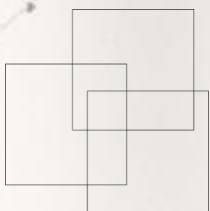




International
Labour
Organization

ILO International Safety and Health Conference 2013

“Make it visible: Occupational Diseases - Recognition,
Compensation and Prevention”



Basi

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Düsseldorf**

ILO International Safety and Health Conference 2013

“Make it visible: Occupational Diseases - Recognition, compensation, and prevention”

Occupational diseases have a considerable human and economic global burden. The 2 million people estimated to die from work-related diseases every year and the further 160 million estimated non-fatal cases cause not only immense human suffering, but also major economic losses estimated around 4 per cent of the world’s gross domestic product in terms of direct and indirect costs.

Decent work can only be achieved by tackling this problem¹. There are many challenges ahead as occupational diseases continue to increase in many countries. There is an urgent need to improve systems for prevention, identification, recording and compensation of occupational diseases.

At global level, more than half of countries do not provide statistics for occupational diseases associated with little capacity for workers’ health surveillance. Diagnosis of occupational diseases requires specific medical knowledge and experience; reporting from employers needs awareness and understanding of the links between monitored hazards and diseases as well as compliance with legal requirements backed by an effective labour inspection; reliable data collection from compensation schemes requires systems to consider the long latency period of some diseases ; workers need to be empowered to have access to information and compensation, independently of the size of the enterprise or the employment setting. Such systems are lacking in most developing countries, but maintaining and expanding work on prevention of occupational and other emerging work-related disorders during recession is also a challenge for developed countries. Traditional occupational diseases such as pneumoconiosis are still widespread and growing; others such as mental and musculoskeletal disorders are becoming a major cause of concern in developed and developing countries alike.

This challenging and dynamic problem calls for a multidisciplinary effort to tackle the “invisibility” of occupational diseases with active participation of workers and their representatives, employers, governments and occupational safety and health (OSH) professionals. The conference will share international and national good practices as part of an effort to enhance the effectiveness of action to prevent, identify, record and compensate occupational diseases. It aims to call on governments and social security officials, employers, workers’ organizations, labour inspectors, OSH professionals and their organizations to collaborate in the development and implementation of national policies and strategies aimed at preventing occupational and work-related diseases.

The 2013 ILO International Safety and Health Conference will take place in Dusseldorf, Germany on 6th and 7th of November 2013, during A+A Safety, Security and Health at Work International Trade Fair with Congress, in collaboration with the German Federal Association for OSH (Basi), Messe Dusseldorf, the Federal Ministry of Labour and Social Affairs of Germany, the International Social Security Association (ISSA), the International Association of Labour Inspection (IALI) and the World health Organization (WHO).

¹ The ILO Governing Body has recently confirmed that prevention of occupational diseases is a central element of the Decent Work Agenda, calling on the International Labour Office to intensify the work on the prevention of occupational diseases. Decision on the third item on the agenda: Prevention of occupational diseases. Policy Development Section (POL). International Labour Organization (ILO). Available online at http://www.ilo.org/gb/decisions/GB317-decision/WCMS_207354/lang--en/index.htm

Programme

Day 1 (Wednesday, 6 November)

09:00 – 9:40	<p><u>Introduction, welcome and opening</u></p> <ul style="list-style-type: none">• Mr Moussa Oumarou, Director of Governance and Tripartism Department, International Labour Office (ILO), Switzerland.• Ms Susanne Gasde, Head of the coordination unit Mental health at work, Federal Ministry of Labour and Social Affairs, Germany.• Mr Bruno Zwingmann, Managing Director, German Federal Association for Occupational Safety and Health (Basi).
9:40 – 10:00	Break
10:00 – 12:00	<p><u>Session I: Current Situation and Challenges for Prevention of occupational diseases</u></p> <p><i>Chairperson:</i> Mr Hawazi Daipi, Senior Parliamentary Secretary (Education and Manpower), Singapore</p> <ul style="list-style-type: none">• Mr Seiji Machida, Senior Safety and Health Expert, Labour Administration, Labour Inspection and Occupational Safety and Health Branch, Governance and Tripartism Department, ILO, Switzerland.• <i>Primary care based essential interventions for prevention and control of occupational and work-related diseases and injuries</i> Dr Ivan Ivanov, Team Leader, Occupational Health Interventions for Healthy Environments, Department of Public Health and Environment, World Health Organization (WHO), Geneva, Switzerland.• Dr Aida Ponce, Head of Unit working conditions and health and safety at European Trade Union Institute, International Trade Union Confederation (ITUC) representative.• Ms Janet Asherson, Adviser Environment, Health and Safety, International Organisation of Employers (IOE), Geneva, Switzerland.
12:00 – 13:00	Lunch break
13:00 – 15:00	<p><u>Session II: Emerging issues in occupational disease prevention</u></p> <p><i>Chairperson:</i> Mr Seiji Machida, Senior Safety and Health Expert, Labour Administration, Labour Inspection and Occupational Safety and Health Branch, Governance and Tripartism Department, ILO, Switzerland.</p> <ul style="list-style-type: none">• <i>Musculoskeletal disorders</i> Dr Anil Adishes, Chair Occupational Medicine, Dalhousie Medicine, New Brunswick, Canada.• <i>Psychosocially Promoted Occupational Health – A World - Wide Challenge</i> Dr Lennart Levi, Professor em i psykosocial miljömedicin/Emeritus Professor of Psychosocial Medicine Riksdagsledamot/Member of the Swedish Parliament 2006-2010.• <i>Prevention of Asbestos-related diseases</i> Mr Kevin Myers, Acting Chief Executive, United Kingdom Health & Safety Executive (HSE) & IALI Secretary-General.
15:00 – 15:30	Break
15:30 – 17:30	<p><u>Session III: Challenges in compensation of occupational diseases</u></p> <p><i>Chairperson:</i> Mr Hans-Horst Konkolewsky, International Social Security Association (ISSA) Secretary General</p> <ul style="list-style-type: none">• <i>Compensation for Occupational Diseases in South Africa</i> Dr Barry Kistnasamy, Compensation Commissioner for occupational Diseases, Department of Health, Johannesburg, South Africa.

	<ul style="list-style-type: none"> • <i>Chile's National Plan for the Elimination of Silicosis - PLANESI 2009-2030</i> Ms Nella Monica Marchetti, Asesora Técnica Depto. Salud Ocupacional División Políticas Públicas Saludables y Promoción Subsecretaría de Salud Pública, Ministerio de Salud de Chile. • <i>The role of public agencies and insurance companies</i> Ms Kirsi Pohjolainen, Director, Legal Affairs, TVL Federation of Statutory Accident Insurance Institutions, Finland.
18:00	Social event (Cocktail Reception)


Day 2 (Thursday, 7 November)

09:00 – 10:40	<p><u>Session IV: Legal framework and compliance</u></p> <p><i>Chairperson:</i> Mr Gerd Albracht, International Consultant, Labour Administration , Labour Inspection and Working Conditions</p> <ul style="list-style-type: none"> • <i>From Regulation to Total Ban: an Australian case study of the Labour Inspector's role in eliminating asbestos exposures at work</i> Ms Michele Patterson, IALI President. • <i>Regulatory Framework for Workplace Health in Singapore</i> Mr Ho Siong Hin, IALI Vice-President and Commissioner for Workplace Safety and Health, Ministry of Manpower, Singapore. • <i>Labour inspection to control hazardous risks to workers health and safety in Thailand</i> Dr Orrapan Untimanon, Bureau of Occupational and Environmental Diseases, Thailand. • <i>A risk based assessment of the psychosocial working environment – the Danish approach</i> Mr Jens Jensen Director-General, Danish Working Environment Authority, Denmark.
10:40 – 11:00	Break
11:00 – 12:30	<p><u>Session V: Improving occupational disease recognition, reporting and recording</u></p> <p><i>Chairperson:</i> Prof Lennart Levi, Professor em i psykosocial miljömedicin/Emeritus Professor of Psychosocial Medicine Riksdagsledamot/Member of the Swedish Parliament 2006-2010</p> <ul style="list-style-type: none"> • <i>Occupational Hazards System in Colombia: The right to life and the principles of solidarity and universality, in an occupational hazards system immersed in a model of non-regulated free market</i> Dr Jorge Bernal Conde, Vicepresidencia de la República de Colombia • <i>Occupational Diseases – A Perspective from the Social Security Organisation of Malaysia</i> Dr Mohamed Azman, Deputy Chief Executive Officer (Operations), Social Security Organisation, Ministry of Human Resources, Malaysia. • <i>Expanding national systems to report and record suspected occupational diseases</i> Dr Jorge Costa-David, Unit B/3/Health, Safety and Hygiene at Work, DG Employment, Social Affairs and Inclusion, European Commission.
12:30 – 13:30	Lunch break
13:30 – 15:00	<p><u>Session VI: Good practices in occupational disease prevention</u></p> <p><i>Chairperson:</i> Mr Kevin Myers, International Association of Labour Inspection (IALI) Secretary General</p>


	<ul style="list-style-type: none"> • <i>Good practices in occupational disease prevention</i> Dr Kirsi Karvala, Finnish Institute of Occupational Health, Finland. • <i>Occupational diseases: Are trends and challenges for Occupational Safety & Health (prevention) the same that for Occupational Accidents and diseases Insurance (compensation)?</i> Dr Héctor Upegui, Global Market Leader for Disability Management, IBM Cúram Research Institute, Germany. • <i>EU-OSHA perspective on work-related diseases: from research to practice</i> Ms Elke Schneider, Prevention and Research Unit, European Agency for Safety and Health at Work, Bilbao, Spain. • <i>Developing a National Workplace Health Programme - The Singapore Experience</i> Mr Ho Siong Hin, IALI Vice-President and Commissioner for Workplace Safety and Health, Ministry of Manpower, Singapore
15:00 – 15:20	Break
15:20 – 17:00	<p><u>Roundtable: On the way forward and International Collaboration</u></p> <p><i>Chairperson:</i> Dr Jorge Costa-David, Unit B/3/Health, Safety and Hygiene at Work, DG Employment, Social Affairs and Inclusion, European Commission</p> <p><i>How to improve national systems for recognition, compensation and prevention of occupational diseases: What capacities are needed? What could be the role of international collaboration?</i></p> <p><i>Which is the role of tripartite collaboration?</i></p> <ul style="list-style-type: none"> • Dr Ivan Ivanov, Team Leader, Occupational Health Interventions for Healthy Environments, Department of Public Health and Environment, WHO, Geneva, Switzerland. • Ms Michele Patterson, IALI President. • Mr Seiji Machida, Labour Administration, Labour Inspection and Occupational Safety and Health, ILO, Switzerland. • Dr Mohamed Azman, Deputy Chief Executive Officer (Operations), Social Security Organisation, Ministry of Human Resources, Malaysia. • Mr Kris de Meester, First Adviser, International Organization of Employers (IOE).
17:00 – 17:15	Closure

Session I: Current Situation and Challenges for Prevention of occupational diseases

**Chairperson: Mr Hawazi Daipi, Senior Parliamentary Secretary (Education and Manpower),
Singapore**

Photo	Name	Title
	Mr Seiji Machida	Senior Safety and Health Expert, Labour Administration, Labour Inspection and Occupational Safety and Health Branch, Governance and Tripartism Department, ILO, Switzerland.
Description		
<p>Born in 1954, Mr Machida holds a Bachelor of Science and a Master of Science in Chemical Engineering from the Kyoto University, Japan.</p> <p>Since joining the ILO in 1989, Mr Machida has served in the Occupational Safety and Health Branch (SafeWork) and the East Asia Multidisciplinary Advisory Team (EASMAT). He has broad experience in the field of occupational safety and health including the development and promotion of ILO OSH instruments such as the Promotional Framework for Occupational Safety and Health Convention (No.187), Prevention of Major Industrial Accidents Convention (No.174) and the Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001), formulation and backstopping of technical cooperation projects, and interagency cooperation on chemical safety. During his assignment in Bangkok, he has undertaken a number of advisory missions on occupational safety and health covering most Asian countries.</p> <p>Prior to joining the ILO, Mr Machida was Senior Occupational Safety and Health Officer of the Japanese Ministry of Labour. He has taken various assignments in the Ministry in the field of occupational safety and health both at the headquarters and field offices.</p>		
Challenges for Prevention of Occupational Diseases		
<p>Occupational diseases cause huge suffering and losses to workers, businesses, social security funds and societies at large. It is estimated that there are globally about 2.02 million deaths annually caused by disease due to work, 1 while the annual global number of cases of non-fatal work-related disease is estimated to be 160 million. Effective recognition and prevention of occupational diseases are thus essential for sound national occupational safety and health (OSH) programmes and for making decent work a reality. However, this issue has not yet received adequate attention in most countries.</p> <p>A concerted effort is needed at international and national levels to tackle the “invisibility” of occupational diseases and to correct the decent work deficits which are the root cause of these diseases. The fight against occupational diseases must feature more prominently within the global and national agendas for preventive safety and health culture. Greater efforts are required to compile relevant data and carry out research on local situations. This would feed into awareness and advocacy programmes, including global and national campaigns, for an improved understanding of the significance of and the need for urgent action in support of occupational disease prevention among all stakeholders, including decision-makers, high-level officials of</p>		

government authorities and social security institutions, employers and workers and their representative organizations, labour inspectors, OSH professionals, the media and the public. Effective prevention of occupational diseases requires the continuous improvement of national OSH systems, inspection and prevention programmes and compensation systems in all member States, preferably as a collaborative effort of government and employers' and workers' organizations. Where capacity to identify and recognize occupational diseases is weak, especially in developing countries, training with ILO tools, such as the ILO list of occupational diseases, ILO Radiographs, and Guidelines on diagnostic criteria, would be a practical way forward. Emerging occupational diseases, such as MSDs and those related to psychosocial factors, should be addressed.

Photo	Name	Title
	Dr Ivan Dimov Ivanov	Team leader, Global Occupational Health Programme, World Health Organization, Headquarters, Geneva

Description

Dr Ivan Dimov Ivanov is Team Leader of the WHO Global Occupational Health Programme in Geneva. He has the overall responsibility for the implementation of the WHO Global Plan of Action on Workers' Health, and for collaboration with other internal technical programmes and outside partners. In addition, currently he carries out several technical projects; his project portfolio includes scaling up coverage with occupational health services, workers' health in a green economy and climate change policies, as well as occupational diseases.

Dr Ivanov is working at the WHO in 2000, first in the Regional Office for Europe as manager of the European programme on environmental health policy, and subsequently in charge of the EURO occupational health programme. In 2005, he was transferred to WHO Headquarters where he facilitated the development of the Global Plan of Action on Workers' Health and initiated a global campaign on the elimination of asbestos-related diseases as well as projects on occupational carcinogens in several countries.

Prior to joining WHO, Ivan worked in the Ministry of Health of his native country, Bulgaria, as senior ministerial adviser in occupational health, where he led a large scale project on restructuring occupational health, including legislation and creation of occupational health services.

Dr Ivanov is a medical doctor with an MPH in occupational health from Bulgaria and a PhD in sociology of health and environment from Michigan State University.


Primary care based essential interventions for prevention and control of occupational and work-related diseases and injuries

The 66th World Health Assembly in 2007 urged countries to work towards full coverage of all workers with essential interventions for prevention and control of occupational and work-related diseases and injuries. However, a WHO global survey on workers' health carried out in 2008/2009 among 120 countries found that two thirds of countries less than one third of workers had access to occupational health services. At the same time reviews of evidence suggest that 80% of occupational illnesses are first seen by primary care providers – general practitioners and nurses. This means that the objective of universal coverage can not be achieved by relying solely on

specialized occupational health services. The WHO Global Conference “Connecting Health and Labour” held in the Hague in 2011 recommended integrating a core set of interventions for workers’ health in the delivery of comprehensive people-centred primary care in addition to strengthening the basic occupational health services.

Recently, WHO carried out field studies in countries and systematic reviews of evidence to identify the role of primary care centers in addressing workers’ health. The interventions for primary prevention identified through these studies included (1) environmental interventions - workplace visit, advice for risk management, monitoring, personal protection and (2) behavioral interventions - training of workers, health education, support for worker participation. The set of interventions for secondary prevention were: (1) taking work history - including questioning about past and current occupational exposures; (2) reporting occupational diseases - including diagnosis, medical certificate and registries; (3) follow up of cases - counselling, referral, sickness absence; and (4) medical surveillance - screening and periodic medical examinations. Estimations utilizing the International OneHealth costing tool demonstrated that the annual cost of the delivery of this set of interventions by primary care services varied between 14 and 83 Dollars (PPP) per worker served. Interventions for primary prevention were delivered mainly in countries with community-based primary care, while in the countries with patient-centred primary care the focus was on detecting occupational diseases and promotion of working capacity and return to work.


The barriers for delivery of the interventions for primary prevention were insufficient financial resources for covering informal sector workplaces, lack of trainers and training materials, shortage of health care providers and low level of awareness about occupational health hazards at the primary care level. The diagnosis, reporting and follow up of occupational diseases was hampered by lack of knowledge among primary healthcare workers about occupational diseases and the complexity of their diagnostic and exposure criteria, difficulties with identifying occupational exposures, fear of repression from employers, lack of referral pathways to occupational physicians, extra staff time for handling cases with occupational diseases, long waiting time for specialists, inappropriate denial by workers’ compensation and refusal of workers to have their cases reported.

Photo	Name	Title
	Dr Aida Ponce	Head of Unit working conditions and health and safety at European Trade Union Institute, International Trade Union Confederation (ITUC) representative
Description		
<p>Dr. Aida Ponce Del Castillo is the Head of the Health and Safety, Working conditions unit of the Researcher Department at the European Trade Union Institute.</p> <p>As a senior researcher her work is focused primarily on the health and safety as well as ethical issues of nanotechnologies. Her recent publications address the European policy making process, the ethical aspects, and health and safety issues at the workplace.</p> <p>She is member of different working groups which advise the European Commission and ECHA on questions related to REACH processes and to provide recommendations on strategic issues. She is also member of the OECD Working Party of Manufactured Nanomaterials and of the steering group</p>		

to develop WHO guidelines workers possibly exposed to nanomaterials.

Aida is qualified with a multidisciplinary background. She has a “European Doctorate” in law with specific focus on human genetics, earned at the University of Valencia (Spain) and the University of Bonn (Germany). Her master is in bioethics specialised in human genetics.

Current Situation and Challenges for Prevention of occupational diseases

Photo	Name	Title
	Ms Janet Asherson	Adviser Environment, Health and Safety, International Organisation of Employers (IOE), Geneva, Switzerland

Description

Janet joined the International Organisation of Employers in Geneva in 2008 as their environment, safety and health adviser. Her focus is developing a global OSH and sustainability network of multinational companies and influencing UN bodies on Environment, health and safety and social security policy and practice developments.

After graduating in chemistry, Janet worked in industry in Zambia and then joined the UK Health and Safety Executive as a Health and Safety inspector dealing particularly with high hazard industries. She has worked as an EHS manager for an American pharmaceutical company before joining the CBI to lobby on behalf of British business. Her policy areas spanned health, safety, environment, energy, climate change, biotechnology, land use planning, sustainable development and corporate social responsibility. She has been involved in various consultancy roles for ORC Washington, OECD, HSE and the EU.

Current Situation and Challenges for Prevention of occupational diseases (IOE)

Businesses do not underestimate the cost of occupational diseases to themselves, society and workers. They have to manage the effect every day. It is an issue that requires consistent coordinated attention because of the complexity and dynamic nature of the issue. There is often a very long delay between cause and effect confounded and compounded by the complicating factors of

- genetic and underlying health status of individuals,
- life style behaviour and exposure
- exposure to environmental factors
- the many and different working environments to which people may be exposed during their working life
- and the challenges of identifying and measuring workplace agents and associated ill-health.

Businesses are key to a realistic prevention strategy but they see the world more holistically. Whilst the ILO estimates diseases caused by work account annually for about 2 million deaths, which in itself is unacceptable, there is a further toll from non-communicable diseases - cardiovascular diseases, cancer, chronic respiratory diseases and diabetes which, according to the WHO, account

for 36 million deaths per year.


So we are convinced that a concerted effort is needed at international and national levels to tackle occupational diseases as well as others, where a preventive approach is the common way forward that will pay dividends for all. However it takes regional and national campaigns and a cultural change for this to happen.

International bodies need to concentrate their efforts on providing accessible and practical e-based information to assist people at the workplace, prevention and treatment centres, as well as employers and workers organisations. We have a great opportunity to ensure that the businesses in the developing world learn from the OSH experience of the developed world, and the businesses in the developed world learn from the health risks experienced in the developing world. They must be able to relate it to their own context and learn from challenges that may have already been solved elsewhere.

Session II: Emerging issues in occupational disease prevention

Chairperson: Mr Seiji Machida, Senior Safety and Health Expert, Labour Administration, Labour Inspection and Occupational Safety and Health Branch, Governance and Tripartism Department, ILO, Switzerland.

Name	Title
Dr Anil Adishes	MB ChB(Liverpool), MSc., MD(Manchester), FRCP (Glasgow, London), FFOM
Description	
<p>Dr Anil Adishes studied medicine at the University of Liverpool, UK. After completing training in general medicine he qualified in family medicine quickly developing an interest in occupational medicine. He moved to Guy's and St Thomas' hospitals in London (UK) to specialise in occupational medicine. Whilst there he undertook early research with exhaled Nitric Oxide in occupational asthma and later transferred to the University of Manchester for doctoral studies. He has been a specialist physician since 1997 and from 2004 worked at the UK national Health and Safety Laboratory. In June 2013 he moved to Canada to be the inaugural J.D. Irving, Limited Research Chair in Occupational Medicine at Dalhousie University based at Dalhousie Medicine New Brunswick.</p>	
<i>Musculoskeletal Disorders - "Make it visible: Occupational Diseases - Recognition, compensation, and prevention"</i>	
<p>This presentation will describe the scale of the problem of work related musculoskeletal disorders and consider some of the industries, occupations and activities associated with their occurrence. The parts of the human body affected and the presentation of the disease will be addressed as well as the difficulties facing workers and their healthcare providers in making a link to the workplace. The effective medical and occupational management of musculoskeletal disorders requires the concerted involvement of the affected worker, their healthcare provider and employer. It is only through knowledge of the relationship between work and its possible adverse consequences that these can be suspected when they occur. Additionally an individual case may represent only a "tip of the iceberg" situation. The cost of these most prevalent of work related conditions are considerable. Estimates from the United States show that employers spend as much as \$20 billion a year on direct costs for MSD-related workers' compensation, and up to five times that much for indirect costs. European studies have suggested that upper limb disorders alone may incur costs amounting to as much as 2% of Gross National Product. The role of health education is key for all parties that may be affected by the direct and indirect impact of these conditions.</p>	

Photo	Name	Title
	Prof. Dr. Lennart Levi,	Professor em i psykosocial miljömedicin/Emeritus Professor of Psychosocial Medicine Karolinska institutet, Stockholm, Sweden. Riksdagsledamot /Member of the Swedish Parliament 2006-2010.

Psychosocially Promoted Occupational Health – A World-Wide Challenge

Every year, more than two million people die from work-related diseases. 160 million suffer from non-fatal ones. In addition to an immense amount of human suffering, these figures reflect unaffordable economic losses to world economy – an estimated four per cent of the world’s gross domestic product.

World economy is emerging with difficulty from the deepest recession in decades. This recession has caused a large decline in economic activity, with millions of jobs lost at a high human cost, also in social and health terms. In many countries, public finances are under severe pressure. Austerity measures often result in crumbling welfare systems, with the most underprivileged groups being hardest hit.

Interacting with the recession, global working life is undergoing rapid and uncontrolled change. Closure, downsizing, outsourcing, offshoring, sub-contracting, restructuring, merging, acquisitions – all these are major psychosocial stressors related to working life.

Much of the causes and outcomes are preventable, by effective implementation of the European Union’s Lisbon Strategy, whose essence is “More and Better Jobs”. However, this cannot be achieved through any quick fixes. It requires sustained, coordinated, integrated actions by well-informed stakeholders.

Work-related stress, its causes and consequences are all very common in the 28 European Union Member States, other industrialized countries, and to varying degrees also the developing countries. Workers report increased work intensity and job insecurity, often combined with substantial falls in income and widening income inequalities. Countless workers are also exposed to noxious physical and/or chemical living and working conditions.


These factors and other work-related "stressors" contribute to the present spectrum of morbidity, mortality, and loss of productivity.

A global disease-preventing and health promoting approach could and should consider ILO’s Checkpoints (2012), namely : Leadership and justice at work; Job demands and workload; Job control; Social support; Physical environment; Work-life balance and working time; Recognition at work; Protection from offensive behavior; Job security; and Information and communication.

In addition to required actions for “better jobs”, we need complementary actions for “more jobs”. This can be achieved by targeting aggregate demands through fiscal stimulus and low interest rates, targeting the financial sector to repair balance sheets and restore credit flows, and by investing in job intensive creation of badly needed infrastructures. .

The great challenge is to coordinate one’s efforts across sectors, incentivizing collaboration across disciplines, thereby moving beyond traditional ‘vertically’ organized political resorts and

responsibilities, and to prioritize investments in health-promoting (salutogenic) work and employment conditions - according to need.

Photo	Name	Title
	Mr Kevin Myers	Acting Chief Executive, United Kingdom Health & Safety Executive (HSE) & IALI Secretary-General.

Description

Kevin Myers is HSE's Acting Chief Executive. He joined HSE in 1976 as a trainee factory inspector. Following a range of operational posts in the field in London, East Anglia and the South West, Kevin transferred to HSE's London headquarters to support the Deputy Director General. In 1991 he moved to the Offshore Safety Division to support its establishment in HSE following the transfer of regulatory responsibility for that sector from the Department of Energy.

In March 1993 Kevin was seconded to DG XI of the European Commission in Brussels to work on the development of the 'Seveso' Directive and environmental auditing. He returned to HSE in 1995 to help set up a new Chemical and Hazardous Installations Division and was subsequently posted to it as unit manager for the South, South East and East Midlands. In 1998 Kevin was promoted to the SCS post of Regional Director in HSE's Field Operations Directorate. He was HSE's Chief Inspector of Construction from January 2000 to April 2005 - establishing and leading a new GB-wide Construction Division in 2002.


In May 2005 Kevin became Director of HSE's Hazardous Installations Directorate, with responsibility for HSE's regulation of various 'major hazard' sectors including the onshore chemical industry, offshore oil and gas, high pressure gas storage and distribution, explosives, mining and biological agents. In October 2008 he was appointed HSE's Deputy Chief Executive.

Prevention of Asbestos-related diseases

Session III: Challenges in compensation of occupational diseases

**Chairperson: Mr Hans-Horst Konkolewsky, International Social Security Association (ISSA)
Secretary General**

Photo	Name	Title
	Dr Barry Kistnasamy,	Executive Director ¹ & Compensation Commissioner ² 1 National Institute for Occupational Health, National Health Laboratory Service, South Africa 2 Department of Health, South Africa
Description		
<p>Barry Kistnasamy is a medical doctor with additional training in public health and occupational health. He has 25 years experience in health policy, health planning and management in the public, non-governmental and private health sectors as well as the provision of occupational health, HIV/AIDS and TB interventions in South Africa. He has worked with the World Health Organisation, International Labour Organisation and World Bank, served on many national and international boards, committees and commissions and was the former Dean of the Nelson Mandela School of Medicine in South Africa. He is the Executive Director of the National Institute for Occupational Health and the National Cancer Registry as well as Compensation Commissioner for Occupational Diseases covering compensation for occupational diseases in the mining sector in South Africa and reports to the Minister of Health of South Africa.</p> <p>He trained as a medical doctor and specialist in public health in South Africa at the then University of Natal and has had additional education and training in Health Economics at the University of York in the United Kingdom; Occupational and Environmental Health at the University of Michigan in the USA and Health Leadership at the University of Cambridge in the United Kingdom.</p>		
Compensation for Occupational Diseases in South Africa		
<p>Raises awareness about occupational health in South Africa and sensitises participants about compensation issues facing workers in South Africa; contextualises compensation within macro issues facing workers especially contract, migrant and informal sector workers; differentiates compensation for workers with injuries and diseases; describes the size, shape and scope of the compensation problem and challenges in determining the costs of administration and delivery of compensation services. Details an agenda for change within the health system in South Africa with an emphasis on prevention, surveillance, enforcement and service delivery interventions. Makes recommendations on enabling interventions for social protection including compensation.</p>		

Photo	Name	Title
	Ms Nella Monica Marchetti	Asesora Técnica Depto. Salud Ocupacional División Políticas Públicas Saludables y Promoción Subsecretaría de Salud Pública, Ministerio de Salud de Chile

Chile's National Plan For The Elimination Of Silicosis- Planesi 2009-1030

In the frame of the Global Silicosis Elimination Plan in the World by 2030 promoted by WHO-ILO, the Health and Labour Ministries in Chile have subscribed a joint declaration over the Chilean Government compromise to develop a common strategy oriented to the elimination of silicosis. This strategy was materialized in the national Plan for the Elimination of Silicosis (PLANESI), which was built upon the current legislation and the roles of the involved institutions in the country. The strategy defines a set of guiding principles, five main objectives, it identifies goals that can be monitored during the development of the plan and it establishes 8 areas of action oriented to prioritized groups, according to their risk, vulnerability and/or magnitude levels.

The strategy is implemented through regional biennial plans and the constitution of tripartite tables in all the administrative regions of the country. These instances must adopt plans according to their local realities and they must assign those responsible for their execution and also who will be beneficiaries of these plans.

A technical interministerial team defines the biennial plans and they are ratified by a national intersectorial table which overlooks the achievement of proposed goals.

The guiding principles are: compliance with legislation; equity approach; tripartidism; integrity and prevention; epidemiological criteria; multisectorialism; transdisciplinarity; right of social actors to active participation; strengthening of the information systems; risk management approach; workers rights to know and respect of the right of access to medical assistance.

The strategic objectives are: to diminish and control silica exposure at the work place; to diminish silicosis incidence and prevalence; to improve timely diagnoses and access to economic compensation; to strengthen the information system; to develop epidemiologic surveillance programs and to evaluate this plan through tripartite mechanisms.

In order to achieve the defined strategic goals temporary indicators have been established for every objective.

Action areas: for every objective specific actions are defined to be developed in specific terms. Priorities are set on work activities with exposure to high concentration of silica; vulnerable groups and workplaces with the highest number of exposed workers.

Some achievements so far are: the tripartite tables have been established in all regions; workers designed as monitors for the Plan have been instructed; diagnosis capacity for silicosis has improved; specific strategies for silica risk management at workplaces with high exposure and establishment of epidemiological surveillance programs at a national level; web place: planerradicaciosilicosis.net.

Photo	Name	Title
	Ms Kirsi Pohjolainen	Director, legal affairs Tapaturmavakuutuslaitosten liitto (Federation of Accident Insurance Institutions) Finland

Description

Kirsi Pohjolainen has worked in the field of statutory accident insurance since 1997. She started working as a lawyer for the Federation of Accident Insurance Institutions, taking on her current post as director of legal affairs in 2006. TVL is the central organisation established under the Finnish Employment Accident Insurance Act. TVL's members are all the insurance companies underwriting statutory employment accident insurance in Finland. TVL's main task is to serve as a centre for experts in implementing and developing statutory accident insurance. TVL's lawyers work in co-operation with the Ministry of Social Affairs and Health and take part as experts in law drafting process. TVL's legal unit supports member insurance companies in their law implementing tasks and gives recommendations and instructions on how the law should be interpreted, etc. TVL's legal unit is also responsible for providing training in statutory accident insurance both within the insurance sector and elsewhere.

Kirsi qualified as Master of Laws at Helsinki University in 1993. Before joining TVL as a lawyer, she attended a post graduate program at Helsinki University. As a student she worked on different positions in the insurance sector from 1989 onwards.

Kirsi was born in Helsinki in 1966, is married and has a 13 year-old son.

Compensation for occupational diseases in Finland, part of the Workers' Compensation Scheme

In Finland, compensation for occupational diseases is part of the Workers' Compensation Scheme (WC) which in turn is part of the statutory social insurance system. The same system also pays compensation for accidents incurred at work and in circumstances associated with work (work-related accidents). Employers are obliged to insure their employees against accidents at work and occupational diseases. Statutory accident insurance is implemented by private insurance companies (11 of them). However, in their implementation tasks the insurance companies are bound by the same public administrative legislation as government and municipal authorities. All insurance companies providing WC must be members of the Federation of Accident Insurance Institutions (TVL). TVL is a statutory body and is based on the Finnish Employment Accidents Insurance Act. Its main task is to serve as a cooperative body for the implementation and development of the statutory accident insurance system. TVL keeps an official register of accidents at work and occupational diseases and publishes statistics on the system. TVL also pays compensation for accidents at work and occupational diseases occurred in uninsured work. The Employment Accidents Compensation Board operates under TVL, with the role of ensuring that the 11 insurance companies which implement the act apply the law in a uniform manner.

In Finland the concept of occupational disease is defined in the Occupational Diseases Act, which dates from 1988. An occupational disease means an illness which is probably primarily caused by a physical, chemical or biological factor at work (an exposure agent). An Occupational Diseases Ordinance has also been passed on the basis of the act and it includes a list of the pairs of agents and diseases. A sufficient general medical causal relationship has been found for the agent-disease

pairs listed in the Ordinance. In individual cases it must also be shown that the employee's work has involved a sufficient amount of exposure to the agent referred to and that the employee has been found to have the disease in question. The list of occupational diseases in the Ordinance is not exhaustive and any disease caused by a physical, chemical or biological factor can be approved as an occupational disease. It is significant that the general definition in the Occupational Diseases Act does not cover psychological or social factors. Compensation cannot thus be paid out for illness caused by these factors as occupational diseases in Finland. However, compensation can be paid for a traumatic stress reaction, for example, as a disease caused by an accident at work.

The same compensation is paid out for occupational diseases as for accidents at work. Compensations can be divided into compensation for loss of earnings (daily allowance and accident pension), compensation for expenses (including compensation for medical care), handicap allowance, rehabilitation compensation (including vocational rehabilitation) and compensation in the event of death (survivors' pension and funeral allowance).

Each year about 5,000 new occupational diseases or suspected occupational diseases are reported. Of these, approximately 40 % are approved as occupational diseases in the insurance company's claim process. The most common occupational diseases are noise-induced hearing loss, respiratory allergies, skin diseases, diseases caused by asbestos and tendovaginitis and lateral epicondylitis.

Session IV: Legal framework and compliance


Chairperson: Mr Gerd Albracht, International Consultant, Labour Administration , Labour Inspection and Working Conditions

Photo	Name	Title
	Michele Patterson	President, International Association of Labour Inspection (IALI)
Description		
<p>Ms Patterson has played a prominent role in occupational health and safety (OHS) in Australia at both State and National levels for 30 years, representing two Australian states (New South Wales and South Australia), on numerous national boards and working parties on OHS standards and issues. As South Australia’s representative on Safe Work Australia until March 2012, Ms Patterson Chaired the national Committee responsible for producing Australia’s National Model OHS laws.</p>		
<p>Ms Patterson’s career in OHS commenced with her appointment in South Australia as the first female Inspector of Industrial Safety in the early 1980’s. Since then, Ms Patterson has served as head of the OHS inspectorate in New South Wales (Australia’s largest state), and as Executive Director of SafeWork SA in South Australia, responsible for managing both the OHS (Safe Work) and Industrial Relations (Fair Work) Inspectors in that State.</p>		
<p>In June 2011, Ms Patterson was re-elected for a third three-year term as President of the International Association of Labour Inspection (IALI) and from April 2012, has resigned from her Executive Director position in order to concentrate on this international role. Michele is also currently a member of Singapore’s International Advisory Panel on OHS and has a range of academic qualifications including a Masters degree from Harvard University, Boston, USA, specialising in OHS and business regulation.</p>		
<p>In June 2012, Ms Patterson was awarded the Public Service Medal of the Order of Australia “<i>For outstanding public service in the area of occupational health and safety</i>”, in the Australian Queen’s Birthday 2012 Honours.</p>		
<p><i>From Regulation to Total Ban: an Australian case study of the Labour Inspector’s role in eliminating asbestos exposures at work</i></p>		
<p>Since 31 December, 2003, Australia has had a nationwide ban on the workplace use, import or export of all forms of Asbestos. This action followed many years of managing, regulating and removing asbestos in workplaces. Australia’s ultimate goal is for all workplaces to be free of asbestos.</p>		
<p>The prohibition is part of Australia’s efforts to prevent occupational diseases at work and is implemented under Occupational Health and Safety (OHS) legislation across Australia and supported by Australian Customs import and export legislation.</p>		
<p>Compliance activities throughout the country are coordinated through ‘whole of government’ approaches that include the regulation by OHS Inspectors of safe handling and removal activities in workplaces; the training by OSH Inspectors of customs officers, council workers and many others; development and support of the national Mesothelioma registry and Asbestos Victim Support</p>		

Groups; and ongoing Asbestos Action Plans aimed at eliminating asbestos exposure throughout the entire community.

This presentation will showcase the important historical and ongoing role that Labour Inspectors responsible for OHS, and OHS Inspection authorities, have played in working towards and finally achieving this broadly acclaimed outcome, in concert with the nation's unions and employers and the governments of every state and territory and the Commonwealth of Australia. The presentation will follow the OHS Inspector's role in developments:

- from the early days in the 1970's when construction inspectors sought compliance with the asbestos regulations on crocidolite and amosite (ie blue and brown) asbestos exposures and handling methods on construction sites;
- through the 1980's when Inspectors of Industrial Safety in South Australia worked extensively on overseeing compliance with regulations requiring licensing for the removal of asbestos from industrial and commercial work premises;
- through the 1990's which saw the strengthening of exposure standards including the first extensive regulations aimed at preventing chrysotile (ie white asbestos) exposures;
- leading to the national tripartite agreement in 2000 to work towards a ban on the use, import and export of asbestos-containing materials, followed by the total prohibition in 2003; and,
- since the ban, OHS Inspectors to this day continue to play a key role in ensuring the success of the legislative framework prohibiting the use, import and export and the management of remaining in-situ asbestos in Australia.

Photo	Name	Title
	Mr Ho Siong Hin	IALI Vice-President and Commissioner for Workplace Safety and Health, Ministry of Manpower, Singapore

Description

Engineer (Er.) Ho Siong Hin is Singapore's Commissioner for Workplace Safety and Health (WSH). Er. Ho was instrumental in the statutory formation of the industry-led WSH Council in which he serves as a member. He also guided the establishment of the WSH Institute with a mission to enhance WSH through Knowledge, Innovation and Solutions. All these efforts had contributed to a significant reduction in Singapore's workplace fatality rate from 4.9 per 100,000 employed persons in 2004 to 2.1 in 2012. Er. Ho was awarded the National Day Public Administration (Gold) Medal 2012, in recognition of his outstanding leadership in reforming the WSH framework in Singapore.

Er. Ho is the Immediate Past President of the Institution of Engineers, Singapore. He is a member of the Professional Engineers Board and Chairman of the Advisory Committee to the Chemical Engineering Department of Ngee Ann Polytechnic. Er. Ho is also a member of the Singapore Accreditation Council by SPRING and chairs the Council Committee on Inspection Bodies.

Er. Ho has presented many papers on Occupational Safety & Health matters in the regional and international arena, including China, Hong Kong, Indonesia, Europe and Canada. He also works closely with the International Labour Organisation and World Health Organisation to improve OSH standards in the ASEAN region. Er. Ho was elected Vice-President of the International Association of Labour Inspections (IALI) in 2008 and re-elected in 2011 for another 3-year term. In Sep 2012,

Er. Ho was conferred Honorary Vice-President by the Institution of Occupational Safety & Health, UK.

Regulatory Framework for Workplace Health in Singapore

The Workplace Safety and Health (WSH) Act in Singapore administered by the Ministry of Manpower (MOM) adopts a performance-based legislative regime that lays out general duties of care for the various stakeholders, requiring them to take “reasonably practicable” measures to ensure workers safety. However, it may not be easy to effect this principle for Workplace Health (WH) issues, given the long latency period of many occupational Diseases and other related challenge. Hence it may be necessary for the WH regulatory framework to adopt a more prescriptive approach in order to provide stakeholders with greater guidance on their obligations to ensure WH outcomes. For instance the regulatory framework should prescribe specific measures that stakeholders should put in place and specific standards, which could include Permissible Exposure Limits (PEL) that stakeholders should comply with, rather than outline general duties of care. Singapore’s WH regulatory framework consists also of legislation from other government agencies regulating the management of specific WH hazards. This is supported by various Singapore Standards, Code of Practice and guidelines developed by SPRING Singapore, the WSH Council and other government agencies that provide the industry with guidance. These standards need to be upheld and hence the importance of the labour inspection role to regulate WH cannot be understated. Singapore’s ratification of the ILO Convention No. 187 Promotional Framework for Occupational Safety and Health in June 2012 is a commitment to embrace tackling OSH issues not just through traditional regulatory and enforcement practice. This is in-line with our efforts to improve WH through continuous improvement through national policy, system and programme through tripartism and social dialogue. This session will share how all these come into effect to regulate WH in Singapore.

Name	Title
Dr Orrapan Untimanon	Bureau of Occupational and Environmental Diseases, Thailand

Labour inspection to control hazardous risks to workers health and safety in Thailand

The total number of employed persons in Thailand was about 38.95 million while unemployed rate was 0.8% (data from latest survey in August 2013), Only 9.04 million workers have been covered by the Social Security Scheme. Occupational diseases and injuries are one of the main burdens of diseases among Thai working population. Of insured workers, the rate of occupational injuries and diseases were about 15-21cases/1,000 workers and 5-6 cases/10,000 workers, respectively during 2008-2012.

The figures of occupational diseases cases may not represent the real situation in the country because many surveys conducted by BOED showed high levels of hazardous exposure in the workplace. Under-report of cases were found because maybe the lack of work history taken from patients, unawareness of general physicians and difficulty in making diagnosis.

The concern of occupational health and safety in workplace increased enormously from related

agencies. Ministry of labour has improved laws and enforcement and Ministry of Industry enforces all high risk workplaces to conduct risk assessment and management to protect chemical incident in workplaces. In addition, Ministry of Public Health has conducted occupational diseases surveillance program, developed occupational health services by setting up the occupational disease clinic at the provincial hospitals throughout country.

Labour inspection is one of the strategies performed by Ministry of Labour to prevent occupational diseases and injuries. Roles of labour inspector are divided into three issues as follow;

1. Occupational health and safety issue. The inspector is authorized to inspect, record image and sound of work environment concerning occupational health and safety issues, as well as to enquire the fact, investigate or request workplace to stop the action that violates the occupational health and safety laws. In addition, such inspectors can request the workplaces to correct, to improve or to conduct in accordance with the laws.

2. Welfares issue. The inspector is authorized to inspect, record image, copy documents concerning employment, payment wages, overtime payment, and other welfares which are stipulated in the related Act.

3. Special issue. The inspector is authorized to inspect some kinds of workplace such as seafood processing industry and deep-sea fishing which are subjected to long and late hours; dangerous, dirty and damp working conditions; and a lack of safety equipment. Vulnerable groups such as ethnic minority, stateless and migrant children are the most at risk of engaging such workplaces, particularly in the informal sector.

Inspectors perform their duties following at least the two major laws which concern occupational health, safety and welfare at work including the Labour Protection Act, B.E 2541 (A.D.1998) and Occupational Safety, Health and Environment Act, B.E. 2554 (A.D. 2011).

In 2011, Ministry of labour performed total 18,946 inspections in 17,039 workplaces throughout the country. The number of employees covered by such inspection was 1,526,448. The results of inspections revealed that 15,230 workplaces complied to the occupational safety and health laws, while 1,809 (10.6%) workplaces violated such laws.

In 2012, only 486 inspectors, qualified under the OSH Act, B.E. 2554 (A.D. 2011) and authorized to inspect compliances of the workplace with occupational, safety and health laws. The training program was organized to enhance required technical knowledge for central and regional labour inspectors. This was to ensure that all inspectors were able to provide proper suggestions to employers/employees. The duration of such training course was 15 days. The course comprises of theory of technical presentation, inspection practices at the workplaces and assessment. Qualified trainees received the certificate of training completion. Accordingly, there were 501 trained labour inspectors from 33 courses (the data available on 31st July 2012).

Conclusions: Occupational health and safety situation in Thailand is in a transition stage. Traditional health hazards in workplaces, such as noise, lead, silica, or unsafe work practice, still exist. All of these health risks factors cannot be eliminated or controlled effectively. At the same time, stress at work, increase number of engagement in the worst form of child labour and increasing number of migrant worker is emerging. On top of that, workplace size is also changing from large-scale enterprises to small-scale enterprises and is changing from formal employment to informal employment. In addition, the shortage of labour inspectors and poor co-operation among other governmental agencies to set up inspector teams making the control of occupational hazards for prevention occupational diseases and injuries more difficult. However, a number of implementations are being developed to control occupational risks for example, an identification of definition and number of child labour, an introduction of Good Labour Practice (GLP) program in fisheries industry, a nationwide occupational diseases clinics development, a promotion of labour inspectors capacity building and extending labour inspection to the informal sector.

Photo	Name	Title
	Mr Jens Jensen	Director-General, Danish Working Environment Authority, Denmark

Description

MSc (Political science) University of Copenhagen 1983.

Employed at the Working Environment Authority in 1983. From 1983 to 1988 I worked on legal, financial and planning issues relating to preventive work.

From 1988 to 1996 I led the Working Environment Authority's campaign activities and the development of the Agency's prioritisation and supervision methods.

In the same period I was the chairman of two prospects committees. The task of one of these committees was to produce recommendations as to how enterprises' own preventive health and safety work could be enhanced through internal safety organisations. The other committee was to recommend how external health and safety consultancy and advice to enterprises could be enhanced through the Occupational Health Service.

In 1996 I was appointed to lead office for health and safety at the Labour Ministry. Our work here was to design an action programme for intensive health and safety initiatives up to 2005. Another task was to amend the Working Environment Act to better define enterprises' responsibilities and strengthen external consultancy for enterprises on health and safety issues.

From 1997 to 1999, I was deputy director general of the Working Environment Authority, responsible for development and planning.

In November 1999 I was appointed director general of the Working Environment Authority.

In addition I have acted as external examiner at the Technical University of Denmark and Roskilde University Centre.

A risk based assessment of the psychosocial working environment – the Danish approach.

The subject of the presentation is the Danish Working Environment Authority's approach to identifying and assessing problems in the psychosocial working environment.

Inspection of the psychosocial working environment is a prioritized area in Denmark and a central part of the Danish Working Environment Authority's strategy to promote a healthy working environment and prevent attrition and labor market exclusion.

Inspection of the psychosocial working environment is a complex matter as aspects related to the psychosocial working environment are often invisible and therefore difficult to deal with. This is a challenge even for highly skilled and trained organisational safety and health professionals. The Working Environment Authority deals with this through the use of a systematic framework when


inspecting the psychosocial working environment. This framework consist of sector specific guidance tools to identify risk factors in the psychosocial working environment, structured guides to assess the psychosocial working environment and the use of standardized templates when writing improvement notices.

Director of the Danish Working Environment, Jens Jensen, will present the Danish framework as well as the Danish Smiley system, which is a public presentation of the health and safety conditions of the enterprises, that has been inspected by the Working Environment Authority.

The Danish framework for inspection of psychosocial risks addresses traditional risk factors such as heavy workload, bullying, violence, and threats. Another emerging risk factor related to the psychosocial working environment is organisational change and restructuring. Managing organisational change is a common condition in many enterprises today. In the best case scenario it may lead to organisational and individual growth, sadly it may also be one of the most common causes of work related stress in Europe. The Danish Working Environment Authority and the social parties in Denmark have a long tradition of cooperation on matters related to organizational safety and health. The last part of the presentation will focus on a recent cooperation concerning a booklet containing 22 recommendations on how to secure a good psychosocial working environment during organisational changes.

Session V: Improving occupational disease recognition, reporting and recording

Chairperson: Prof Lennart Levi, Professor em i psykosocial miljömedicin/Emeritus Professor of Psychosocial Medicine Riksdagsledamot/Member of the Swedish Parliament 2006-2010

Photo	Name	Title
	Dr Jorge Bernal Conde	Vicepresidencia de la República de Colombia

Description

Médico Cirujano de la Universidad Tecnológica de Pereira; Especialista en Salud Ocupacional (Universidad Nacional de Colombia) y en Gobierno Municipal (Pontificia Universidad Javeriana). Máster en Integración Social de Personas con Discapacidad, de la Universidad de Salamanca (España). Candidato a Magíster en Ordenamiento Urbano Regional, de la Universidad Nacional de Colombia (trabajo de grado en elaboración).

Desde el año 1996 hasta la fecha, me he desempeñado en diferentes cargos directivos del sector público Nacional y Distrital, como Director Técnico de Riesgos Profesionales del Ministerio de Trabajo y Seguridad Social, Subdirector de Salud Ocupacional del Ministerio de Salud, Subsecretario de Salud de la Secretaría Distrital de Salud de Bogotá, Gerente del Hospital del Sur ESE en la misma ciudad, y hasta el 31 de Diciembre del 2011 como Secretario Distrital de Salud de Bogotá.

Hasta el 31 de Julio del 2012, como asesor de la Vicepresidencia de la República, en el proyecto de fortalecimiento institucional a Alcaldías y Gobernaciones, a través de contrato con la Organización Internacional para las Migraciones, OIM.

Actualmente, como asesor de Colciencias para temas de ciencia, tecnología e innovación en salud, a través de contrato con la Organización de Estados Iberoamericanos, OEI.

OCCUPATIONAL HAZARDS SYSTEM IN COLOMBIA

The right to life and the principles of solidarity and universality, in an occupational hazards system immersed in a model of non regulated free market

With the Political Constitution of 1991, in Colombia, is created a general system of social security, SGSS (for its acronym in Spanish), this included a general system of professional hazards, SGRP (for its acronym in Spanish), now renamed as occupational hazards, SGRL (for its acronym in Spanish), which takes in the principles of social security, but immersed in a model of non regulated free market whose end has been the participation of the private sector through insurers, insurance brokers and reinsurers, allowing them to gain unlimited profit.


Because of all of the above the general system of occupational hazards has lost its essence and has been narrowed to the existence of individual insurance contracts between enterprises and insurers, with a weak intervention from the upper levels of management and an almost nule control from the government, generating three big effects:

1. The employer's intervention to protect his workers health and life has substantially dissapeared by shifting the technical responsibility to prevent work related accidents and occupational diseases to insurers, resulting this in the disolution of health and engineering, to develop its program of safety and health at work, teams.

2. The principle of solidarity has been removed by creating relationships and ways to negotiate economic reinvestment of the insurer towards its insured companies, such as individuals negotiations within the framework of free competition and free market, where the company with greater pressure capacity receives more services, deeply affecting the possibility of investments to improve the work conditions in small and medium companies. The two insurers with the most quantity of small companies belong to the state and to the cooperative sector, grouping more than the eighty one percent (81%) of the whole business coverage, with a forty percent (40%) of the workforce, and a thirty one percent (31%) of the insurance premiums. The remaining eight occupational hazards insurers have nineteen percent (19%) of the companies, sixty percent (60%) of the workforce and sixty nine percent (69%) of the insurance primes.

3. In the twenty years of being created the occupational hazards system, it hasn't been able to accomplish with the universality principle, due to the fact that still exists a huge majority of workers that including children, women and men, that can be either from the town or country, aren't covered by the social security system in the country, even if they are mainly working in economic activities of medium and high risk for their health and life. Of the 44 million inhabitants, 21 of them are economically active population and 17.5 are somehow busy, but only 8.2 of these workers are covered by the occupational hazards systems.

These three structural issues have been reflected in the increase in occupational diseases, accidents and death events into production processes or in work activities that are performed under orders from the employers, under the principal of labor subordination. In 2012 there were six hundred and ten thousand (610000) occupational accidents, an increase of the thirteen percent (13%) compared to 2011. Also, is commonplace and of large tensions in the world of work, conflicts and disputes by denial and the definition of occupational origin of many other health events that are diminishing the life quality of the country's working population, increasing the problems of inequity and social injustice that underlie our society.

Photo	Name	Title
	Dr Mohamed Azman	Deputy Chief Executive Officer (Operations), Social Security Organisation, Ministry of Human Resources, Malaysia
Description		
<p>Dato' Dr. Mohammed Azman is currently the Deputy Chief Executive Officer of Operations for the Social Security Organisation (SOCSO) of Malaysia. A Medical Doctor by profession, Dato' Dr. Mohammed Azman has had an illustrious career especially in the field of social insurance. He started his career 1993 as a young medical doctor and has held various designations in in his career.</p>		
<p>In 2001, Dato' Dr. Mohammed Azman became the first medical doctor to be employed by SOCSO. He headed the Medical and Rehabilitation Department of SOCSO. In 2007, he was promoted to Senior General Manager of Operations. During his time in SOCSO, Dato' Dr. Mohammed Azman has made many changes to improve SOCSO's involvement in occupational medicine and disability assessments. Dato' Dr. Mohammed Azman is responsible in introducing Occupational Health</p>		

Training for general physicians since 2001 and the first Disability Assessment in 2002.

Following this, he organized the first Disability Assessment course in 2003 and the first Certification Course in Disability Assessment in 2004. In 2004, he spearheads the publishing of Malaysia's First Disability Assessment Guideline. He has also conducted many courses on the approach in diagnosing occupational diseases and the publication of the first Occupational Disease Guideline in Malaysia. Dato' Dr. Mohammed Azman has also introduced a structured medical report format for occupational diseases. He was also responsible in introducing 143 new occupational diseases to SOCSO's existing list. Currently, Dato' Dr. Mohammed Azman is playing an inspirational role in the compulsory training for all SOCSO's panel doctors (over 4000 doctors) to undergo training in occupational medicine by 2011.


Besides everyday work, Dato' Dr. Mohammed Azman is also active in various organizations; he has been actively involved in the Royal College of Physicians of Ireland – Malaysian Committee since 2005 and has presented a paper on the trends of occupational disease in Malaysia at the seminar organized by the faculty. Dato' Dr. Mohammed Azman has also presented over 200 papers both locally and abroad; i.e. World Safety and Health Congress. He has also been involved in various discussion groups as a key opinion leader amongst stakeholders regarding the improvements in identifying, diagnosing and prevention programs for occupational diseases. Dato' Dr. Mohammed Azman is a member of the Malaysian Society of Safety and Health, Society of Occupational and Environmental Medicine of the MMA, Academy of Occupational & Environmental Medicine, Malaysian Society of Occupational Health Physician and the National Council for Occupational Safety and Health. Dato' Dr. Mohammed Azman is happily married and fathers 3 sons and 2 daughters.

Occupational Diseases - A Perspective from the Social Security Organisation of Malaysia

The Social Security Organization of Malaysia (SOCSO) is a statutory body governing the Employment Accident Insurance Scheme and the Invalidity Pension Scheme. Over the years, the numbers of occupational diseases has increased; however the question remains if the increase is considered to be positive or negative?

One may say that this increase could be a failure of occupational health policies and strategies but in SOCSO's perspective, it may be different. Low numbers of reported occupational diseases may result in such diseases being undetected and not prevented. In the social security aspect, these cases often go uncompensated.

To address these problems, SOCSO has devised strategies and policies to address the issue of occupational disease such as introduction of new guidelines in diagnosing occupational diseases. The speaker will be addressing the challenges faced by the Social Security Organisation of Malaysia and the way forward in improving worker's health.

Photo	Name	Title
	Dr Jorge Costa-David	Unit B/3/Health, Safety and Hygiene at Work, DG Employment, Social Affairs and Inclusion, European Commission

Description

Is a European Commission Principal Administrator in Directorate General Employment, Social Affairs & Inclusion (Unit Health, Safety and Hygiene at Work), with responsibility, from an occupational health and safety perspective, for policy initiatives on Occupational diseases, Asbestos, Nanotechnology, Mental Health and Psychosocial issues at the workplace.

Formerly responsible for: (i) In Enterprise Directorate General, (*Promotion of Entrepreneurship and SMEs*): 'Business incubators', 'Business Start ups' and 'Business support measures' and contributed to the development of the Entrepreneurship Green Paper and the Entrepreneurship Action Plan; (ii) In Directorate General Health and Consumer Protection: Scientific Secretary of the Scientific Committee on Toxicity, Ecotoxicity and the Environment; (iii) In Directorate General Environment: various chemicals related files (classification and labelling of dangerous chemical substances, chemicals safety).

Experience prior to working for the European Commission includes 9 years of medical practice, 5 years of secondary school teaching and interpreting/translation work.

He has degrees on Medicine (MD), Public Health (DipPH), Education (MA), Modern Languages (MIL) and Business Administration (MBA).

Expanding national systems to report and record suspected occupational diseases

The European Commission is responsible for the implementation and follow up of the EU legal framework on Occupational diseases, which, albeit based on a non-binding legal instrument (Commission Recommendation 670/2003/EC). Over the years quite a few EU Member States resorted to it, transposing it almost literally or finding in it inspiration for shaping their own. Under the auspices of the EU Commission a report has been recently published (available in <http://ec.europa.eu/social/main.jsp?catId=716&langId=en>) where the situation of EU occupational diseases systems has been thoroughly evaluated. Besides the conclusions it contains, the report includes a number of significant recommendations for further improvements of the 'EU system'.

The EU Commission is taking a further initiative in the form of an Occupational Diseases conference (in Brussels, 3rd & 4th of December 2013) where the report will be scrutinised by stakeholders and participants. The conference programme includes also enough points of a technical nature as an opportunity to illustrate and debate the report's conclusions and recommendations. Its proceedings will be considered by the Commission before it proposes any policy initiative. The report addresses, obviously, various elements methodologically important from the point of view of policy development, including diagnostic criteria and reporting and recording mechanisms. Correspondingly, recommendations are made in respect of them therein.

Recording and reporting of occupational diseases are dependent on a number of factors that

determine the characteristics of each 'occupational diseases system'.

A fundamental influencing factor is/are the variability of diagnostic criteria factors impacting and being impacted by still other factors in recording/reporting mechanisms and the rules applicable. Among such mechanisms/factors one could mention:

1. Variable diagnostic criteria across countries/states;
2. Variable diagnostic criteria across areas/stakeholders;
3. Variable scientific diagnostic criteria;
4. Various degrees/schemes/types of reporting;
5. Various degrees of recording/reporting obligations on occupational health and safety officers, occupational physicians;
6. Various degrees of control, for which different/variable entities professionals are/can be responsible;
7. Variable lists (national or other) of (official/non-official) recognised occupational diseases with variable degrees of on which data/factors inclusion or not in the list is decided;
8. Variable schemes in force for updating such lists;
9. Variable schemes of statistical treatment of available data;
10. Variable languages/terminology used.

International organisations, like the ILO, the EC, others?? who have the vocation of making (common) sense of their policies and programmes are faced with the difficulties inherent to this state of affairs. Very often participants attend meetings/events and use 'common/shared' concepts and terminology, supposedly taking them to mean the same but is the understanding really common and shared?

During the presentation examples will be given to illustrate this, based on activities led by Modernet, a EU network for development of new techniques for measuring trends in occupational and work-related diseases and tracing new and emerging risks. Concrete approaches being currently followed are included in a brief description of some on-going European Modernet-led projects aiming to mitigate such uncertainties and the concrete implications that such a situation brings about.

Session VI: Good practices in occupational disease prevention

Chairperson: Mr Kevin Myers, International Association of Labour Inspection (IALI) Secretary General

Photo	Name	Title
	Dr Kirsi Karvala	Finnish Institute of Occupational Health, Finland
Description		
<p>MD (medical doctor) 1988, University of Turku, Finland Specialist in occupational medicine 2003, University of Helsinki PhD Thesis 2012, University of Helsinki, title “Asthma in damp indoor work environments” Research area: Health effects of indoor air molds and indoor air symptoms in non-industrial work environments Expert area: Diagnostics of occupational diseases and the compensation system of occupational diseases in Finland Affiliation: Finnish Institute of Occupational Health Position: team leader of the Occupational Medicine Team</p>		
Good practices in occupational disease prevention		
<p>Developing OSH culture has long traditions in Finland. Our OSH system consists of appropriate legislation, policy mechanisms, coordination, collaboration, standards, means and tools, and statistics. It represents a system which has shown considerable success in reducing and eliminating occupational hazards. Some ‘classic’ occupational diseases have been practically eradicated in Finland, such as lead poisoning. Occupational diseases which have identifiable causes are in theory all preventable.</p> <p>The workplace is in the nucleus of preventive actions. According to the Occupational Safety and Health Act, the workplace is responsible for protecting the worker against industrial accidents and diseases. Successful prevention requires well-trained OSH officials, inspectors and employers’ and workers’ representatives. The leading OSH authority is the Department for Occupational Safety and Health of the Ministry of Social Affairs and Health.</p> <p>In Finland, employers must insure their employees against work accidents and occupational diseases through the statutory accident insurance system. Because the cost liability through the insurance belongs to the employer, it is regarded as an incentive for preventive activities enhancing occupational safety. The Act on Occupational Diseases defines an occupational disease as a disease caused by a physical, chemical or biological agent at work. The occupational exposure needs to be the main cause of the disease and the probability of association between the exposure and outcome needs to be proven. In principle, any disease or adverse health outcome meeting the above criteria is entitled to compensation.</p> <p>The Finnish Institute of Occupational Health’s Register of Occupational Diseases consists of recognized and suspected cases of occupational disease. The number of cases has been decreasing during the last two decades. The main disease groups of the compensated occupational diseases in</p>		

2011 were noise-induced hearing loss, asbestos-induced diseases, and skin diseases. The register represents only the tip of the iceberg of the population level burden of disease due to occupational factors, in other words, those cases which, at the individual level, have identifiable occupational causes. In the majority of work-related diseases, the etiologic connection to work is recognized only at the population level.

Other national registers are e.g. Register of Occupational Hygiene Measurements, and Register on Employees Exposed to Carcinogens.

The Act on Occupational Health Services originates from the year 1978. The purpose of the Act is to ensure a safe and healthy work environment, the prevention of work-related diseases and accidents, the promotion of the work ability and functional capacity of employees, and the provision of preventive occupational health services (OHS) for the employees. Each employer is obligated to organize services for his/her employees. The small and medium-sized enterprises constitute a universal challenge to OHS systems. The coverage of services is 90% of the wage earners.

The role of the Finnish Institute of Occupational Health (FIOH) is to produce research-based knowledge on OSH issues, develop and disseminate good practices, participate in training professionals, and develop the diagnostics of occupational diseases.

Initiating in 2008, a large program on prevention of occupational disease was carried out by the Advisory Committee on Occupational Health Services within the Ministry of Social Affairs and Health. The Advisory Committee has a wide representation of various stakeholders: the Government, employers and employees, professional associations, FIOH, and the accident insurance system. The program concentrated e.g. on knowledge dissemination, developing collaboration between the workplace and occupational health services, and developing recognition of occupational diseases. One of the subprojects conducted a screening campaign of symptoms suggesting hand-arm vibration syndrome in the metal and construction industries and revealed that the syndrome was underdiagnosed. An information campaign for management of exposure proved to be effective.

In a program which started in 2009 and which is conducted by FIOH and The Social Insurance Institution of Finland (Kela), new indicators are being developed as management tools that help enterprises to understand how well they are performing in the field of OSH performance in relation to their goals and objectives. A set of several indicators is needed in order to describe how the OSH system operates in practice and to reveal which parts of the preventive processes may need fixing.

The focus in the area of occupational health has shifted to work disability prevention in order to lengthen working careers. There are illnesses, such as stress and musculoskeletal disorders that cannot be totally explained by their assumed occupational causes nor prevented by eliminating or reducing exposure. Cooperation with occupational health services and the workplace as well as other stakeholders is essential and required by policymakers.

Photo	Name	Title
	Dr Héctor Upegui	Global Market Leader for Disability Management, IBM Cúram Research Institute, Germany

Description

Hector is the Global leader for Disability Management at IBM Cúram Research Institute. Disability Management is defined as a proactive process composed of prevention, care, support, compensation and rehabilitation services, in order to minimize the impact of injuries and diseases and to guarantee social inclusion, and includes: Occupational risks, daily life risks, road traffic risks and the respective instruments to cope with them as general and targeted disability compensation services, workers' compensation insurance, disability insurance, and motor insurance.


He is responsible for strategic initiatives in this sector, representing IBM Cúram Research Institute and IBM at industry conferences and events and developing IBM position papers on emerging initiatives and trends in Disability Management.

Hector has been working world wide with Social Security organizations (private and public), social policy makers, insurance associations, unions, employers' associations, universities and individuals, sharing experiences and best practices at different levels.

His career as a physician in these social security fields combines medical aspects with social policy making, as well as operational and management levels within workers' compensation and Health care institutions. He also has published a variety of research papers and articles.

Occupational diseases: Are trends and challenges for Occupational Safety & Health (prevention) the same that for Occupational Accidents and diseases Insurance (compensation)?

There is no doubt about the need for cooperation between prevention and compensation to better achieve respective and common objectives. However, trends and challenges for prevention and compensation are not always the same. In this presentation I will show some points on the differences in the perspectives of decision makers in OSH and insurance, with special emphasis on occupational diseases. Understanding these differences, might help to guide decision makers from both OSH and insurance to better align their efforts in order to benefit all parties involved.

Photo	Name	Title
	Ms Elke Schneider	Prevention and Research Unit, European Agency for Safety and Health at Work, Bilbao, Spain

Description

Elke Schneider has been active as a project manager at EU-OSHA since 2002, on a variety of topics. She was involved in setting up the [Agency's European risk observatory](#) and is currently in charge of preparing the Agency's large-scale project on work-related diseases.

Elke Schneider has a degree in technical chemistry/ biochemistry and a doctorate in technical sciences from the Technical University of Vienna, Austria.

Before joining EU-OSHA in 2002, Elke Schneider worked as deputy head of unit for European and International Affairs at the central authority of the Austrian Labour Inspection within the Ministry of Economics and Labour, now Labour, Social Affairs and Consumer Protection.

She has been a national delegate to the EU Commission and Council and involved in cooperation with SLIC (the Senior Labour Inspectors' Committee) and many other stakeholders. She has also been a member in the Austrian Association of Toxicologists.

EU-OSHA perspective on work-related diseases: from research to practice

A consistent and comparative description of the burden of occupational and work-related disease and the related risk factors is an important prerequisite for OSH decision-making, prevention and planning processes.


As recognised in the two EU-OSHA campaigns on MSDs, the concept of occupational diseases (monocausality guiding recognition and compensation) does not fit multi-cause illnesses.

Work-related diseases are a wider concept than occupational diseases and cover all diseases where work is a contributory cause, or an existing disease is aggravated by work-related factors. Currently recognised occupational diseases do not reflect the health problems and issues relevant for an increasingly diverse workforce on temporary contracts in a service-dominated industrial structure, with more and more varied work biographies, multiple jobs and multiple working sites (e.g. as a consequence of a growth in sub-contracted work, short-term contracts, changing work organisation, personal services). The agency has carried out research on several work-related diseases (MSDs, cancer, reproductive disorders, skin diseases, stress-related disorders) and the methodologies to assess the burden of work-related ill-health.

In the framework of its multiannual planning, the agency will continue its activities to assess the true burden of ill-health by addressing a number of diseases currently not or insufficiently covered by the recognition and compensation-centered systems. In its 2009-2013 strategy period, the Agency proposed a review of the existing data and scientific methodologies used to develop estimates for the occupational burden of disease and injury, and carried out a review of the estimations of the economic costs arising from accidents and ill-health. In 2012 and 2013, work focused on work-related cancer, and more specifically on monitoring methods, as well as campaigning for awareness and prevention, the identification of vulnerable groups and back to work strategies for workers affected by cancer. Reprotoxic risks at work are the focus of a project

finalised in 2013, with recommendations are on testing methods, awareness-raising and monitoring reprotoxic risks for male workers and across generations. MSDs, stress and skin diseases have been addressed by a series of other overview reports.

Some of these activities will be presented with a view on good practice examples for the prevention of these diseases.

Photo	Name	Title
	Mr Ho Siong Hin	IALI Vice-President and Commissioner for Workplace Safety and Health, Ministry of Manpower, Singapore

Description

Engineer (Er.) Ho Siong Hin is Singapore's Commissioner for Workplace Safety and Health (WSH). Er. Ho was instrumental in the statutory formation of the industry-led WSH Council in which he serves as a member. He also guided the establishment of the WSH Institute with a mission to enhance WSH through Knowledge, Innovation and Solutions. All these efforts had contributed to a significant reduction in Singapore's workplace fatality rate from 4.9 per 100,000 employed persons in 2004 to 2.1 in 2012. Er. Ho was awarded the National Day Public Administration (Gold) Medal 2012, in recognition of his outstanding leadership in reforming the WSH framework in Singapore.

Er. Ho is the Immediate Past President of the Institution of Engineers, Singapore. He is a member of the Professional Engineers Board and Chairman of the Advisory Committee to the Chemical Engineering Department of Ngee Ann Polytechnic. Er. Ho is also a member of the Singapore Accreditation Council by SPRING and chairs the Council Committee on Inspection Bodies.

Er. Ho has presented many papers on Occupational Safety & Health matters in the regional and international arena, including China, Hong Kong, Indonesia, Europe and Canada. He also works closely with the International Labour Organisation and World Health Organisation to improve OSH standards in the ASEAN region. Er. Ho was elected Vice-President of the International Association of Labour Inspections (IALI) in 2008 and re-elected in 2011 for another 3-year term. In Sep 2012, Er. Ho was conferred Honorary Vice-President by the Institution of Occupational Safety & Health, UK.

Developing a National Workplace Health Programme - The Singapore Experience

The impact of failures in Workplace Health (WH) management lapses is more insidious, but no less severe than those that result from workplace safety lapses. While the consequences in failures in workplace safety are immediately manifested as injuries or fatalities, the consequences of failures in WH hazard management may only become apparent years later due to the long latency periods of occupational diseases. Exposure to hazardous materials can have health consequences that surface long after initial exposure. Hence tackling WH issue is a challenge and calls for a differentiated approach. In April 2010, the Ministry of Manpower (MOM) and the Workplace Safety and Health (WSH) Council launched the national WH strategy. The strategy aims to create workplaces that are not only safe, but also address the risks from WH hazards. The 3 key thrusts are improving the comprehensiveness and quality of WH data, tackling known occupational diseases through targeted intervention programmes and developing a holistic approach to the

promotion of WH. To support this, the WSH Council also formed a Workplace Health Committee in February 2011. With the Committee, existing strategies are being reviewed to formulate new approaches to make the workplace an important platform for enhancing the health and productivity of employees significantly. At the forefront, Singapore is also in the midst of introducing Total WSH which will ensure that a comprehensive and integrated approach is used to manage


Roundtable: On the way forward and International Collaboration

Chairperson: Dr Jorge Costa-David, Unit B/3/Health, Safety and Hygiene at Work, DG Employment, Social Affairs and Inclusion, European Commission

How to improve national systems for recognition, compensation and prevention of occupational diseases: What capacities are needed? What could be the role of international collaboration?

Which is the role of tripartite collaboration?

Photo	Name	Title
	Dr Ivan Dimov Ivanov	Team leader, Global Occupational Health Programme, World Health Organization, Headquarters, Geneva
Description		
<p>Dr Ivan Dimov Ivanov is Team Leader of the WHO Global Occupational Health Programme in Geneva. He has the overall responsibility for the implementation of the WHO Global Plan of Action on Workers' Health, and for collaboration with other internal technical programmes and outside partners. In addition, currently he carries out several technical projects; his project portfolio includes scaling up coverage with occupational health services, workers' health in a green economy and climate change policies, as well as occupational diseases.</p> <p>Dr Ivanov is working at the WHO in 2000, first in the Regional Office for Europe as manager of the European programme on environmental health policy, and subsequently in charge of the EURO occupational health programme. In 2005, he was transferred to WHO Headquarters where he facilitated the development of the Global Plan of Action on Workers' Health and initiated a global campaign on the elimination of asbestos-related diseases as well as projects on occupational carcinogens in several countries.</p> <p>Prior to joining WHO, Ivan worked in the Ministry of Health of his native country, Bulgaria, as senior ministerial adviser in occupational health, where he led a large scale project on restructuring occupational health, including legislation and creation of occupational health services.</p> <p>Dr Ivanov is a medical doctor with an MPH in occupational health from Bulgaria and a PhD in sociology of health and environment from Michigan State University.</p>		

Photo	Name	Title
	Michele Patterson	President, International Association of Labour Inspection (IALI)


Description

Ms Patterson has played a prominent role in occupational health and safety (OHS) in Australia at both State and National levels for 30 years, representing two Australian states (New South Wales and South Australia), on numerous national boards and working parties on OHS standards and issues. As South Australia's representative on Safe Work Australia until March 2012, Ms Patterson Chaired the national Committee responsible for producing Australia's National Model OHS laws.

Ms Patterson's career in OHS commenced with her appointment in South Australia as the first female Inspector of Industrial Safety in the early 1980's. Since then, Ms Patterson has served as head of the OHS inspectorate in New South Wales (Australia's largest state), and as Executive Director of SafeWork SA in South Australia, responsible for managing both the OHS (Safe Work) and Industrial Relations (Fair Work) Inspectors in that State.

In June 2011, Ms Patterson was re-elected for a third three-year term as President of the International Association of Labour Inspection (IALI) and from April 2012, has resigned from her Executive Director position in order to concentrate on this international role. Michele is also currently a member of Singapore's International Advisory Panel on OHS and has a range of academic qualifications including a Master's degree from Harvard University, Boston, USA, specialising in OHS and business regulation.

In June 2012, Ms Patterson was awarded the Public Service Medal of the Order of Australia "For outstanding public service in the area of occupational health and safety", in the Australian Queen's Birthday 2012 Honours.

Photo	Name	Title
	Mr Seiji Machida	Mr Seiji Machida, Senior Safety and Health Expert, Labour Administration, Labour Inspection and Occupational Safety and Health Branch, Governance and Tripartism Department, ILO, Switzerland.


Description

Born in 1954, Mr Machida holds a Bachelor of Science and a Master of Science in Chemical Engineering from the Kyoto University, Japan.

Since joining the ILO in 1989, Mr Machida has served in the Occupational Safety and Health Branch (SafeWork) and the East Asia Multidisciplinary Advisory Team (EASMAT). He has broad experience in the field of occupational safety and health including the development and promotion of ILO OSH instruments such as the Promotional Framework for Occupational Safety and Health Convention (No.187), Prevention of Major Industrial Accidents Convention (No.174) and the Guidelines on

Occupational Safety and Health Management Systems (ILO-OSH 2001), formulation and backstopping of technical cooperation projects, and interagency cooperation on chemical safety. During his assignment in Bangkok, he has undertaken a number of advisory missions on occupational safety and health covering most Asian countries.

Prior to joining the ILO, Mr Machida was Senior Occupational Safety and Health Officer of the Japanese Ministry of Labour. He has taken various assignments in the Ministry in the field of occupational safety and health both at the headquarters and field offices.

Photo	Name	Title
	Dr Mohamed Azman	Deputy Chief Executive Officer (Operations), Social Security Organisation, Ministry of Human Resources, Malaysia

Description

Dato' Dr Mohammed Azman is currently the Deputy Chief Executive Officer of Operations for the Social Security Organisation (SOCSO) of Malaysia. A Medical Doctor by profession, Dato' Dr Mohammed Azman has had an illustrious career especially in the field of social insurance. He started his career 1993 as a young medical doctor and has held various **designations in his career.**

In 2001, Dato' Dr. Mohammed Azman became the first medical doctor to be employed by SOCSO. He headed the Medical and Rehabilitation Department of SOCSO. In 2007, he was promoted to Senior General Manager of Operations. During his time in SOCSO, Dato' Dr. Mohammed Azman has made many changes to improve SOCSO's involvement in occupational medicine and disability assessments. Dato' Dr. Mohammed Azman is responsible in introducing Occupational Health Training for general physicians since 2001 and the first Disability Assessment in 2002.

Following this, he organized the first Disability Assessment course in 2003 and the first Certification Course in Disability Assessment in 2004. In 2004, he spearheads the publishing of Malaysia's First Disability Assessment Guideline. He has also conducted many courses on the approach in diagnosing occupational diseases and the publication of the first Occupational Disease Guideline in Malaysia. Dato' Dr. Mohammed Azman has also introduced a structured medical report format for occupational diseases. He was also responsible in introducing 143 new occupational diseases to SOCSO's existing list. Currently, Dato' Dr. Mohammed Azman is playing an inspirational role in the compulsory training for all SOCSO's panel doctors (over 4000 doctors) to undergo training in occupational medicine by 2011.

Besides everyday work, Dato' Dr. Mohammed Azman is also active in various organizations; he has been actively involved in the Royal College of Physicians of Ireland – Malaysian Committee since 2005 and has presented a paper on the trends of occupational disease in Malaysia at the seminar organized by the faculty. Dato' Dr. Mohammed Azman has also presented over 200 papers both locally and abroad; i.e. World Safety and Health Congress. He has also been involved in various discussion groups as a key opinion leader amongst stakeholders regarding the improvements in identifying, diagnosing and prevention programs for occupational diseases. Dato' Dr. Mohammed Azman is a member of the Malaysian Society of Safety and Health, Society of Occupational and Environmental Medicine of the MMA, Academy of Occupational & Environmental Medicine, Malaysian Society of Occupational Health Physician and the National Council for Occupational Safety and Health. Dato' Dr. Mohammed Azman is happily married and fathers 3 sons and 2 daughters.

Photo	Name	Title
	Mr Kris de Meester	First Adviser, International Organization of Employers (IOE)

Description

Issues

Safety and welfare at work – Occupational accidents and diseases: prevention, formalities, statistics – Occupational health – Alcohol and drugs – Stress, harassment and violence – Fire protection – Ergonomics – Contractor safety (BeSaCC-VCA) – International social issues

Organisations

High Council for Prevention and Protection at Work – High Council for Protection against Fire and Explosion – National Labour Council committees – Occupational Accidents Fund (Technical Committee on Prevention) – Occupational Diseases Fund (Scientific Council) – BeSaCC-VCA – European Advisory Committee on Health and Safety (spokesperson for the employers’ group) – BUSINESSEUROPE (Chairman of Safety and Health Committee) – European Agency for Safety and Health at Work (OSHA-Bilbao) – European Foundation for the Improvement of Living and Working Conditions (EUROFOUND-Dublin) – International Labour Organisation (ILO-Geneva) – International Organisation of Employers (IOE)



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