

A map of Northern Europe and the North Atlantic region, showing countries like Greenland, Iceland, Norway, Sweden, Finland, and parts of the UK, Poland, and Belarus. Major cities like Oslo, Stockholm, Helsinki, and St. Petersburg are marked. The map includes latitude and longitude lines and labels for the Atlantic Ocean, North Sea, and various seas. Three yellow text boxes are overlaid on the map.

Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)
Vilnius, Lithuania 15 November 2007

Forum: Healthy Life - Healthy Work

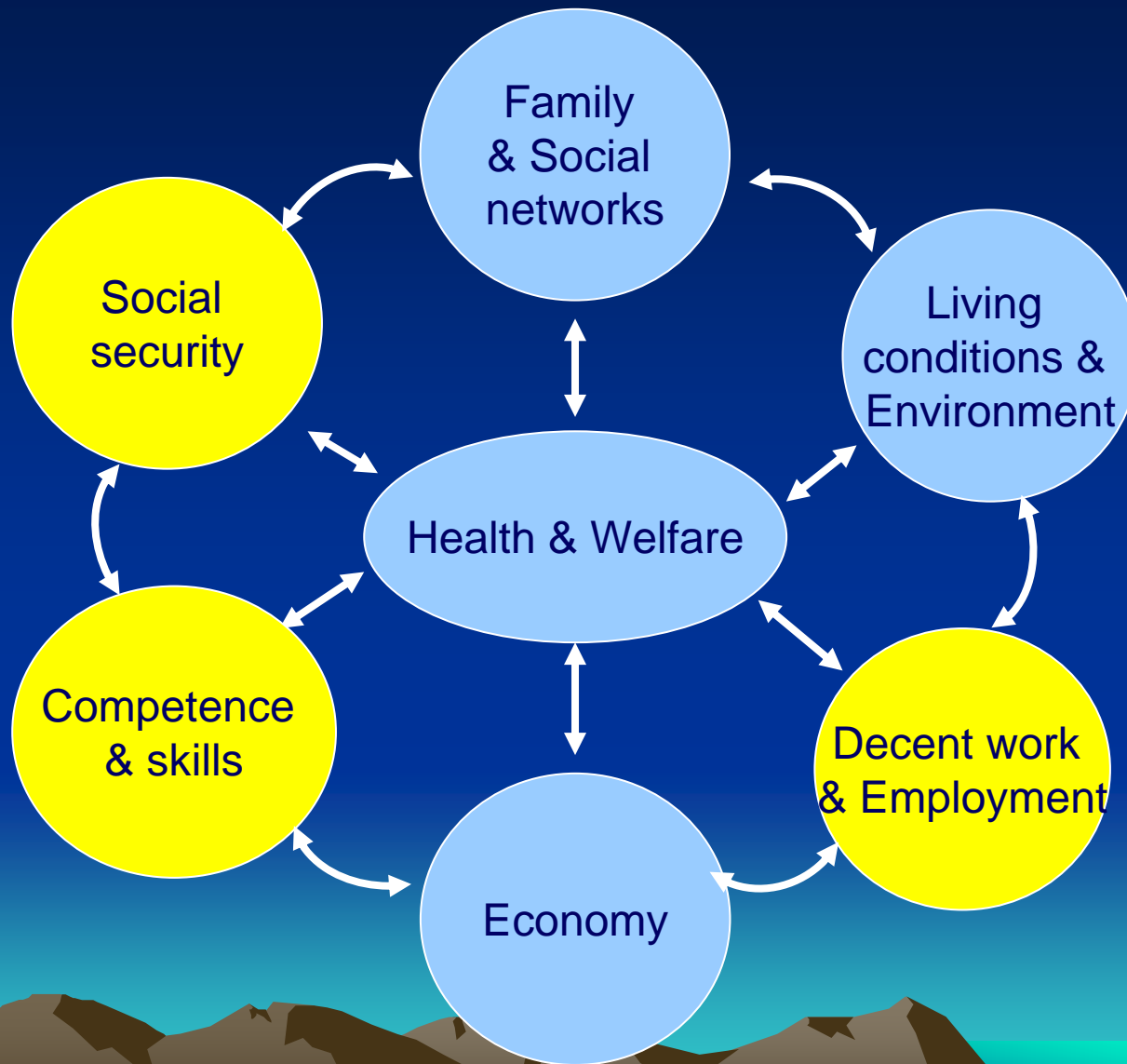
Occupational Health Systems

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President, ICOH

Outline

- Health systems
- What is a good system
- Occupational health as a system
- Basic occupational health services, BOHS
- Summary

Social determinants of health



What is a health system?

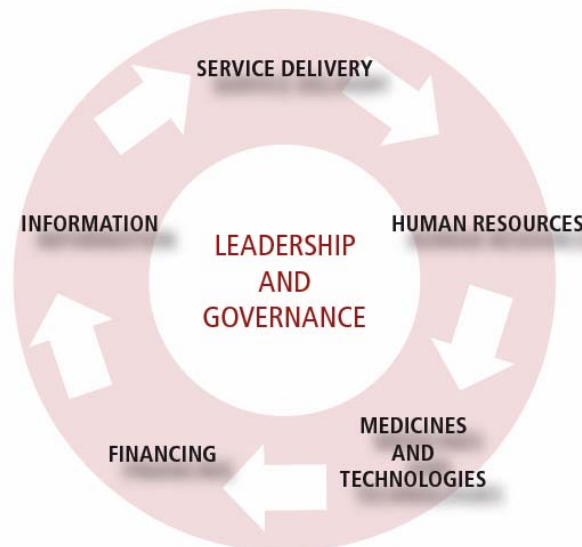
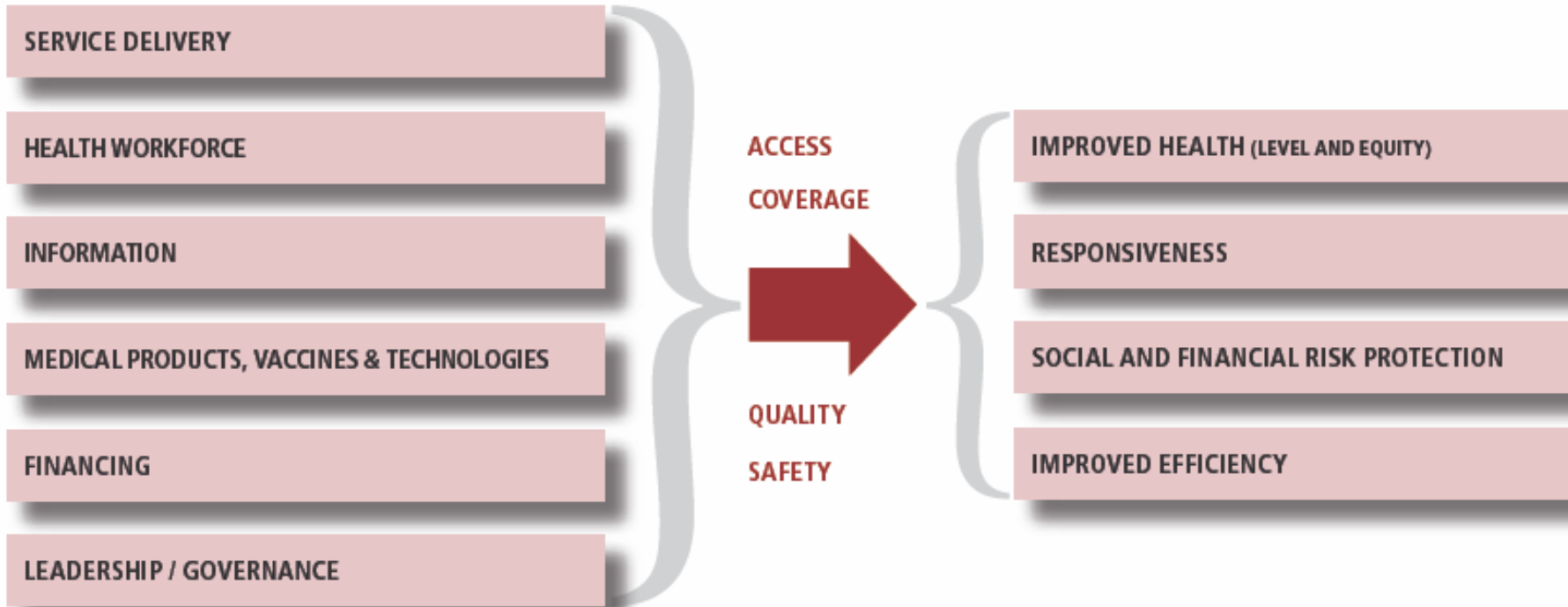
- A health system consists of all organizations, people and actions whose *primary intent* is to promote, restore or maintain health .
- This includes efforts to influence determinants of health as well as more direct health-improving activities.
- A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example,
 - a mother caring for a sick child at home;
 - private providers;
 - behaviour change programmes;
 - vector-control campaigns;
 - health insurance organizations;
 - occupational health and safety legislation.**
- It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well known determinant of better health.

STRENGTHENING HEALTH SYSTEMS TO IMPROVE HEALTH OUTCOMES
WHO'S FRAMEWORK FOR ACTION, WHO 2007

SYSTEM BUILDING BLOCKS

The WHO Health system framework

OVERALL GOALS / OUTCOMES



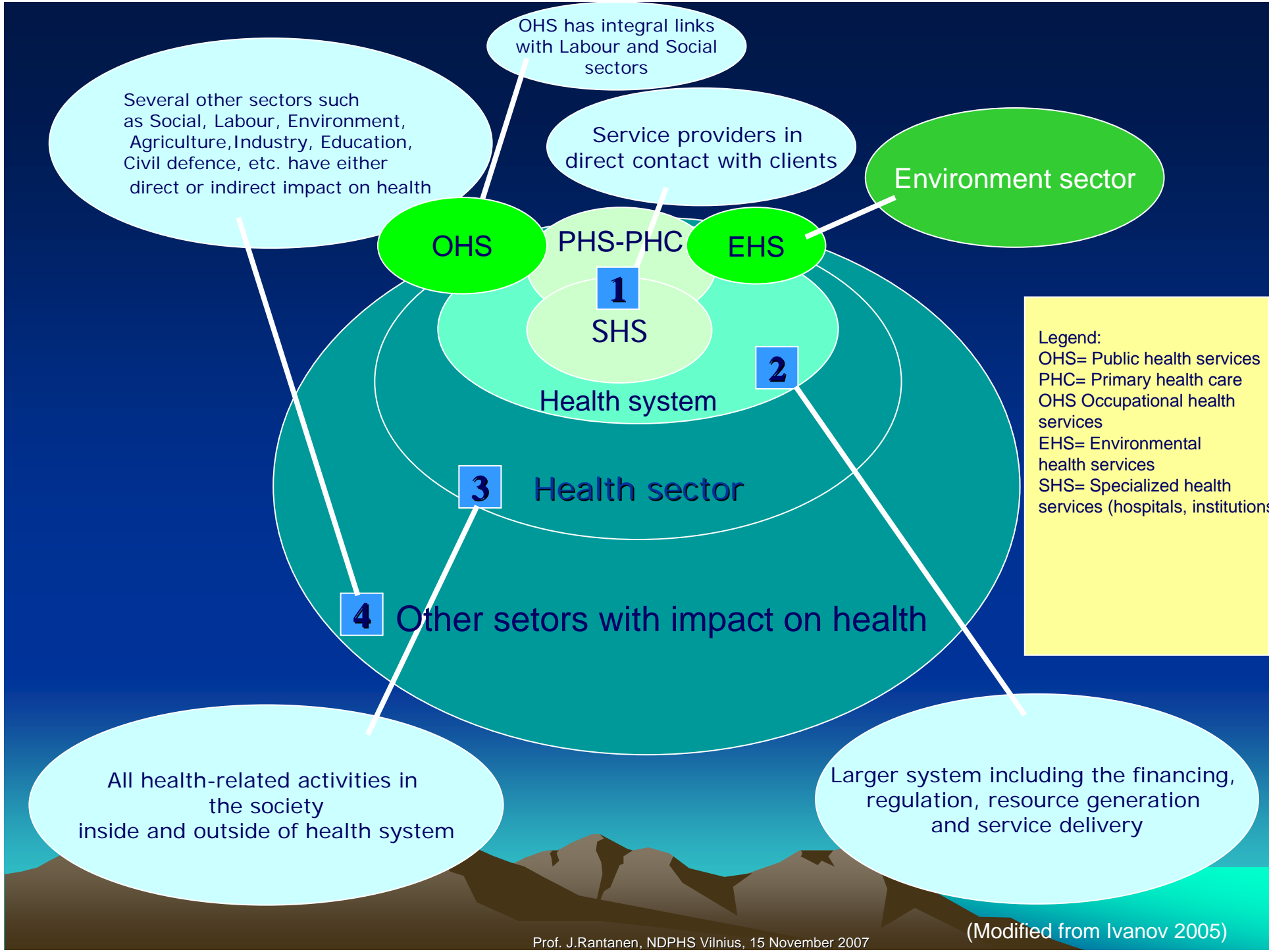
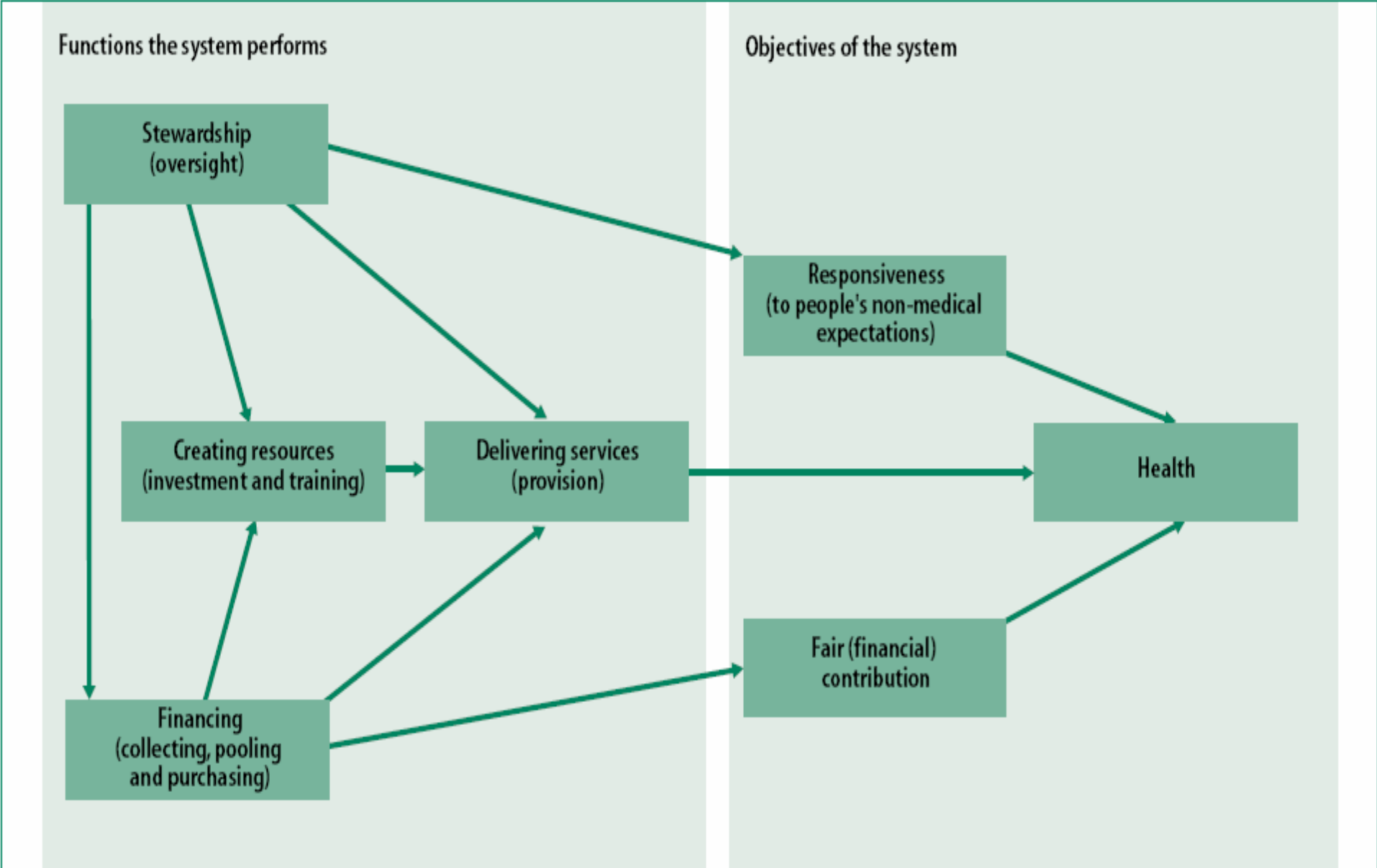


Figure 2.1 Relations between functions and objectives of a health system



Source WHO 2000

Indicators for health system

Population estimates

- Total population
- Annual growth
- Dependency ratio
- > 60 years
- Total fertility rate

Probability of dying

- 5 years
- 15-59 years

Life expectancy at birth

Attainment goals

- Health
 - Level, DALE
 - Distribution
- Responsiveness
 - Level
 - Distribution
- Fairness in financial contribution
- Overall goal attainment
- Health expenditure per capita
- Performance
 - On level of health
 - Overall health system performance

Good health system produces health through high-quality services for populations, individuals and families and responds to their health needs in a client-oriented and cost-efficient way

WHO Ranking

- 1 France
- 2 Italy
- 3 San Marino
- 4 Andorra
- 5 Malta
- 6 Singapore
- 7 Spain
- 8 Oman
- 9 Austria
- 10 Japan
- 11 Norway
- 12 Portugal
- 13 Monaco
- 14 Greece
- 15 Iceland
- 16 Luxembourg
- 17 Netherlands
- 18 United Kingdom
- 19 Ireland
- 20 Switzerland
- 21 Belgium
- 22 Colombia
- 23 Sweden
- 24 Cyprus
- 25 Germany
- 26 Saudi Arabia
- 27 United Arab Emirates
- 28 Israel
- 29 Morocco
- 30 Canada
- 31 Finland
- 32 Australia
- 33 Chile
- 34 Denmark
- 35 Dominica
- 36 Costa Rica
- 37 United States of America
- 38 Slovenia
- 39 Cuba
- 40 Brunei
- 41 New Zealand
- 42 Bahrain
- 43 Croatia
- 44 Qatar
- 45 Kuwait
- 46 Barbados 4
- 47 Thailand

Criteria for "goodness" and "fairness"

- Coverage; geographical, population or group coverage, substantive coverage
- Availability, accessibility
- Adequacy of resources, human, technical, facilities
- Functionality, performance, fluency
- Scientific - technical quality
- Productivity, efficacy , effectiveness
- Acceptability, ethical quality
- Impact; public health impact, individual impact, determinant impact, economic impact

Occupational health as a systems



European OHS situation

- Great variation in conditions of work and in distribution of risks (1-2 orders of magnitude)
- Only about 50 % in the EU and even less in non-EU countries covered
- Content varies widely due to old traditions, variation in competence and variation in systems
- Enormous economic loss caused by poor working conditions and lack of services
- Need of OHS is increasing in the ageing Europe
- EU directive on OHS would be needed

Needs

- Need for infrastructure,
- Need for continuity and security
- Need for evidence and quality
- Need for comprehensive multidisciplinary content
- Need for coverage
- Need for cost-effectiveness
- Need for multisectorial collaboration

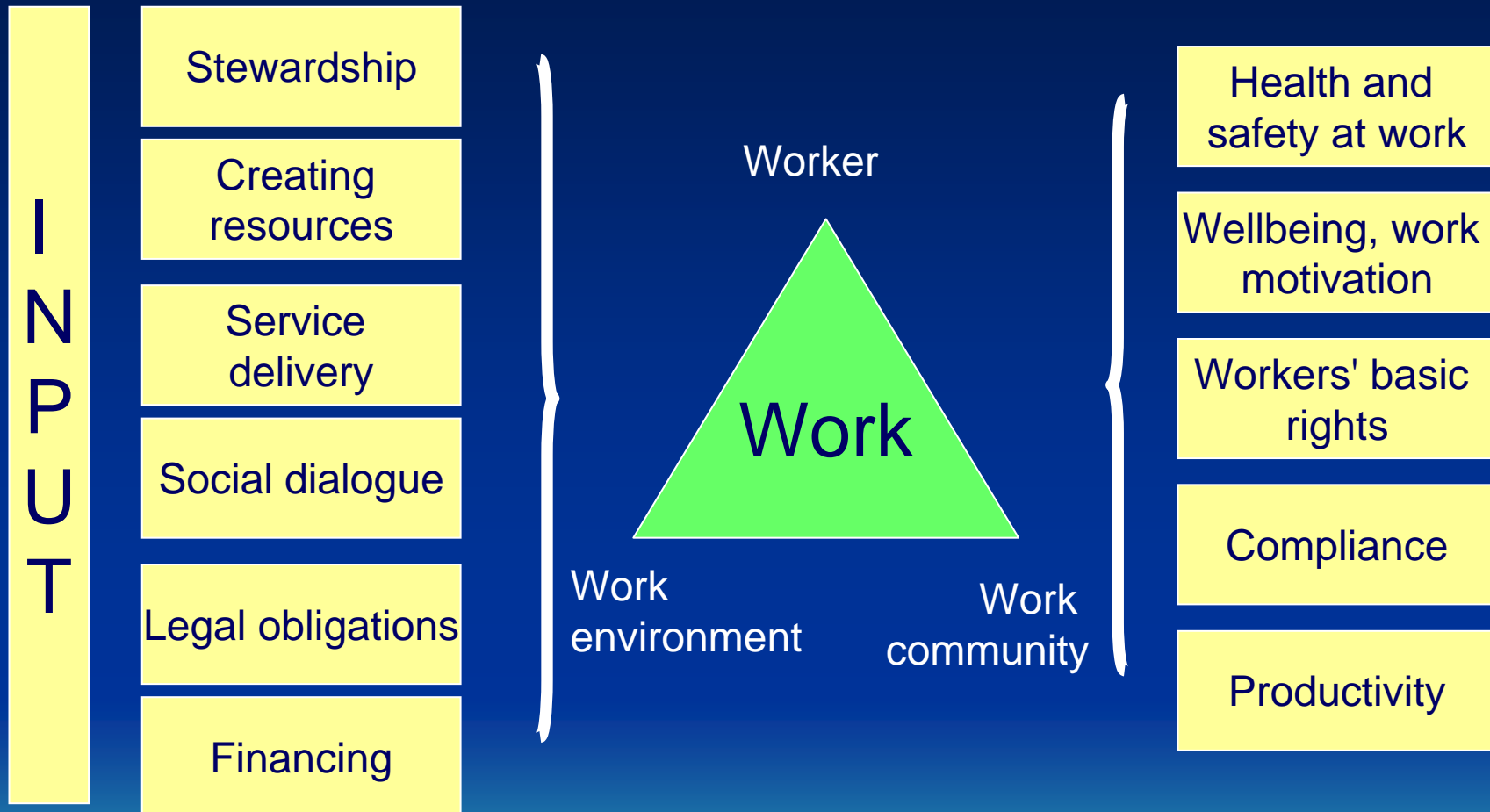
>>> Need for Policy & Implementation

Critical prerequisites

- Political commitment
- Legal background
- Awareness & information (widely)
- Leading institutions
- Training material
- Trainer resources
- Assigned persons at all levels
- Methods & Guidelines
- Standards
- Infrastructure = services provision system
- Collaboration of employers and workers
- Multisectorial collaboration
- Sufficient and continuous financing

OHS as a system

Outcomes



Input

Services



Worker



Work environment

Work community



Inspection

Activities Process

Prevention of illness
Promotion of health

Prevention of risks and workloads

Strengthening and upgrading competence

Developing work organization

Developing management cultures and participation

Reconciling work and family life

Managing environmental impact

Effects

Worker's health and work ability

Good work environment

Competent and skilled worker

Safe and harmonious work community

Safe and wellbeing family & community

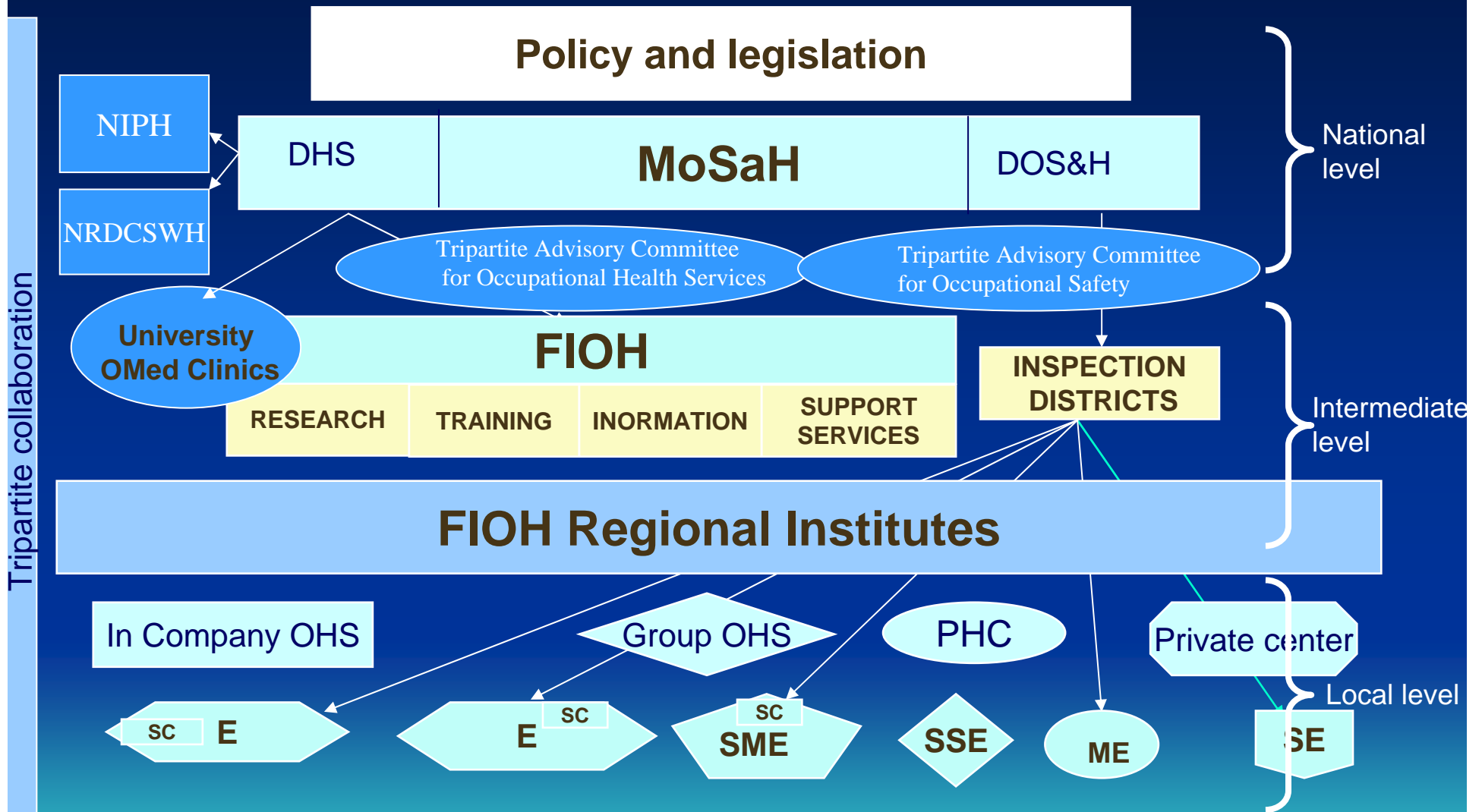
Safe and Control of preventable loss

Impact

Improved wellbeing and productivity

Activities and impact of OHS system

Finnish National OH&S System



Regulation
EU Directives &
National Regulations



Enforcement & Inspection

Enforcing, inspecting

OSH & OH Services

Enabling, supporting

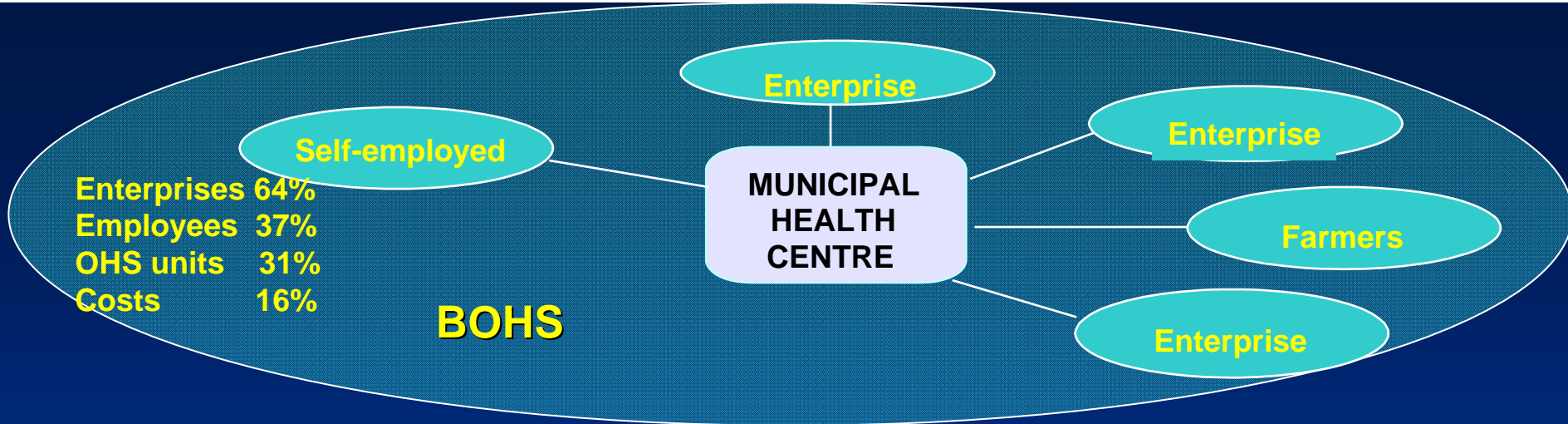


OSH Committee
Workplace's own actions

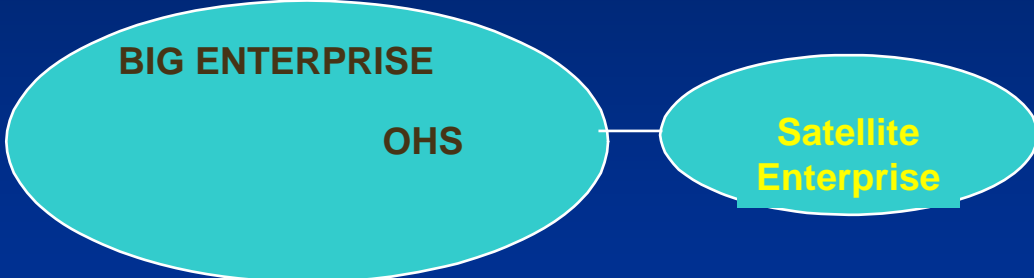


Better work and work environment
Better health and work ability of workers

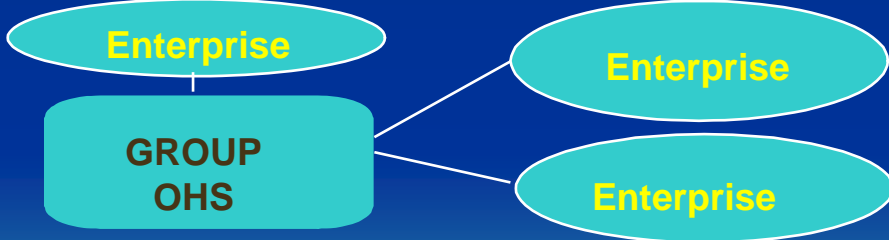




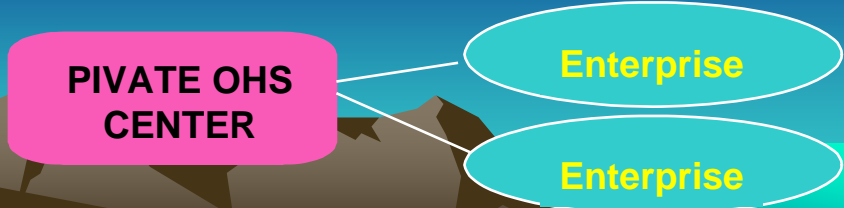
Enterprises	1%
Employees	25%
OHS units	38%
Costs	43%



Enterprises	3%
Employees	6%
OHS units	7%
Costs	2%



Enterprises	33%
Employees	32%
OHS units	24%
Costs	39%

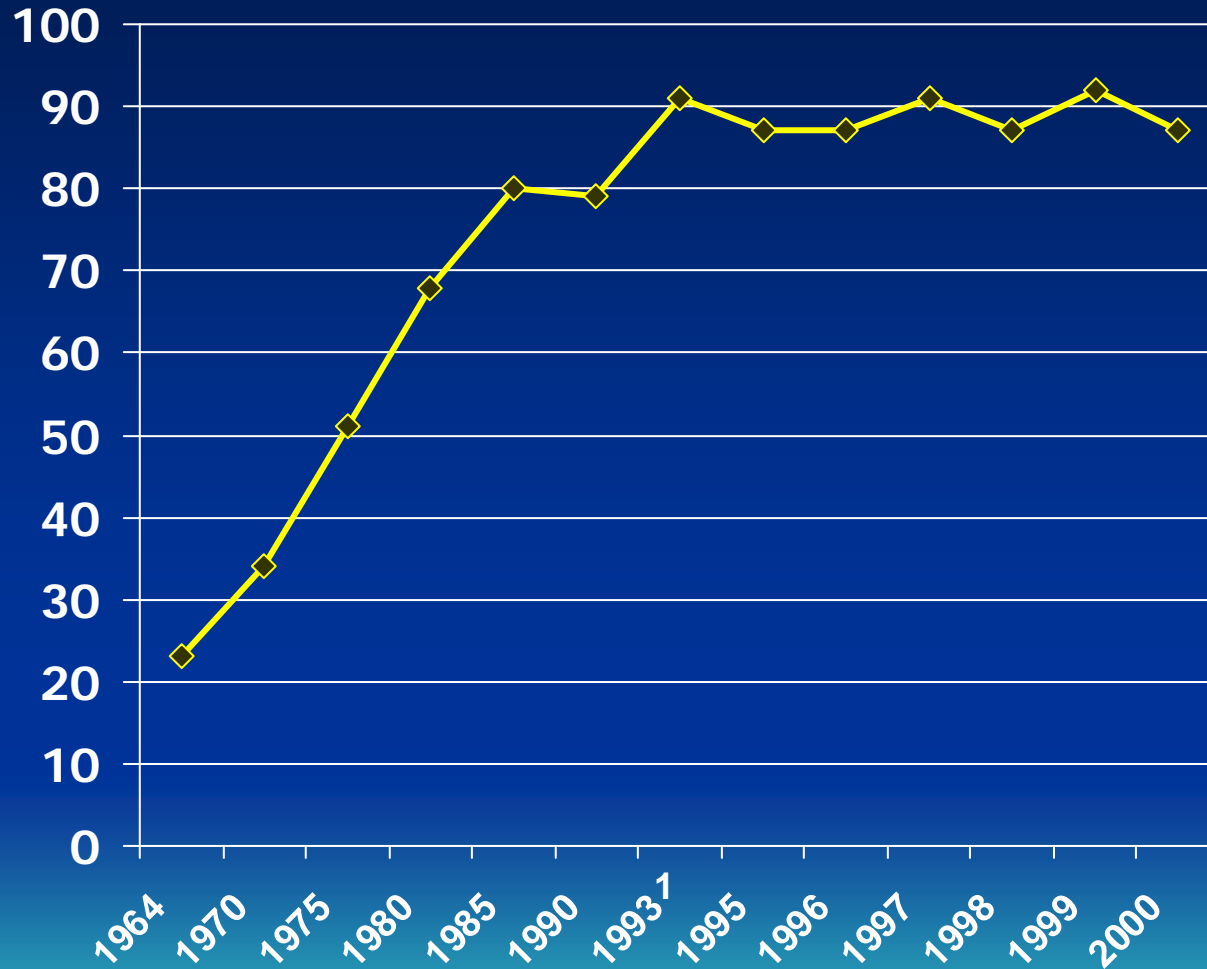


Assessment of different OHS-models (Rantanen 1994)

Model	Typical field of application	Typical size of the client enterprise	Multi-disciplinarity	Spec. competence in OH	Impact capacity	Integration with safety services	Integration with general health services	Cost-effectiveness
1. In-plant service	One company	Large	+++	High	+++	+++	±	+++
2. Group service	Numerous enterprises with high variation of activities	SMEs	++	High	++	+	±	++
3. Trade service	Numerous enterprises with one or a few types of activities	All sizes	+++	High	+++	+++	±	+++
4. PHC-unit	Numerous enterprises with high variation of activities	SMEs	±	Not always high	+	±	+++	+
5. Private phys.	One or a few enterprises	Large or small	-	Variable	+	±	-	+

Employees covered by OHS as a proportion of the total employee population

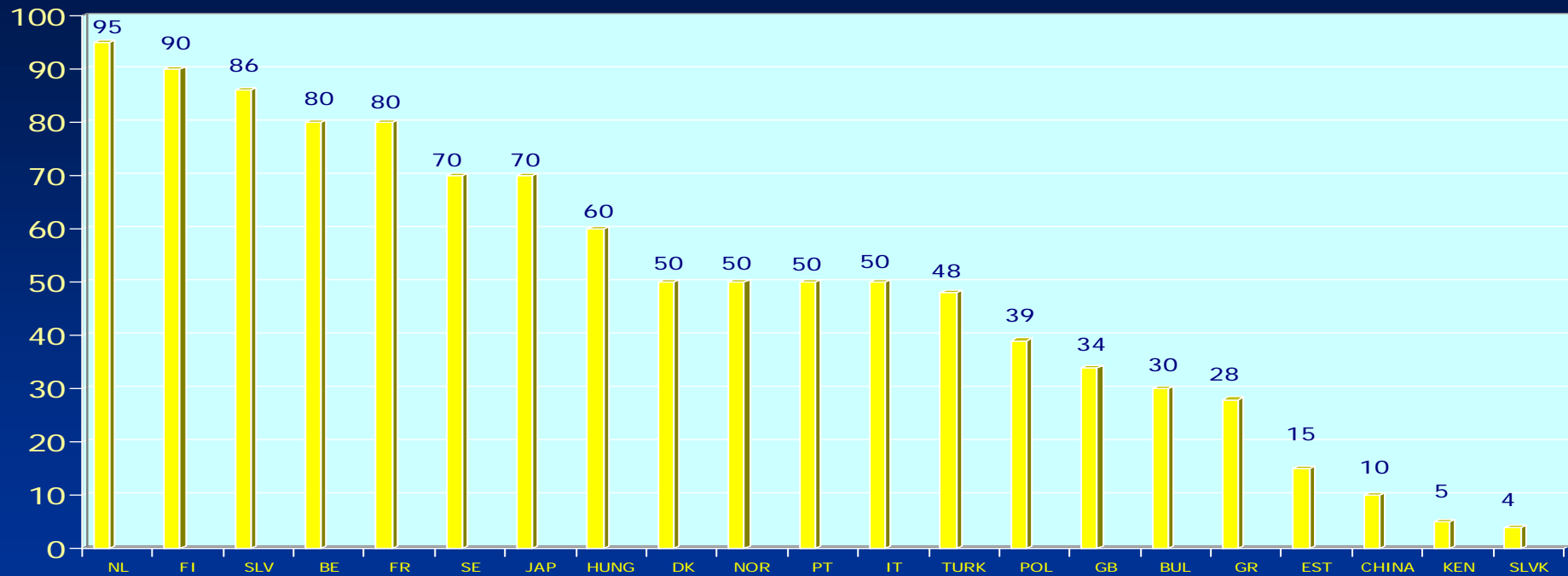
Coverage %



¹ new measurement method

Coverage of oHS

(Rantanen2005)



Coverage of social protection

(Source Breuer 2007, ILO 2006)

Pakistan	Egypt	Bangladesh	India	Venezuela	China	Thailand	Colombia
2.3%	9.11%	10%	10%	12%	12.3%	15.7%	31%

Basic Occupational Health Services, BOHS



What is BOHS?

Concept and objectives of BOHS

*The Basic Occupational Health Services are an essential service for the **protection** of people's health at work, for **promotion** of health, well-being and work ability, as well as for **prevention** of ill-health and accidents. The BOHS provide services by using **scientifically sound and socially acceptable** occupational health methods through **primary health care approach**.*

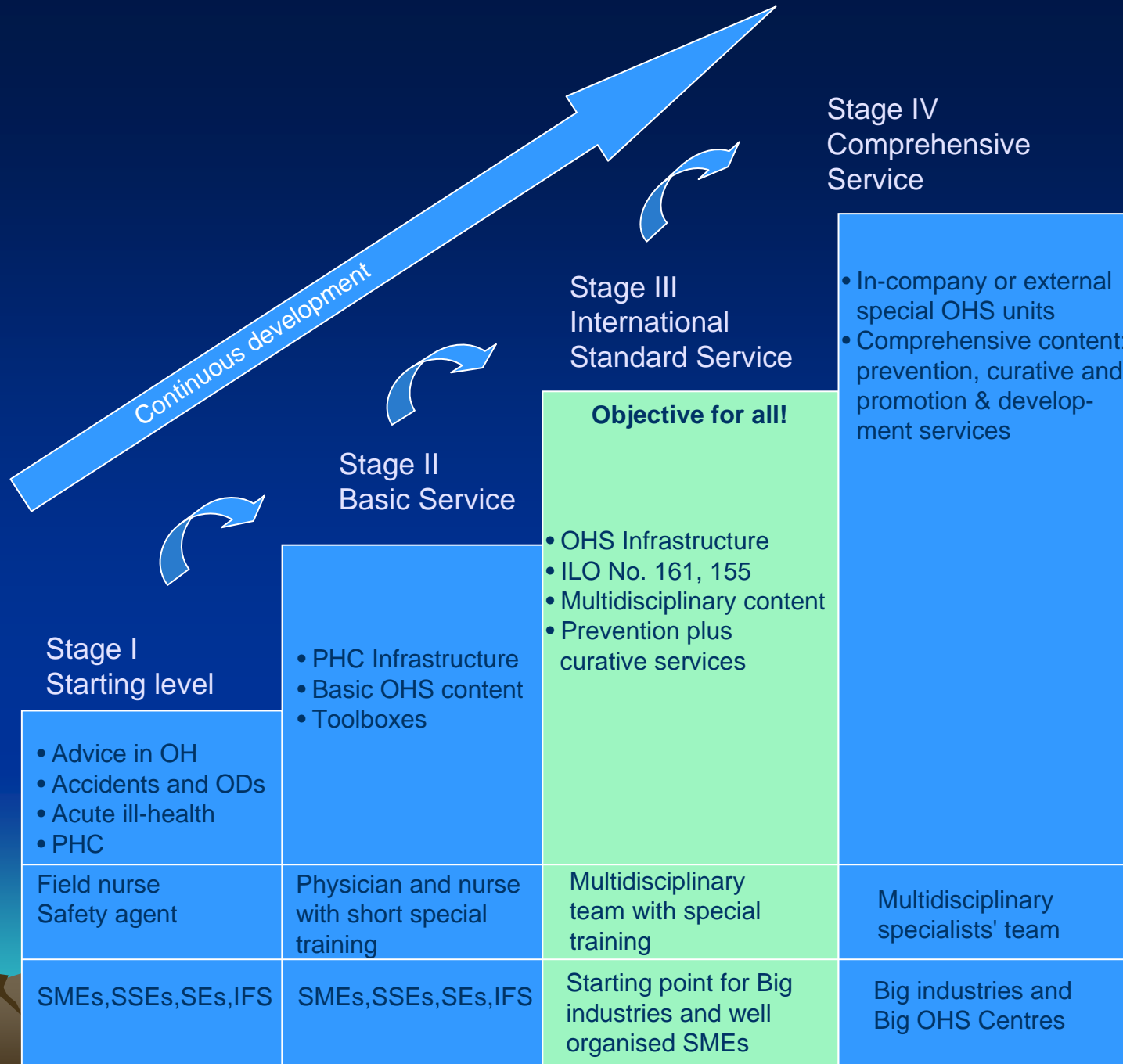
Policy
Mission
Strategy objectives



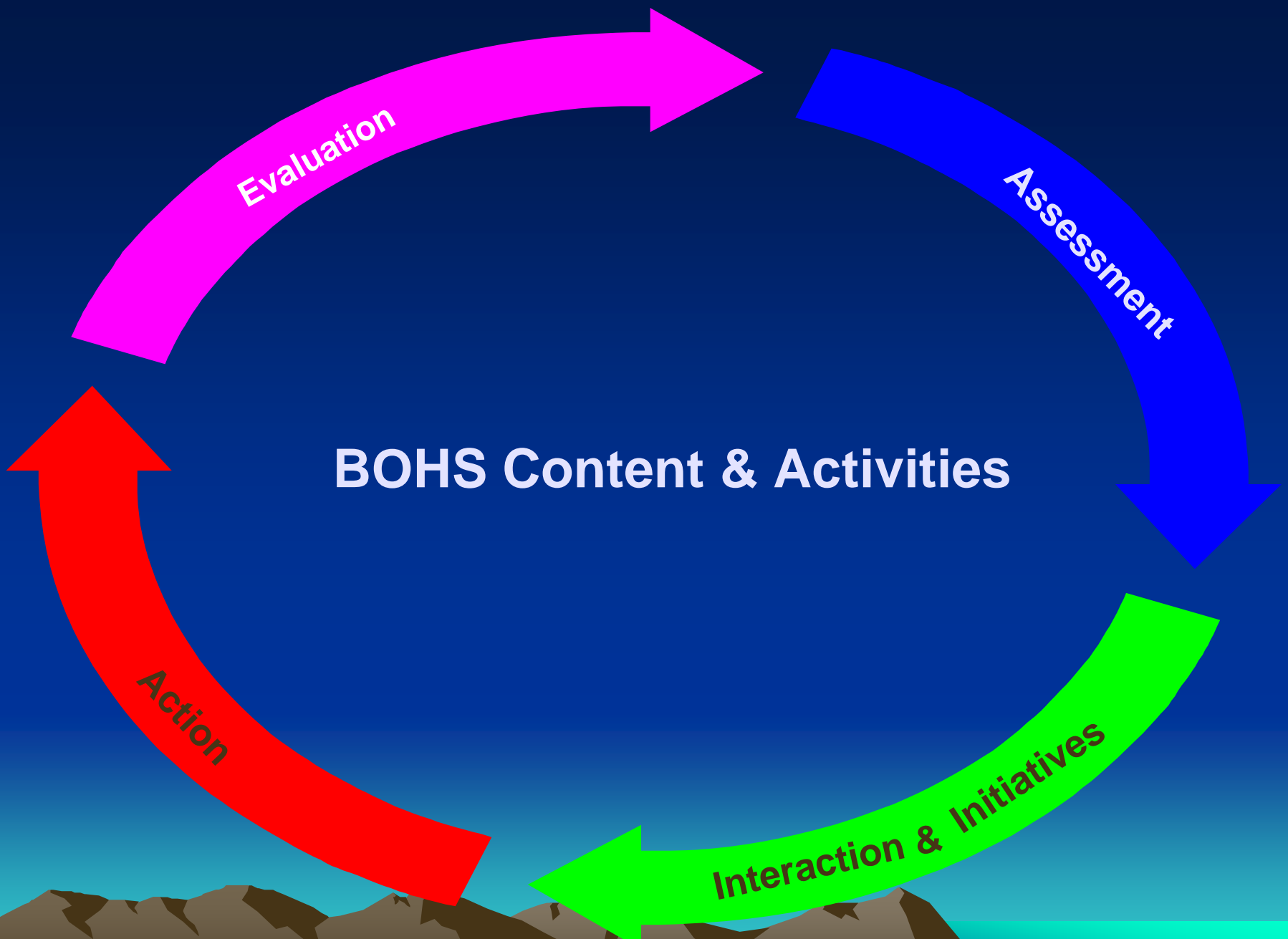
Human resources,
competence, skills
Ethics

Infrastructure
Service provision
Support services

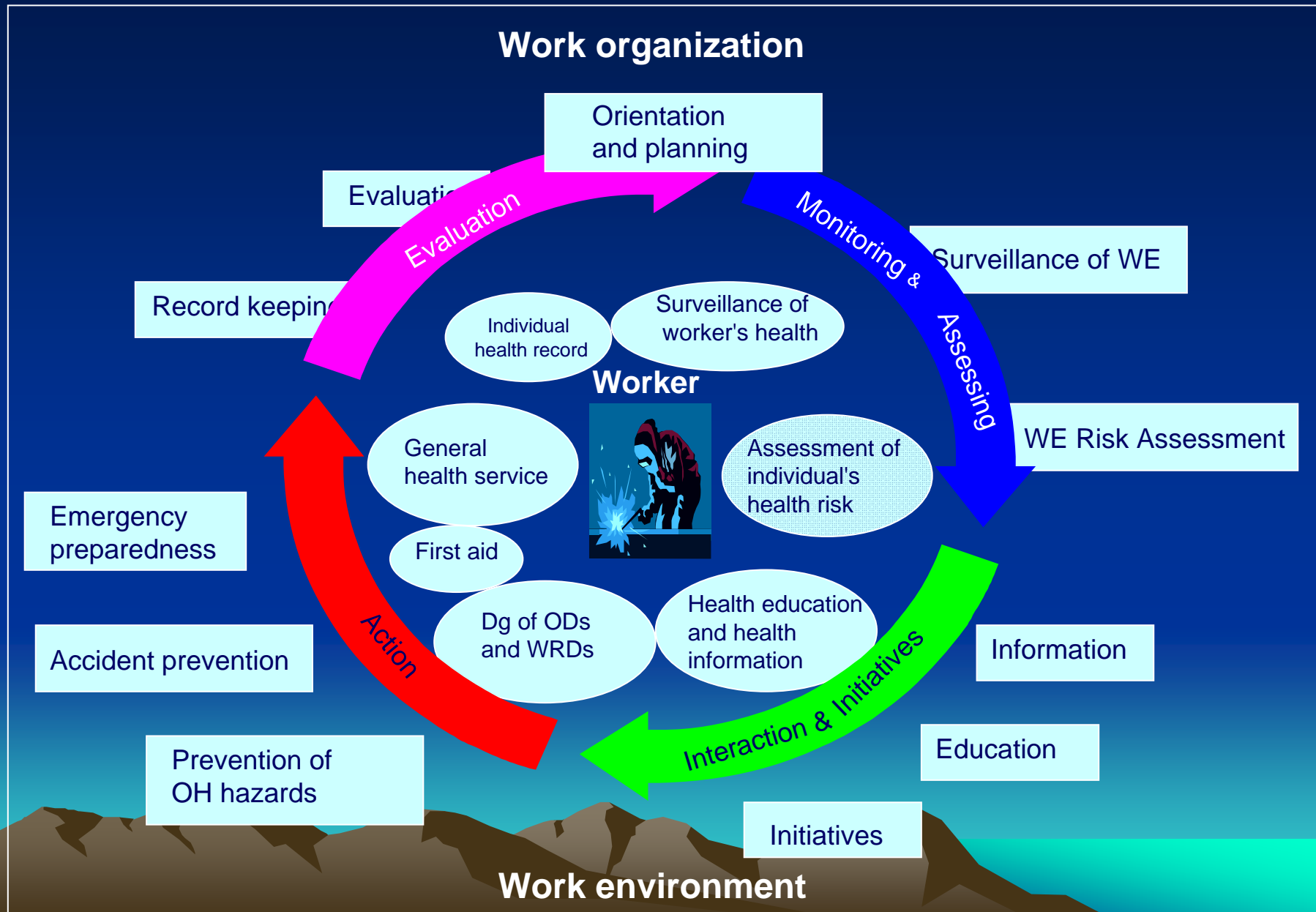
Good practices
Tools & methods
Knowledge basis



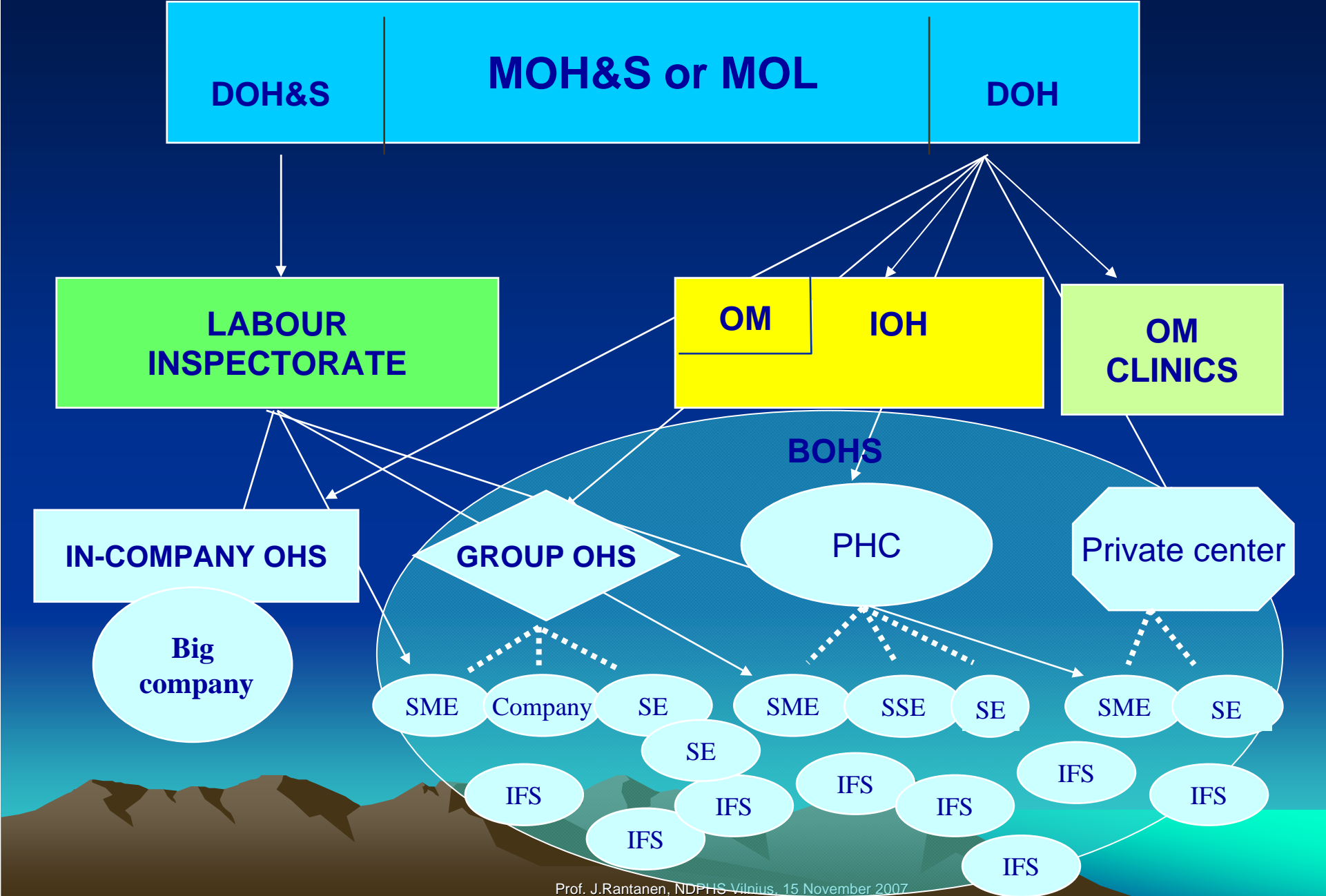
BOHS Content & Activities



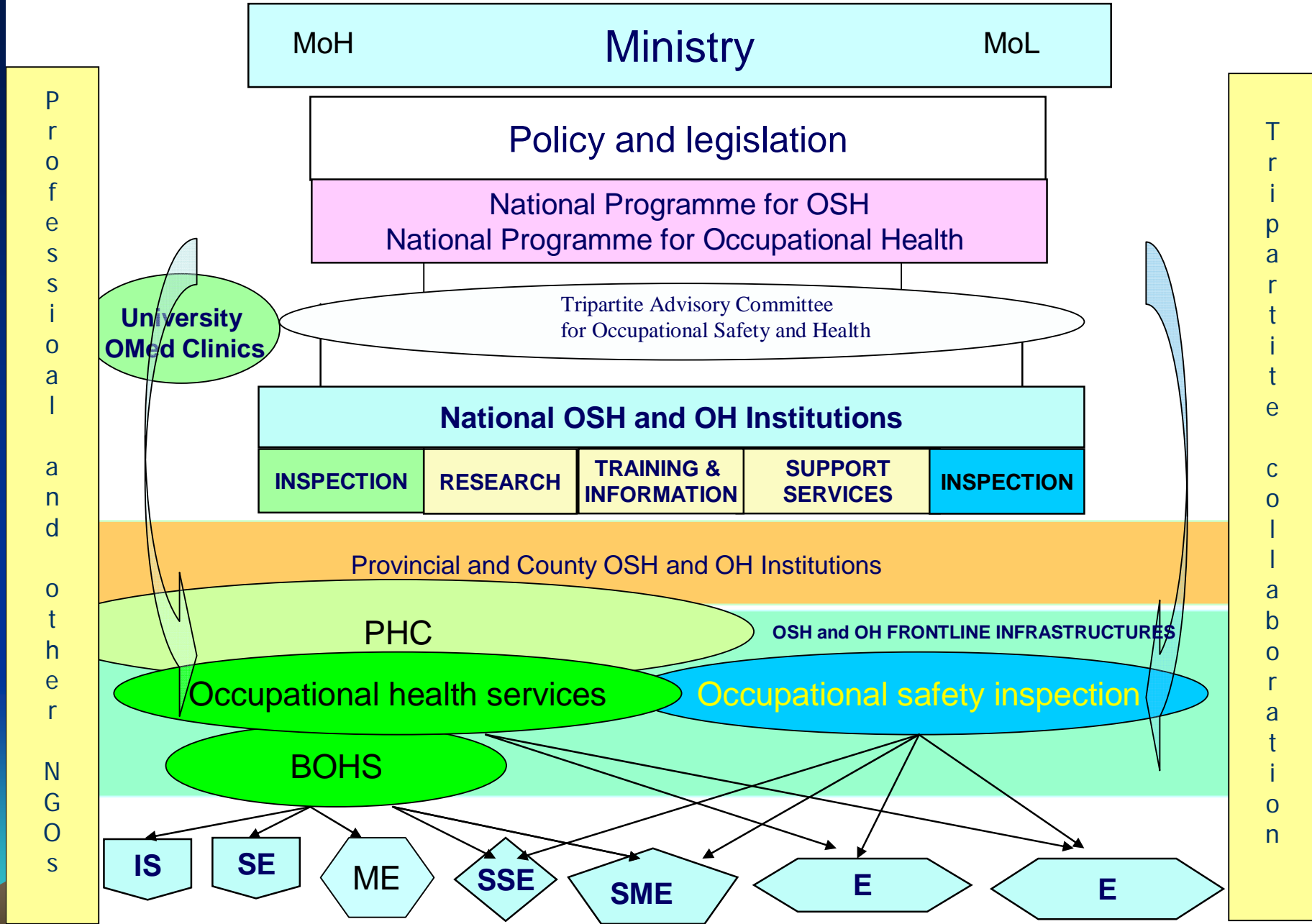
The BOHS cycle



INTEGRATED OH&S SYSTEM



A Model for a National OSH System



Axis C - Developing the preventive potential at enterprise level

Axis	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden
The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. Focus is on education, creating awareness, preventive services, economic incentives etc. These issues can be supported by measures other than inspection and support and partnership with the social partners. The scope and mix of these measures in the national strategies is a vital indicator	1	1	1	0	1	1	0
	1	1	1	1	1	1	1
	1.5	1.5	0.5	1.5	1.5	1.5	1.5
	1.5	1.5	1.5	1.5	0	0	1.5
	0	1	0	1	1	0	1
	1	1	1	1	0	1	1
	0	1	0	1	0	1	1
Total	6	8	5	7	4.5	5.5	7

Axis D - Anticipating emerging risks

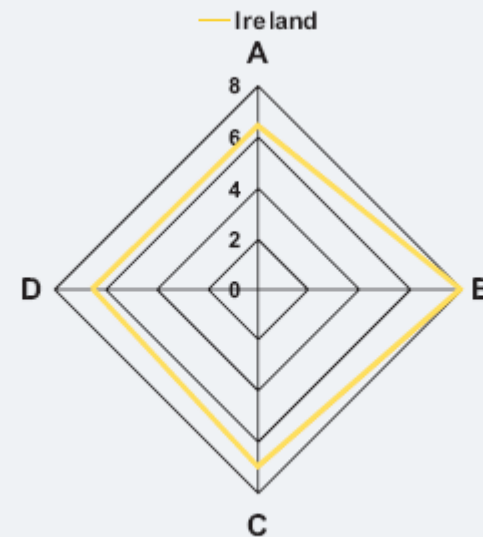
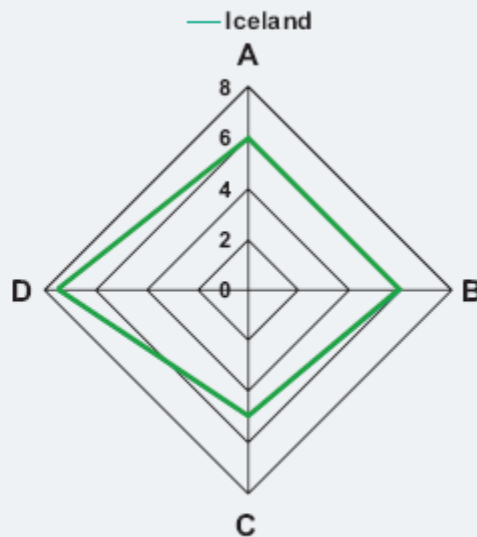
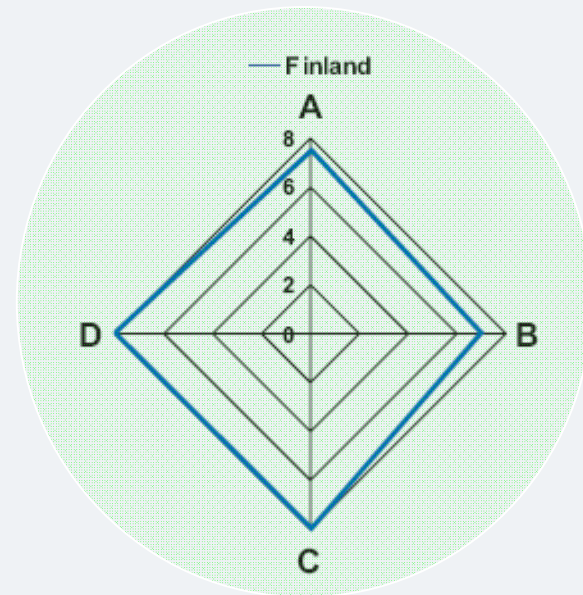
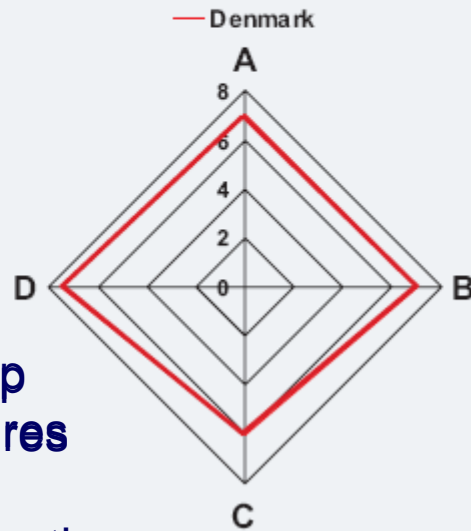
of the preventive potential in the participating State.

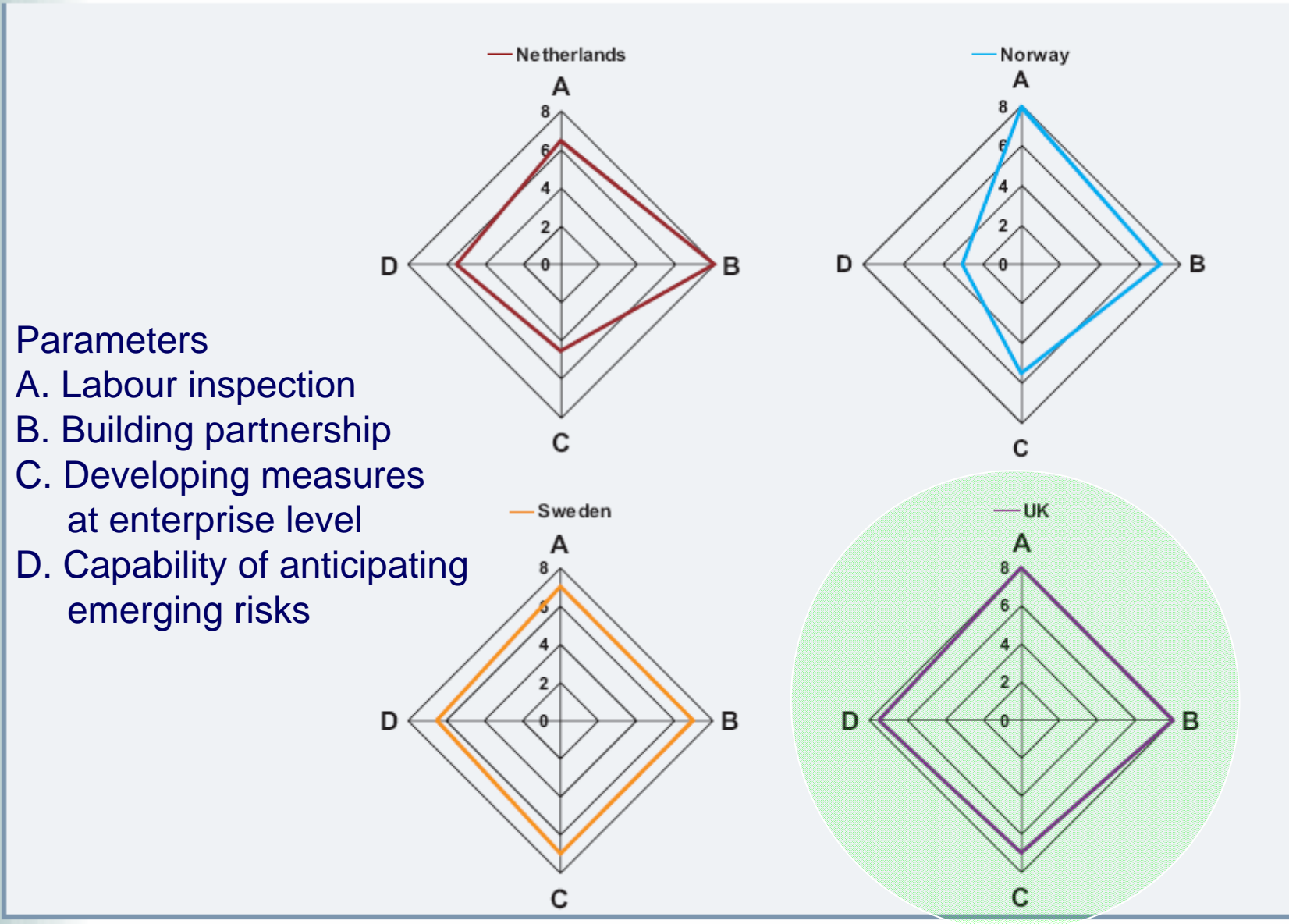
A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating emerging risk, especially monitoring and research, is vital in order for the different players to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating

Axis D	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden
1	2	2	2	2	2	0	2
2	1.5	1.5	1.5	1.5	1.5	0	1.5
3	1	1	1	1	0	0	1
4	1	1	1	1	0	1	1
5	1	1	1	0	1	1	1
6	1	1.5	1	1	1	1	1
Total	7.5	8	7.5	6.5	5.5	3	6.5

Parameters

- A. Labour inspection
- B. Building partnership
- C. Developing measures at enterprise level
- D. Capability of anticipating emerging risks

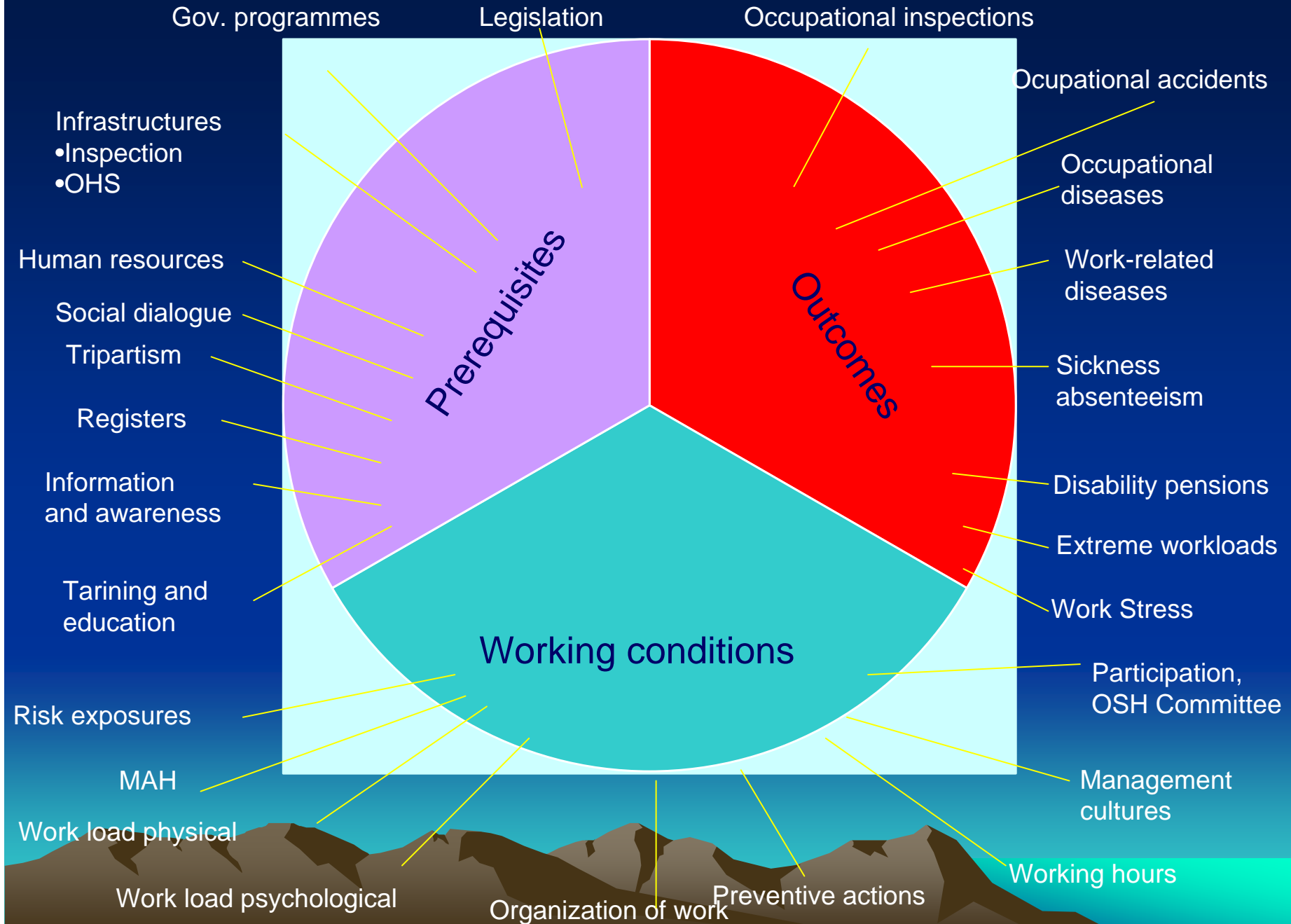




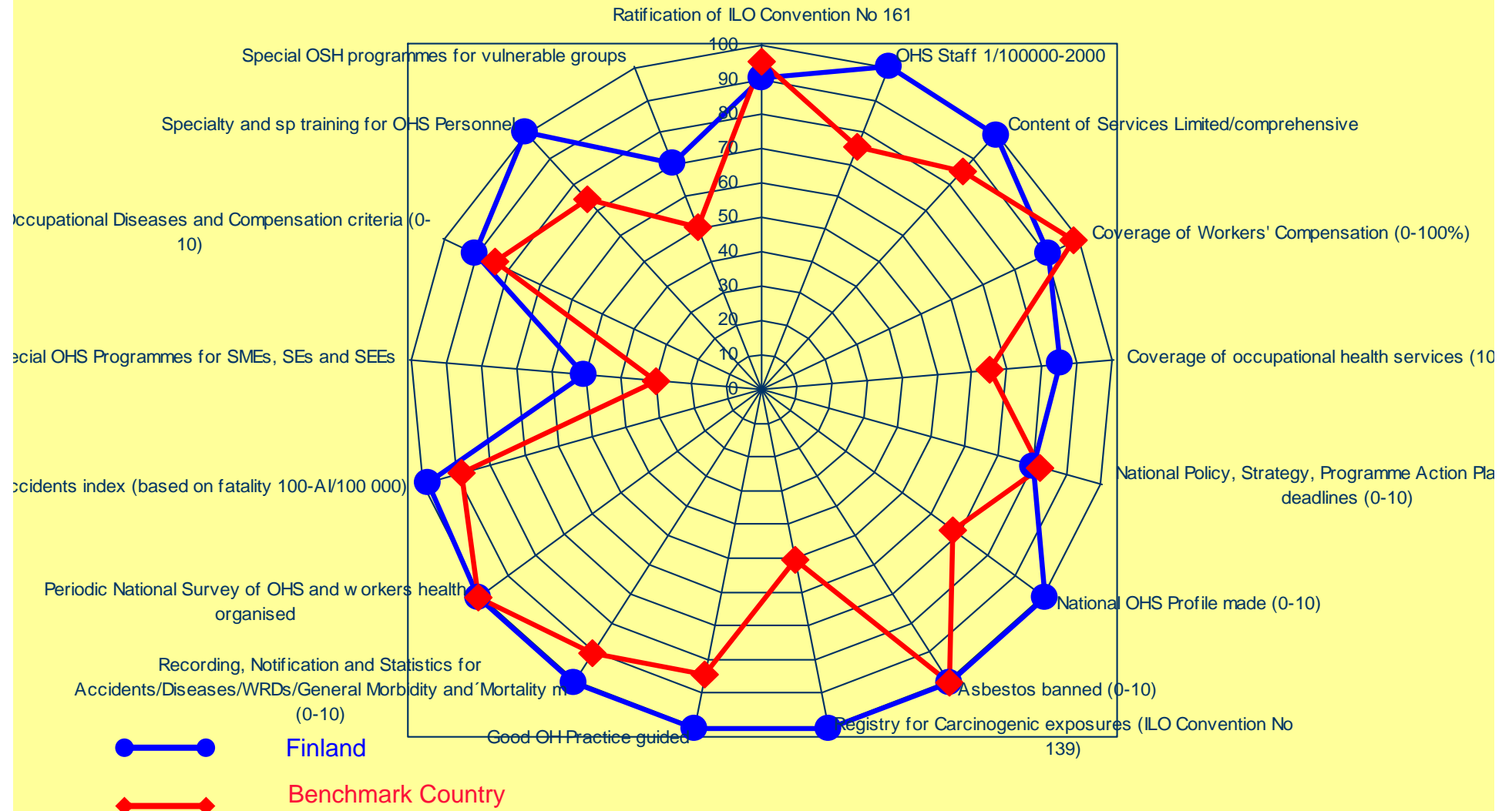
Parameters

- A. Labour inspection
- B. Building partnership
- C. Developing measures at enterprise level
- D. Capability of anticipating emerging risks

Parameters of National OHS Profile (Rantanen2006)



National Occupational Health Services Profile



Summary

- Occupational health is **gaining importance** as a specific infrastructure serving work life (aging, new hazards, old hazards, new vulnerable groups)
- **Systems approach** is important in the development of occupational health services
- Occupational health services play an important role as a **mediator** between health sector and work life
- **Multisectorial approach** has been most conducive for development of OHS (tripartite collaboration)
- **Great gaps** prevail in the coverage of services virtually in all countries
- **BOHS** provides a strategy for filling the gaps
- OHS need **continuous development** in all countries to meet the changing needs of work life
- OHS interventions have shown **positive health and economic impact.**

WHO European Ministerial Conference on Health Systems:
“Health Systems, Health and Wealth”
Tallinn, Estonia, 25-27 June 2008

