

GOHNET NEWSLETTER No.23

March 2014 Edition

IMPROVING WORKERS' HEALTH WORLDWIDE:
Implementing the WHO Global Plan of Action on Workers' Health

In this Issue

In memoriam – Joan Burton	2
News from WHO	3-7
News from our collaborating centres and partners	7-14
Upcoming conferences	14
Publications	15
Useful WHO links	15

In memoriam – Joan Burton



Joan contributing to the WHO Consultation on WHO Healthy Workplaces in our WHO offices in New Delhi in 2011

Last year in March 2013, a friend and colleague at the WHO, Joan Burton, became suddenly ill. By June, Joan felt much better and planned several hiking holidays scheduled for October in Pennsylvania, for November in New Zealand, and for March this year in Patagonia. However, her health declined over the course of the year and it is with great sadness that I write of Joan's passing March 1, 2014.

In 2010, Joan supported by a small group of individuals from the WHO collaborating centres for occupational health, was instrumental in developing the WHO healthy workplace model. Joan actively promoted the model in her country of Canada and across the world.

In 2012, we started work on developing a model for evaluating healthy workplaces, and Joan created an overview of models (to be published).

Joan was passionate about her work. She had the rare combination of great achievement, professional expertise, and humility.

Joan was also one of the nicest and most genuine people I have met during my professional career. She was warm-hearted and fun-loving. On the occasion of our experience in India, I would capture a moment of Joan interacting with street children in Jama Masjid, Fatehpur Sikri, Agra. Joan gave away everything she could. Back in the car, she grappled with her emotions and it was a special moment of witnessing 'Joan pure'.



Joan and I became friends in 2008 in Korea in connection with the ICOH Congress and the meeting of collaborating centres which was organized by KOSHA. I already miss Joan as a friend and as a colleague. I, along with my colleagues who knew Joan, would like to extend our heartfelt condolences to Joan's family.

Joan's son Scott has created this site if you would like to consider posting testimonials or stories about or with Joan: <http://www.rememberjoanburton.com/> ([under menu](#))

Evelyn Kortum

News from WHO



We would like to welcome Dr Aliya Kosbayeva who has joined the team at the WHO European Center for Environment and Health in the position of Technical Officer, Occupational Health and multiple environmental exposures and risks in Bonn, Germany.

Dr Kosbayeva is from Astana, Kazakhstan, where she worked for over three years in the WHO Country Office as a National Professional Officer. Her duties cover a wide range of issues related to the implementation of the climate change and health impact assessment project, which was the very first attempt in Kazakhstan to combine and initiate analysis in relation to ongoing and possible effects of climate change on health, enabling the development of a national action plan.

In addition, Dr Kosbayeva facilitated activities related to communicable disease control, notably TB prevention national strategic document development due to its high burden in Kazakhstan and some vaccine-preventable diseases, environmental health and health security, particularly in connection with International Health Regulations, Disaster preparedness, etc.

Prior to that, Dr Kosbayeva also worked at UNICEF as Health and Nutrition Officer in Kazakhstan for five years supporting the adoption of Life Birth Definitions in the country and promoting integrated services ensuring child survival and development. She also served as Regional Health Officer at the International Federation of Red Cross and Red Crescent Societies for Central Asian Countries and promoted social services for TB patients to ensure their DOTS treatment completion.

Dr Kosbayeva is a Pediatrician with a Masters Degree in Public Health in developing countries obtained from the London School of Hygiene and Tropical Medicine.

She is very excited to be part of the team in a new position and to contribute to promotion of Occupational Health and integrating it into health policies in WHO European Region countries bearing in mind her public health background and experience.

More on WHO European Regional Office work in the area:

<http://www.euro.who.int/en/health-topics/environment-and-health/occupational-health>

Contact: Dr Aliya Kosbayeva - kosbayevaa@ecehbonn.euro.who.int

WHO collaborating centres in South-East Asia and the Western Pacific regions deepen their networking and collaboration

WHO collaborating centres for Occupational Health in South-East Asia and Western Pacific regions met on 13 November 2013 in Manila, Philippines to share information on their work plans and activities, assess the progress in implementing the Worker's Health Global Plan of Action and regional frameworks for action on occupational health, and to recommend potential areas for future collaboration.

The meeting was held back-to-back with the Sixth International Seminar of the Asian Asbestos Initiative (AAI-6), held from 14 to 15 November 2013 at the same venue.



Sixteen participants from eleven WHO collaborating centres in nine countries (i.e. Australia, China, India, Japan, Republic of Korea, Singapore, Sri Lanka, Thailand and Viet Nam), participated along with WHO Secretariat members from the two regional offices SEARO and WPRO, WHO Country Offices from the Philippines and Viet Nam, and WHO HQ. A number of government officials and university researchers from around the region, attending the AAI also had the possibility to participate.

Progress reports from the eleven collaborating centres confirmed the wide range of activities underway. These activities contribute both to the priorities defined by the Global Master Plan on worker's health as well as other regional frameworks such as Regional Framework for action for occupational health 2011-2015 published by WHO WPRO.

Collaborating centres typically contribute to selected projects under the Global Master Plan that align with their specific fields of expertise rather than attempting to address all elements. Networking is therefore an important part of their work. The eleven collaborating centres form an important technical resource for the two WHO regions for capacity-building. The development of toolkits and their customization particularly for use in developing country and in regional contexts is one of the areas where success has been seen for example in the areas of ergonomics, occupational heat-stress as well as the management of hazardous substances at work.

The Toolkit for the Elimination of Asbestos-Related Diseases is another important resource arising from collaborative work, in this case between the University for Occupational and Environmental Health in Japan and the Occupational Safety and Health Research Institute in Korea. This toolkit makes available to all countries the wealth of existing materials as well as lessons learned on eliminating asbestos-related disease. This issue remains of considerable priority given the continued and increasing use of asbestos in many countries in the Asia-Pacific region.

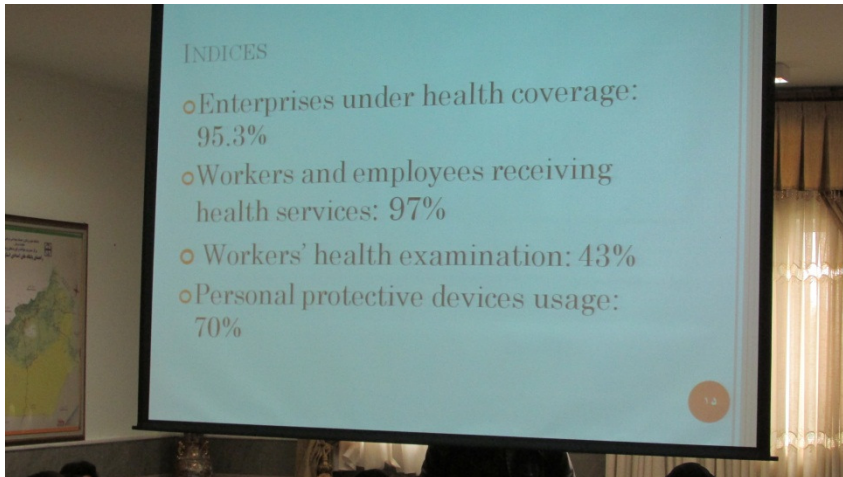
A number of opportunities for extending collaboration with WHO collaborating centres and countries in the region were identified by the meeting participants including for example on chemicals safety, where a number of toolkits and training courses are available.

The Asian Conference on Occupational Health to be held in Fukuoka, Japan from 2 to 4 September 2014 was identified as good opportunity for future networking on occupational health in the Asia-Pacific region and to deepen collaboration further.

Contributed by Lesley Onyon, Regional Advisor, Occupational Health and Chemical Safety, WHO SEARO (onyonl@who.int) and Nasir Hassan, Team Leader, Environmental Health WHO WPRO (hassanm@who.int)

Iran provides an example of how universal health coverage is possible

The Iranian health system is based on primary health care and covers about 95% of the population. Publicly provided primary care services cover formal and informal small workplaces with less than 50 workers. In rural areas, basic health services are provided by community health workers in health houses supported by the general practitioner (GP) and occupational/environmental health technician from the rural health centre.



Workers' health coverage in the province of Semnan (source: Dr Jafar Jandaghi, Semnan University of Medical Sciences)

Community health workers called *Behvar* are selected from the local community and trained for two years after high school to provide a package of basic health services in their village, including occupational and environmental health. Once a year they visit all workplaces in the village with less than 20 workers. They do walk-through surveys with checklists, give recommendations for workplace improvements, and train workers and farmers in protecting their health. In half of the cases the recommendations for improvement are implemented after the first visit, the other half require a second visit. The community health workers also prepare the referral of high risk workers for medical examinations by the GP at the rural health centre. They fill in the work history part of the form for preventive medical examinations. All high risk workers are supposed to go through such examinations once a year.

Occupational technicians with university degree assess occupational health risks, when necessary with simple measurements, give recommendations for improvement, carry out group training of workers in enterprises between 20 and 50 workers and provide some basic services for environmental health. Technicians from the rural health centre help community health workers to resolve more complex cases, for example exposure to hazardous chemicals. In urban areas there are no community health workers and all workplace visits are carried out by occupational health technicians from the urban health centre.

The general practitioners from rural and urban health centres carry out preliminary and periodic medical examinations of high risk workers and detect cases with suspected occupational diseases for further investigation. To do so, general practitioners have to be certified after taking a one-week initial training and annual refresher courses in occupational medicine.

Most enterprises have a worker volunteer called *Behgar* acting as safety representative. Such workers receive a nine-day training to provide first aid at the workplaces and some basic advice for improvement of working conditions and health protection. Enterprises with more than 50 workers have

a workers' health house (on their own or together with other enterprises), staffed by an occupational technician and a worker volunteer. In enterprises with more than 500 workers, the team includes also a physician trained in occupational health. The public health system supervises workers' health houses and health centres in enterprises.

By combining the provision of public services for small enterprises and private services under public supervision for bigger enterprises, the Iranian health system has managed to ensure almost universal health coverage of workers with a core package of essential occupational health interventions – advice and education for workplace improvements, health surveillance of high risk workers and detection of occupational diseases.

For more information:

Ezzatian, R. (2011) Situation Analysis of Workers Health Houses at National Level available at <http://markazsalamat.behdasht.gov.ir/uploads/final%20report%20-%20Workers%20Health%20Houses-.pdf>

Vigeh, M., and M. Mazaheri (2009) Occupational Medicine in Iran, Occupational Medicine, 59(1):66, available at <http://occmmed.oxfordjournals.org/content/59/1/66.full>

Acknowledgement: This article was prepared on the basis of a field study in February 2014 on the delivery of occupational health services at the primary care level in the city of Tehran and the surrounding municipalities and in the province of Semnan kindly organized by Drs Ezzatian and Bahrami from the Ministry of Health and Medical Education.

Contributed by Dr Ivan D. Ivanov, Global Occupational Health Programme, WHO Headquarters, ivanovi@who.int

MiNDbank ...Mental health information at your fingertips

Do you want to reform your policies, strategies and laws for mental health in your country in line with international human rights standards? Where do you start?

With WHO MiNDbank. Why?

Because it's the only single point globally where users can access key mental health resources from WHO, the United Nations and more than 150 countries.



WHO MiNDbank: More inclusiveness Needed in Disability and Development, is a new WHO online platform. It holds key international resources and national policies, strategies, laws and service standards for mental health, substance abuse, health, disability, human rights and development. Launched on Human Rights Day, 10 December 2013, hosted by WHO and the Government of Brazil, as part of the "QualityRights" initiative, WHO MiNDbank is a practical tool that facilitates dialogue, advocacy and research to promote national reform and

the rights of people with mental disabilities. MiNDbank exists thanks to countries sharing their national resources. Users are invited to keep this platform current by contributing relevant resources.

www.who.int/mental_health/mindbank

http://www.who.int/mental_health/policy/

Contributed by Dr Michelle Funk, Coordinator, Mental Health Policy and Service Development (MHP) Department of Mental Health and Substance Abuse, World Health Organization, funkm@who.int

Introducing new NIOSH Editors for GOHNET

Tricia Boyles, MSHCA, RDH and Nura Sadeghpour, MPH, will be assisting the GOHNET team as contributing editors from the National Institute for Occupational Safety and Health (NIOSH). Ms Boyles serves in the United States Public Health Service as a Management and Program Analyst for NIOSH. Ms Sadeghpour is a Health Communication Specialist in the Office of the Director at NIOSH and served as the editor of NIOSH's Collaborating Centre Connection Newsletter, 2011-2012. They both look forward to engaging with the global community and providing assistance in this way.

News from WHO collaborating centres and partners

ergo@WSH App

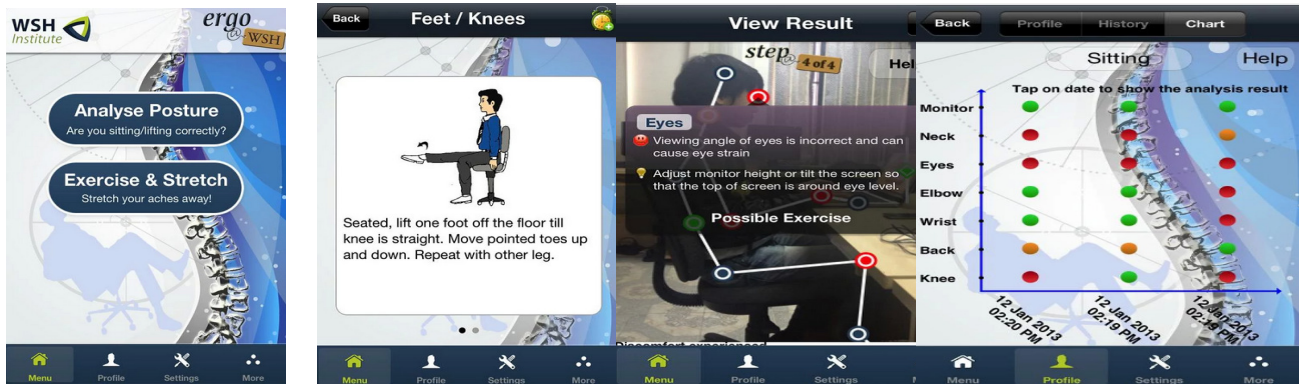


Musculoskeletal disorders (MSDs) are common painful and disabling work-related illnesses. They can interfere with daily activities such as household chores and can lead to absence from work, reduced productivity and higher healthcare costs.

In the USA, MSDs account for about 390,000 cases (or 33%) of all workplace injuries and illnesses in 2011, resulting in a median of 11 days away from work to recuperate¹. In the UK, an estimated 11.6 million work days a year are lost due to work-related MSDs².

Free ergo@WSH app for WSH professionals, employees and general public

As many employees spend a significant amount of time at the workplace, it is important to ensure good postures to prevent MSDs. To meet the needs of the increasingly tech-savvy workforce, the WSH Institute has developed the *ergo@WSH* – a free mobile application on the iOS and Android platforms. By tapping on the camera function of the smart-phone, users can take a picture or video and perform instant analysis of their sitting and lifting postures. Users can receive tips on improving postures and relevant stretching exercises, monitoring changes in posture and health complaints over time.



Development of ergo@WSH mobile app

A 5-phased workflow was adopted in developing *ergo@WSH*:

- 1) Identify gaps and needs
- 2) Develop prototype
- 3) Pilot testing
- 4) Implement
- 5) Reviewer feedback

To bridge the gap between research and practice, a working team was established to consult WSH professionals and representatives from various industries on their needs and the following common themes surfaced:

- Raises awareness on the importance of ergonomics and its relevance in daily life
- Functional
- User-friendly
- Fun and interactive
- Tailored to the different needs of WSH Professionals and the general public
- Scope to tap on new mediums of communication and technologies

After several brainstorming sessions, an innovative 4-step process to enable users to take a photograph using the smart-phone's camera function and perform instant analysis of their posture was developed^{3,4,5,6,7,8}. Pilot testing was conducted with industry representatives and WSH professionals on the prototype. The tool was successfully launched in September 2012.

More than 12,000 ergo@WSH downloads

Since its launch, *ergo@WSH* has been downloaded more than 12,000 times internationally. It has been showcased at numerous public platforms in Singapore. *ergo@WSH* also received positive reviews on App Store and Google Play, and won the CIO 100 Honoree 2013 award for having achieved excellence in strategic IT deployment.

ergo@WSH is an easy-to-use, readily accessible and fun tool for all users including lay people without prior ergonomics knowledge, while at the same time preserving the robustness and accuracy of the

recommendations provided. It provides individualised analysis and the results and recommendations are based on available evidence.

This app can assist companies in the management of their workers' ergonomic problems and monitor the effectiveness of their MSD prevention programmes. For individuals, it could translate into less pain and savings in medical bills.

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Contributed by: Esther Chong, Research Analyst, Knowledge Hub, Esther_CHONG@wshi.gov.sg, Workplace Safety and Health Institute, www.wshi.gov.sg

Making the EU Clean of AsBestos (ABClean) An EU project for strengthening lifelong learning

Asbestos is still a problem, even in the developed world where its use has already been banned. Asbestos is still present in many places and its handling and removal exposes workers, and in the worst cases even bystanders, to it. There is still a big difference between countries in the dealing with asbestos, both in the knowledge part of it as well as in the precautions taken when asbestos is encountered. One goal of the project is to set up collaboration between countries at different stages of awareness and actions about asbestos. There is a need to unify the needed information and to aim at elaborating a common training strategy transferable to other countries and open to new inputs. In the long run the information should be extended to the developing world to prevent exposure in countries still using asbestos.

Studies reveal a lack of knowledge of SMEs (small and medium sized enterprises) in the construction sector in recognition and handling of asbestos-containing materials. There is low awareness of, for example, identifying asbestos, the health risks of exposure to asbestos and avoiding accidental exposure in refurbishment and maintenance.

The ABClean project aims at:

- addressing specific needs of the construction sector in developing a skilled workforce;
- increasing the knowledge about asbestos;

- teaching how to recognize it and handle it properly with respect to the specific regulations in each country;
- implementing international thinking in the workforce and the need of a Common Qualification Framework to facilitate validation, recognition and accumulation of skills and knowledge in relation to the increased mobility of the workforce within the EU.

The project will include the requirements for a certified professional within companies who will have the knowledge and skills to deal with asbestos when encountered. S/he will be provided with training tools, with the help of which s/he can then transfer the knowledge to the workers in the company. There will be an easily accessible e-learning course, combining theoretical and practical training materials (case studies, best practices, videos and checklists) and a set of memo cards aimed at providing visual and interactive training to workers. In the end, the aim is to protect people from the risks of asbestos, be it workers in direct contact with asbestos or citizens exposed to it due to the careless handling of asbestos by, for example, construction workers undertaking demolition work.

The ABClean-project is funded by the European Union Leonardo da Vinci program (540447-LLP-1-2013-1-ES-LEONARDO-LMP), led by Novotec and coordinated by Equipo Humano.

Contributed by Mikael Fingerroos, Senior Specialist, Finnish Institute of Occupational Hygiene, Work Environment Development, Mikael.Fingerroos@ttl.fi

Long working hours and health status among employees in Europe: the importance of family models and labour market policies

Although in recent years interest in health problems related to long working hours has increased, studies concerning the different areas of health are still scarce and have been focused on very long working hours, which are uncommon in Europe. Although the European Directive on Working Time set a limit of 48 hours on average weekly working time, a decade ago, the European Parliament discussed for a few months the possibility of increasing the limit to 60 or 65 hours per week.

Various outcomes such as all-cause mortality, disease, sleep, smoking, cardiovascular diseases, depressive state, alcohol use, body mass index, fatigue, and general health status have been investigated and positive, negative, or no association reported. The contradictory results may be at least partially related to the lack of consideration of the forced or obligatory nature of long working hours, as well as, to the differences in labour and family policies between countries.

It has been reported that moderately long working hours and their impact on health are related to family financial stress and the breadwinner role: in situations of family financial stress, breadwinners are likely to be forced to work long hours in order to increase the family income (1). Bargaining power considerations suggest that where employers hold greater leverage over employees, as in the case of non-unionized workplaces, workers who receive low pay, have temporary contracts, or are in situations of economic vulnerability, are more likely to be forced to work long hours.

A recent study comparing the relationship between moderately long working hours (41-60 hours vs. 31-40 hours a week) and three health outcomes in five welfare state regime typologies of the EU-25 found that, except for females from Continental countries (Austria, Belgium, Germany, France and Luxembourg), in all countries, working long hours was related to poor health outcomes and a gradient was found, but the association was stronger and more consistent among men from Anglo-Saxon countries. The association between long working hours and health was stronger among men in

countries with male breadwinner models, similar among men and women from Nordic countries, and stronger among women from Eastern European countries (2). These results were explained by family models (traditional or not, depending on the sexual division of the breadwinner and carer roles), as well as, by the labour market policies, with the Anglo-Saxon countries combining a deregulated labour market with a strong male breadwinner model. Despite the limitations imposed on working hours by the European Directive on Working Time, in these countries a substantial proportion of workers choose to voluntarily opt-out of the 48 hour agreement. However, there is evidence that many employees are not given any choice about working long hours by their managers. Actually, in the UK more than half of the long-hour workers are white-collar employees who do not receive any overtime pay. The remainder in skilled trades or lower paid manual jobs were paid overtime which is often a significant proportion of the overall wage packet (3).

Contributed by Dr Lucia Artazco, lartazco@aspb.cat

Researchers: Lucía Artazcoz, PhD 1 2 3 4; Imma Cortès, MPH 1 2 4; Vicenta Escribà-Agüir, PhD 2 5 6; Helena Basart, MPH, 1 2 4; Xavier Bartoll, MPH, 1 2 4; Carme Borrell, PhD 1 2 3 4

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2 CIBER en Epidemiología y Salud Pública (CIBERESP), Spain

3 Universitat Pompeu Fabra, Barcelona, Spain

4 Institute of Biomedical Research (IIB-Sant Pau), Barcelona, Spain

5 Centre for Public Health Research (Health Inequalities Area), Valencia (Spain)

6 Nursing Department, University of Valencia. Valencian School for Health Studies. Regional Ministry of Health. Generalitat Valenciana, Valencia (Spain)

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[2] Artazcoz L, Cortès I, Escribà-Agüir V, Bartoll X, Basart H, Borell C. Long working hours and health status among employees in Europe: between-country differences. *Scand J Work Environ Health*. 2013;39:369–378.

[3] TUC. The return of the long hours culture. [Internet] <http://www.tuc.org.uk/sites/default/files/extras/longhoursreturn.pdf>. Accessed February 3, 2014.

A lost opportunity for a surveillance system on occupational risk implementation in Portugal

If any doctor suspects that a disease may have an occupational cause, s/he is required by Portuguese law to notify the National Center for Protection against Occupational Risks (NCPOR), an entity of the Social Security Institute with legal and technical autonomy.

To date, this notification is made on a paper support basis and the form is not easily available at health services for doctors' use, which is one of the main reasons for under-notification. Other reasons are the lack of pre-graduate training of medical doctors in occupational health and lack of feedback from NCPOR to notifying doctors and competent authorities.

In 2010, the development of a web interface design took place for occupational diseases (OD) notification to be included in the NCPOR restructuring process. The application would contain a reserved area for communication and interaction between health professionals and other citizen-oriented areas, with special emphasis on patients and their families. In addition, it would support

enterprise health and safety professionals on health and safety procedures and occupational risk evaluation and control, as well as to support employers in dealing with professional rehabilitation and reintegration of workers with occupational diseases.

It was intended to improve the efficiency of the system components by way of:

- *Improvement of communication between doctors and other healthcare professionals* through sharing information between the notifying doctor and the NCPOR colleague about patients and to jointly manage the clinical situation including sharing of x-ray examinations, electrocardiograms or clinical exams - saving costs this way. Company occupational doctors could be informed about specific risk prevention and better supported in decisions about workers' rehabilitation and reintegration or the adjustment of the occupational environmental settings while including other healthcare professionals such as nurses, ergonomists or psychologists.
- *Improvement of patients' relations and interactions with the NCPOR on a personalized basis*, which would allow them, or their relatives, to follow the entire administrative process more closely. NCPOR doctors and professionals could follow and support patients and their families and watch diseases evolution throughout life.
- *Increase of occupational environmental risk control through the development of an alert system* based on early confirmation of disease and the study of occupational environmental settings to enable labor inspections and health authorities to act timely and focused, encouraging synergistic and effective interventions.
- *Reducing average time between notification entry and availability of data* for the NCPOR medical team to screen procedures and for evaluation by the environmental team to shorten sickness absences and minimize clinical deterioration.
- *Improving prevention at all levels* through primary prevention by controlling exposure of other employees of the same company, secondary prevention through an early diagnosis and tertiary prevention through a more targeted monitoring of rehabilitation and reintegration procedures.
- *Improving literacy on occupational risks* by delivering information and support to employees, employers, health and safety company professionals and the public at large.

It was expected that the efficiencies introduced would fully offset the investment made within three years. However, at the end of the application period to the NHP funds public tender (November 2010), the SSII stopped the development of the application.

In 2012, the new Social Security Institute direction undertook an overall restructuring and the NCPOR has become an administrative department lacking all legal and technical autonomy.

Contributed by Mariana Neto, Health Surveillance Coordinator, Department of Epidemiology, National Institute of Health Doutor Ricardo Jorge, Portugal, netomariana@yahoo.com

Tolerancia “cero” a la violencia en el lugar de trabajo

Me voy a permitir comenzar esta reflexión recordando a Leymann quien sostenía que “en las sociedades de nuestro mundo occidental altamente industrializado, el lugar de trabajo constituye el último campo de batalla en el que una persona puede matar a otra sin ningún riesgo de llegar a ser procesada ante un tribunal”.

Hoy en día, la violencia en el lugar de trabajo concebida como cualquier tipo de conducta o comportamiento que persiga causar un daño psicológico, físico o moral en un trabajador o trabajadora, debe ser una conducta no permitida y sobre la cual no se debe tener ningún tipo de tolerancia, ni expresa y muchos menos tácita.

El mundo enfrenta hoy un fenómeno, o mejor dicho una realidad que está causando innumerables consecuencias dañinas sobre la salud de la población trabajadora, esta realidad llamada Acoso Laboral se concreta cuando una persona es sometida a conductas de maltrato psicológico u hostigamiento, de manera frecuente y repetitiva, con el objeto de causar daño a la víctima, desmejorar las condiciones de trabajo o lograr su salida de la organización.

El Acoso Laboral como manifestación de violencia en el lugar de trabajo, debe ser atendido con seriedad y prontitud. No obstante, dada su característica de ser un tipo de violencia que no es evidente, sino por el contrario, generalmente es oculta y sutil, y que en la mayoría de las ocasiones se banaliza, no parece llamar suficientemente la atención de las autoridades nacionales e internacionales competentes para diseñar y poner en práctica estrategias que permitan detener la “plaga del siglo XXI”.

En este escenario de confrontación que se está materializando en el mundo laboral, es necesario hacer una declaratoria de paz, que permita evitar que nuevas personas se sumen a la estadística nacional e internacional que contabiliza las víctimas de acoso laboral, siendo en nuestra opinión absolutamente pertinente aplicar a la violencia en el lugar de trabajo, la atención debida por todos los actores sociales y una acción preventiva en los lugares de trabajo cuyos ejes sean la cultura de prevención y el aumento sostenido de la calidad de vida laboral.

Finalmente, para lograr disminuir la estadística proponemos desarrollar campañas dentro de las empresas, tanto públicas como privadas, que centren su atención, diseño y aplicación en el absoluto respeto a la diversidad humana y la dignidad del trabajador, por una parte, y por la otra, a la puesta en práctica de políticas y protocolos de tolerancia “cero” frente a conductas de maltrato psicológico u hostigamiento.

Contributed by Ab. Douglas J. Yanes Reyes, Presidente de la Asociación Venezolana contra el Acoso en el Trabajo, Caracas, Venezuela, douglas.yanes@gmail.com

GOHNET - Working and living on board ships

Seafaring is still regarded as a high risk occupation due to the extraordinary working environment of the seafarers on board. Nowadays, more than 1.3 Mio. seafarers exist working under multicultural conditions on a big scale that can be scarcely found in working places ashore. Currently, shipboard crews are normally composed of a majority of South-East-Asian seafarers. Considering the long-lasting contract durations on board (among Asians 10 months on average), the seafarers have to adapt over long time periods to non-habitual socio-cultural conditions during working and leisure time in an unfamiliar, hierarchically structured environment. Exposures to hazardous substances (transported or used for machine operation) and UV-light are also important health risks aboard ships.

Despite recent improvements in injury prevention, personal accidents (e.g. due to ship movements and the slippery underground and due to non-observance of safety rules) pose a main cause of injury and death at sea. Furthermore, owing to irregular working hours, changing watch systems, high work load and the permanent influence of physical impacts (such as noises and vibrations) the working and living conditions on board ships are still very stressful.

Up to now, the stressors on board have not been investigated sufficiently. Therefore, the WHO-Collaborating Centre for Seafarers Health in Hamburg is engaged to measure stress and strain of crews aboard container vessels during their working and leisure time at sea to identify the most important stress factors. This survey will lead to an objective database that allows in a broad common approach with the “Berufsgenossenschaft für Transport und Verkehrswirtschaft (BG for transport and traffic)”, shipping companies, seafarers’ representatives, maritime stakeholders, maritime training institutes, and welfare organizations to develop recommendations for interventions to reduce the shipboard stress. These interventions should take into account the different cultures, ranks and the various demands during the ships’ stay in port, canal passage and sea voyage.

Preventive measures should include individual education (e.g. preparation of the seafarers for the job-specific stressors or learning how to relax), organizational changes (e.g. suitable health and diversity management of the shipping company) and technical improvements (e.g. support of IT and telecommunication on board to improve contacting the family ashore).

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Upcoming conferences

Shanghai Awards for the second Global Healthy Workplace Awards - 9 & 10 April 2014

European Academy of Occupational Health Psychology, 14-16 April 2014, London: *Looking at the past – planning for the future: Capitalizing on OHP multidisciplinary*

International Consultation on Workers Health Coverage – Semnan, Islamic Republic of Iran, 28-30 April 2014

1st International Symposium to Advance TOTAL WORKER HEALTH™ - Call for Abstracts with submission deadline 24 March 2014. Conference held in Bethesda, MD, United States, 6-8 October 2014

Publications

Links to new WHO Healthy Workplace resources

Five keys to healthy workplaces available in 11 languages

Healthy Workplaces: A Model for Action new in Chinese

Project in Bangladesh: Healthy workers, healthy communities, healthy business

Useful WHO links

WHO Occupational Health website: http://www.who.int/occupational_health/en/

WHO CC website: http://www.who.int/occupational_health/network/en/

WHO publications: http://www.who.int/occupational_health/publications/en/

To join GOHNET: http://www.who.int/occupational_health/publications/newsletter/en/index.html

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