of basic occupational health services programs in several countries.

B. Anticipated by 2012: Publication of practical BOHS delivery models and practices; train-the-trainer programs; programs of grass-root level OSH training; implementation and evaluation of models.

C. Gaps: Definition of BOHS standardized minimum package of services; evaluation of BOHS practices; inclusion in national government systems; technical capacity.

(2) Priority 3.2: training materials and training for international capacity building in OH.

A. Achieved: Electronic Geolibrary[14] of training materials

B. Anticipated by 2012: Electronic open educational resource repository and an active community of educators motivating and assisting OSH capacity building; Broad preliminary framework defining occupational health disciplines and competencies; Train-the-trainer models and products ; Inclusion of interested educators into the community.

C. Gaps: Materials in other languages; OSH academic programs in countries;

collaborations with employers, unions, primary healthcare, labor inspectorates, universities and professional associations

4. GPA Objective 4: To provide and communicate evidence for action and practice

(1) Priority 4.1: practical research on emerging issues, including nanomaterials and climate change

A. Achieved: Many Collaborating Centers are expert nanotechnology research centers.

B. Anticipated by 2012: WHO guidance for handling nanomaterials for low-income countries; communication system to inform low-income countries of risks and solutions of nanomaterials; review of efforts to identify and prevent worker risks enhanced or created due to climate change; position paper on preventive and corrective actions.

C. Gaps: Worldwide limitations in understanding and experience with consequences and solutions for workers handling nanomaterials or affected by climate change.

(2) Priority 4.2: develop the global research agenda for workers' health.

A. Achieved: Many Collaborating Centers are expert OSH research centers.

B. Anticipated by 2012: Identification of practical research priorities for low-resource countries.

C. Gaps: Recognition of occupational health and safety needs by countries.

(3) Priority 4.3: include occupational health in the ICD classification[15].

A. Anticipated by 2012: Inclusion of occupational health components in the 11th revision of the International Classification of Diseases.

B. Gaps: Recognition of the importance of occupational risks for disease.

5. GPA Objective 5: To incorporate workers' health into other policies.

(1) Priority 5.1: studies to clarify the economic benefits of workers' health.

A. Achieved: Working party formed in October 2009 Meeting of 18 CC members to advance cost-benefit analyses within the Network.

B. Anticipated by 2012: Conceptual framework for inclusion of cost-benefit analyses in CC intervention projects (e.g. implementation of silica toolkits); Models for use by international funding bodies, and at national, company and individual levels.

C. Gaps: Limited experience in the Collaborating Centers.

(2) Priority 5.2: managing risks associated with the effects of globalization on workers' health.

A. Anticipated by 2012: Global situation analysis on OSH in a globalized world that identifies various types of problems, interventions, target groups, potential partners, examples of successful interventions; linking of analyses to practical outputs of the 2009-2012 Workplan projects targeting migrants, healthcare workers, vulnerable groups.

C. Gaps: Partnerships outside the WHO

Network including consumer groups, Corporate Social Responsibility programs, Fair Trade movement, international agencies and NGOs; international funding agencies, national and local agencies and NGOs; professional associations and universities.

(3) Priority 5.3: implement sectoral toolkits for the assessment and management of OH risks in the most hazardous sectors and for vulnerable workers.

A. Agriculture

(A) Achieved: Latin American Network on Rural Medicine and Health and Mediterranean and Balkan Network on Rural Medicine and Health active and hosting 2010 Conferences in Cuba and Albania.

(B) Anticipated by 2012: Resource library for sharing of tools, model policies, examples of successful pesticide registration systems, training for rural populations

(C) Gaps: Adequate national legislation for OSH in agriculture, BOHS in agriculture.

B. Transport

(A) Achieved: International Congress on Global Road Safety for Workers; Electronic library of good practices for workers on roads[16].

(B) Anticipated by 2012: Implementation and evaluation of road safety practices; Guidance for chemical safety of European maritime workers in harbors.

(C) Gaps: Active network of global road safety experts focused on OSH; failure of OSH community to address road safety for workers; few projects by Collaborating Centers.

C. Construction

(A) Anticipated by 2012: Electronic resource library to share and connect existing resources; sector-based simple guidance implementation and evaluation.

(B) Gaps: Guidance and tools suitable for informal sector and migrant workers; partnerships outside the WHO Network including employers, labor, insurance companies; few projects by Collaborating Centers

D. Vulnerable workers

(A) Achieved: ILO/WHO Technical Committee on Young Workers and Child Labor to provide leadership and connect partners.

(B) Anticipated by 2012: Resource library to share OSH tools, training and practices for all groups of vulnerable workers (child labor, young and older workers, informal sector, migrant workers, precariously employed workers, workers in disadvantaged ethnic groups, vulnerable women workers (e.g. pregnant) and workers with chronic illnesses or disabilities.

(C) Gaps: Integration of vulnerable worker issues into Basic Occupational Health Services; few projects by Collaborating Centers.

Discussion

The members of the Global Network of Collaborating Centers in Occupational Health are all actively engaged in this broad partnership effort to develop tools and capacity to address worker health and safety risks throughout the world. The members include WHO headquarters and regions, ILO, 68 individual Collaborating Centers and the three international NGOs in formal affiliation with WHO: ICOH, IEA and IOHA. The priorities on which they are working were endorsed by the UN Member States in May 2007 as the World Health Assembly Resolution 60/26 *Global Plan of Action for Workers' Health 2008-2017*. The intent of the Network effort is to focus on deliverables by 2012 that will assist the countries to fulfill their commitments agreed by endorsing the Resolution. Further intensive focus will be designed into the next Global Workplan for 2013-2017.

Success in assisting countries to act for workers' health will require active engagement of the Network with numerous partners knowledgeable about and committed to worker health and safety, from all areas of the globe, and at various levels in international agencies and NGOs and professional associations, in national ministries, agencies and NGOs; in professional associations, universities, companies and unions; and in or responsible for the informal sector. Please consider coordinating or collaborating with us to advance the worker health efforts in your area

of interest. Please especially note the gaps identified above and assist in addressing the needs of workers and of countries. Together, we can have a substantial impact on the health and safety of working people.

Acknowledgements

The author notes with appreciation that the content of this article relied heavily on the reports prepared for the October 2009 Global Network Meeting by the Global Plan of Action Managers and the staff at WHO Headquarters. See http://www.who.int/occupational_health/network/collaborating_centres_meeting/en/index.html.

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- 2009 (Available from : URL : http://www.who.int/occupational_health/final_4_Jan_cc_report.pdf)
- [13] Final Reports of Workshops of October 2009 (Available from : URL : http://www.who.int/occupational_health/network/collaborating_centres_meeting/en/index.html)
- [14] Global Environmental and Occupational Library (Geolibrary) of OH Training Materials (Available from : URL : <http://www.geolibrary.org>)
- [15] Note: This is a new Priority identified as needed at the October 2009 Network Meeting and added to the existing list of 14 Priorities and resulting in a set of 15 Priorities.
- [16] Electronic library of good practices for workers on roads (Available from : URL : <http://www.roadsafetyatwork.org>)

Annex 1 Workplan of the Global Network of WHO Collaborating Centres for Occupational Health for the period 2009-2012

This workplan represents the contribution of the Global Network of WHO Collaborating Centres for Occupational Health to the implementation of the WHO Global Plan of Action on Workers' Health, 2008-2017: http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf. The Network includes government, research, professional and academic institutions from 37 countries, and three international professional associations http://www.who.int/occupational_health/network/cc_address_list_2822008.pdf. The 2009-2012 workplan is organized into 5 objectives, reflecting those of the Global Plan of Action, and 15 priorities. Projects associated with each priority can be found at http://www.who.int/occupational_health/en/. For more information, contact ochmail@who.int.

GPA Objective 1: to devise and implement policy instruments on workers' health Manager: Claudina Nogueira, NIOH, South Africa

<p>Priority 1.1: Develop/update national profiles on workers' health and provide evidence base for development, implementation and evaluation of national action plans on workers' health</p> <p>Outputs: Comparative analysis of national strategies and action plans, national profiles, and reports on lessons learned</p> <p>Support: CC: Jovanka Bislimovska, Institute of OH, FYR of Macedonia WHO/HQ: Ivan Ivanov</p>	<p>Priority1.2: Develop and disseminate evidence-based prevention tools and raise awareness for the prevention of silica- and other dust-related diseases.</p> <p>Outputs: Evaluation of national programmes, packages of essential interventions and good practices, for dust control, exposure and diagnostic criteria for pneumoconiosis</p> <p>Support: CC: Catherine Beaucham, Maria Lioce-Mata, and Faye Rice, NIOSH US Partner: Igor Fedotov, ILO WHO/HQ: Ivan Ivanov</p>	<p>Priority1.3: Develop and disseminate evidence-based tools and raise awareness for the elimination of asbestos-related diseases.</p> <p>Outputs: Estimates of the burden of asbestos-related diseases, review of good practices for substitution of asbestos and prevention of exposure to asbestos, health surveillance of exposed workers</p> <p>Support: CC: Ken Takahashi Institute of Industrial Ecological Sciences, Japan Partner: Igor Fedotov, ILO WHO/HQ: Ivan Ivanov</p>	<p>Priority 1.4: Conduct studies and develop evidence-based tools and information materials for the comprehensive protection and promotion of health for health care workers, emphasizing HBV immunization.</p> <p>Outputs: Tools, guidance, assistance to countries for training, implementing and evaluating programs</p> <p>Support: CC: Ahmed Goma and Maria Lioce-Mata, NIOSH, US Partners: ILO Julia Lear; PSI Jorge Mancillas WHO/HQ: Susan Wilburn; PAHO: Marie-Claude Lavoie</p>
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GPA Objective 2 : to protect and promote health at the workplace
Managers: Stavroula Leka and Aditya Jain, Univ. of Nottingham, UK

Priority 2.1: Develop practical toolkits for the assessment and management of OH risks (focus: chemical, physical, biological, psychosocial risks)

Outputs: Tools, inventory, framework document, mapping of use and types of tools, evaluation, definition of common criteria of toolkits

Support:

CC: David Zalk, IOHA, Wendy Macdonald, La Trobe University, Australia , Stavroula Leka and Aditya Jain, University of Nottingham, UK
WHO/HQ: Evelyn Kortum

Priority 2.2: Healthy Workplace programmes and guidance to inform country frameworks

Outputs: Review of effectiveness of existing programmes for healthy workplaces, tools for creating healthy workplaces including a health-promoting culture and OH&S principles

Support:

CC: Abeytunga, CCOHS, Canada
Fernando Coelho, SESI, Brazil

Partner: Valentina Forastieri, ILO

WHO/HQ: Evelyn Kortum
WHO/PAHO: Marie-Claude Lavoie

Priority 2.3: Develop toolkits for the assessment and management of global health threats including HIV, tuberculosis, malaria, influenza, emphasizing vulnerable groups, in particular migrant workers

Outputs: Tools, inventory, framework, mapping of use and types of tools, evaluation, and definition of toolkits

Support:

CC: Jadranka Mustajbegovic, Medical School University of Zagreb, Croatia
WHO/HQ: Susan Wilburn

GPA Objective 3 : to improve the performance of and access to occupational health services
Managers: Timo Leino, FIOH and Leslie Nickels, UIC

Priority 3.1: Develop working methods, provide technical assistance to countries for organization, delivery and evaluation of basic OH services in the context of primary health care, with particular focus on underserved populations and settings with constrained resources

Output: Good practices and demonstration projects for organization and delivery of OH services, evaluation of service delivery, international knowledge networks of service providers, website clearinghouse of information materials for OH practice

Support:

CC: Timo Leino, FIOH, Finland, Norbert Wagner, University of Illinois at Chicago, Frank VanDijk, Coronel Institute, The Netherlands;

Partner: Igor Fedotov, ILO
WHO/HQ: Ivan Ivanov

Priority 3.2: Adapt and disseminate curricula, training materials and training for international capacity building in OH

Output: Model materials and courses for BOHS, inventory, technical support for delivery of international courses and on-line training, national training programs in low- and medium-income countries, introduction of OH into professional education

Support:

CC: Jonny Myers, University of Cape Town, Linda Grainger, ICOH
WHO/RO: Rokho Kim

GPA Objective 4 : to provide and communicate evidence for action and practice Managers: Jo Harris-Roberts and Ed Robinson, HSL, UK

Priority 4.1: Encourage practical research on emerging issues, including nano-materials and climate change

Output: Research reports and communication strategies with low- and medium income countries on interventions to ensure workers' health

Support:

CC: Nano-materials Rosemary Gibson HSL, UK and Vladimir Murashov, NIOSH USA
Climate change Jo Harris-Roberts, Ed Robinson, HSL, UK
WHO/HQ: Ivan Ivanov

Priority 4.2: Further develop the global research agenda for workers' health

Output: Research report matrix to identify relevant gaps in research

Support:

CC: Jo Harris-Roberts, Ed Robinson, HSL, UK
WHO/HQ: Ivan Ivanov

Priority 4.3: Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD) to include occupational causes in the eleventh edition.

Output: Occupational health and disease components added to ICD-11

Support:

CC: Jo Harris-Roberts, Ed Robinson, HSL, UK
WHO/Euro: Rokho Kim

GPA Objective 5: to incorporate workers' health into non-health policies and projects Manager: Wendy Macdonald, La Trobe University, Australia

Priority 5.1: Collate and conduct cost-benefit studies to clarify the economic benefits of workers' health

Output: Published articles and information posted to WHO website

Support:

CC: Jos Verbeek, FIOH, Finland, Diana Gagliardi, ISPESL, Italy

Priority 5.2: Develop specific and relevant recommendations to manage risks associated with the impacts of globalization on workers' health

Output: Guidance for development banks, non-health sector entities to improve workers' health

Support:

CC; David Rees, NIOH, South Africa

Priority 5.3: Implement toolkits for the assessment and management of OSH hazards in high risk industry sectors and for vulnerable worker groups

Output: Tools, inventory, framework document, mapping of use and types of tools, evaluation

Support:

CC *Hazardous sectors*: Catherine Beaucham, NIOSH, USA
Agriculture: Claudio Colosio, University of Milan, Italy
Transport: Lygia Budnik, CIOM, Hamburg and Jane Wilkins, NIOSH, USA
Vulnerable workers: Owen Evans and Jodi Oakman, La Trobe Univ. Australia
Partner: *Young workers*: Susan Gunn, IPEC
ILO, Annie Rice SafeWork, ILO