

Primary Health Care and feasible interventions on Workers' Health

A scoping review

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Peter Buijs

Frank van Dijk

Mission: delivering all workers world wide sufficient occupational health care

90% of global workforce has no specific OHC, and the '10%' is not most in need;

PHC covers 70-80% of global population, a.o. two billion workers and their families; especially those most at risk: migrants, workers in SME's, agriculture and in the vast informal economies – sectors far out of reach of the regular OHC.

So: why not integrate Basic OHC-elements into PHC?

WHO Alma Ata Declaration 1978:

- PHC is key to a health level “.. that will permit to lead a socially and economically productive life
- “... to bring PHC as close as possible to where people *live and work*
- For many workers PHC is the first – and often only porte d’entree’ into healthcare.

However, PHC and OHC mostly are separated worlds, and PHC professionals often have a Blind Spot for work related health issues.

A short history of bridging the worlds of Primary and Occupational Health Care

- ICOH Special Sessions (2006, 2009, 2012, 2015);
- WONCA Congresses (2005, 2008, 2010, 2013, 2015)
- WHO Conference Connecting Health&Labour (The Hague 2011)+follow ups with Wonca, ICOH, ILO a.o.
- WHO assigns for studies on learning materials and occupational interventions suitable for PHC (2013)
- Wonca-ICOH Statement&Pledge (2014)

WHO Conference PHC&Workers'Health 2011

2011: WHO Conference (The Hague, Netherlands) with representatives from 40 countries, including Wonca- and ICOH-presidents Roberts and Kogi. The conference outcome changed WHO-strategy towards workers' health: for reaching more workers, PHC became essential, given its global coverage of 70-80% of the world population (Maria Neira, ICOH 2012, Cancun).

http://www.who.int/occupational_health/publications/hague_executive_summary/en/index.html

Wonca ICOH Pledge (Lisbon 2014)

“WONCA and ICOH pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers, and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.”

Does one plus one make two?

- › Can we benefit from the PHC infrastructure and its contacts with workers and communities, to reach much more workers than up till now with regular Occ Health Care?
- › What are the preconditions?
- › Are there already good practices?

Essential interventions on Workers' Health by Primary Health Care A scoping review

- A scoping literature review by Peter Buijs and Frank van Dijk, assigned by WHO, with Chris van Weel as WHO consultant (2013-2014)
- Literature search led to ca. 800 hits, first reduced to ca 200 relevant publications, later to a short list of 55 most appropriate ones. Most of them have been described in the report, in four categories: primary, secondary, tertiary prevention and Policies & programmatic conditions

Interventions on primary, secondary and tertiary prevention level

“It is crucial to include OHS in primary health care, because the units that are close to informal workers in the communities have to deal with exposure to several occupational hazards.” (Chancharoen and Untimanon, Thailand, 2011)

Getting/having/keeping work is a very important prerequisite for your health and well being (Waddell and Burton, TSO, 2005)

Primary prevention in PHC: mainly in developing countries

- Education, information and training in prevention and health promotion;
- Workplace 'walkthrough' visits to identify hazards, when the community has a dominant industry or other kind of work, such as agriculture;
- Participatory counseling to improve working conditions.

Secondary prevention in PHC

- Detection&diagnosis of workrelated health problems and occupational diseases/accidents (occupational history taking, e.g. work-induced COPD)
- Treatment, rehabilitation and prevention of new episodes or new cases by counselling (e.g. *LBP treatment and rehabilitation of workers in the construction industry*)
- Notification of ODs

Tertiary prevention in PHC

1. Occupational history taking; understanding, analyzing, changing or reducing the disease impact and therapy on health and work ability
2. Assessment of fitness for work
3. Counselling in patient empowerment and rehabilitation
4. Consultations regarding health and work ability
5. First aid services

Main conclusions TNO Report

- Involving PHC in workers' health is feasible as shown by articles and reports about PHC practice;
- variety from small-scale, improving daily PHC practice, to large-scale structural programs with thousands of professionals and millions of workers (Thailand, China, Iran, UK, Indonesia);
- Interventions not yet satisfactorily evidence-base, so needed: developing and funding large research&development programs to support projects and programs with existing knowledge and experiences, and to deliver more scientifically sound evaluation studies to support adequate evidence-based policies.

Final remarks

“If we succeed in letting PHC all over the world pay appropriate attention to workers’ health – well educated and equipped, with support of more specialized occupational professionals and by an adequate infrastructure - then that will mean a major step forward in the direction of where WHO asked for in 2007: full coverage of OHC of the global work force, especially vulnerable workers: in small and medium-sized enterprises, in high-risk industries, in agriculture and informal economies, self-employed, migrants, people with a handicap or a chronic medical condition.

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Final remarks (2)

“Those groups are mostly far out of reach of the expert-based regular occupational health care, and primary and community health care are in a better position to connect to them. That would mean a real revival of the WHO 1978 Alma Ata Declaration, speaking about bringing primary health care as close as possible to where people live and work!”

Seoul 2015: ICOH World Congress, with Special Session in PHC&Workers' health

Country examples: Thailand, Indonesia, S-Africa,
Iran, UK.

Summary in ICOH Newsletter 2016

WONCA WORLD CONGRESS Rio 2016: More country examples

Brazil, Argentina, Philippines, USA

Plus:

WONCA SPECIAL INTEREST GROUP!