



Workshop Report Healthy Workplaces 22-23 October 2009

WHO Headquarters, Geneva, Switzerland
In Conjunction with the Eighth Network Meeting of the
WHO Collaborating Centres in Occupational Health

Thursday 22 October 2009

1. Welcome and Introduction

Dr Evelyn Kortum, Interventions for Healthy Environments, Department of the Public Health and Environment, Health Security and Environment Cluster, WHO Headquarters, Geneva, welcomed everyone to the Healthy Workplaces Workshop. She laid out the objectives for this Workshop:

With reference to the global framework identify:

- key components of healthy workplace programmes at global level
- barriers/opportunities
- elements for global, regional, and country guidance
- main elements for the business case
- experts for a WHO Network on healthy workplaces

She also stated that the four outcomes that were anticipated to come from the workshop were:

Outcome 1: Case studies

Outcome 2: Understand (a) how to best engage all stakeholders and (b) the needs for global, regional, company guidance documents

Outcome 3: Agreement on the global framework, and definition of a healthy workplace

Outcome 4: List of experts

Dr Kortum then discussed the change in paradigm for workers' health that has occurred over the past 10 years, from a labour approach to a public health approach, from a focus on occupational health to a focus on worker health. She then outlined how the healthy workplace framework project is initiative 2.2 under the Global Plan of Action on Workers' Health (GPA), as part of GPA Objective 2: to protect and promote health at the workplace.

She outlined the interview process that was carried out during July and August 2009, during which Stephanie Macdonald from the University of Nottingham conducted 44 interviews with workplace health and safety experts from all 6 WHO regions. She showed excerpts from many of the interviews, which demonstrated the comprehensive nature of these experts' concepts of a healthy workplace. She described and illustrated the healthy workplace model that has been developed by the project working group, and the draft definition of a healthy workplace, which will be discussed in more detail in the next presentation. She concluded by outlining the process to be used after finalizing the framework, which will include developing more specific and practical guidance materials, training materials, and piloting the model in PAHO and Brazilian workplaces.

2. Presentation of the WHO Global Report and the Global Framework

Ms Joan Burton, Senior Strategy Advisor, Healthy Workplace, Industrial Accident Prevention Association (retired) was hired by WHO to facilitate the researching and writing of the Framework for a Healthy Workplace, specifically the background and supporting literature and practices. She thanked the 7 working group members, most of whom were present, and the 20 peer reviewers who had provided input into the third draft that had been provided to participants. She described the purpose of this document as being for scientists and medical experts to provide the evidence base for the proposed model, and explained that it would be followed by guidance documents



that provided more practical assistance for enterprises. She stressed that the purpose of this framework and model is to focus on what enterprises – employers and workers in collaboration – can do to create and maintain a healthy workplace, regardless of the national policies of the country.

She then outlined the proposed model, which consists of two main groups of components, dealing with the *content* of a healthy workplace programme, and the *process*. The content consists of four “Avenues of Influence” through which an enterprise can influence the health, safety and well-being of workers. These have been tentatively named:

- Physical work environment
- Psychosocial work environment
- Health Promotion
- Environment Community environment.

(She noted that as a result of the Working Group meeting on Tuesday 20 October, it was likely that the Health Promotion avenue would be renamed and redefined to include other kinds of personal health support, such as secondary and tertiary prevention activities that are part of occupational health services.)

She then described the process in the model, which is a variation of Deming’s “Plan Do Check Act” continual improvement cycle, sometimes referred to as an OSH Management System, such as that promoted by the ILO and others. The working group has decided to use the 8-step process outlined in the WHO Western Pacific Region’s 1999 *Regional Guidelines for the Development of Healthy Workplaces*.

After stressing the importance of integration, and the core values and principles of worker involvement and management commitment, she outlined the content of the Framework document’s 9 chapters and 6 annexes.

3. Discussion of the Framework and Model

The group responded very favourably to the draft framework, and had a number of suggestions, comments and questions, including:

- A global meeting on the subject of Healthy Workplaces should take place in Cairo to coincide with the World Health and Safety Day in April 2011
- HIV is one of the most important issues at the workplace in Africa and should be made more prominent in the document. HIV also needs to be included into the Health Promotion/Personal Health avenue of influence.
- The section on prioritizing in the process model needs more work, especially when it comes to mixing different types of risks from differing workplace environments.
- Guidance documents on the framework are essential to implement the framework. Such guidance should link with existing OSH management systems, and be specific to the country and sector.
- Cost-benefit analysis and evidence needs to be more explicit and more structured.
- Can domestic work, informal work be included in the same framework, or is there a need for a more specific framework?
- To communicate the model more effectively it might be required to exhibit very clearly that H&S management is a strategic issue. It may be required to simplify the process model for small and micro companies.
- The framework is an evolving document and must be continually modified as experience from piloting implementation is gained.
- During pilots in different regions it would be good to repeat the needs analysis (like the interviews with the international experts) and stakeholders (implementers and beneficiaries).
- There is a need to focus more on structures and systems that allow worker participation, as the framework rests on it.



- One of the next actions should be the mapping of the international classification of functions (ICF) and disabilities onto the framework.
- More time for consultation is required so it is relevant to all workers in all regions
- The framework is not innovative enough in terms of its approach to worker and union involvement. It lacks suggestions of strategies on how to address workers' issues collectively, and there is a need to address the various power relations at work.
- The organizational business case in the pilots should be incorporated into the process model, so companies can calculate their return on investment.
- The process model needs to be flexible so that the steps in the process are not a hindrance to the overall goal – this should be explicit in the guidance

3. Regional Healthy Workplace Approaches

Regional Advisors of four of the six the WHO regions made presentations, explaining regional healthy workplace programmes or initiatives, including barriers and opportunities.

Ms Marie-Claude Lavoie, speaking on behalf of Dr. Maritza Tennessee presented on the healthy workplace initiatives in the American Region (AMRO). She first described the internal healthy workplace initiative undertaken by the Pan American Health Organization (PAHO), which has 1600 employees in 34 offices throughout the Americas. PAHO has established a Health, Safety and Well-being Committee to implement a healthy workplace programme that is consistent with the draft WHO framework and model. They are just celebrating their one year anniversary, during which time they have developed a workplan and received approval and budget from the PAHO Director. They have also implemented a number of initiatives, including noise and indoor air quality assessments, and some wellness activities. She also reported that as a result of the Summit of the Americas, there is a Regional Policy that includes promotion of comprehensive healthy workplaces throughout the region. PAHO is now working with businesses (Partners Forum), the healthcare sector, schools and governments to promote the healthy workplace concept.

Dr Said Arnaut, Regional Advisor for the WHO Regional Office for the Eastern Mediterranean (EMRO) spoke about healthy workplace initiatives in his region. He noted that the WHO Healthy Workplaces framework provides a doable and possible initiative that will shed more light on worker health and safety in a comprehensive way. He sees it as a flexible vehicle for harmonizing various approaches in a workplace setting, and provides an attractive umbrella for joint efforts of various stakeholders. There is a 10-year plan (2010 – 2020) to implement healthy workplaces throughout EMRO. He suggested Oman as a source of pilot enterprises for the healthy workplace framework, due to their advances situation with respect to healthy workplace activities at present. He ended by recommending that WHO should carry out a Global Workplace-based Worker Health Survey (GWHS) to assess the current situation regarding workplace health. He also restated his offer to host a global healthy workplace meeting in Cairo in 2011.

Dr Hisashi Ogawa, Regional Advisor for the WHO Regional Office of the Western Pacific (WPRO) presented on the healthy workplace activities of his region. He discussed the healthy settings approach that was the origin of the WPRO *Regional Guidelines for the Development of Healthy Workplaces*, which was published in 1999, and which forms much of the basis for the present WHO healthy workplace framework. This model was piloted in many workplaces throughout China, Viet Nam and Malaysia, and is continuing to be implemented in other countries, such as Fiji, Republic of Korea, and Papua New Guinea. He noted however that mechanisms are needed to expand and maintain healthy workplaces. There needs to be recognition of good practice for sustainability, and the need for multi-stakeholder involvement at the national and international level.



Dr Salma Burton, Regional Advisor for the WHO Regional Office for South-East Asia (SEARO), focused her remarks on the need for evaluation of healthy workplace efforts. She noted that in order to do a good evaluation, projects must be designed around agreed criteria, which is usually not the case. There are many Healthy Cities initiatives in SEARO that are, in fact, healthy workplace projects, since they are based on only one enterprise. Evaluations of these projects were frequently carried out too early in the implementation process, and without agreed criteria. In addition, lessons from the evaluations were generally not incorporated into future activities. She emphasized that to properly evaluate healthy workplace initiatives, broadly consistent project criteria must be established and adhered to, and they must be adapted to local situations and context. The evaluations should be aimed at learning from experience so that the resulting lessons learnt can be incorporated into the workplace. She strongly suggested that while the proposed WHO healthy workplace framework is flexible enough to apply to different countries, the subsequent practical guidance materials must be customized for the specific country and sector.

Ms Joan Burton presented a case study from the Industrial Accident Prevention Association (IAPA), a WHO Collaborating Centre in Canada with 220 employees. She illustrated how IAPA has used the continual improvement process recommended in the WHO Healthy Workplace Framework to implement a healthy workplace program for its staff. She provided examples of activities implemented in each of the four avenues of Influence recommended in the framework, and used a road safety example to illustrate the way the four avenues can be integrated into the solutions for road safety. She concluded by presenting some outcome data that demonstrate the effectiveness of the programmes.

Ms Sue Longley, from the International Union of Food workers (IUF) spoke on behalf of trade unions. She began her remarks by outlining trade union international structures, and some of the work of the IUF. She noted that worker safety is a high priority for unions, and they tend to use a rights-based, legal enforcement approach, emphasizing ratification of ILO Conventions. She then spoke specifically about the agricultural sector, which generally provides work that is far from Decent Work, by ILO definitions. She emphasized this point with numerous illustrative photos and quotations, followed by a discussion of some of IUF's work to reduce pesticide exposures. An innovative way of representing workers has been established in Sweden, where union safety representatives assist workers in SMEs on a regional basis. Unions have had some experience in implementing ILO programs such as Workplace Improvements in Neighbourhood Development (WIND). She noted that women are particularly vulnerable in agricultural work, due to the precarious nature of the work, which leaves them in danger of sexual harassment. In conclusion, she noted that unionized workplaces are generally safer workplaces, and therefore more productive, and she urged WHO to use them and work with them to a greater degree.

Discussion

The moderator for this session facilitated a discussion on the presentations:

- Several participants mentioned the fact that while this is an excellent framework and flexible enough to meet global needs, there is also a need for practical guidance that is more tailored to individual countries, cultures, and sectors. Dr. Evelyn Kortum agreed and indicated this has always been the intention.
- Some discussion occurred regarding the need for international standards and conventions for a top-down approach. But this framework is intended for enterprises to implement, in a bottom-up approach. Both are needed. Standards informally can also be developed and implemented at the regional/organizational level, and if successful can also eventually become national standards. Thus a bottom-up approach in some enterprises can encourage and facilitate a top-down approach that will regulate other enterprises.
- Trade union representatives expressed concern that there is a need to raise awareness of the most basic ILO conventions, and deal with the most basic safety hazards. A focus on health, and mental health specifically, are important, but not as urgent as physical safety in many workplaces. A concern was expressed that the creation of a new WHO



- healthy workplaces framework is like reinventing the wheel, and there is a question of whether there is added value over the ILO management system approach.
- Other participants stated strongly that the WHO has moved from an occupational health & safety perspective to a public health perspective, since issues outside of work also affect worker health. The traditional approaches (such as the ILO Management Systems) do not have such a wide perspective. A global surveillance system (questionnaire) would allow us to integrate other programmes but also generate evidence to point to the most important issues. One participant noted that the framework is value added as there is no other document that is more comprehensive globally. There is a need to make the business case stronger and then link the framework with effective tools, thus making the framework very effective.
 - In any case, participants noted that the model is based on a process that involves workers in a needs assessment, and if basic safety issues are the highest priority for them, this will be determined and worked on first. The intention of the framework is to ensure that workers and employers do not forget to consider risks to health in addition to those in the physical environment.

Friday 23 October 2009

Dr PK Abeytungu from the Canadian Centre for Occupational Health and Safety (CCOHS) chaired the meeting on Friday morning, introducing a number of speakers who presented country experiences with healthy workplaces.

Dr Adel Zakaria from the University of Alexandria, Egypt, presented three case studies, all of which have achieved significant results in reduced injuries: a glass factory, an iron and steel factory, and Bapetco, a petroleum enterprise. The glass factory found a return on investment (ROI) of 1 to 5.02. The iron and steel company reduced injuries, frequency, lost days and severity rate far below the predicted levels. Bapetco's "Hearts and Minds" program objective was to "Convince people to do the right things because they want to, not because they have to..." and aimed at an overall culture change as well as a decrease in incidents. They have been very successful in both. Barriers to success in Egypt include a lack of political will in the country and a decrease in the amount of factory inspections by 50% since 2003.

Dr Volker Schulte from the University of Applied Sciences, Switzerland, presented a pilot project on comprehensive Workplace Health Promotion in small enterprises (SEs). This program provided specific tools for small enterprises and incentives in terms of reduced insurance premiums for SEs that participated. The goal was to achieve a "Friendly Work Space" rating for an entire region. The project is just beginning, and is targeting three of the four Avenues of Influence in the WHO model: Psychosocial Environment, Health Promotion and Enterprise Community Environment.

Dr Nuri Vidinli, Occupational Health & Safety Institute, Turkey, reported on a successful intervention with small enterprises in the denim sand-blasting industry. After finding an alarming number of cases of silicosis in workers in this industry over a 3-year period, the Institute intervened by visiting enterprises, conducting surveillance of current practices, providing them with information and training, assisting employers to provide engineering controls and personal protective equipment. They also influenced the government to eventually ban the practice altogether in 2009.

Dr Kalpana Balakrishnan, from Sri Ramachandra University in India presented three case studies. Case 1 involved the physical work environment, specifically chemical use, in SMEs from various sectors. Case 2 involved the physical and psychosocial work environments in the healthcare sector. Case 3 involved the physical environment and enterprise community environment in the stone quarrying industry. In all cases a variety of tools and approaches were



used, with good success. One lesson learnt was that a top-down approach is desperately needed in India, as only registered businesses are covered by OSH regulations, and this only includes roughly 20% of workers.

Dr Pranab Nag from the National Institute of Health, India discussed health and safety issues in two sectors. In the food & agriculture industry, he looked at hand temperatures in fish processing workers exposed to ice water, and the improvements that could be made by providing protective gloves and training. In the Information Technology (IT) industry, he looked at Video Display Terminal (VDT) users, a sector that is growing by 25% per year. He noted the many standards that are available to assist with worker health and organizational effectiveness, including OHSAS 18001 (OSH Management System), ISO 9001:2000 (Quality Management) and ISO 14001 (Environmental Management).

Dr Lucy Leong from the Ministry of Manpower in Singapore presented on behalf of **Dr Sweet Far Ho**. She outlined the health and safety situation in Singapore. A national Workplace Safety and Health (WSH) Council was established in 2008, with a mandate to promote safety and health at work and recognize companies with good WSH records. There is also a National Tripartite Committee on Workplace Health that is charting new directions in terms of workplace health promotion. Four strategic outcomes and four strategies have been outlined. There is a National WSH Campaign that includes contests, exhibits, magazines, advertising and an awards program for good companies. Challenges include determination of leading indicators in addition to the lagging indicators in place at present, and ways to measure the effectiveness of programmes.

Dr Fernando Coelho, from Social Service of Industry (SESI), Brazil, reported on SESI's Healthy Industry Programme. SESI was established in 1946 and has been a service provider to industry, with nearly 50,000 professionals providing education and health services to enterprises in over 2000 municipalities. They are currently in transition, moving from being a service provider to a knowledge centre and provider of solutions. They help industries reduce accidents, occupational diseases, absenteeism and presenteeism, as well as increase socially responsible practices, through a combination of occupational health and safety, healthy lifestyle promotion and medical/dental services. He stressed that success depends on convincing enterprises that a healthy workplace is a business advantage, and noted that employers want to measure their own ROI, not just read about the ROI from published research.

Discussion

Dr Abeytunga noted how impressed he was with the incorporation of various elements from the WHO model into the various presentations, and the extent of improvements achieved, even with non-comprehensive programs. He facilitated a discussion that included the following points:

- In India the IT sector is exempt from OSH laws. As a result there are separate guidelines for the IT sector. In many cases the IT sector is integrated with others.
- When using risk assessments to target one hazard in many sectors, this may be effective for research, but not for an enterprise. Multiple approaches are needed across sectors, even for one hazard.
- One reason for the high amount of work-related hearing loss in Singapore may be the legislation that requires medical examinations for all employees exposed to noise in factories. Annual hearing tests are required, with the results sent to the government, resulting in a very sensitive system for detection.
- The examples tended to be presentations from developed nations, and more from developing nations are required. A flow chart for prioritization of issues should be developed, and smoking cessation should be the first priority addressed in any enterprise world wide.
- Absenteeism and presenteeism are measures of productivity, but it is hard to measure presenteeism at the moment. There are perhaps 20 measures of presenteeism



available, but no standardization. There is an international group looking at presenteeism measures.

- To ensure that workplaces become autonomous and create capacity in the workplace, SESI involves workers and the union at all stages, and trains workers to provide the services internally, on an ongoing basis.
- In the Ukraine, many silicosis cases are complicated by tuberculosis. In Turkey, there is a problem with lack of proper diagnosis, so it may very well be the same. Efforts are being made to encourage more collaboration between occupational health physicians and chest physicians.

Dr Valentina Forastieri, ILO SafeWork, discussed the plans and activities of SafeWork in ILO, with emphasis on their goal of Decent Work for all. She commented that it is not a matter of “convincing” employers to protect workers’ health and safety with a business case, it is their obligation to do so. She noted that the most important part of the Seoul Declaration is that safety and health of workers is a human right. The ILO has a long history of collaboration with WHO and other agencies, and has produced many guidelines and codes of practice related to OSH, which countries are urged to implement. She reviewed the rights and responsibilities of employers and workers and outlined the ILO’s Action Plan for OSH, which includes 5 key areas:

- ILO instruments (standards, codes....)
- technical assistance and cooperation
- knowledge development/management
- promotion, awareness, advocacy
- international collaboration.

Discussion

Dr Fernando Coelho noted that it is still important to “convince” employers, since it is easy for them to appear to comply with legislation on paper, but if an employer is not truly convinced, it is not likely to be a healthy workplace. In addition, there are no laws for health promotion, worksite exercise programmes, etc.

Dr. Forastieri agreed with requests for more ILO/WHO collaboration on healthy workplaces, and suggested doing a pilot project together. She noted that WHO has more experience in applied research and health promotion, training people in OHS. ILO has more experience on prevention and administering OHS. National bodies should insist that ILO and WHO work together.

Dr Janet Asherson representing the International Organization of Employers (IOE), discussed ways to engage employers in healthy workplace endeavors. She reviewed the basis of motivation for employers, emphasizing that they first must be concerned with financial survival, competitiveness and legal concerns, followed by more altruistic motivators. Therefore it is critical to make the right arguments and in a language that business understands. They need a picture of what a healthy workplace looks like, but they also need simple messages and simple concepts. There are many resources available to help employers with three of the four avenues, but more are needed to help them with the enterprise community environment. She summarized by emphasizing the importance of providing one campaign at a time, aligned with government messages and campaigns, and that employers should take the message to their supply chains, contractors, communities, families and neighbours.

Dr Stephanie Premji from the Université du Québec à Montréal talked about the issue of integrating gender issues into healthy workplaces. She reviewed data showing that women and men are affected differently by work, even when the work tasks are similar or the same, and stressed the importance of language proficiency for occupational health. She discussed the importance of considering various forms of diversity, including gender, and gave an example of a garment factory in Montréal where 70% of the workers were women, and 98% were immigrants. Innovative initiatives were established in the workplace to ensure women from various cultures



could discuss health, safety and personal factors in comfort, which meant sometimes preferring to speak with from someone of a different culture, but the same sex. She reminded us of the power differences in workplaces, especially in domestic work, or commercial work carried out in a home. Dr. Premji described Québec legislation on preventive reassignment that is unique in North America. It allows a pregnant worker to withdraw from her work if her job presents a physical risk and there is no safe work to which she could be reassigned. She is paid 90% of her salary until she returns to work.

Ms Linn Iren Vestly Bergh, representing the International Association of Industrial Hygienists (IOHA) discussed the healthy workplace activities of StatoilHydro, a multinational oil and gas company headquartered in Norway. They have a 5-year Health and Working Environment Strategy that focuses on the physical work environment (primarily chemicals), the psychosocial environment (primarily work stress) and health promotion (primarily physical activity.) They have learnt the value of implementing best practices across all countries, but adapting them for local conditions.

Ms Marilyn Pattison, representing the World Federation of Occupational Therapists (WFOT), informed the group that Occupational Therapists take a holistic approach to look at people within their environments, and often work with employers, medical practitioners, the family and the worker to ensure the work environment is a healthy and supportive one for a worker returning after injury or illness. She reminded us of Maslow's Hierarchy of needs – “an oldie but a goodie!” – and its relevance in setting priorities for modifying a workplace environment. She then discussed several case studies in which occupational therapists worked with employers to create healthy and safe work environments that resulted in greatly decreased numbers of injuries and average cost of an injury, as well as improvement in morale and trust. WFOT's approach uses activities in each of the four Avenues of Influence in the WHO model. She ended by enthusiastically endorsing the WHO model, saying, “It's singing our song!”

Dr. K. C. Tang, representing the Health Promotion department of WHO, spoke to the group about their activities in engaging the private sector in workplace health promotion (WHP). As noted in the Bangkok Charter, the private sector has a responsibility to not only ensure health and safety in the workplace, but also to promote the health & well-being of employees, their families and communities; and to contribute to global health through ethical and responsible business. He challenged communities, civil society and professional associations to exercise their power in the marketplace and hold enterprises accountable for this. He summarized the key activities of the department in advocacy, promoting the settings-based approach to health, and identifying indicators and benchmarks for implementing global WHP.

Dr Janet Voûte, representing the Non-Communicable Diseases (NCD) department of WHO, spoke about engaging all stakeholders in workplace wellness. She first outlined the magnitude of non-communicable diseases globally, and pointed out the fact that nearly half of them are preventable. She then discussed the 2008-2013 NCD Action Plan, which includes a statement that “Workplaces should make healthy food choices possible and encourage physical activity.” The literature clearly indicates that workplace interventions can make significant changes in risk behaviour of employees. WHO has collaborated with the World Economic Forum (WEF) to highlight the importance of workplaces as a critical setting for action, through several joint events and publications. Objective 5 of the NCD Action Plan refers to strengthening partnerships and engaging all stakeholders. NCDnet is a new network established in 2009 to combat these diseases in a coordinated manner by mobilizing stakeholders outside the health sector.

Discussion

Dr Stavroula Leka, University of Nottingham, UK, was the moderator for the afternoon and facilitated a discussion that raised the following points:

- The NCDnet will also be collaborating with other parts of WHO at regional levels.



- Mental health is included in non-communicable diseases. The primary emphasis is on four risk factors (smoking, unhealthy diet, lack of physical activity, alcohol use) but each workplace must identify its own priorities, and workplace stress will be one of them in most cases.
- One of the values of the new WHO Healthy Workplace Framework is to break down silos and expand horizons. The purpose of this background document is not to provide specifics for various sectors and countries – that will come in the guidance materials to follow.
- We all know that health promotion is an excellent approach for worker health. But we must be sure not to neglect basic protective measures. Health promotion must be integrated with health protection.
- When it comes to setting priorities, it may be good to look at “Quick wins” – to first address things that can make a difference quickly. Also, remembering Maslow’s hierarchy is critical. It is also important to talk to businesses and service providers to determine their priorities.
- Maslow’s hierarchy is relevant for bridging the gaps between developed and non-developed countries. What about the effects of primary health systems, inequalities, and systemic corruption?
- Trade unions have been working on all these issues for a very long time, but having them promoted by the WHO can provide added value. WHO must recognize and emphasize the role of organized labour, and point out the effects of power imbalances in the workplace. It’s important to build capacities for unions, not just workers. Not all employees are sensitive to health issues, while unions can fight for these issues.
- When determining priorities, it is important to recognize various factors, but basically it comes back to involving the workers in the decisions, as is stressed in the process recommended in the framework. The framework is flexible enough for all situations.
- To pilot this framework and communicate the 4 avenues within an enterprise, it will be important to break down silos, since these avenues are often addressed by different departments in the enterprise. These stakeholders must be brought together for discussion, as is emphasized in the framework document. WHO should bring these stakeholders together in the regions.
- When setting priorities, it’s important to consult workers and consider Maslow’s hierarchy; and depending on the workplace, that may mean all the first priority items are in one circle, such as the physical work environment. But when considering solutions for fixing these problems, it’s important to consider all 4 avenues. Don’t just consider physical solutions for a physical problem, for example, or the programmes may not be effective.

Dr Evelyn Kortum thanked all participants for their positive discussions and engagement. She summed up some of the key suggestions for the proposed healthy workplace and model as follows:

- Strengthen the visibility of WHO-ILO complementarity and collaboration
- Refine definition of Healthy Workplace framework, components
- Include more references to workers with HIV infections
- Outline a clearer process for prioritizing actions from the process model (e.g., Maslow, quick wins)
- Mention the importance of external evaluation/auditing systems (e.g. ILO)
- Strengthen gender issues, role of organized labour
- Change health promotion circle (health education, provision of health services, lifestyles)

Dr Kortum then asked the group for approval of the proposed WHO framework and model, assuming the incorporation of the feedback. All participants were in favour. The proposed WHO framework and model, when revised, can be considered approved.

In terms of next steps, she outlined the following:



- Revise the background document to reflect the feedback and input from this week's feedback and input
- Build up a Network of Experts in the development, implementation and/or evaluation of healthy workplace programmes
- Include healthy workplace issues in awareness raising campaigns on 28 April each year
- Create partnerships with other stakeholders, existing networks, NCD network, regional networks, WEF, IOE (GOSH), TU
- Develop peer-reviewed guidance on Healthy Workplaces that is specific to sectors and countries
- Pilot guidance in PAHO, Brazil, India, Egypt, Oman.... more in networks
- Interview stakeholders
- Develop peer-reviewed training modules & train-the trainer
- Develop assessment tools & methods, indicator model
- Develop criteria and context-applicable methods for evaluation
- Adapt guidance to country, community, company (org., team/division, worker), culture
- Develop and communicate cost-benefit models easy to undertake by employers to obtain ROI
- Develop a website with WHO healthy workplace materials
- Map the global framework on the ICF (International Classification of Functioning, Disability and Health)
- Organize a Global Consultation through EMRO before the next CC meeting in 2012.

Joan Burton thanked Dr Evelyn Kortum for her tireless efforts, organizational ability and insights that she put to work in organizing this event, not only the Healthy Workplace Workshop, but also the CC Meeting as a whole. Thanks to her, the right people were here, and the feedback provided will make the healthy workplace framework better than ever. Participants warmly applauded Dr. Kortum for her work.

Dr. Kortum again thanked those in attendance for their insights and participation, and closed the meeting.



Annex 1 List of Participants

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**Annex 2
AGENDA**
Workshop on Healthy Workplaces

Venue: EB Room
Day: Thursday 1-6:10 pm
Rapporteur 1st day: Aditya Jain

Time	Topic and expectations	Presenter	Moderator	OUTCOME
1:00-1:30	Welcome Review of project; purpose and expected results	Evelyn	Marie-Claude Lavoie, AMRO	Overview and workshop programme
1:30 - 2:20 hour	Presentation of the WHO Global Report and the Global Framework	Joan		Updating participants
2:20 - 2:50	<i>Questions and discussion (with lead questions)</i>		Moderator: Summary of main points	Common understanding
2:50 - 3:10	Regional Advisers in Occupational Health Regional experience of (a) regional healthy workplace programmes (b) best practices/case studies of healthy workplaces programmes; (c) barriers and opportunities	AFRO /Thebe Pule (not present)	Fernando Coelho, SESI, Brazil	Outcome 1: Collection of regional and country healthy workplaces programmes (best practice examples), their components with respect to the global framework, their success, and barriers in and opportunities for implementing these.
3:10 - 3:30		AMRO /Marie-Claude Lavoie (for		



Maritza Tennessee)

COFFEE/TEA BREAK 20'

3:50 - 4:10	Cont./...Regional experience of (a) regional healthy workplace programmes (b) best practices/case studies of healthy workplaces programmes; (c) barriers and opportunities	EMRO/Said Arnaout		
4:10 - 4:30		SEARO/Salma Burton		
4:30 - 4:50		WPRO/Hisashi Ogawa		
4:50 - 5:20	Questions and discussion (with lead questions)		Moderator: Summary of main points	Outcome 1: Collection of regional and country healthy workplaces programmes (best practice examples), their components with respect to the global framework, their success, and barriers in and opportunities for implementing these.
5:20 - 5:40	Country experience of (a) healthy workplace programmes (b) best practices/case studies of healthy workplaces programmes; (c) barriers and opportunities	Canada, Joan Burton		
5:40 - 6:00	The view of the worker representatives	Sue Longely, IUF		
6:00 - 6:10	Closing		Evelyn Kortum	Summary, next day and closing of first day



Venue: EB Room
Day: Friday 9am-4:00pm
Rapporteur 2nd day: Joan Burton

Time	Topic	Presenter	Moderator	OUTCOME
9 - 9:20	Cont./... Country experience of (a) healthy workplace programmes (b) best practices/case studies of healthy workplaces programmes; (c) barriers and opportunities	EMRO: Egypt, Adel Zakaria	P. Abeytunga, CCOHS, Canada	Outcome 1: Collection of regional and country healthy workplaces programmes (best practice examples), their components with respect to the global framework, their success, and barriers in and opportunities for implementing these.
9:20 - 9:35		EURO: Switzerland, Volker Schulte		
9:35 - 9:50		EURO: Turkey, Nuri Vidinli		
COFFEE/TEA BREAK 10'				
10:00-10:15		SEARO: India, Kalpana Balakrishnan		
10:15-10:30		SEARO India, P.K. Nag		
10:30-10:50		WPRO: Singapore, Ho Sweet Far		



10:50-11:10		AMRO: Brazil/Fernando Coelho, <i>Cuba</i>		
11:10-11:40	<i>Questions and discussion (with lead questions)</i>		Moderator: Summary of main points	Outcome 1: Collection of regional and country healthy workplaces programmes (best practice examples), their components with respect to the global framework, their success, and barriers in and opportunities for implementing these.
11:40-12:10	Complementary goals of WHO and ILO in the area of healthy workplaces	The ILO Perspective on Healthy Workplaces: Valentina Forastieri, SafeWork, ILO	Stavroula Leka, Institute of Work, Health and Organisations, UK	Outcome 2: Develop an understanding a) about how to best engage all stakeholders, including other international organizations and the private sector; b) main issues to include in global and regional guidance documents targeting employers and worker representatives.
Lunch : 50'				
1:00-1:20	Integrating gender issues	Stephanie Premji, CINBIOSE Canada		
1:20-1:40	How can we best engage employers? What do employers expect in terms of guidance on healthy workplaces?	Janet Asherson, IOE, Switzerland		
1:40-1:55	Civil Society Perspectives (a) best practices/case studies of healthy workplaces programmes; (b) barriers and opportunities	IOHA, Linn Iren Vestly Bergh		
1:55-2:10		WFOT, Marilyn Pattison		
2:10-2:45	<i>Questions and discussion (with</i>		Moderator: Summary of main points	Outcome 2: Develop an understanding a) about how to best engage all stakeholders, including other



	<i>lead questions)</i>			international organizations and the private sector; b) main issues to include in global and regional guidance documents targeting employers and worker representatives.
COFFEE/TEA BREAK 10'				
2:45-3:00	Related WHO headquarters programmes engaging with the private sector	WHO/HQ KC Tang, Health Promotion		
3:00-3:20		Jane Voute Allen, Non-communicable Diseases and Mental Health, Partnership Adviser, & Timothy Armstrong, Coordinator, Surveillance and Population-based Prevention		
3:20-3:40			All participants	Outcome 3: Agree on global framework
3:40-3:50	Signing up		All participants	Outcome 4: List of Network members, including regional networks
3:50-4:00			Evelyn Kortum	Next steps, closing