Psychosocial Risk Management: moving PRIMA-EF at global level

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Outline

- WHO: what it is and does?
- Global Strategy on OH for All 1996 - 2005
- WHO Global Plan of Action on Workers' Health 2008 – 2017
- Objective 2: protect and promote health at the workplace
- Taking PRIMA-EF further
- Collaboration at international level
The World Health Organization

**WHO** = intergovernmental organization, Specialized UN Agency dealing with health

**Constitution** approved in 1946 and came into force on 7 April 1948 (also World Health Day)

**Health** is a state of COMPLETE physical, mental and social well-being and not merely the ABSENCE of disease or infirmity

**Objective:** The attainment by all peoples of the highest possible level of health

Member States: 193    Regional Offices: 6    WHO Country Offices: >150
Functions and functioning of WHO

General functions:

(1) act as the directing & coordinating authority on int’l health work

(2) encourage technical cooperation for health with Member States

Official bodies through which functions are performed:

● Executive Board; World Health Assembly
From the Global Strategy on OH for All to the WHO Global Plan of Action on Workers Health 2008-2017

<table>
<thead>
<tr>
<th>The Labour Approach</th>
<th>The Public Health Approach</th>
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<tbody>
<tr>
<td><strong>Occupational Health</strong></td>
<td><strong>Workers' Health</strong></td>
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<tr>
<td>Action only at the workplace</td>
<td>Action beyond the workplace, (incl workers' families &amp; community)</td>
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<td>Only work-related health issues</td>
<td>All health determinants</td>
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<td>Work under labour contract</td>
<td>All workers incl. self-employed &amp; informal economy</td>
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<td>Employers' responsibility</td>
<td>All stakeholders' responsibility; other stakeholders: insurance, health &amp; environment authorities</td>
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Goal: address health determinants of Workers' Health

**Working environment**
- Mechanical
- Physical
- Chemical
- Biological
- Ergonomic
- Psychosocial risks

**Work-related health practices**
- individual risk-taking behaviour
- smoking, alcohol
- physical exercise, sedentary work
- diet and nutrition

**Access to health services:**
- preventive OH services
- specialized curative care and rehabilitation
- health & accident insurance

**Social factors**
- occupational status, employment conditions
- income
- inequities in gender, race, age, housing, education, etc.
Action in the area of Workers' Health

- Global Plan of Action on Workers' Health (5 Objectives), 2008-2017

1. develop & implement national policy instruments
2. protect and promote health at the workplace
3. improve the performance of and access to OH services
4. provide and communicate evidence for action and practice
5. address workers health through other (non-health) policies
WHO Global Network of WHO CCs for Occupational Health

68 CCs
3 NGOs in official relations with WHO
6 Regional Advisers
ILO
Int'l Trade Union Confederation
Int'l Employers' Organization
Protect and Promote Health at the Workplace

- Basic requirements for workplace health protection
- Regulations and standards and their enforcement
- Control of major health threats (HIV/AIDS, Malaria, TB, avian influenza)
- Tools and capacities for primary prevention of occupational hazards
- Healthy workplaces including the promotion of health & prevention of NCDs
GPA Objective 2: to protect and promote health at the workplace
Managers: Stavroula Leka and Aditya Jain, Univ. of Nottingham, UK

**Priority 2.1:** Develop practical toolkits for the assessment and management of OH risks (focus: chemical, physical, biological, *psychosocial* risks)

**Priority 2.2:** Healthy Workplace programmes and guidance to inform country frameworks
WHO's rational

- Psychosocial risks = an unrecognised killer
  - association with the 2 top medical causes of death and disability in the world; CVD and depression

- **Final Report on the Social Determinants of Health: (2008)**

  - Stress at work is associated with a 50% excess risk of coronary heart disease (Marmot, 2004; Kivimäki et al., 2006).

  - There is consistent evidence that high job demand, low control, and effort-reward imbalance are risk factors for mental and physical health problems (Stansfeld & Candy, 2006).

  - Poor mental health outcomes are associated with precarious employment (e.g. informal work, non-fixed term temporary contracts, and part-time work) (Artazcoz et al. 2005; Kim et al, 2006);

  - Workers who perceive work insecurity experience significant adverse effects on their physical and mental health (Ferrie et al., 2002)
Public Health Significance?

- Risks are prevalent

  Health effects well established for physical and mental health outcomes

  Economic burden on society

  Effects on homes and families

  We do have successful interventions, especially those that are comprehensive

  Need for preventative measures especially in developing countries; do not often have the expertise nor resources to handle CVD; mental health is often stigmatised.
A global problem

- WHO (1996): Prognosis: By 2020 depression & coronary heart disease will be the leading causes of premature death and of life years defined by disability (DALY’s) worldwide.

- WHO (2000):
  - 400 million people around the world suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse
  - Mental disorders are common, universal, a major source of disability in individuals and a burden to both families and communities.

...and what do developing country experts say now?

Which workplace issues and risks require urgent attention in developing countries?

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<th>Delphi II</th>
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<tr>
<td>Injury/accident prevention</td>
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What are the priority areas for action in addressing OH &S in developing countries?

- Improve HC, incl. primary HC
- Implement & enforce legisl. to address WP H&S.
- Capacity building
- Policy/legislation development
- Collect data on workers' health/surveillance & registration
- Dev.compreh.legisl. framework to include informal sector
- Develop health and safety standards
- Create a safety culture
- Monitoring, surveillance of psychosoc.hazards & WRS
- Development of OH services

How should we integrate PRM at global level?
Taking PRIMA-EF to the EU27 …and the global level within the comprehensive approach….

  - Objective 2
- ILO Global Strategy on Occupational Safety and Health, adopted 2003 (10 years)
  - Includes an ILO action plan for the promotion of safety and health at work
- European Community Strategy 2007-2012 on Health and Safety at Work
  - Point 9: Promotion of health and safety at international level, …strengthen cooperation with WHO, ILO, other int'l organisations
Why...

• …should we advance the agenda in psychosocial risk management together?
• What are the benefits?
  – Raise awareness at large scale
  – Benefit larger working populations
  – Achieve greater impact through learning from each other & through collaborating with each other
  – Enlarge our networks
  – ....
  – ....
How can we advance the agenda together?

- ...let's discuss...