

RESULTS OF THE PROJECT

Situation analysis of existing OHS systems in NDPHS countries

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◆ - Participating countries

NORWAY

FINLAND

RUSSIA

ESTONIA

LATVIA

LITHUANIA

POLAND

GERMANY

UNITED KINGDOM

The aim of the survey

**to analyse the practical set-up of OHS,
describing their:**

- **structure,**
- **content**
- **professionals.**

Type of the research:

descriptive – comparative

Methodology of the research

The tool of the research - the questionnaire, prepared after analyses of the international and national:

- OSH legislation,**
- OSH services establishment policy,**
- main functions of OHS specialists.**

The poll was performed in June-August 2011.

The following study items were included:

- **Framework and specific legislation, concerning OH&S;**
- **Organization of OH&S system and supporting services;**
- **OHS funding, human resources, key public health and occupational health safety indicators, main functions of OHS specialists.**

Main parts of the questionnaire

- A. Basic information;**
- B. Organisation of OHS;**
- C. Coverage of OHS in 2010;**
- D. Content of OHS;**
- E. Occupational health professionals;**
- F. Liaison with;**
- G. Disputes and Penalties.**

Basic information

- **Framework and specific legislation, concerning occupational health and safety (OH&S) and occupational health services (OHS);**
- **Organisation of OH&S system and supporting services(institutional bodies responsible for organising OH&S system; with provided scheme);**
- **Main statistical data on population, labour force, key public health and OH&S indicators.**

Organisation of OHS

- **Voluntary or mandatory? Who is responsible for the organising of OHS at national, regional, enterprise level?**
- **Existing models for providing of OHS in the country: internal (in-plant) and external**
- **Funding of OHS: state budget, employers organisations, social security, trade unions, etc.**
- **Main requirements and procedures for the accreditation of OHS**
- **Enforcement and control of implementation of OHS**

Coverage of OHS in 2010

- **What is the reporting procedure about OHS establishment?**
- **Are OHS registered officially?**
- **Figures on capacity of internal and external OHS**
- **Main activities of OH (medicine) physician, OH nurse, OH hygiene physician, Occupational hygienist, other OH professionals**

Content of OHS

- **Hazard identification: are these activities performed by OHS?**
- **Health risk assessment: are these activities performed by OHS?**
- **Pre-employment and periodic health exams: are these activities performed by OHS?**
- **Informing and educating workers and employers: are these activities performed by OHS?**
- **Work ability assessment and promotion: are these activities performed by OHS?**
- **Rehabilitation: are these activities performed by OHS?**
- **First aid: are these activities performed by OHS?**
- **Curative services: are these activities performed by OHS?**
- **Record keeping: are these activities performed by OHS?**
- **Control of the content of OHS**
- **Health promotion of OHS**

Occupational health professionals

- **Definition of OH professionals**
- **Qualifications of OH professionals**
- **Rights of OH professionals**
- **Confidentiality of OH professionals**
- **Training and certification of OH professionals**

Liaison with

- **Employers, employees, workplace safety committees**
- **State authorities**
- **Occupational safety services**
- **Public health services**
- **Health services**

Disputes and Penalties

- **Type of penalties**
- **Who can imply them?**
- **What instance handles the disputes?**

RESULTS OF THE SURVEY



Global plan of action on worker`s health 2008-2017

The Sixtieth World Health Assembly,

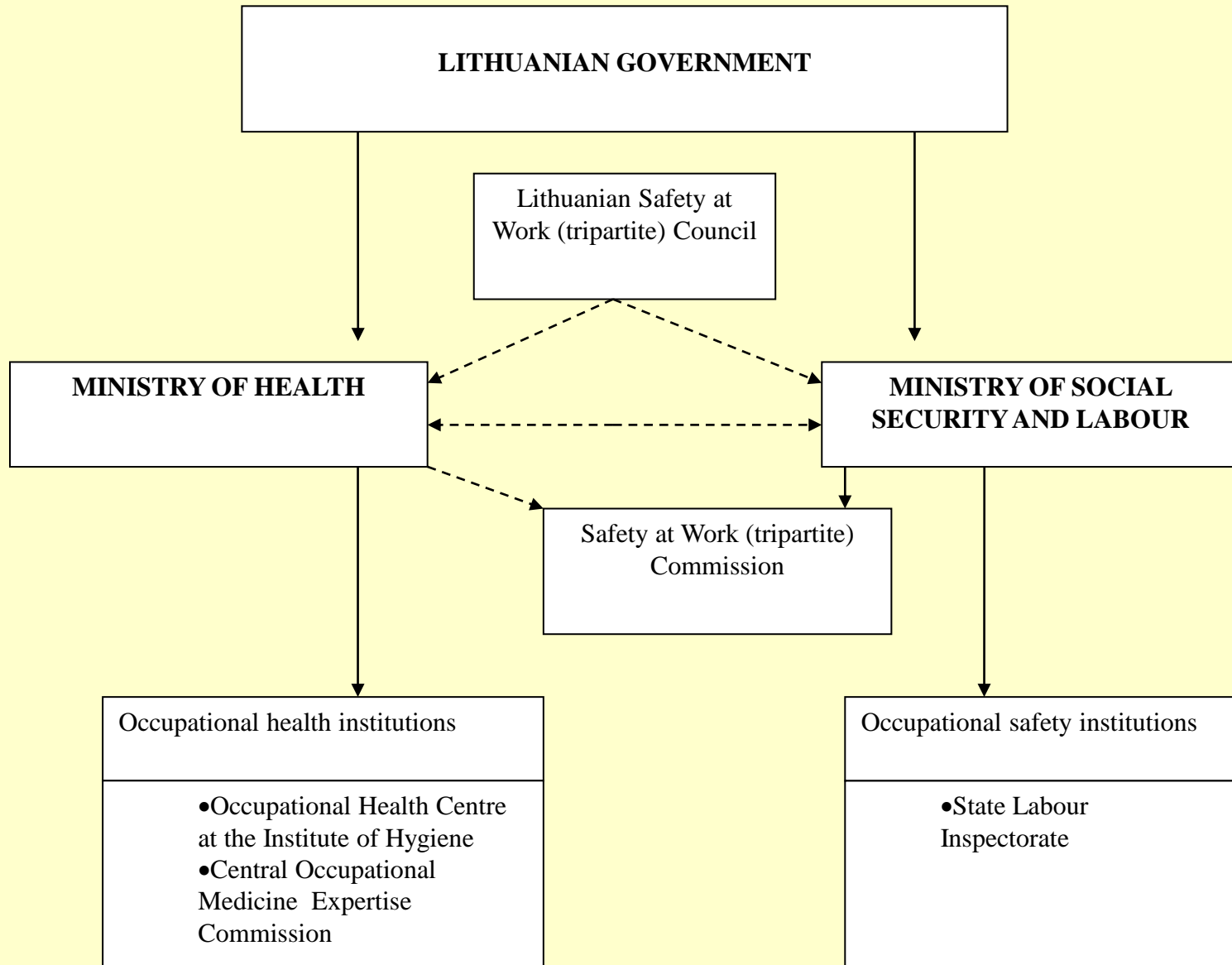
Objective 1: to devise and implement policy instruments on workers' Health



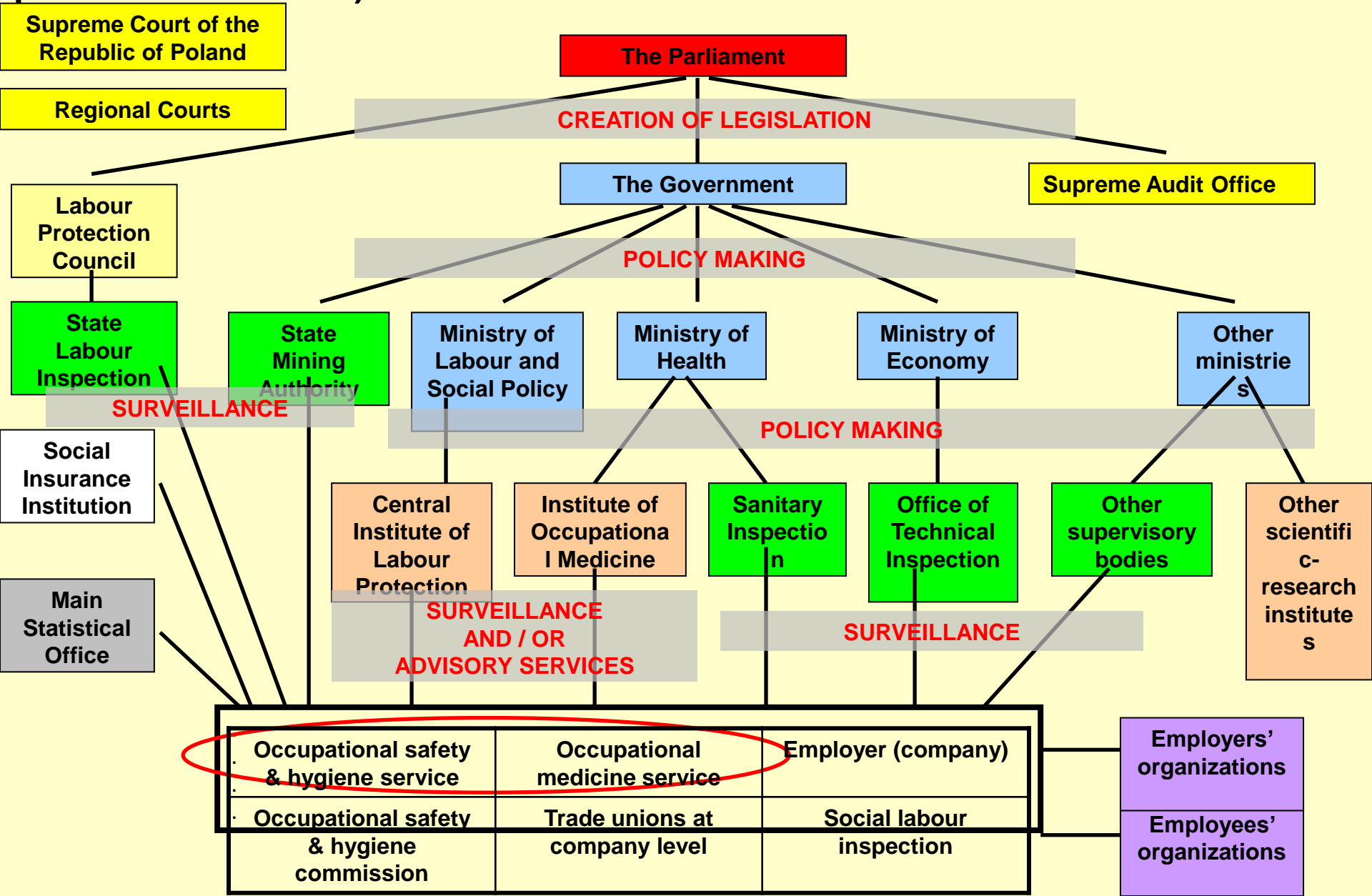
- National policy frameworks for workers' health should be formulated taking account of the relevant international labour conventions and should include:
- enactment of legislation;
 - establishment of mechanisms for intersectoral coordination of activities;
 - funding and resource mobilization for protection and promotion of workers' health;
 - strengthening of the role and capacities of ministries of health;
 - integration of objectives and actions for workers' health into national health strategies.

| Legislation on occupational health and safety (OH&S) and occupational health services (OHS) in selected NDPHS countries | | | | | | | | |
|---|-----------|--------|---------|--------|---------|---------------------------|--------|---------|
| | Lithuania | Latvia | Estonia | Poland | Finland | Norway | Russia | Germany |
| C161 Occupational Health Services Convention, 1985 | | | | X | X | | | X |
| C187 on Promotional Framework for Occupational Safety and Health | | | | | X | | X | X |
| Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work) | X | X | X | X | X | X | | X |
| National Strategy on Occupational Safety and Health | X | X | X | | X | * (comment) | X | X |
| National Law on Safety and Health | X | X | X | X | X | X | X | X |
| National Regulation on Safety and Health Services | X | X | X | X | X | X (for OHS) | X | X |
| National Regulation on Professional Requirements for OHS specialists | X | X | X | X | X | X | X | X |
| National Regulation on Professional Development / Training Programme Requirements for OHS Specialists | X | X | X | X | X | ** Partly (comment) | X | X |
| National Regulation on Occupational Safety and Health | X | X | | X | X | | X | X |

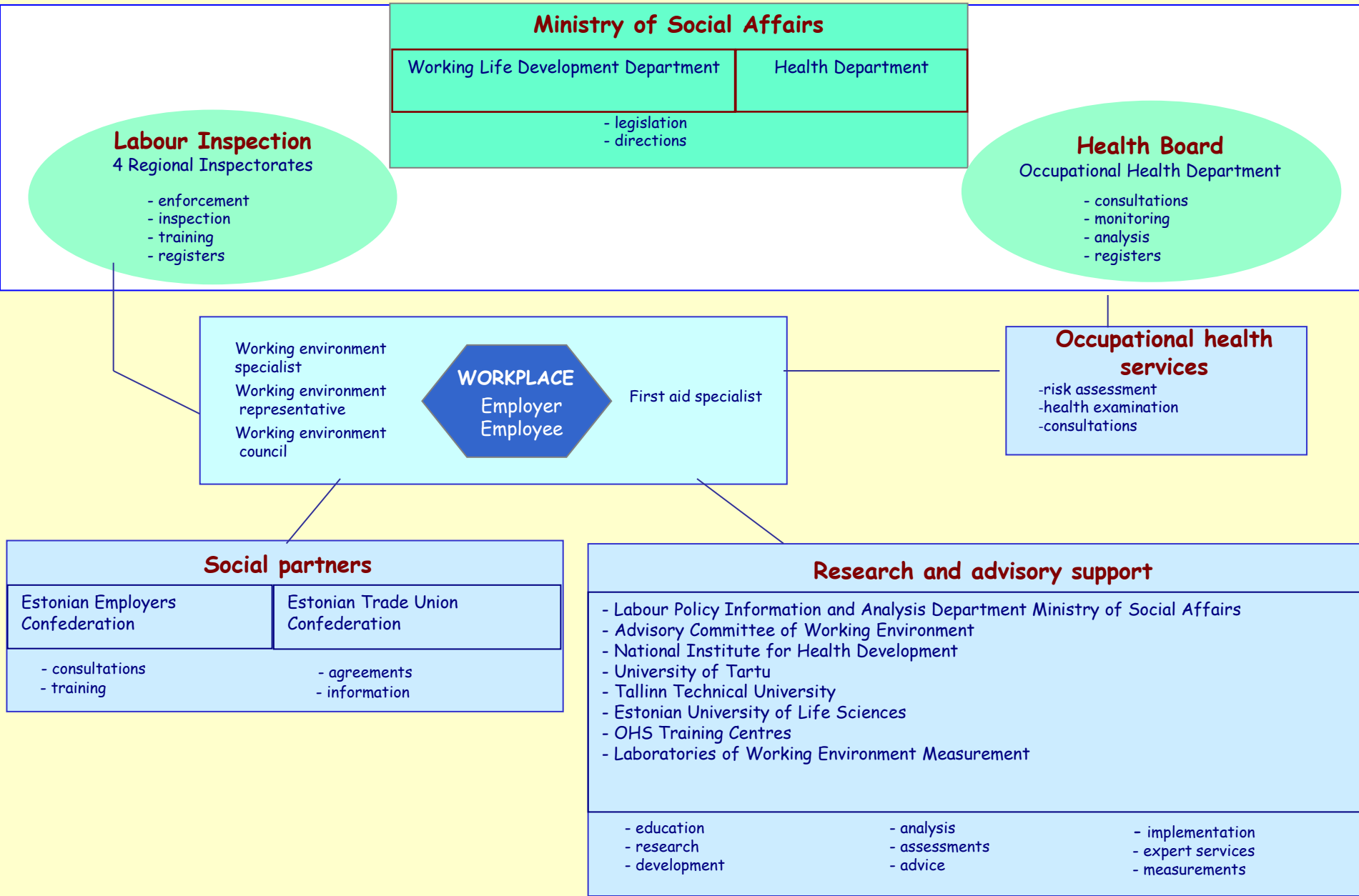
LITHUANIA: Organisational structure of Occupational Health and Safety system



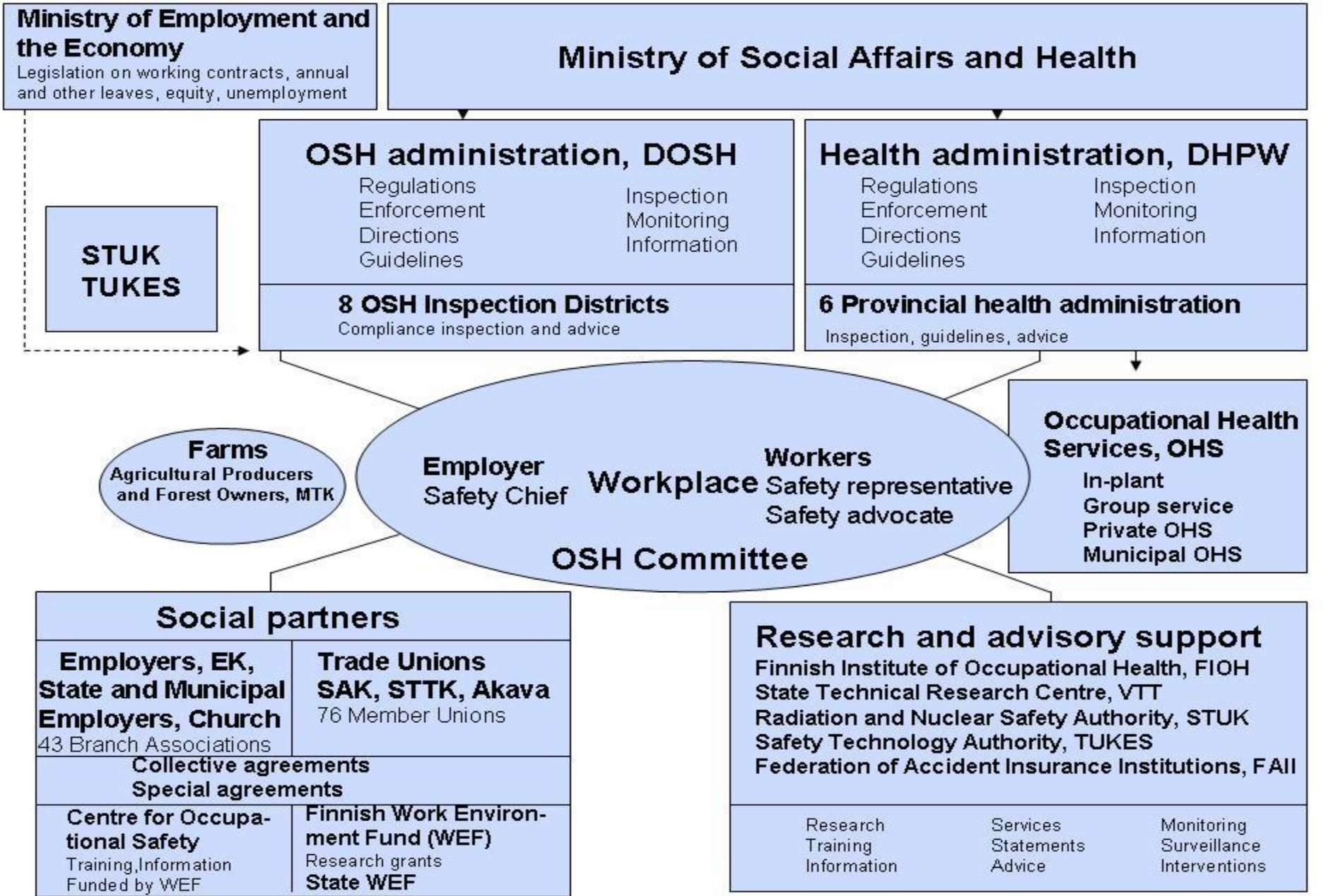
POLAND: Organisation of OH&S system and supporting services (institutional bodies responsible for organizing OH&S system; please, provide the scheme)



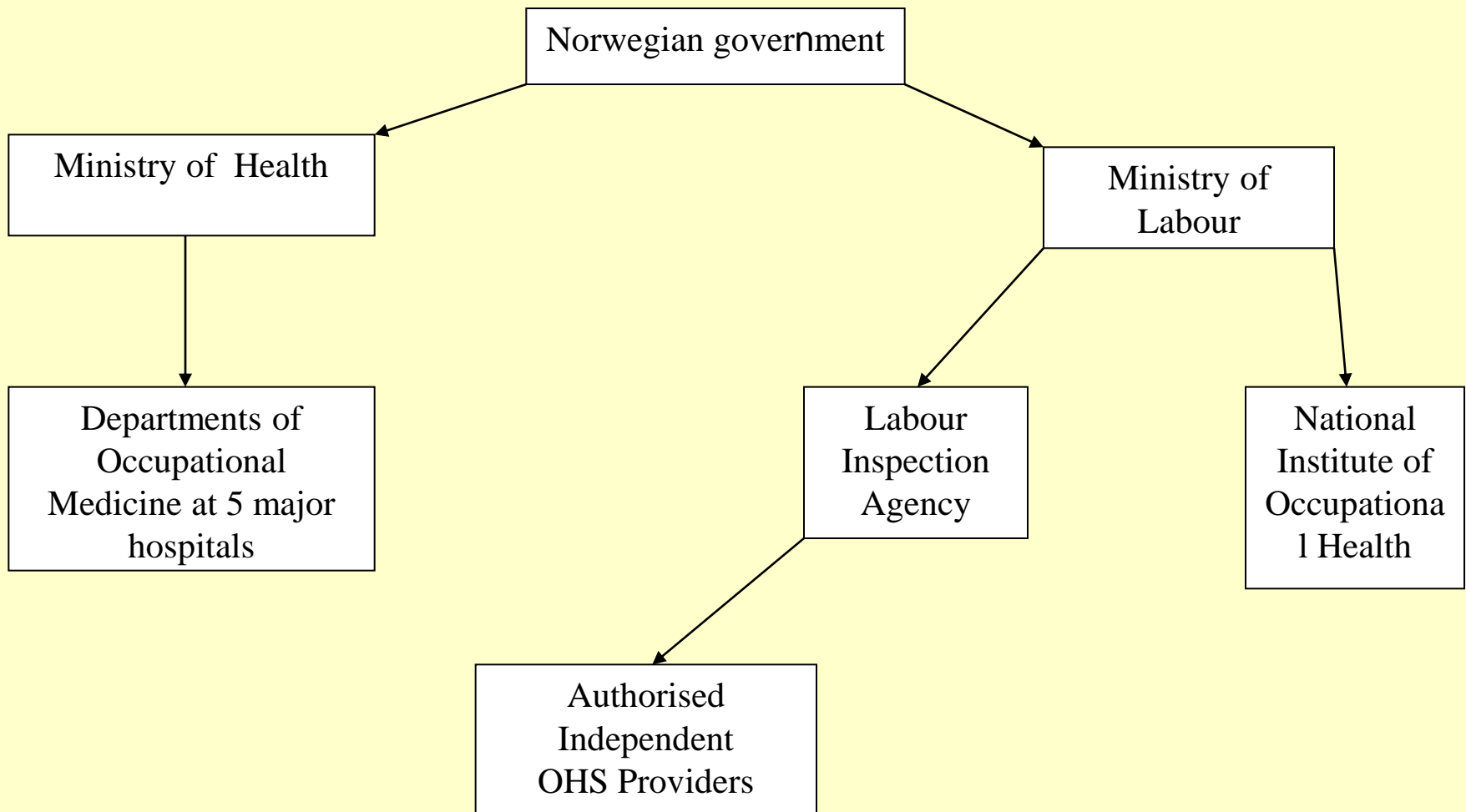
ESTONIA: Organisation of OH&S system and supporting services
(institutional bodies responsible for organising OH&S system)



FINLAND: Organisation of OH&S system and supporting services

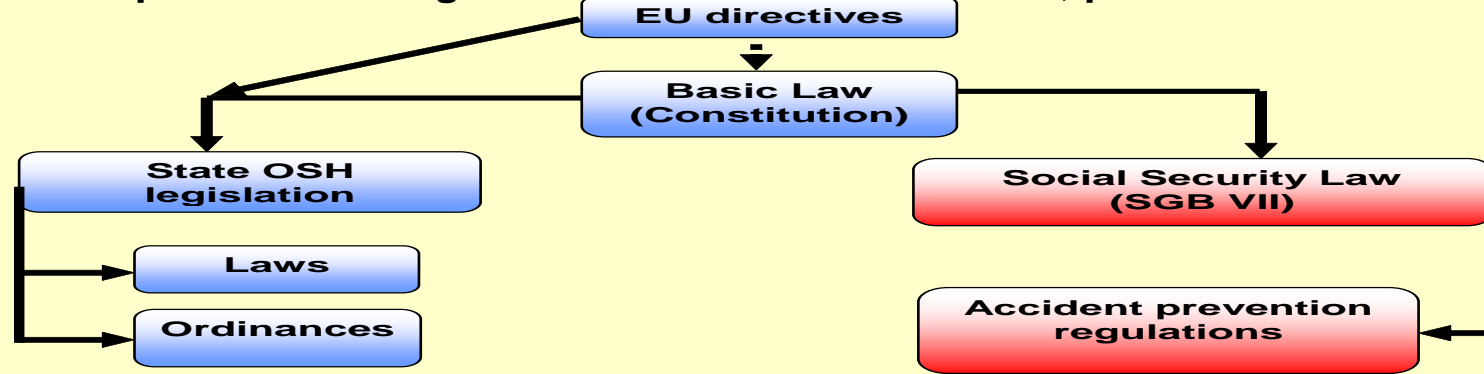


**NORWAY: Organisation of OH&S system and supporting services
(institutional bodies responsible for organising OH&S system)**



Germany: Organisation of OH&S system and supporting services (institutional bodies

responsible for organizing OH&S system; please, provide the scheme)



Current „Dual“ OSH legislation and regulation system in Germany /Source: DGUV



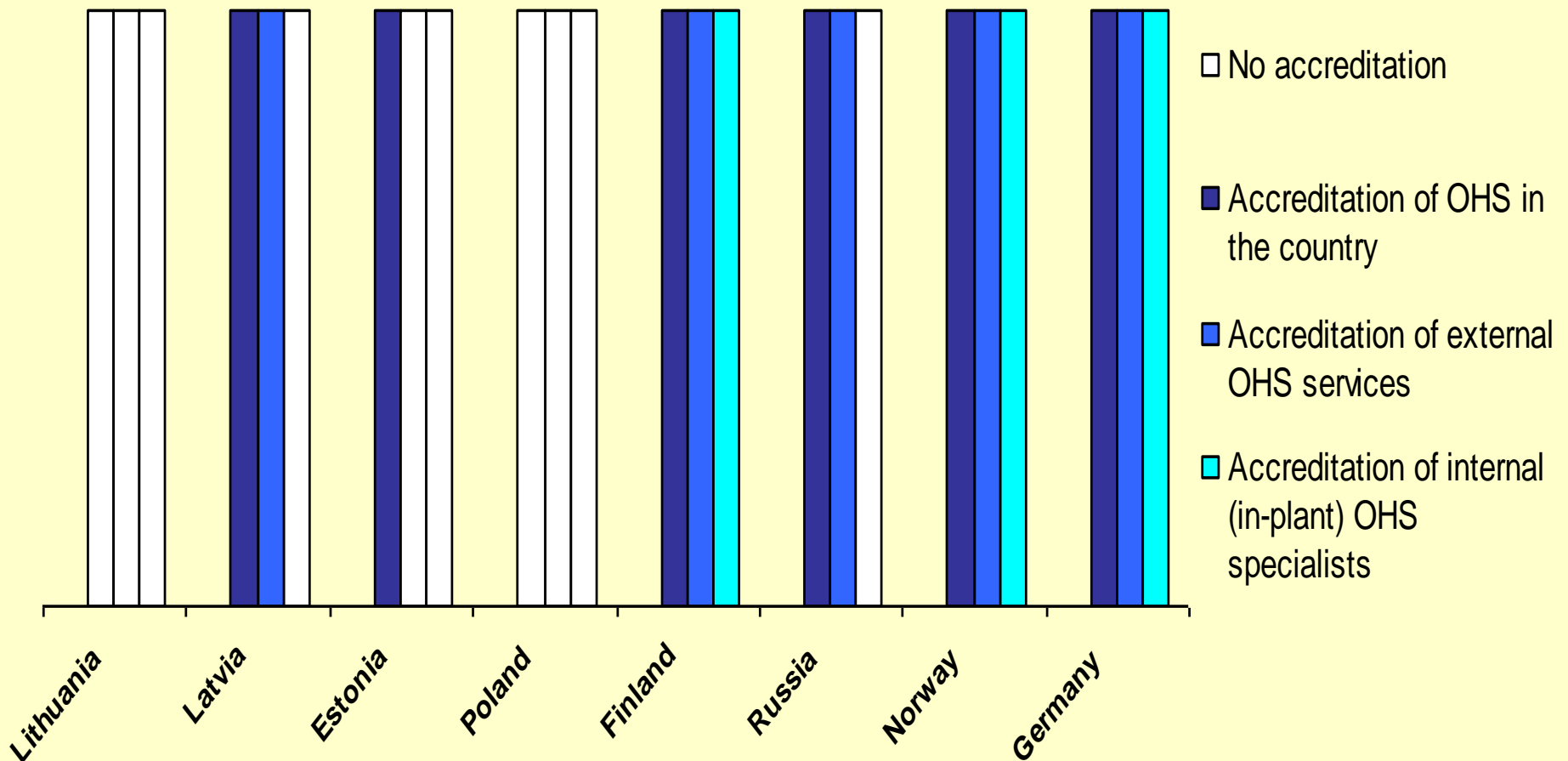
German dual OSH system - institutional framework /Source: BAuA

Objective 2: to protect and promote health at the workplace



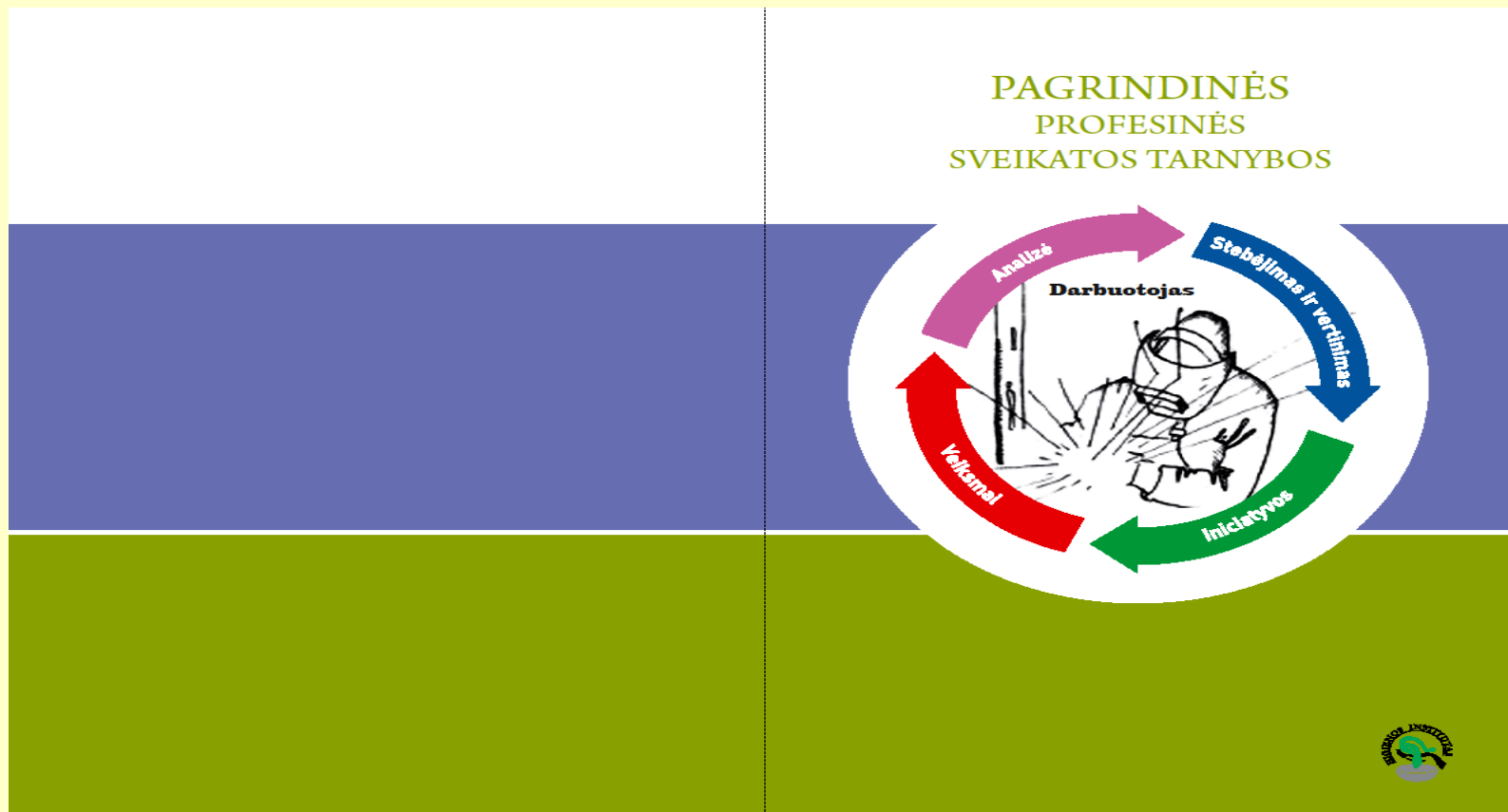
- the assessment and management of health risks at the workplace
- enacting regulations and adopting a basic set of occupational health standards to make certain that all workplaces comply with minimum requirements for health and safety protection,
- ensuring an appropriate level of enforcement, strengthening workplace health inspection, and building up collaboration between the competent regulatory agencies according to specific national circumstances.

Requirements and procedures for the accreditation of OHS in the participating in the research countries



Basic Occupational Health Services

Lietuvišką leidinį redagavo ir išleido Higienos institutas



Leidinio autorius: Prof. Jorma Rantanen, MD, PHD
Tarptautinės profesinės sveikatos komisijos prezidentas

Enforcement and control of implementation of OHS in the participating in the research countries



World Health
Organization

| Enforcement and control of implementation of OHS: | Reports to responsible state institutions? | Regular visits of state institutions responsible for the health sector? | Regular visits of Labour Inspection? | Other: please specify |
|---|--|---|---|---|
| | <div> <div>No</div> <div>Yes</div> </div> | <div> <div>No</div> <div>Yes</div> </div> | <div> <div>No</div> <div>Yes</div> </div> | <div> <div>No</div> <div>Yes</div> </div> |
| Lithuania | <div> <div>No</div> <div></div> </div> | <div> <div>No</div> <div></div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div></div> </div> |
| Latvia | <div> <div>No</div> <div></div> </div> | <div> <div>No</div> <div></div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Yes</div> </div> |
| Estonia | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>No</div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div></div> </div> |
| Poland | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Yes</div> </div> |
| Finland | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Not regular</div> </div> | <div> <div></div> <div></div> </div> |
| Norway | <div> <div>No</div> <div></div> </div> | <div> <div>No</div> <div></div> </div> | <div> <div></div> <div>Partly</div> </div> | <div> <div></div> <div></div> </div> |
| Russia | <div> <div>No</div> <div></div> </div> | <div> <div>No</div> <div></div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div></div> </div> |
| Germany | <div> <div>No</div> <div></div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div>Yes</div> </div> | <div> <div></div> <div></div> </div> |

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



Coverage and quality of occupational health services should be improved by:

- integrating their development into national health strategies, health-sector reforms and plans;
- improving health-systems performance;
- determining standards for organization and coverage of occupational health services: Universal access to basic occupational health services – BOHS approach;
- setting targets for increasing the coverage of the working population with occupational health services;
- creating mechanisms for pooling resources and
- for financing the delivery of occupational health services;
- ensuring sufficient and competent human resources;
- establishing quality-assurance systems.
- Basic occupational health services should be provided for all workers, including those in the informal economy, small enterprises, and agriculture.
- Core institutional capacities should be built at national and local levels in order to provide technical support for basic occupational health services,

Is organisation of OHS mandatory?

| | Yes | Comments |
|------------------|----------|---|
| Lithuania | X | <i>In Lithuania OHS does not operate as specified in the ILO Convention No. 161. There are Occupational safety and health services units in enterprises, which perform part of OHS functions. Enterprises with more than 100 or 200 employees, depending on the activity of the enterprise, must have one or more OH specialists in the Occupational safety and health services team.</i> |
| Latvia | X | <i>Organisation of OHS is mandatory for all companies irrespective of their size or organizational structure. There are however differences between requirements for SME (employing less than 10 persons) and companies working in dangerous/less dangerous industries (as defined by special regulations).</i> |
| Estonia | X | <i>The organisation of OHS is mandatory for employers if there are occupational risk factors impacting their workers' health.</i> |
| Finland | X | <i>Each employer is obligated to organise OH services for his/her employees. Municipal health care centres are responsible for providing occupational health services to employers who request them. Employers may organise occupational health services themselves or through private service providers.</i> |
| | | |

| | Yes | Comments |
|----------------|----------|--|
| Poland | X | <i>In Poland no OHS (as per the meaning of ILO Convention No. 161) is in operation; instead the occupational health service is divided into two separate services: 1) Work Safety and Hygiene Service – the responsibility for its creation lies on the employer. 2) Occupational Medicine Service- the responsibility for its creation lies on the Minister of Health, which operate independently and are together responsible for ensuring the safety, hygiene and healthiness of employees' work and their work environments. Creation of the WS&HS is the responsibility of the employer, as is his duty to ensure that the employees work in a safe and healthy environment and that they undergo prophylactic examinations carried out by the OMS. These activities are mandatory and regulated by the respective Acts.</i> |
| Norway | X | <i>All enterprises in many of the private and public sectors are legally required to employ the service of an occupational health service provider. The OHS Providers are legally required to be authorised by the Labour Inspection Enterprises not required to employ an OHS Provider, they can hire any kind of health service if they choose to.</i> |
| Germany | X | <i>Safety and health at work is administered under the Ministries of Labour and Social Affairs at Federal and at State level thus reflecting the federal structure of Germany. This favours the treatment of OSH issues in labour context, but also creates difficulties in bringing health at work and general (non-work-related) health issues which are supervised by the Ministry of Health and regional health offices.</i> |

Existing models on providing of OHS in the participating in the survey countries

| | Lithuania | Latvia | Estonia | Poland | Finland | Norway | Germany | Russia |
|--|-----------|--------|---------|--------|---------|--------|---------|--------|
| <i>big industry in-plant service</i> | X | X | X | X | X | X | X | X |
| <i>external</i> | X | X | X | X | X | X | X | X |
| <i>private health centre either providing occupational health services only or occupational health as a part of its services</i> | X | X | X | X | X | | X | X |
| <i>private physician with special competence in occupational health</i> | | X | X | X | X | | X | |
| <i>internal (in-plant)</i> | | X | | X | X | X | X | |
| <i>primary health care institutions or other public health service</i> | X | | X | X | X | | | X |
| <i>group service owned or organised by several companies jointly</i> | | | | X | X | X | X | |
| <i>hospital polyclinics</i> | | X | X | | | | | X |

Funding of OHS in the country

| | Lithuan ia | Latvia | Estoni a | Poland | Finlan d | Norway | Russia | German y |
|--|---|---|---------------------|----------|--|----------|----------|---------------------|
| <i>employers</i> | X (95 % the rest together 5 %) | X (95 % the rest togeth er 5 %) | X (100 %) | X | X (87 %) 13 % of all costs | X | X | X (100 %) |
| <i>state budget (Government's special agencies in OH&S and in the health sector)</i> | X | X | | X | X | X | X | |
| <i>associations of agricultural producers and small enterprises</i> | | X | | | | X | | |
| <i>provincial and local municipal authorities</i> | | | | X | | | | |
| <i>social insurance, national health insurance fond</i> | X | X | | X | | | X | |
| <i>social partners, employers organisations and trade unions</i> | | X | | | | | | |
| <i>branch organisations and chambers of commerce</i> | | X | | | | | | |
| <i>associations of occupational health professionals</i> | | X | | | | | | |

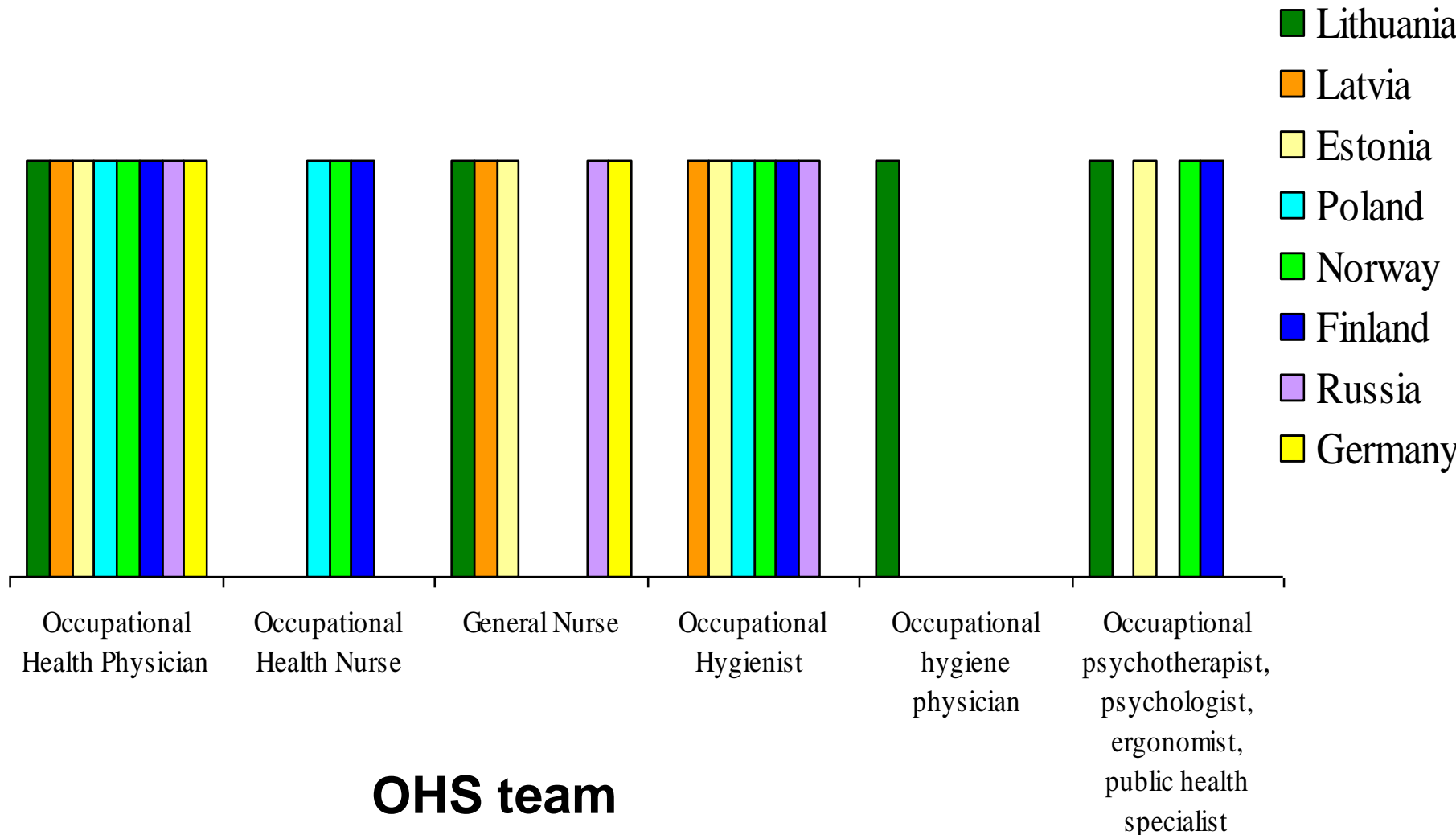
Figures on capacity of internal and external OHS

| <i>Figures on capacity of internal and external OSH:</i> | <i>a. How many OHS units have been operating in the country in the year 2010?</i> | <i>b. How many OH professionals have been engaged in the OHS units in 2010?</i> |
|---|--|---|
| <i>Lithuania</i> | <i>There are no OHS (Occupational health services) units in Lithuania. In Lithuania there are Occupational safety and health services units, which perform part of functions of OHS.</i> | <i>No data is available. Following the requirements of the Regulation on Safety and Health Services enterprises where the number of employees makes more than 100 or 200 depending on the activity of the enterprise must have at least 1 OH specialist in the Occupational safety and health service team. There are 13 occupational medicine physicians with the valid licence registered in the database of the State Health Care Accreditation Agency under the Ministry of Health.</i> |
| <i>Latvia</i> | <i>34</i> | <i>No data is available but according to law every OSH service must employ at least one occupational safety and health expert and one occupational physician.</i> |
| <i>Estonia</i> | <i>The coverage of working population with occupational health services (health examination) is about 50%. 51 occupational health service providers.</i> | <i>100 certificated occupational physicians (66 of them active in Estonia)</i> <i>29 certificated occupational health nurses (since 2007 health nurse)</i> <i>27 non-medical service providers included</i> <i>1 occupational psychologist</i> <i>23 occupational hygienist</i> <i>15 ergonomists</i> <i>In Estonia there are only external occupational health service providers.</i> <i>There are 51 OHS units + 27 non medical OHS units.</i> <i>In Estonia there is no separated register for OH professionals so there is no available relevant information.</i> |

| Figures on capacity of internal and external OSH: | a. How many OHS units have been operating in the country in the year 2010? | b. How many OH professionals have been engaged in the OHS units in 2010? |
|--|--|---|
| Poland | <p><i>7029 primary occupational medicine units (3,6% less than in 2008)20 Regional Occupational Medicine Centres</i></p> | <p><i>As per 2009, the Occupational Medicine Service comprised:</i></p> <ul style="list-style-type: none"> <i>- 7029 primary occupational medicine units (3,6% less than in 2008),</i> <i>- 4980 physicians,</i> <i>- 5408 consultant physicians,</i> <i>- 3968 occupational health nurses,</i> <i>- 2627 lab and technical assistants,</i> <i>- 1113 other professionals educated to a higher level (inc. 550 psychologists),</i> <p><i>123 open specialisations in the field of occupational medicine reported by the Regional Centres.</i></p> <p><i>As per 2010, the National Labour Inspectorate employed 2715 people of which:</i></p> <ul style="list-style-type: none"> <i>- 24 were in executive positions (aside chief accountants),</i> <i>- 48 were executive labour inspectors,</i> <i>- 43 Senior inspectors,</i> <i>- 1510 inspectors,</i> <i>- 1090 other employees.</i> <p><i>*Majority (2514, ca. 93%) of NLI workers were employed by the regional offices.</i></p> <p><i>Figures on human resources of the National Sanitary Inspectorate are not available but it is estimated that the number of NSI employees working in the departments of occupational hygiene only roughly corresponds to the total employed by the NLI.</i></p> |

| Figures on capacity of internal and external OSH: | a. How many OHS units have been operating in the country in the year 2010? | b. How many OH professionals have been engaged in the OHS units in 2010? |
|--|--|--|
| Finland | | <p>As per 2010, the specialists in occupational health services comprised:</p> <p>1,600 physicians (approx. 1300 FTE), incl. 780 occupational health specialists</p> <p>2,222 nurses (1788 FTE)</p> <p>778 physiotherapists (326 FTE)</p> <p>399 psychologists (193 FTE)</p> <p>FTE = full-time equivalent</p> |
| Norway | Roughly 300 OHS Providers. 400 with subdivisions. (There is unfortunately no complete overview) | About 2000 full- and part time professionals (nurses, physiotherapists, work place hygienists and physicians – and a few with other professional background) |
| Russia | | No data |
| Germany | Figures, how many OHS units have been working in Germany, are not available. The BAuA collected dates about OHS units by a current research project, but it isn't finished yet. | Number of occupational physicians in Germany 2009: 12,266 |

European Strategy for Health and Safety at Work 2007–2012 calls for the development of coverage and content of multidisciplinary preventive and protective services



Occupational Medicine in Europe: Scope and competencies

- an occupational physician
- an occupational health nurse (OHN)
- an occupational psychologist
- a physiotherapist
- an ergonomist
- an occupational hygienist
- an occupational epidemiologist
- a safety engineer
- a toxicologist
- a microbiologist
- a chemist
- an information technician
- a statistician
- a university-based occupational research scientist
- a work organization specialist
- a health promotion specialist.

Ewan MacDonald, Boguslaw Baranski, Jane Wilford. Occupational medicine in Europe: scope and competencies. WHO, Bilthoven, 2000.

***FIGURE 1. Occupational health (medicine)
physicians per 1.000 employees in the countries
(according labour force data)***

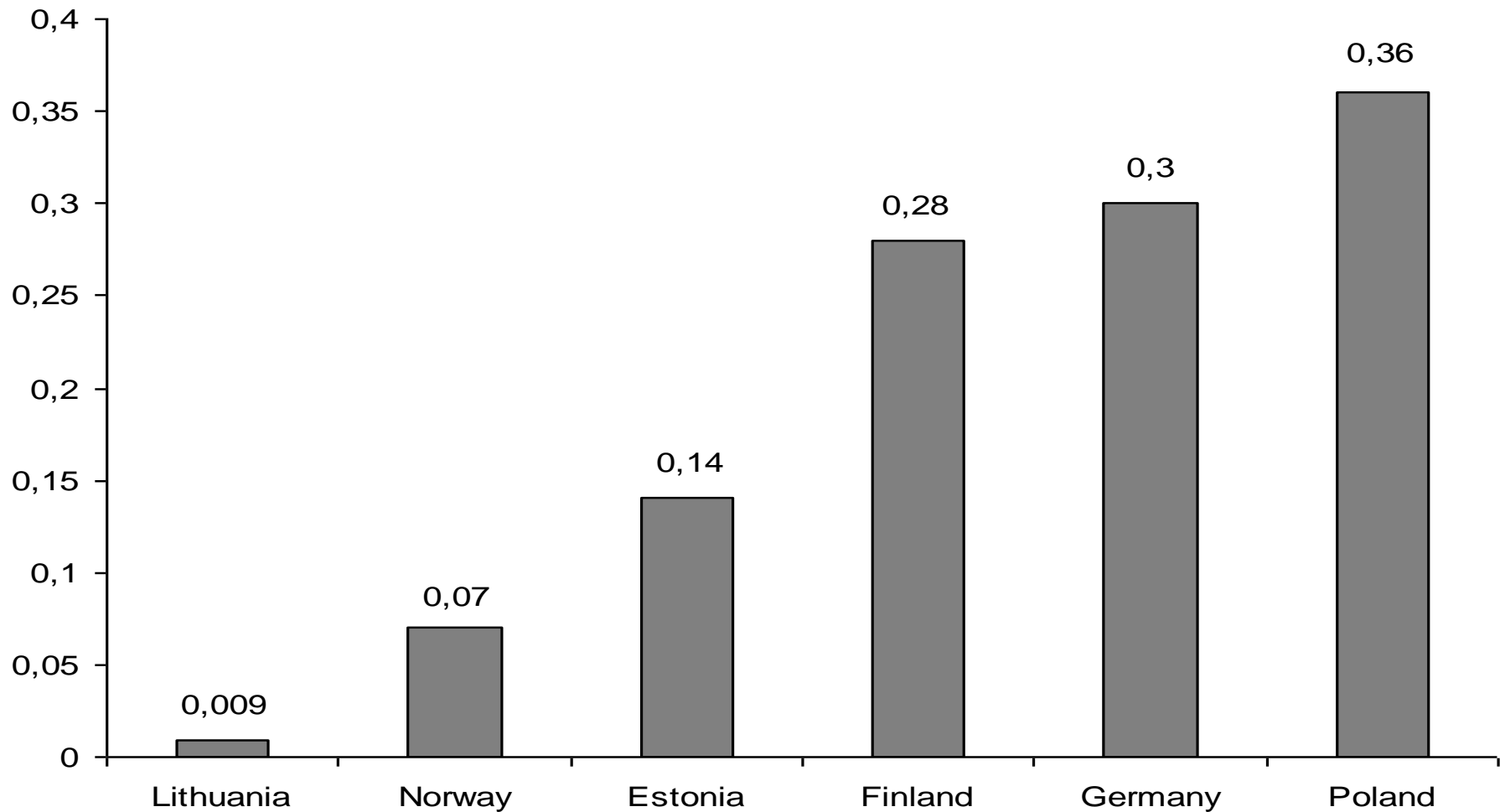
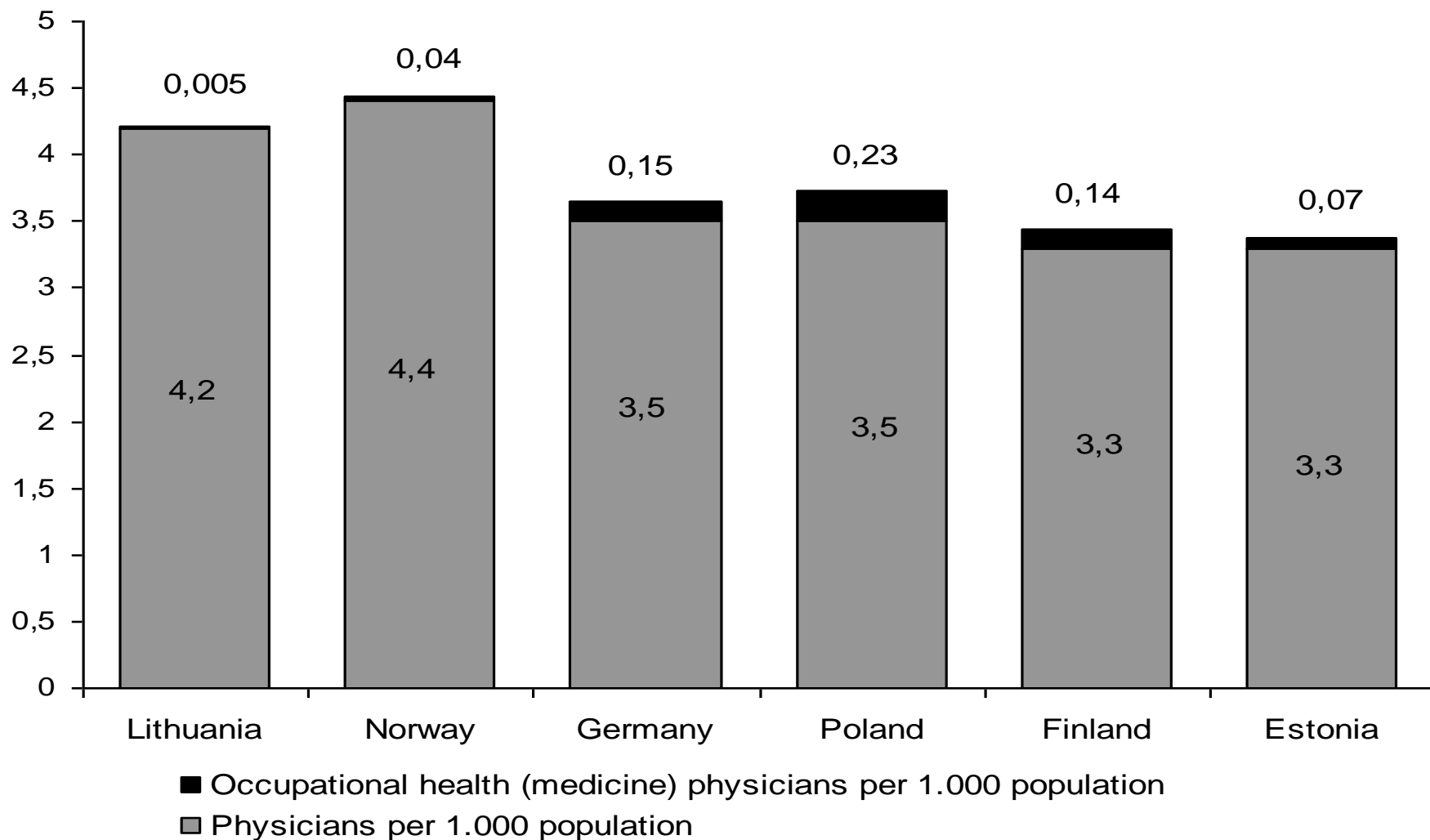


FIGURE 2. Physicians and occupational (medicine) physicians per 1.000 population in the countries



Objective 4: to provide and communicate evidence for action and practice



Systems for surveillance of workers' health should be designed with the objective of accurately identifying and controlling occupational hazards. This endeavour includes

- establishing national information systems,
- building capability to estimate the occupational burden of diseases and injuries,
- creating registries of exposure to major risks, occupational accidents and occupational diseases, and improving reporting and early detection of such accidents and diseases;
- strategies and tools need to be elaborated, with the involvement of all stakeholders, for improving communication and raising awareness about workers' health. They should target workers, employers and their organizations, policy-makers, the general public, and the media;
- knowledge of health practitioners about the link between health and work and the opportunities to solve health problems through workplace interventions should be improved.

OHS registration requirements (a)

OHS are registered officially in most of the participating in the research countries

| | <i>Lithuania</i> | | <i>Latvia</i> | | <i>Estonia</i> | | <i>Poland</i> | | <i>Finland</i> | | <i>Norway</i> | | <i>Russia</i> | | <i>Germany</i> | |
|--|------------------|----|---------------|----|----------------|----|---------------|----|--|----|---------------|----|---------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <i>Are OHS registered officially?</i> | | - | + | | + | | + | | + | | Partly | | + | | | - |
| <i><u>If yes: a. What institutional body is responsible for OHS registration?</u></i> | | | | | | | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <i>Labour Inspection</i> | | | | - | | - | | | + | | + | | | | | - |
| <i>Ministry of Health</i> | | | + | | | - | | | + | | | - | | | | - |
| <i>Other authority / state institutions responsible for the health sector (which, please specify)</i> <i>Subordinate institutions under the Ministry of Health or the other institution responsible for the health sector (which, please specify)</i> | | | | - | + | | | | <i>Finnish Institute of Occupational Health</i> | | | - | | | | - |
| <i>Other (please specify and describe the models)</i> | | | | - | | - | + | | | | + | | + | | | - |

OHS registration requirements (b)

OHS are registered officially in most of the participating in the research countries

| | <i>Lithuania</i> | | <i>Latvia</i> | | <i>Estonia</i> | | <i>Poland</i> | | <i>Finland</i> | | <i>Norway</i> | | <i>Russia</i> | | <i>Germany</i> | |
|--|------------------|----|---------------|----|----------------|----|---------------|----|----------------|----|---------------|----|---------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <i>Are OHS registered officially?</i> | | - | + | | + | | + | | + | | Partly | | + | | | - |

b. What institutional body is responsible for OHS data collection and reporting?

| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
|--|-----|----|-----|----|-----|----|-----|----|-----|----|-----|--------|-----|----|-----|----|
| <i>Labour Inspection</i> | + | | + | | | | + | | + | | + | partly | + | | * | |
| <i>Ministry of Health</i> | | | | - | | | + | | + | | | - | + | | | |
| <i>Other authority / state institutions responsible for the health sector (which, please specify)</i> <i>Subordinate institutions under the Ministry of Health or the other institution responsible for the health sector (which, please specify)</i> | | | + | | | | | | + | | | - | | | | - |
| <i>Other (please specify and describe the models)</i> | | | + | | + | | + | | | | + | | + | | + | |

Research capacity in the country

| | <i>Lithuania</i> | <i>Latvia</i> | <i>Estonia</i> | <i>Poland</i> | <i>Finland</i> | <i>Norway</i> | <i>Russia</i> | <i>Germany</i> |
|--|--|---|---|---|---|--|--|---|
| <i>Institute of Occupational Health</i> | Occupational Health Centre, Institute of Hygiene | Institute of Occupational health and environmental safety of Riga Stradins University | — | Nofer Institute of Occupational Medicine (in Lodz), Institute of Occupational Medicine in Sosnowiec | Finnish Institute of Occupational Health (some 300-400 person-years for research and development) | National Institute of Occupational Health | Research Institute of Occupational Medicine of Academy of Medical Sciences, Moscow; Research Institutes belonging to Federal Service for Defending Consumers Rights and Sanitary Wellbeing of Population (Rosspotrebnadsor) (29 institutes), Institutes of Federal Medical Biological Agency | The Federal Institute for Occupational Safety and Health (BAuA): aims are policy advice, sovereign duties, research, development and knowledge transfer in all matters on safety and health at work |
| <i>University departments</i> | Public health departments at Vilnius, Kaunas and Klaipeda universities | Department of Occupational and environmental medicine and Faculty of Public Health at Riga Stradins University. There are also departments that provide OSH training in Latvian University, Riga Technical university, Latvian Agriculture university | 1) Tallinn Technical University, department of working environment; 2) University of Tartu, department of public health; 3) Estonian University of Life Sciences, institute of technology | — no data | Several universities and polytechnics | One small department at the University of Bergen on Occupational Health. Some Public Health departments can have projects with occupational health aspects | Usually the departments of postgraduate training in occupational hygiene and occupational diseases | Departments for public health, occupational medicine or hygiene, ergonomics and other work studies |
| <i>Private consultancies</i> | — | — | + | + | — | Research institutes | + | Centres for occupational medicine and safety engineering |
| <i>Hospital occupational medicine</i> | Occupational medicine physician staff in university and regional clinics | Centre of Occupational and Radiological medicine at P. Stradins clinical university hospital | The Occupational Diseases and Health Centre | — | — | Occupational health departments | 71 Occupational Pathology Centres | — |
| <i>Other</i> | — | Centre for Ergonomic studies at Latvian University | — | Central Institute of Labour Protection, State Sanitary | | Some medical departments with interest also in occupational | | Institutions of the German Social Accident Insurance (Deutsche |

Objective 5: to incorporate workers' health into other policies



- the capacities of the health sector to promote the inclusion of workers' health in other sectors' policies should be strengthened.
- measures to protect workers' health should be incorporated in economic development policies and poverty reduction strategies.
- the health sector should collaborate with the private sector in order to avoid international transfer of occupational risks and to protect health at the workplace;
- similar measures should be incorporated in national plans and programmes for sustainable development.

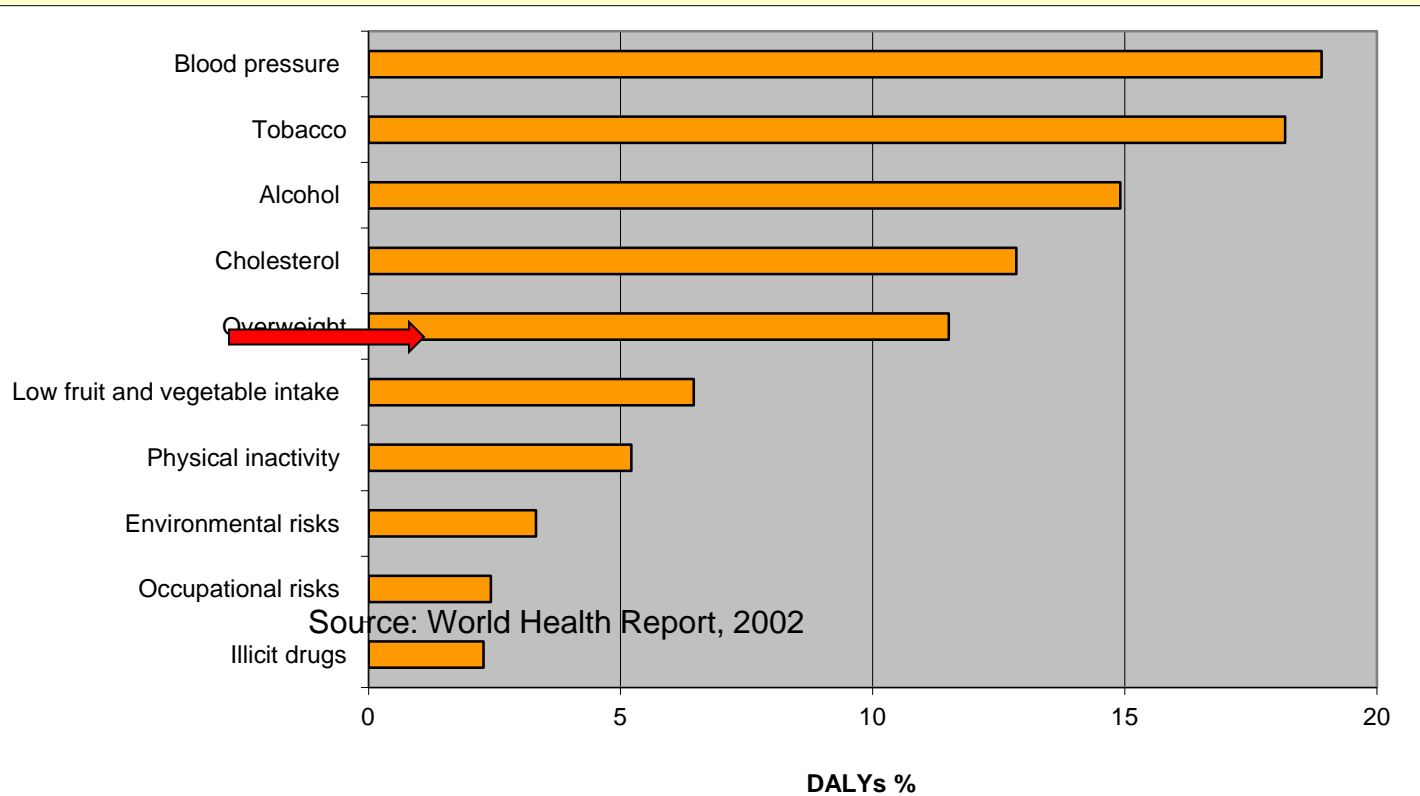
Other challenges in the 21st century

- **Responsibility for occupational health often in sectors other than health**
- **Aging population:** support and care for the steadily increasing group of old people have to be provided by a shrinking group of young people.
- **Health inequalities**
 - Access to Occupational Health Services varies from 10-90%
- **Impact of globalization**
 - New employment patterns and working conditions (Minimizing gaps in high risk sectors: SMS etc.)
 - Increasing migrant workers from poor to rich countries
 - Newly emerging health risks (e.g., climate changes, nanotechnology)

*Information source: presentation MD-DrPH.Rokho Kim, –
Occupational Health, WHO Regional Office for Europe.*

Vilnius, workshop on OSH Strategy development, Oct 18-19,2012. –

Hazardous exposure at work is one of the top 10 risk factors affecting the burden of disease in Europe





Situation analysis of existing occupational health service systems in NDPHS countries

**Lithuania, Latvia, Estonia, Poland,
Finland, Norway, Russia, Germany**

Web-page:

http://www.hi.lt/content/metod_inform_leid.html

E-mail: raimonda.eicinaite@dmc.lt

Thank you for the attention



Information source: <http://osha.europa.eu/it/>