

directing council

regional committee



**PAN AMERICAN
HEALTH
ORGANIZATION**

XXXVIII Meeting



**WORLD
HEALTH
ORGANIZATION**

XLVII Meeting

Washington, D.C.
25-30 September 1995

Provisional Agenda Item 5.4

CD38/12 (Eng.)

24 July 1995

ORIGINAL: SPANISH

WORKERS' HEALTH

The 116th Meeting of the Executive Committee reviewed the biennial report on the status of workers' health in the Region, which concerns the progress achieved in 1993-1994 and identifies directives for the coming years. The document contains the proposal to adjust the presentation period of the report so that it will be included in the quadrennial publication *Health Conditions in the Americas*.

The importance of the subject can be seen in the fact that the economically active population, which represents between 38% and 66% of the general population, suffers high mortality (300 deaths daily due to occupational accidents) and very high rates of morbidity and disability (5 million occupational accidents that cause disability), despite substantial underreporting in this area of health. The chronic and degenerative nature of these problems leads to high human and social costs, including the dramatic increase in the cost of health services and losses in productivity, that correspond to a 10% to 20% reduction in the gross national product of the countries.

The Executive Committee reiterated the importance of the subject for the health programs of the countries; the need for consolidating the preventive approach to occupational accidents and diseases; the delivery and extension of comprehensive health service coverage to workers, taking into account the processes of economic integration (e.g., NAFTA and MERCOSUR) and sectoral reform, as well as intersectoral, multidisciplinary coordination of programs with the effective participation of the different interested parties.

After reviewing and discussing the subject of the attached Document CE116/17, the Executive Committee adopted Resolution CE116.R1:

WORKERS' HEALTH

THE 116th MEETING OF THE EXECUTIVE COMMITTEE,

Having reviewed the report on workers' health (Document CE116/17),

RESOLVES:

To recommend to the XXXVIII Meeting of the Directing Council the adoption of a resolution along the following lines:

THE XXXVIII MEETING OF THE DIRECTING COUNCIL,

Considering that the publication *Health Conditions in the Americas* contains the most recent and reliable information on the progress in health achieved by the Member States of the Pan American Health Organization; and

Having reviewed Document CD38/12, which contains the proposal to modify the mandate to submit a report every two years on the progress in workers' health,

RESOLVES:

To reiterate Resolution CD36.R22 of the XXXVI Meeting of the Directing Council (1992), modifying operative paragraph 6(d) so that the publication *Health Conditions in the Americas* replaces the progress report requested in said paragraph.

Annex

*executive committee of
the directing council*



**PAN AMERICAN
HEALTH
ORGANIZATION**

*working party of
the regional committee*



**WORLD
HEALTH
ORGANIZATION**

116th Meeting
Washington, D.C.
June 1995

CD38/12 (Eng.)
Annex

Provisional Agenda Item 4.10

CE116/17 (Eng.)
17 April 1995
ORIGINAL: SPANISH

WORKERS' HEALTH

The initiative "1992: Year of Workers' Health," adopted through Resolution CSP23.R14 of the XXIII Pan American Sanitary Conference (1990) and the Declaration of Washington, D.C., signed on 26 February 1992, resulted in joint support and policy actions on the part of the ministries of agriculture, education, health, and labor. The XXXVI Meeting of the Directing Council (1992) reviewed the progress made and supported the plan of action of this initiative.

This document reports on the successes achieved during the period 1993-1994 and identifies the lines of work to be pursued in the coming years.

The document also includes a proposal to amend the mandate to present a progress report on the initiatives, so that it coincides with the publication *Health Conditions in the Americas*. Thus, in addition to the information systems being proposed, there will be a consistent and continuous source of data that, every four years, will make it possible to measure the effectiveness of the workers' health programs that are implemented in the Americas.

The Executive Committee is requested to examine the lines of work for PAHO and for the countries identified in the document, in order to guide the Secretariat in the development and implementation of the program.

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EXECUTIVE SUMMARY

The high mortality, morbidity, and permanent disability in the work force, together with the chronic, progressive, and degenerative nature of occupational health problems, result in increasingly high cost of health services. Consequently, occupational accidents and diseases are a serious social problem, whose economic cost is roughly 10% to 20% of the gross national product of the countries of the Region (4,5).

According to the International Labor Organization (ILO), an estimated 36 accidents occur for every minute of work in the Region, a conservative estimate, due to underreporting. Similarly, the averages for disability and mortality due to occupational accidents are estimated to be four times higher than those reported by the developed countries; an estimated 300 workers die each day (3).

In this context, and with a view to promoting the health of the economically active population and extending health service coverage to that segment of the population, PAHO considered it important to encourage the formulation of national policies and workers' health plans. Thus, the initiative "1992: Year of Workers' Health," adopted through Resolution CSP23.R14 of the XXIII Pan American Sanitary Conference (1990) and the Declaration of Washington, D.C., signed on 26 February 1992, resulted in joint support and policy actions on the part of the ministries of agriculture, education, health, and labor. The XXXVI Meeting of the Directing Council reviewed the progress made and supported the plan of action of this initiative.

The achievements in workers' health during the period 1993-1994 were as follows:

- (a) The promotion, preparation, and implementation of the Workers' Health Plans (PLANSAT): 10 countries of the Region have a PLANSAT, and the English-speaking Caribbean countries are currently preparing or reviewing these plans.
- (b) Meetings were held to consolidate the intersectoral and interinstitutional participatory approach, as part of the subregional process required by the PLANSAT, in Guatemala (1992), Porto Alegre (1993), and Santa Cruz de la Sierra (1994), respectively, for the subregions of Central America, the Southern Cone, and the Andean Area (7).
- (c) In support of the integration processes, the Organization participated in the Meeting of Subject Committee 5 of Working Subgroup 11 of MERCOSUR and launched a study on cross-border health regulation and coverage under the North American Free Trade Agreement.

- (d) Research and action projects designed to identify and reduce health risks in the workplace were supported in several instances; one example was the incorporation of the PLAGSALUD component into the Project on Environment and Health in the Central American Isthmus (MASICA).
- (e) A series of initiatives have been launched with a view to improving the technical resources and upgrading the skills of specialized personnel, as well as adding to existing information.

The principal challenges for the future and the lines of work to be pursued are as follows:

- (a) Strengthening of occupational health promotion and accident prevention, justified by the savings to society of maintaining a healthy and productive work force and by a better standard of living for workers.
- (b) Adoption of the culture of disease prevention and delivery of comprehensive health services under the new economic integration new schemes being developed globally.
- (c) Upgrading and/or establishing information systems and creating incentives for research in the countries of the Region.

1. Introduction

The countries of the Americas are going through a period of change and adjustment as a result of various social and economic problems. From the macroeconomic standpoint, the globalization of the economy and the subregional integration processes have had a marked influence on the health and living conditions of workers. In particular, economic restructuring, productive renewal, and technological changes have transformed the composition of the work force and the organization of work (growth of the informal economy and an increase in temporary work). This situation is exacerbated by financial constraints and the need to increase production, which in turn requires higher skills and capabilities of the economically active population (1,2). Certain factors are also associated with this situation, namely: ignorance about the severity of the situation; working conditions; limited resources to properly educate, develop, and train workers; the vulnerability of the working-age population in terms of health; limited interest in disease prevention on the part of the health sector; and the lack of specialists in occupational health. All these factors have played a part in the deterioration in workers' health (3).

These problems have generated a high social cost due to elevated mortality, morbidity, and permanent disability in the work force, with the consequent decline in productivity. The chronic, progressive, and degenerative nature of occupational health problems also entails an increase in the cost of health services, which are already subject to budgetary constraints. Occupational accidents and diseases are a serious social problem, whose economic cost is roughly 10% to 20% of the gross national product of the countries (4,5). The National Safety Council of the United States of America estimated that, in 1990, occupational accidents that caused disability resulted in expenditures of US\$ 6,300 million (2).

Workers' accidents and diseases also have a major impact on the productivity of the various sectors of the economy. For example, in Latin America and the Caribbean, the days of work lost to accidents during 1982-1989 amounted to about 38 million days a year. Projecting this number to the total population, approximately 95 million working days are lost annually in the Region (2).

According to the International Labor Organization (ILO), around 36 accidents occur for every minute of work in the Region, a conservative figure, due to underreporting.¹ Similarly, the averages for disability and mortality due to occupational

¹ The statistics on accidents in the Region are insufficient and inadequate, since the vast majority are obtained through the Social Security Institutions, whose average enrollment is only 55% of the work force. This results in underreporting, and the data that are collected are not only outdated and incomplete, but cover only urban areas and, generally, industry. Occupational diseases are still less recognized as such and, accordingly, underreported. It is estimated that only 1% of all cases in Latin America are reported annually (2).

accidents are estimated at four times those reported by the developed countries; an estimated 300 workers die each day (3).

In the United States, in 1991, 6.3 million occupational accidents and diseases were reported and, in 1990, approximately 1.7 million occupational accidents resulted in some type of disability. An estimated average of 11 deaths and 1,000 disabilities due to occupational accidents occur in this country for every hour of work. It should be noted that what these high figures reflect, above all, is an efficient and high level of reporting for accidents and diseases in the United States. These figures accordingly, should not be interpreted as reflecting a higher number of accidents and diseases in this country compared with others in the Region.

The economic activities with the highest rate of accidents are industry and mining. For example, in Guyana more than 12,000 accidents are estimated to occur every year, almost all of them in the industrial sector (12). In the mining sector in Bolivia, there are 300 to 400 accidents each year per 1,000 workers (2).

The table below shows the number of workers in some countries of the Region involved in an occupational accident that resulted in death and/or incurred a loss of working days reported. Given the widespread underreporting in the Region, the actual figures are probably much higher.

In this context, and with a view to promoting the health of the economically active population and extending health service coverage to that segment of the population, PAHO considered it important to encourage the formulation of national policies and workers' health plans. Accordingly, the initiative "1992: Year of Workers' Health," adopted by Resolution CSP23.R14 of the XXIII Pan American Sanitary Conference (1990) and the Declaration of Washington, D.C., signed on 26 February 1992, resulted in joint support and policy actions on the part of the ministers of agriculture, education, health and labor. The XXXVI Meeting of the Directing Council reviewed the progress made and supported the plan of action of this initiative.

2. Report on Achievements in Workers' Health during the Period 1993-1994

From the standpoint of social policy formulation, one of the achievements of the initiative has been the promotion, preparation, and implementation of the Workers' Health Plans (PLANSAT), as a result of the governments' conviction and political decision to support the plan of action. In 14 countries, workers' health constitutes a priority for technical cooperation that is increasingly being incorporated into the agendas for the reform of the State. In most of the countries, the Organization has also collaborated with the national authorities, with multipartite committees (made up of representatives of the workers, entrepreneurs, nongovernmental organizations, the mass

**Workers Involved in an Occupational Accident in Some
Countries of Latin America and the Caribbean: 1985-1990
(fatal accidents and loss of working days reported)²**

Country	1985	1986	1987	1988	1989	1990
Barbados	611	395	882	744	1,120	959
Colombia	87,322	96,709	100,249	103,906	105,468	106,655
Costa Rica	72,600	77,856	105,658	108,831	113,301	124,290
Ecuador	1,750	1,500	1,717	3,797	4,611	4,931
El Salvador	9,553	...	10,193	12,301	10,922	11,850
Haiti	1,883	1,839	1,818	1,488	1,650	...
Honduras	3,736	3,657	4,721	5,104	6,446	6,785
Mexico	500,516	546,182	529,188	507,807	496,597	509,970

Adapted from: *Health Conditions in The Americas*, Table 29, pg. 125, (Washington, D.C., PAHO, 1994).

media, academia, and a variety of governmental institutions), and with intersectoral groups to formulate plans and projects for the advancement of workers' health. At present, 10 countries of the Region have PLANSATs, and the preparation or review of these plans is under way in the English-speaking Caribbean (6). In this context, meetings were held to consolidate the intersectoral and interinstitutional participatory approach, as part of the subregional integration process required by the PLANSATs, in Guatemala (1992), Porto Alegre (1993), and Santa Cruz de la Sierra (1994), respectively, for the subregions of Central America, the Southern Cone, and the Andean Area (7). During the Santa Cruz meeting, the resolution on workers' health was prepared in cooperation with the Andean Parliament and was subsequently adopted during the Meeting of Ministers of Health of the Andean Area (REMSAA) in November 1994. This resolution made workers' health a priority in the Andean Area, with a plan of action to be implemented in the next five years.

As part of the monitoring and support for the integration processes, PAHO participated in the Meeting of Subject Committee 5 of Working Subgroup 11 of MERCOSUR (which consists of Argentina, Brazil, Paraguay, and Uruguay). This Committee is concerned with the harmonization of occupational health legislation. In addition, a study was initiated on the regulation of professional practice and cross-border health coverage under the North American Free Trade Agreement. Cooperation with the

² The figures in this table are absolute values and not rates. As a result, they do not imply that the risks are higher in any one country. In some cases, the higher figures could reflect a higher level of reporting.

Latin American Parliament, through its Commission on Health, Work, and Social Security, also focused on workers' health.

Technical cooperation was also geared to supporting research and action projects designed to identify and reduce health risks and harmful working conditions. Working together with the Pan American Center for Human Ecology and Health (ECO), the PLAGSALUD component was developed in Central America under the Program on Environment and Health in the Central American Isthmus (MASICA), which focuses on the identification of solutions for occupational and environmental problems stemming from exposure to pesticides. In addition, the noteworthy project with the ECOPETROL company in Colombia is investigating health problems in workers caused by the organic solvents and other chemical substances used in the petrochemical industry. A project is awaiting approval to establish the correlation between ergonomic working conditions and occupational risk factors and the prevalence of musculoskeletal disorders among workers in the aluminum industry in Brazil, in cooperation with the Pan American Health and Education Foundation (PAHEF), the Aluminum Company of Canada (ALCAN), the Aluminum Company of America (ALCOA), and Fundacentro. Research programs have also been launched for the protection and effective coverage of the working population in the informal sector in Bolivia, Ecuador, and Peru.

To respond to the lack of technical resources and specialized personnel to deal with serious workers' health problems, the Organization has promoted the creation and participation of WHO Collaborating Centers in Occupational Health, as well as a network of Reference Centers, made up of more than 20 institutions in the United States and Canada. Currently, the initiative for advanced training in occupational and environmental epidemiology in the border area between Mexico and the United States is being promoted, with the additional participation of other countries. In principle, this initiative has the support of both the Centers for Disease Control and Prevention (CDC) of the U.S. Government and the Ministry of Health of Mexico.

Personnel training and postgraduate education has been promoted through direct cooperation, with 22 graduate courses in occupational health and PAHO's Program for Training in International Health. Activities with the purpose of developing information systems were increased in 90% of the countries (6) by developing databanks and distributing texts to universities. In addition, two guides on epidemiological surveillance of occupational risk factors and workers' health conditions were prepared and distributed, as was a manual on the research methodology applicable to workers' health, to strengthen local programming of occupational health activities and the development of multicenter projects. A methodological instrument was also designed as a part of the Model Environmental Program for Local Health Systems (8). Working together with the Ministry of Health of Colombia, a book on labor organizations and workers' health was published and distributed. Moreover, two studies were conducted covering the issues of

the transformations in the labor market and their impact on workers' health, as well as on workers' health in development. In addition, a document on comparative legislation on workers' health in the countries of the Andean Area was prepared (7). Assistance was provided in the preparation of the *Anthology on Health Promotion*, in the section corresponding to health promotion and maintenance in the workplace.

To contribute to the analysis of the workers' health situation in the Americas, the initial document on the problems of child workers in the Americas was prepared, identifying a strategy for coordinating the work of international institutions in order to deal effectively with this situation. This document also has a gender approach and is being coordinated jointly with PAHO's Program on Women, Health, and Development. Within the framework of the Conference on Society, Violence, and Health, a protocol was prepared for a multicenter study on unemployment, violence, and health that should be implemented in five countries of the Region beginning in 1995.

3. Evolution of the Regional Workers' Health Program

From the outset, the Program was linked to the Division of Health and Environment due to its close connection with industrial health. The initial approach was that of occupational health. With the evolution of the theory and practice of occupational health, the program expanded its horizons and incorporated new analytical elements on the health-disease process and on job performance and work output. Its profile was adjusted to focus on the formulation and implementation of national workers' health policies and plans, resulting in the strengthening of the program with new elements of analysis and management. Finally, the program was returned to the Division of Health and Environment and consolidated, since its vision and sphere of action have been expanded, for the basic purpose of helping to promote and improve the living conditions, health, and well-being of workers as a part of a general strategy to achieve fair and equitable social and economic development. The wealth of knowledge accumulated has facilitated the expansion of our vision for the identification and resolution of workers' health problems from a one-dimensional perspective to a multidisciplinary intersectoral approach. The program views workers' health as a component of human rights, social justice, democracy, participation, and political rights. The program promotes the existence of safe working conditions, effective education and training programs in health and the environment, and the development of safe production systems. These elements, together with the solid foundation of specialized human resources in the area, will make it possible to reinforce the achievements attained and systematically address the countries' demands.

4. The Challenges of Workers' Health: Lines of Work for PAHO and the Countries

The main challenge is to strengthen health promotion and the prevention of occupational accidents and diseases. This objective is justified not only in economic terms, by the savings to society of maintaining a productive, healthy, and motivated work force, but also from the standpoint of health through the attainment of a more satisfactory standard of living in terms of both the number of healthy years devoted to work and the quality of those years (9). Even expensive health promotion programs can be considered economically efficient in reducing premature deaths and improving the quality of life. These programs are justified because they constitute an investment that generates a change in behavior, which in the long term leads to a reduction in mortality and an improvement in the quality of life (10). These programs may seem costly at first glance. However, because the results can be observed in the long run, such programs are a wise investment. Accordingly, to meet this challenge, there must be a coordinated intersectoral effort within and among the countries with the international institutions and the other units of the Secretariat.

A further challenge is the adoption of a culture of prevention, as well as the delivery of comprehensive health services through the new economic integration schemes being developed globally (11). The inclusion of this approach in the reform of the health sector and the extension of coverage through primary health care, with emphasis on local health systems and social security programs, will undoubtedly be a major task. The PLANSATs are therefore being promoted as instruments within the reform and integration processes, in the hope that they will be coordinated with the Global Occupational Health Strategy recently proposed by WHO. Similarly, technical cooperation is being addressed within the legislative reform processes under way in several countries. In Argentina, PAHO is collaborating in a project with the Ministries of Health, Labor, and Economy and with the Social Security institution to implement a new workers' health care system.

The other challenge that merits special attention and targeting in the next few years is the upgrading and/or establishment of information systems at the country level, as well as incentives for research. The lack of reliable information evidenced during the preparation of the section on this topic for the recent edition of *Health Conditions in the Americas (1994)*, as well as its limited dissemination, point to the need to define strategies and systems that will make information accessible for a comprehensive analysis of the situation of workers and their environment. Emphasis will be placed on the development of analytical instruments that will make it possible to correlate socioeconomic, environmental, and health indicators in order to monitor the processes, define priorities, and devise more effective programs.

Within the field of research, the following areas will be stressed: (a) delivery of occupational health services to the informal sector; (b) organization of work in the context of the changes stemming from the free trade agreements; (c) analysis of the problems of child workers in Latin America and the Caribbean; (d) work and women; and (e) the relationship between unemployment, violence, and public health: job creation as a preventive intervention.

Finally, based on the experience of recent years, it is considered advisable to amend the mandate from the Governing Bodies that requires the preparation and presentation of a progress report on the initiatives every two years. It is proposed that, instead, the report should coincide with the quadrennial publication of *Health Conditions in the Americas*. This change is felt to be appropriate, since this publication—considered one of PAHO's most important publications—exhaustively covers the progress of the regional and national programs and initiatives. It is also hoped that, with the information systems being proposed, a coherent and continuous data source will be available that, every four years, will make it possible to measure the effectiveness of the workers' health programs that are being implemented in the Region of the Americas.

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